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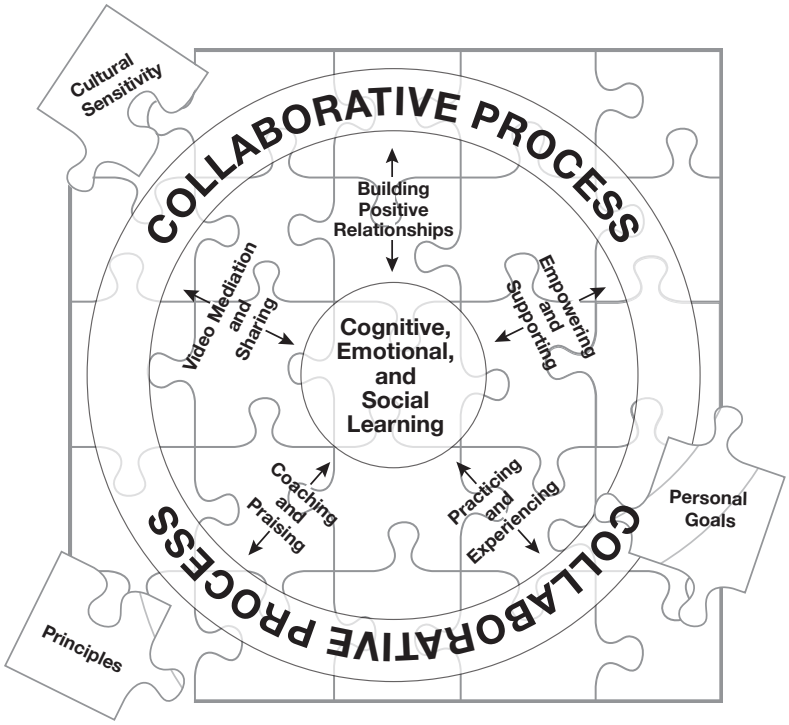
CHAPTER
9

Therapist Roles in Facilitating the Collaborative Learning Process

While the collaborative learning process is the underlying structure for the Incredible Years process of intervention, within this relationship the therapist assumes a number of different roles. These include: building a positive relationship with parents; empowering parents; building family and group support systems; and using evidence-based teaching methods such as video mediation, experiential practice, self-reflective learning, coaching, leading and predicting change. Each of these roles is one specific expression of a collaborative relationship. In the next figure I have depicted the collaborative process as a jigsaw. The therapist's job is to creatively and flexibly determine where and when to use each of the pieces of the puzzle; only when all the pieces are integrated will the collaborative learning process be complete and will the parents' and children's cognitive, emotional and social learning take place.



The Collaborative Learning Process

Therapist Role #1: Building Positive Relationships

As mentioned above, a collaborative approach requires that the therapist be empathic and use effective communication skills. This chapter will not review these counseling skills, as there is an extensive literature describing the therapeutic skills needed for effective relationship enhancement. Suffice it to say that empathy involves recognizing the feelings and perceptions (conscious and unconscious) that the parent has communicated. Empathy is conveyed unambiguously through reflective listening, the use of summaries of the parents' statements as well as supportive statements. In our therapy, we emphasize several relationship-building strategies in particular.

Use of self-disclosure. As discussed earlier, the collaborative therapist does not present her/himself as an "expert" who has worked out all

the answers to the parents' problems, an expert who stands apart from the families' problems. Instead, the therapist is not only empathic and caring, respectful and kind, but "genuine." These core conditions (as described by Carl Rogers, 1951) are necessary underpinnings for the cognitive-social learning methodology. One way to be "genuine" is for the therapist to be willing to be known; to share personal experiences, feelings and problems of his/her own. Therapists always have a rich array of stories, either from their own families or from work with other families, that they can draw upon at will. I once shared with a parent group my intense anger and frustration when my 4-year-old child would not go to bed during the months following the birth of my second child. Afterwards, a father who had been very quiet throughout the first sessions came up to me and said with an incredulous expression, "You mean you have problems too?" This led to an important discussion between the two of us and much more active participation on his part in subsequent sessions, which in turn laid the basis for a stronger therapeutic relationship.

This use of self-disclosure concerning one's personal issues should, however, be planned strategically. It cannot be overemphasized that the purpose of this strategy is not for families to learn about the therapist's feelings and problems; rather, the purpose of such examples is to help parents learn about themselves. By sharing some personal experiences, the therapist can help families understand that the process of parenting for everyone involves learning to cope and profit from mistakes; it is not a process of achieving "perfection." Thus the therapist's personal example in this case was intended to demystify the therapist and to discredit the notion that there are perfect parents. It served to normalize the parents' reactions and to give them permission to make mistakes and to talk about their feelings. The therapist's intended message was something like this: *"Even the therapist, in her 25 years of studying children, doesn't know what to do at times. She makes mistakes and gets angry too. I guess I'm not such a bad parent after all."* It can be helpful when a therapist shares a personal example to

This use of therapist self-disclosure should be planned strategically.

also share what she learned from the experience and how she coped with it successfully. A coping model, in which the therapist puts herself on the same level as the parents and models her own learning is more effective than a mastery model, which would simply demoralize parents further because of the perceived discrepancy between their skills and the therapists'. Moreover, this genuineness on the part of the therapist serves to enhance the therapist's relationship with the group members, introducing intimacy, affection, and closeness. Such a relationship, combined with the respect parents feel for the therapist, fuels the collaborative process.

Use of Humor. IY therapists make deliberate use of humor to help parents relax and to reduce anger, anxiety, and cynicism. Parents need to be able to laugh at their mistakes; this is part of the process of self-acceptance. Humor helps them gain some perspective on their stressful situation, which otherwise can become debilitating. Some of the DVD video scenes in our program were actually chosen more for their humor value than for their content value. Therapists can also use humorous personal examples to interject a comic note to the discussion. Humorous cartoons of parents and children, which are found in abundance in newspapers and magazines, are also helpful; parents can take them home to put on their refrigerator to laugh about. Another strategy is to rehearse or role-play a situation doing everything "wrong;" i.e., with lots of criticisms, anger and negative self-talk. This exaggeration inevitably evokes lots of laughter and helps build group spirit. Furthermore, when the parents find themselves engaging in some of this behavior at a future date, they may be able to stand back and laugh at themselves.

Optimism & Encouragement. Another form of support is for the therapist to establish positive expectations for change. Parents are often skeptical about their ability to change, especially if they see in their behavior a family pattern, for patterns often seem fixed and irreversible. For example, one parent said, "My mother beat me, now I beat my children." In such a case, the therapist must express his/her confidence in the parent's ability to break the family cycle. The therapist can point out and praise each small step toward change, even the step of coming to therapy in the first place, as evidence that the problem is not fixed or irreversible. Parents need to be reinforced through positive feedback

for each success, however small, and for each change in their behavior or thought pattern, whether or not it results in improvement in their child's behavior. It can be helpful to cite examples of other parents in similar situations who have been successful in teaching their children to behave more appropriately.

> ***Therapist:*** *It is good that you are working with your child now while he is still young and his brain is still under construction. You are helping him stop his negative behaviors before they become permanent patterns. You are helping him build positive relationship neuron connections.*

Most importantly the therapist should frequently praise parents' reflections and efforts to change. Sometimes therapists are so preoccupied with the vignettes, schedule, and process methods that they forget to praise parents for their input. It is important to listen carefully to what parents are thinking and what they have tried at home and praise their small steps towards change. Therapists might challenge themselves to give out a certain number of praises at every session. Often the co-leader therapist can focus on praising parents' ideas, principles, and insights, and passing out special stickers or "gem awards" and rewards when she notices parents sharing or completing home activities. Indeed therapists are modeling the very skills they want parents to use with their children. When parents experience the therapist's enthusiasm, praise, and recognition for their insights, they begin to understand how it can help their children learn.

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Advocating for Parents. Each of the therapist approaches discussed above, self-disclosure, humor, optimism, and positive reinforcement, serves the overall purpose of building a positive and supportive relationship. The therapist can also actively support parents by acting as an advocate for them, particularly in situations where communication with other professionals may have become difficult. In the role of advocate, the therapist can bring relevant persons, programs, and resources

to the family, or bring the family to them. For example, the therapist can organize and attend meetings between parents and teachers so as to help the parents clarify the child's problems, agree upon goals, and set up behavior management programs that are consistent from the clinic to home to school.

The ultimate goal of this advocacy role is to strengthen the parents' ability to advocate for themselves and for their children.

It must be emphasized that the ultimate goal of this advocacy role is to strengthen the parents' ability to advocate for themselves and for their children. The danger of advocacy is that it can become a "rescue" or an "expert" role, resulting in the parents feeling dependent or being uncommitted. An example of this might be the therapist who makes recommendations to a child's teacher, without the parent being involved. On the other hand, the collaborative advocacy approach in this situation would be to say to the parent, "*It would be helpful for you to share with the teacher the strategies that are working for you at home in order to see whether s/he might consider setting up a similar program at school. You have learned a lot about what works with your son.*" The therapist accompanies the parent and provides support, but encourages the parents to communicate directly with the teachers. By giving parents responsibility for their own advocacy, sharing their own solutions, and advocating with (rather than for) parents, therapists again emphasize the collaborative process.

Making Personal Connections through Weekly Phone Calls. The therapist does a personal telephone "check-in" with every parent each week to ask how things are going and find out whether parents are having any difficulty with the assigned home activities. These calls allow the therapist and parents to get to know one another outside the group, and are particularly useful in the case of the quiet parent who is reluctant to bring up some private matter in the group. These calls promote engagement with the program, the relationship with the therapist, as well as revealing how well parents are assimilating the material presented in group. The therapist reviews the parents' session evaluations before

making the call and can use this call as an opportunity to address neutral or negative weekly evaluations to see if s/he can address the parents' learning needs more effectively. While these calls are an opportunity to address individual concerns, it is the goal of the call to supplement and enhance the group's effectiveness, not to provide individual therapy. Occasionally, the calls may seem to be discouraging a parent from sharing in the group; the parent may feel that the one-on-one dialogue with the therapist is more important than the group support and process. If this is happening, the therapist should work to encourage the parent to share their success, struggles, or thoughts with the group. The therapist can emphasize the value of this for the whole group's learning and for what the parent might learn from the group. Sometimes the therapist might ask for permission to share something the parent has said: *"Would you mind if I shared this story next week, or would you tell it yourself? I think that there are other parents in the group who are feeling this same way, and I know they would appreciate hearing how you are coping with this."*

When a parent misses a session, the therapist calls right away to let the parent know they were missed and that absences are taken seriously. It also gives the therapist an opportunity to help the parent schedule a make up session and do the assigned home activities before the next session. These individual calls are rated very highly by most parents because they feel their individual goals and concerns are being cared about. If phone calls are difficult for parents, the therapist can also do a check-in via email or texting.

Individual therapist calls are rated very highly by most parents.

Therapist Role #2: Empowering Parents

The essential goal of our collaborative therapy is to "empower" parents by building on their strengths and experience so that they feel confident about their parenting skills and ability to respond to new situations that may arise when the therapist is not there to help them. Bandura (1977) has called this strategy strengthening the client's "efficacy expectations"; that is, parents' conviction that they can successfully change their behaviors. There are several strategies that can help to empower parents.

EMPOWERING PARENTS

Praising and validating parents' insights. Through the use of open-ended questions, therapists encourage parents to reflect on their prior experiences, to assess their child's developmental readiness for the behavior targeted, and to share ideas and problem solve with each other. Parents are helped to explore different solutions to a problem situation, rather than settling for "quick fixes" or the first solution that comes to mind. The therapist studiously avoids giving any pat answers, keeping the focus of the discussion on the parents' insights, reflective learning, and long-term goals.

When therapists notice and praise a parent's problem-solving skills, parents feel validated. This affirming process helps parents to have self-efficacy, confidence in their own insights, and in their ability to sort out problems and to learn from their mistakes (Brown & Harris, 1978). For instance:

> ***Father:*** *I was just so frustrated with him! He wouldn't get dressed and was dawdling. I was going to be late for work. I got angrier and angrier. Finally, I went into his bedroom and shook him by the shoulders and yelled, "You want negative attention? You're going to get negative attention!" Then suddenly I thought, "What am I doing? Where is this getting me? This won't help him learn" and I walked out of the room.*

> ***Therapist:*** *Wow—that is awesome! You were able to stop yourself in the middle of an angry tantrum before you lost it. Good for you! That's remarkable. It sounds like your ability to stand back from the situation, to be objective and think about your goals, really helped you stop what you were doing. Is that true? What do you usually find helps you keep control of your anger? Would you do anything differently now? How would you replay the situation when it happens again?*

In this example, the therapist's role is to praise the father's insight and self-reflection and to draw attention to the coping skills he used during the frustrating situation. The therapist also helps the father to learn from the experience by rehearsing and planning how to respond in the future.

Because in most groups there are varying levels of educational background and communication skills, it is important that the therapist encourage and praise every parent for sharing his/her ideas so that every member gradually feels comfortable participating in the discussions. As part of this process, the therapist has to clarify for the group any parent comments that are unfocused or confusing statements so that they are not ridiculed, ignored, or criticized because of something they have said. We call this "finding the kernel of truth" in what a parent has said: underscoring its value by showing how it contributes to the understanding of the topic under discussion. One approach is for the therapist to keep a flip chart on which parents' useful ideas are recorded such as, "*Sally's meal time principle of letting her child decide how much to eat*" or "*John's principle of walking away to calm down when frustration is building.*" Some literature suggests that mothers who have confidence in their child-rearing, and who feel they have broad community support for what they do, actually do better at parenting (Behrens, 1954; Herbert, 1980).

Modifying Powerless Thoughts. When parents seek professional help for their problems, they usually have experienced or are experiencing feelings of powerlessness and mounting frustration with their children due to a history of unsuccessful attempts to discipline them. This powerlessness is often expressed in terms of feeling victimized by their children: "Why me?" The feeling of helplessness typically is

accompanied by intense anger and a fear of losing control of themselves when trying to discipline their children.

> **Father:** *My wife's been at work and comes home and asks, "How did things go tonight?" I say, "Do the words 'living hell' mean anything to you?" That's our sort of little joke. I'm labeling the kids in my mind as never doing what I say and I'm very angry at them.*

Because none of us feel good about ourselves when we become angry at our children, parents' anger towards their children is likely to cause them to blame themselves and to then feel depressed in reaction to their guilt. Furthermore, they feel depressed about their interactions with their children, seeing themselves as a causal factor in their child's problems.

Therefore, a powerful and necessary aspect of empowering parents is to help them learn to stop the spiraling negative self-talk and, more generally, to modify their negative thoughts. For example, a parent may say, "It's all my fault. I'm a terrible parent. This is more than I can cope with. Everything's out of control." The therapist then helps the parent learn how to stop this kind of powerless, self-defeating, blaming train of thought and to challenge it by substituting calmer, coping self-statements such as, "Stop worrying. These thoughts are not helping me. I'm doing the best I can. He's just testing my limits. All parents get discouraged at times, I'm going to be able to cope with this. I can manage. Things will get better." Parents are asked to keep records of their thoughts in response to extremely stressful situations with their children and are then invited to share some of this record with the group. As the group shares these thoughts, unrealistic expectations and irrational beliefs are challenged and become modified through discussion and by rewriting coping thoughts in their journals. This strategy is in accordance with the cognitive restructuring strategies described by Beck and his colleague (Beck, 1979; Beck, 2005) and Seligman's "learned optimism" (Seligman, 1990). The process of recognizing angry, helpless, self-critical, blaming, catastrophizing thoughts, and learning to substitute more adaptive and positive coping thoughts empowers parents by showing them they can cope with their thought patterns. This, in turn, changes their emotional responses as well as their behaviors.

Mother: *I just can't get the hang of it. I know I should be less critical, yell less, and be more positive, but I just blew it when he wouldn't get dressed this morning.*

Therapist: *Hey, but that's the first step in behavior change. You are now aware of what you are thinking and doing. Recognizing something after you've done it is a good place to start. Reflecting and analyzing that situation and thinking about what you want to do differently will help you the next time it occurs. When you do this reflection, next time you might catch yourself in the middle or even before you start to yell because you have planned how you will respond. But let's back up a bit and tell me what your thoughts are when your son won't get dressed in the morning. Then let's see if we can re-script them.*

It is often necessary to counter the myths and attributions that get in the way of therapeutic change. Below are some typical examples of some myths and unhelpful attributions that need to be rewritten.

Sole Ownership

- It's my child's problem; s/he's the one who has to change.
- It's me who's to blame because I am a single parent.

If it Doesn't Hurt it Doesn't Work

- A good belting is all he needs.
- Kindness doesn't work with him/her! All s/he understands is a good hiding.

Narrow Limit-Setting

- Give her/him an inch and s/he takes a mile.

Broad Limits

- S/he won't love me if I set a limit.
- I feel so guilty if I say no.

Gender Issues

- Only fathers can set firm limits.
- It's a mother's job: the discipline side of things.

Scapegoating

- It's his father's bad blood coming out in her/him.

Attributions

- There's a demon in her/him.
- He's adopted and didn't attach to me; nothing I do can help him.

Catastrophizing

- I'm a complete failure as a parent.
- I can't forgive myself for the mistakes I've made.

Intergenerational Ideas

- The whippings I had from my father did me no harm, so they won't do her/him any harm.

Unrealistic Assumptions

- Other parents all seem to cope.
- Children should change overnight.
- Why should s/he be praised for doing what s/he should be doing anyway?

Discussing distressing thoughts in a parent group is also very reassuring for parents because it helps to "normalize" thoughts that they may previously have considered abnormal or crazy. As parents discover that other parents have the same kinds of "crazy" thoughts and feelings, they stop blaming themselves. For example, a parent who is feeling overwhelmed might have the thought, "I wish he had never been born" or "I can't parent this child," and then might experience tremendous guilt about these feelings. Admitting these thoughts to the group and hearing that there are times that all parents are overwhelmed and frustrated may help the parent move past guilt and frustration so that he/she can use coping strategies to get needed support. It also helps if the therapist can share some examples from his or her own experience in which negative cognitions led her/him to respond inappropriately. The therapist can then provide a coping model of how trying to change these thoughts helped him/her to respond more appropriately.

PROMOTING PARENT SELF-EMPOWERMENT

In addition to worrying that their own reactions are abnormal, parents often see their child's behavior as abnormal or pathological. For example, the parent described above felt that other 4-year-old children got dressed easily in the morning, and when she shared this with the group she felt relieved that many other parents had the same difficulty. The therapist may also normalize this behavior by saying, *"Indeed, things don't sound happy, and I know you are feeling awful, but all children have behavior problems from time to time and all parents 'lose it' with their kids. No one is perfect."* Thus the therapist helps the parents reexamine their expectations for themselves and their child, with the result of reducing their self-blame and anger. As these perceptions are altered, the parent feels less abnormal and more empowered.

Promoting Self-Empowerment. Another element in working with parents is self-empowerment. The therapist helps them learn how to give themselves a psychological "pat on the back" by looking at their successes and thinking about how effectively they handled a particularly difficult situation. Therapists ask parents to express their positive feelings about their relationship with their child and to remember good times before this stressful period. Parents learn how to actively formulate positive statements about themselves such as, "I had a good day

today with Billy, I handled that situation well," or "I was able to stay in control. That was good." Parents, too, need tangible rewards for their efforts, such as dinner out with a spouse or a friend, a long hot bath, or a good book; and therapists can help them learn to set up these rewards for themselves.

Respecting and Valuing Cultural Diversity. The collaborative nature of the groups and allowing parents to set their own goals based on their backgrounds and experiences with their children allows the program to be tailored for implementation with parents from a variety of cultural backgrounds. The therapists acknowledge, respect, and affirm cultural differences using the collaborative approach to learn about the parents, their culture, values, parenting practices, attitudes, and goals. By asking parents to share their goals in the very first session, the therapists can begin to get a sense of what is important for individual parents and support them in learning the principles that will help them achieve their goals. In this way, generic content can be individualized to fit with the specific experiences and backgrounds for group members, without the need for different curricula for different cultural groups. Another way to bring more cultural diversity and sensitivity is to show more vignettes that represent the culture and backgrounds of the people in the group. If there are no vignettes of a particular culture, then these parents can be encouraged to demonstrate and share their approach for others.

Even more important than surface level cultural adaptations are the deeper structural delivery principles than ensure cultural sensitivity and relevance. This includes the therapist's ability to be culturally responsive and receptive to new ideas. Any possible cultural barriers can be openly discussed and efforts made to reframe the content or adjust for cultural and attitudinal barriers to help parents see how the particular approach might be potentially relevant for achieving their goals. For example, we use the piggy bank metaphor to encourage parents to build up their bank account with their children. This is not used with people of the Muslim faith because of their belief that the pig is unclean. In other cases, parents' cultural beliefs may seem contrary to a particular recommendation of the program; for instance the first units that encourage parents to play with their children. In cultures where parenting is done from a distance in a "hands off" model, or where

parenting is more hierarchical and parents are only disciplinarians, the assignment to play will be very hard for them to implement. Therapists will explore these ideas with parents and will discuss their thoughts about the potential benefits of play with respect to their particular goals for their children. The group will also discuss how the concept of play might be woven into the parent's life in a way that remains consistent with their culture and beliefs. In all cases, parents are allowed to make the ultimate decision about how they implement the different aspects of the program, although it is the therapist's job to work with parents to implement in a way that is most likely to help the parent achieve his or her goals. More information on ways to promote more cultural diversity can be found in Chapter Eleven.

Therapist Role #3: Building the Parents' Support Team

Group Support. Parents struggling with day to day management of children with conduct problems experience a sense of being stigmatized and socially isolated from other parents; those with "typical" children. They don't feel they can share the burden of the many decisions they make each day and fear that if they are honest with their friends about their difficulties with their children, they will be met with misunderstanding, indifference, or outright rejection. The therapist's role, then, is to facilitate the parent group so that it serves as a powerful source of support, an empowering environment.

During group discussions, the therapist can help parents to problem-solve ways to obtain greater support when they are feeling isolated and overwhelmed. Parents also learn to collaborate with each other in problem solving, to express their appreciation for each other, and learn to cheer each other's successes in tackling difficult problems. The other side of the coin is that the therapist can encourage parents to share their feelings of guilt, anger and depression, confusion about a new culture or school's expectations, as well as experiences that involve their own mistakes or relapses in their child's progress.

The therapist's role is to facilitate the parent group so that it serves as a powerful source of support, an empowering environment.

This sense of group support and kinship increases parents' engagement with the program.

(However, swapping "horror stories" must not go on too long or they will engender a mood of pessimism.) These discussions serve as a powerful source of support. Through this sharing of feelings and experiences, commonality is discovered. Feelings of isolation decrease and parents are empowered by the knowledge that they are not alone and that many of their problems are normal. This sense of group support and kinship increases parents' engagement with the program. For instance, the following comments were made in one group:

> ***Father:*** *You know when this program is finished, I will always think about this group in spirit.*
>
> ***Mother:*** *This group is all sharing. It's people that aren't judging me, that are also taking risks and saying, "Have you tried this? Or have you considered you are off track?"*

Parent Buddy Calls. One of the ways the therapist helps parents become support systems for each other is by assigning everyone a parent "buddy" in the second or third session. Throughout the program parents are asked to call or contact their buddy each week (buddy pairs are switched several times) to share a specific parenting experience from the week (coaching experiences, favorite play activity, praise statements, or behaviors ignored). Parents can make these weekly contacts in a variety of ways: texting, e-mail, web groups, phone calls, or meeting in person. Initially parents are often hesitant about making these contacts, but as they experience the sense of support they receive from other parents, they usually express a desire to continue calling their buddy even after their assigned buddy has been changed. Many fathers voice that this was the first time they had ever talked to another father about parenting matters. When a parent misses a session, his/her buddy is encouraged to call and share information from the session and convey the message that they were missed.

Family Support. In addition to building the support system within the group, the therapist can also build support within the family. Parents often report frequent conflicts with partners, grandparents, and teachers over how to handle their child's problems, resulting in stressed relationships and stressed individuals. Therefore, in addition to building the support system with the parent group, the therapist emphasizes building support within the family and home life. Every parent is encouraged to have a spouse, partner, close friend, or family member (such as grandparent) participate in the program with them to provide mutual support. Program follow-up studies have indicated that the greatest likelihood of relapse occurs in families in which only one person was involved in the program (Webster-Stratton, 1985). During parent groups, the therapist helps partners define ways they can support each other when one was feeling discouraged, tired or unable to cope.

Frequently, the energy required to care for the children, coupled with financial constraints, leaves parents feeling exhausted and too tired to make plans to spend time with each other or with adult friends, let alone interact with them. Yet, time away from the child with a partner or a friend can help parents feel supported and energized. It helps them gain perspective so they are better able to cope with parenting. Wahler's (1980) research has indicated that single mothers who had contact with other people outside the home fare much better in their parenting than mothers without such contacts, while maternal insularity or social isolation results in the probability of intervention failure (Dumas & Wahler, 1983; Wahler & Barnes, 1988; Wahler, Cartor, Fleischman, & Lambert, 1993). In the groups, parents at times seemed to have almost forgotten their identity as individuals rather than as parents. Thus, several of the home assignments have to do with doing some self-care activity in which parents do something pleasurable for themselves. Paradoxically, the result of spending some time away in "self-care" activities was often a feeling of support and understanding for the partner or the other adult who made it possible.

During therapy sessions, the therapist helps the parents (or the parent and partner) define ways they can support each other when feeling discouraged, tired, or unable to cope with a problem. This feeling

of support and understanding from another family member or friend contributes to a sense of empowerment.

Therapist Role #4: Using Evidence-Based Teaching And Learning Methods

What about the therapist's role as teacher? Since a knowledgeable therapist might also be called an "expert" in his/her field, there may be some question about whether the collaborative approach allows the therapist to function in a teaching capacity. Is there a contradiction between being a "collaborator" and having "expertise"? Does the collaborative therapist have to renounce her expertise?

It is my contention that a therapist's teaching expertise and use of evidence-based teaching methods is not only compatible with but essential to a collaborative learning process. In other words, therapist expertise is necessary but not sufficient without the collaborative process. Just as the parents function as experts concerning their child and have the ultimate responsibility for judging what will be workable in their particular family, culture and community, the therapist functions as expert concerning children's developmental needs, behavior management principles, and communication skills. (The specific content of parent programs is discussed in Chapters Four and Six.)

Therapist knowledge and expertise is necessary but not sufficient without the collaborative process.

The therapist in her role as teacher uses effective teaching methods to enhance parents' learning including: explanation and persuasion; generalizing and contextualizing the learning process; tailoring the teaching; reviewing and summarizing learning; giving weekly home practice assignments; self-monitoring and reflection; and learning from evaluations.

Explanation and Persuasion. Therapeutic change depends on therapist explanations and persuasion skills in order to bring about parents' full understanding. This implies that parents must be given the rationale for each component of the program. It is important for the therapist to be knowledgeable about the theoretical underpinnings of the

program as well as the research that supports the use of each theory. This means a familiarity with the developmental literature and cognitive social learning theory, as well as attachment and family systems theories. Therapists will avoid using psychological jargon with parents, but will be able to clearly articulate research supported rationales for the parenting practices and processes used in the groups. The parenting program principles, objectives, and learning methods should not be shrouded in mystery. Research has indicated that parents' understanding of the social learning and relationship principles underlying the parent training program leads to enhanced generalization or maintenance of program effects over time (McMahon & Forehand, 1984).

However, it is also important that these rationales and theories be presented in such a way that the parent can see the connection to his/her stated goals. Rationales should be given not as absolutes or commands, but rather in the context of thoughtful discussion. When a therapist introduces a new parenting principle or component of the program, she connects it to topics previously discussed as well as parents' goals. For example, when providing the rationale for the child-directed play and coaching methods, the therapist explains how this approach fosters the child's language development, emotional and social competence, attachment to parents, commitment to family responsibilities and eventual success at school, while at the same time decreasing the child's need to obtain control over parents with negative behaviors. In this example, supplying the rationale is important because parents may not immediately see the connection between learning child-directed coaching methods and helping their child be less aggressive; their primary reason for seeking help (e.g., reducing their child's defiance). If they do not understand the rationale for the parenting approach and how it helps them achieve their goals, they may not be motivated to do this at home.

In the example below, a therapist provides a father with some developmental information about the expression of empathy;

> ***Father** (of 4-year-old Charlie)**:** Charlie hit his little sister and hurt her. I have talked to him over and over about how he's making other children feel bad. I get so frustrated with him. He doesn't seem to understand his impact on other children's feelings or have any guilt when he hits or hurts them.*

> ***Therapist:*** *Yes, that is frustrating. But it looks like you're doing a nice of job of beginning to help Charlie understand the perspective of others by explaining to him how his sister felt. You know, the development of empathy in children, that is, the ability of a child to understand another person's point of view, takes years. Not until adulthood is this aspect of brain development fully matured. Young children's brains are still maturing and developing and are at the very beginning steps of gaining this ability. The paradox of this is that one of the best ways you can help your son learn to be sensitive to the feelings of others is for you to model your understanding of him as well as others. Children need to feel understood and valued by their parents before they can value others. You can also do some of this work during your coaching play sessions. Let's talk about what to do when he hits, we want to be sure the attention you give him at this time doesn't reinforce that behavior.*

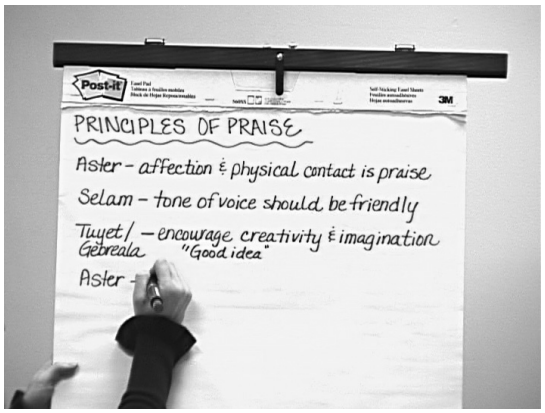
In this example, the therapist identifies the parent's frustration with his son's disruptive behaviors, empathizes with it, reinforces his efforts to promote empathy in his child and then explains some child development principles. In doing so, the therapist is collaborating with the parent's goal of promoting empathy in his son as well as reducing his aggression and helping the parent gain a new perspective on how he can help him achieve this goal. The therapist also helps him develop an age appropriate understanding of children's ability to develop empathy. This sets the stage for her to then explore the concepts of ignoring and Time Out with the parent and the group as a whole. If she had moved straight to instructing the father to use Time Out for hitting, she would not have addressed his concerns about this son's lack of empathy. Moreover, she reminds him of the importance of the foundational coaching methods in order to achieve his ultimate goal.

Generalizing and Contextualizing the Learning Process. Generalization means teaching parents how to apply the specific skills being taught to their own unique situations. It also means being able to extrapolate from current learning to other settings or to new types of misbehavior that may occur in the future. For example, some parents learn how to manage their children effectively at home, but have diffi-

Generalization means teaching parents how to apply the specific parenting skills they are learning to their own unique situations.

culty knowing how to handle misbehavior when it occurs in public. They have difficulties seeing how principles such as ignore, time out or consequences can be applied in the grocery store, cinema, or school. Other parents have difficulty knowing how to use the approaches with siblings who are exhibiting somewhat different behaviors. To counter this inability to generalize, the therapist can periodically interject a few different types of problems and situations (not raised by the group) and ask the group to problem solve strategies to deal with them. After working on a problem area the therapist asks regularly, *"For what other child problems could you apply this strategy?"* or, *"Are there situations where this strategy wouldn't work?"* Solving future parenting challenges is enhanced when parents are exposed in the group to a variety of other family life situations and approaches to solving problems and by group problem solving. The therapist also works to increase generalization of skills by choosing a variety of vignettes of families with different aged children and using probing questions that are especially relevant for parents in the group. For example, the therapist asks a foster parent of a child who has been neglected *"Why is daily child-directed play and emotion coaching particularly important with a child who has been neglected in the past?"* Or, *"Why might your foster child distrust you and be suspicious of your praise?"*

Finally group problem solving and discussion also supports this generalization process. For instance, the therapist compiles a list of child behaviors that parents want to encourage or discourage and asks the group to come up with as many ideas or parenting tools as possible for dealing with those behaviors. Generalization is also enhanced by what is called "*principles training*"; pointing out or having a group member state the underlying principle that can be applied across multiple situations. These principles are listed on a poster and brought to each session to facilitate continued applications of the principle to different problem situations. Each principle is identified by the group member's name who first stated that principle and recorded in the parents' words; for example,



Tim's attention principle: Behaviors that receive parent attention occur more often. Or, *Sarah's fun principle: Children want to learn when the experience is fun*. Or *Judy's respect principle: Children who are treated with respect become more respectful*.

Contextualizing the information presented by parents can also support generalization and use of skills in a variety of situations. For example, parents are asked to identify the particular circumstances in which they find it difficult or impossible to apply what they have been learning in the training. Often parents will identify high stress times of the day, such as the first 30 minutes after they get home at night from work, times when they are late for an appointment, have relatives visiting, or when children must be ready on time for a bus schedule. Parents are encouraged to identify these vulnerable periods and to strategically plan ways to deal with them. When parents have been successful in maintaining control during a stressful situation, they are encouraged to reflect on this and to share their strategies by asking such questions as, *"What made it possible for you to maintain control in such a stressful situation? What were you thinking to yourself at the time? How did you do that?"* Here the therapist aims to help the parents recognize their positive coping skills.

> ***Therapist:*** *So you have had a really stressful day at work and are upset about your boss's response. You are coming home from work and are thinking about all you have to do to get dinner ready and do homework with your kids. You know this is a time when you usually yell at your kids and things are chaotic. What can you do to help yourself stay calm and plan for this before you even enter the house? What has helped you be successful with this transition in the past?*
>
> ***Parent:*** *Try to think about being positive when I greet my child.*

Therapist: *That is a great strategy because if you look stressed or upset the child might think he is the cause of this stress. He won't understand you have had a bad day. How can you stay calm during this time?*

Tailoring the Teaching Process. In addition to persuading, explaining, reframing, generalizing, and contextualizing the learning process, collaborative teaching involves working with parents to tailor concepts and skills to their particular circumstances, family, cultural and educational backgrounds, and their child's temperament. For example parents who live with other family members may need support and planning to cope with feedback that contradicts what they are learning in the group (e.g., perhaps the grandmother believes that she should comfort her tantrumming grandson or perhaps the child's aunt criticizes the child's mother for ignoring backtalk, believing that disrespectful talk should result in a spanking). Without group problem solving and support, it will be extremely hard for parents to make changes at home in these circumstances. A collaborative approach means that the therapist attempts to understand the living circumstances of each family and involves the families in problem solving to adapt the behavior management concepts to their particular situation. To take another example, in a group where children range from 6-8 years of age, many families will be implementing sticker charts in which children are saving up stickers for a larger reward, perhaps given at the end of the day, or even at the end of several days. However, if some of these children have ADHD or are very impulsive, this type of incentive program may not be appropriate. Therapists will help parents understand that a child's developmental readiness is different than his or her chronological age and will guide the parents to set up a system with smaller behavioral goals and immediate reinforcement. The therapist needs to be sensitive to these individual differences in child temperament and development so that s/he can begin the collaborative process of defining with parents which approach will be best for a particular child.

Some parents will come to the group with limited knowledge of child development, cognitive delays, extraordinary life stressors, or past experiences of abuse. These parents will need much higher levels of support and the therapist will need to make adjustments to the pacing

The therapist must monitor the understanding of parents in the group and utilize additional vignettes and practice activities as needed.

and delivery of the material. For example, for high risk populations or those with children with diagnoses, lengthening the number of sessions to allow for slower pacing, and additional time for extra program content, more practices, and more discussions will be immensely helpful. The therapist must monitor the understanding of parents in the group and utilize additional vignettes and practice activities as needed before moving on to a new topic. The therapist works with the parents to create realistic goals to enable parent success and to support their self-efficacy and confidence. With very high-risk groups, the therapist must become more directive in some ways (since parents may not be able to generate some of the key ideas without clear help), but will also need to be even more collaborative (since these may be parents who are distrustful of authority and may be at higher-risk of dropping out of the process).

Reviewing and Summarizing. Another aspect of the teaching process is reviewing and summarizing for the benefit of all. The therapist can end each session with a summary of the major points of discussion from that session and a review of the handouts and assignments for the next week. Parents are given notebooks where they can put handouts that review each session's content, as well as take notes and record their weekly assignments. Along with ensuring that everyone understands the assignment for the next week, the therapist needs to express confidence in the parents' ability to carry out the assignment. Parents may also be provided with current articles that either reinforce concepts or stimulate group discussion. These, of course, will only be useful for parents with reading skills. For illiterate parents, we use "cues" such as cartoons, pictures and stickers to help remind them of essential concepts at home. For example, using red sticker dots to remind parents to decrease their negative self-talk, and green dots to increase positive self-talk. It is suggested that parents put these cartoons and stickers on the refrigerator or a place where they will see them often and be reminded of the concept.

Individual Behavior Support Planning. To further individualize the parent program content to the specific challenges faced by the parents, the therapists and parents develop behavior plans for their children. During the sessions, the parents break out in small groups to work together to identify their goals regarding the specific child behaviors they want to see less of and those positive opposite child behaviors they want to see more of. Then they list possible parenting strategies or tools they can use to achieve these goals. The therapist encourages parents to share these plans with teachers and other child care providers.

Weekly Home Activity Practice Assignments. Home practices are assigned each week and are an integral part of the parents' learning process because they help transfer what is talked about in the group to the home situation. Learning about a parenting skill in a group session is quite different from implementing it with one's own difficult child at home! For example, one home activity assignment asks parents to use child-directed play and coaching strategies one-on-one with their child each day for 15 minutes; another assignment is to record how often they praise between 5 and 6 p.m. for 2 days, and then to double their base rate for the remainder of the week. A third example of an assignment is for parents to keep track of their thoughts in response to a conflict situation with their child on three occasions and to rewrite their negative thoughts into more positive coping thoughts.

Parents need to understand the purpose of the weekly home activity assignments and their value as an integral part of the learning process.

> ***Therapist:*** *You can't learn to drive a car, play the piano, or swim without practicing, and this is also the case with the parenting skills you are learning here. The more effort you put into the home activity assignments, the more success you will have with the program.*

For a 2-hour session, therapists will spend the first 20-30 minutes for a home activities review. Parents are more likely to take the home assignments seriously if they know the therapist is going to begin each session by asking them to comment on their experiences during the

past week. Therapists explore with parents what they have learned from their experiences, problem solve barriers that parents report, and help parents to develop realistic goals for the subsequent week. Therapists also give out surprise rewards to the parents for completing their home activities and achieving their goals for each week. Sometimes group celebrations occur when everyone in the group completes their home activity or reading for the week.

When a parent questions the usefulness or feasibility of a home assignment, this should receive immediate attention, though not the kind of attention it might receive from a "hierarchical" teacher. Rather, the problem should be explored in a collaborative fashion. For example, a single parent with four young children says she is unable to do 15 minutes of play time each day with an individual child. The therapist responds:

> ***Therapist:*** *I imagine you barely have 2 minutes to yourself all day, let alone 15 minutes with an individual child. Let's talk about ways to practice the play skills with several children at the same time. Or, would it be possible to play in brief bursts of 2-3 minutes throughout the day? I wonder if other parents in the group have suggestions about how to handle this? Let's find a plan for a realistic goal for you.*

Parent goals should be manageable and realistic, optimizing the chance of success.

When a parent fails to complete a practice assignment from the previous session, the reasons for this should be explored in a collaborative fashion. For example, the therapist can ask questions such as: *"What made it hard for you to do the assignment?" "How have you overcome this problem in the past?" "What advice would you give to someone else who has this problem?" "Do you think it is just as hard for your child to learn to change as it is for you to change?" "What can you do to make it easier for you to complete the assignment this week?" "Do you think there is another assignment that might be more useful for you?"* These questions could be explored as a group discussion topic. Frequently

other parents will have good ideas for how to help a particular parent overcome a barrier. Other times a parent who has had difficulty completing homework activities may be inspired by the success that other parents are having. It is important to explore reasons why some parents might be having difficulty doing their home assignments; otherwise, parents may conclude that the therapist is not really committed to the assignments, or does not really want to understand their particular situation. Parents are asked to set their own goals for assignments for the following week. These goals should be manageable and realistic, optimizing the chance of success. Therapists can give parents personal mottos to use when trying to accomplish a goal:

> *Challenge but don't overwhelm yourself.* For instance, if you were learning to drive, you wouldn't immediately venture out into the freeway.
>
> *Gets worse before you feel better.* Engaging in difficult homework tasks may make you feel worse at first; but you are learning to cope better. This is true of recovery from various conditions such as a broken limb or an operation.

Parents bring their homework successes and challenges to the next week's session. Thus, these practice assignments serve as powerful experiential learning opportunities and stimulus for discussion, review and refinement of strategies and additional role plays in subsequent sessions. At each session, the therapist begins by asking parents about their specific home practice experiences and then helps to fine tune any issues that arise.

> ***Therapist:*** *You can't learn to swim without practicing, and this is also the case with the parenting skills you are learning here. The more effort you put into the home practice assignments, the more success you will have with your child. As your coach, I am here to help you stay afloat, give you a kick board if needed, and then help you learn all sorts of swimming skills so that you can become self-confident and independent in the water.*

Moreover, home assignments convey the critical message that sitting passively in the group is not "magic moon dust;" parents must collaborate with the therapist by working at home to make the changes they have targeted with their goals.

Weekly Reading Assignments. The *Incredible Babies* (2011), *Incredible Toddlers* (2011), and *The Incredible Years—a Troubleshooting Guide for Parents of Children Aged 2-8 Years* (2005) books are provided to the parents who are participating in the groups. Each week they are asked to read a chapter to prepare for the subsequent session. For those parents who cannot read, CDs of the basic book are available. Along with the reading assignment, home activities also involve asking parents to observe and record or journal their own behavior or thoughts as they practice a particular parenting strategy. During the homework review, parents are also asked to share their reflections on the reading assignments.

Self-Monitoring Checklists ~ Personal Folders. Each week parents complete self-monitoring checklists, setting individual goals for themselves for the following week. Even though parents are given standard home practice assignments, they are asked to personally commit to what aspect of the home activities they will try to achieve that week. Each week the therapist reviews these goals and gives parents personal written feedback as well as placing surprise stickers, chocolate, cartoons, or cards in their personal folders to applaud a particular achievement. These personal folders become a private communication between the therapist and each parent. Parents place completed home activities and journals in the folders each week, record progress on their personal goals, and pick up the therapist's comments from the prior assignment. The individual attention to the home assignments encourages parents to self-monitor their own progress; therapists frequently find parents asking them if they can still get credit for the home activity or reading assignment if they do it the following week!

Weekly Evaluations. Parents complete a brief weekly session evaluation form after every group. This provides the therapist with immediate feedback about how each parent is responding to the therapist's

style, the group discussions, the content, and vignettes presented in the session. The evaluations bring problems to light: the parent who is dissatisfied with the group, the parent who is resisting a concept, the parent who doesn't see the relevance of a particular concept to his/her own situation, or the parent who wants more group discussion. The therapist may want to call or meet with parents individually to resolve these issues. If several participants are having difficulty understanding a particular concept, the therapist will want to bring it up in a subsequent session with the whole group. This ongoing process where the therapist responds to parents' evaluations by taking action emphasizes the collaborative nature of the therapy process. At the end of the program, the entire treatment program should be evaluated. This information is useful not only in planning future parent groups, but also in identifying parents who may need further help.

Effective Time Management. Therapists must use effective time management skills and manage the group time with a predictable schedule and routine. This will assure they will 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 exploring one person's personal problems in depth, other parents lose interest, become disengaged, and feel they are being ignored and are not as valued. It is best if therapists are specific about what they want parents to report on in regard to home activities review. For example, they might ask parents to report on one success they have had being child-directed or staying calm. It is not necessary for every parent to report each week in depth or it will not be possible to cover the new material. The therapist has the weekly telephone calls to check in with parents as well. It is important to balance who shares home activities so that over the course of few sessions, every parent had reported in and has had a chance to contribute ideas or concerns. The following schedule is suggested for each session:

Therapists must use effective time management skills with a predictable schedule and routine.

AGENDA

30 min: welcome and review of home activities with spontaneous practices; 3-4 different parents may be selected each week to discuss their experience in more depth. Other parents might share 1-2 highlights.
30 min: introduce new topic and show 3-4 vignettes for discussion with practices.
10 min: coffee break
30 min: continue new topic and complete another 3-4 vignettes with practices.
15 min: summarize most important learning principles; review refrigerator notes; and new home activities for week.
5 min: parents complete self-monitoring form, set weekly goal and session evaluation.

Therapist Role #5: Interpreting & Changing Parents' Cognitions

The therapist role of teacher is closely allied to another role; that of interpreter. As an interpreter, the therapist "translates" the language of cognitive, emotional, behavioral, and developmental concepts into words and behaviors that the parents can understand and apply. But the interpreter role is more than this: The therapist must also interpret the language and culture of the family in order to help that family. The latter can occur only if there is collaboration. It is here that therapy shows itself as a craft, an amalgam of applied science and art. No matter how good the science (the theoretical framework and empirical findings), without the creative element of translating abstract and complex ideas into concrete, interesting applications that are relevant to the family's circumstances, the science is not likely to achieve much.

Use of Analogies and Metaphors. The therapist can be a more effective interpreter by using images and analogies to explain theories and concepts. S/he needs to be creative in thinking up vivid mental pictures to convey important concepts. Ideally, these analogies should

be developed out of themes that are meaningful to a particular community or cultural group. Here are a few that we have either invented or borrowed from discussions with other therapists.

> *Hard wax/seal analogy:* Socrates used to send out letters to his friends and seal the letters with wax and his seal. His friends would complain when they received the letter that they couldn't make out the imprint of the seal and would ask him, "Why don't you get a new seal?" Socrates commented, "No one ever asked me if the problem was that the wax was too hard to receive the seal." *Therapist's Interpretation:* We can't change the nature of our children's "wax," but we can work hard to get the best imprint possible.

This analogy depicts the concept that socialization takes longer with some children; children with conduct problems or ADHD or developmental delays don't "take the imprint" easily. By pointing to the wax rather than the seal, or the person who tries to use it, as the source of the difficulty, this analogy shifts the blame away from the parents. Further, it helps them to make allowances for their child's temperament.

> *Diamond Analogy:* These children are like diamonds. Parents need to carefully chip away the hard edges of the diamonds to see their beauty. Of course, hard diamonds are very valuable.

This analogy is used to reframe the parents' negative perceptions of their child's temperament. Thinking of these difficult children as hard diamonds waiting to be made beautiful emphasizes not only their innate value, but also the parents' socialization role.

> *Flossing analogy:* Teaching children is like flossing your teeth: You have to keep doing it over and over to get long-term results.

With this analogy we hope to convey the notion that daily repetition and constant monitoring can achieve long-term results, even though it seems that not much is accomplished day by day.

Bank account analogy: Think of praising and playing with children as building up your bank account. You have to keep putting something in all the time. Only then will you have something to draw on when you need it. Time-Out and other forms of discipline will not work unless there is a "bank account" of positive resources to draw from. In fact, Time-Out from an aversive relationship may actually be reinforcing.

With this analogy we are emphasizing the need for positive interaction with the child as a foundation for discipline.

Loaf of bread analogy: Imagine you buy the same loaf of bread from the same supermarket each week. For 51 weeks the bread is fresh and you use it daily without any thought. But on the 52nd week of the year you find it is moldy and stale. You can't wait to tell everyone how awful the bread is and that you are not going to buy bread there again. Remember, for 51 weeks the bread was fine! But not once did you comment or tell your friends what a delicious piece of bread you had for breakfast; not once did you recommend that bread because it was so fresh. This is just like the child who behaves appropriately for 59 minutes of an hour but who is not noticed, only to be criticized or shouted at for the one minute in the hour he misbehaved. It is easy to miss the opportunity to praise and reinforce the desired behavior. It is useful to imagine yourself wearing a special pair of glasses designed to catch your child behaving appropriately.

This analogy is used to encourage parents to focus more on their children when they are behaving appropriately than when they are misbehaving. This the first step toward labeled praise.

Priming the pump analogy: You know the old farm pumps that had to be pumped a dozen times before water would come out? Parents have to "prime the pump" with lots of supportive input to build children's self esteem. You also have to "prime your own

> pumps" so that you can keep on functioning as an effective parent. That is, you need to fill yourself with positive thoughts and take time to refuel your own energy.

With this analogy we are explaining the idea that parents need to keep "pumping in" positive messages to themselves and their children before they will receive positive behavior in return.

> *Gas on the Flames Analogy:* Arguing and reasoning with a child when he is noncompliant and angry is like throwing gas on the flame.

This analogy is used when trying to help parents learn to ignore children's misbehavior rather than yell and scold. It is important they understand that such an approach actually fuels the problem rather than dampening it.

> *Megaphone Analogy:* Think about yourself using a megaphone when you praise your child. That is, do it more strongly and enthusiastically than you might otherwise be likely to do. Sometimes these children seem deaf, as if hidden in a suit of armor and a helmet. There is so much armor that it takes quite a lot of repetition to penetrate. Sometimes these children even deflect the praise because they have a hard time accepting a new, positive, image of themselves and are more comfortable with the old image.

This analogy is used to encourage parents to praise their children more frequently and more often than they otherwise would. It also helps prepare them for the occasions where children reject praise and suggests why this may happen.

> *Vending Machine Analogy:* Remember, when you first ignore a child's misbehavior, it will escalate before the behavior improves. For the child, the experience of being ignored is a little like the experience that sometimes happens with vending machines. Let's say you put in a dollar but no cola comes out. You press

> the lever a few times; still no cola. Then you start banging the machine because the machine is ignoring you. But what would happen if a Coke happened to come out as you were banging? Next time you lost a dollar and needed a drink you would start out banging!

This analogy is helpful to parents in preparing them not only for the tantrums and misbehavior that will be the child's response to Ignore and Time Out procedures, but also as a warning to parents of what will happen if they give in to this misbehavior.

> *Choose Your Battles Analogy:* Your resources are not unlimited. Think about choosing those battles that are really important to you and save your energy for those. For example, wearing seatbelts, not hitting, and getting to bed on time may be more important than clean plates, wearing a different shirt, or picking up toys. In that case, it's not worth expending your resources for those less important causes.

This analogy helps parents prioritize which household rules they are prepared to enforce and which ones they can let slide for the time being.

> *Radar Antenna Analogy:* Monitoring kids means keeping your radar antenna up at all times, so that you know where your child is, what he or she is doing and that he is safe. That way, you can spot potential problems before they develop. Antenna are important not only so that you can assure yourself that your child is not in trouble and is safe, but also so that you can spot positive behaviors that need to be reinforced.

Parents sometimes have false expectations that children can be left unattended. This analogy helps parents understand that constant monitoring on their part is required at all times. This analogy also encourages parents' understanding that effective parents anticipate problems and nip them in the bud (based on an early signal on their "radar") by distracting their child or by stopping the behavior early on.

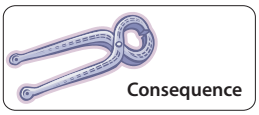
Tug-of-War Analogy: Arguing with children is like parents and children playing "tug of war," both pulling the rope at opposite ends. The harder each party pulls, the bigger the struggle. When you find yourself in such a struggle, say to yourself that you're going to drop the rope. It's impossible to play tug-of-war with one person!

This analogy helps parents understand that constant arguing only perpetuates the struggle, whereas withdrawing from the tug-of-war ends it.

Children are wearing L plates: In England, when one is learning to drive, an L plate—for "Learner"—is put on the car. Imagine that your child also has an L plate on his or her back. This will remind you to be patient and tolerant when your child makes a mistake. Children are, after all, learners in life.

This analogy helps remind parents of children's developmental processes. They are still learning and, like the person who is learning to drive, will behave unpredictably and make mistakes.

Parenting Tool Box or Parenting Pyramid Architectural Plan: Parents are like builders and they have a lot of tools to use for different things. First parents build a strong and trusting relationship foundation with their children by using their attention, child-directed play, coaching, praise, monitoring and incentive tools quite liberally. Then parents support their child's learning with safe, secure scaffolding such as predictable rules, routines and respectful limit setting. Finally, parents have special tools which are used sparingly to reduce target negative behaviors such as ignoring, redirecting, and consequences.



The building or tool box metaphor is used with parents as they learn each parenting tool on the pyramid. They begin by learning the tools for building a strong foundation of positive behaviors and relationships with their children. Each family develops individual goals to scaffold their children's learning, motivation, and a realistic view of the necessary work

it takes for children to learn something new. Next parents learn tools for reducing misbehavior, making corrections, and repairing mistakes. By the time that parents have completed the program, they will have learned how to choose different tools from their parenting tool box for different kinds of problems, according to their children's developmental abilities and needs. Certain tools are used more extensively than others at different developmental stages of children's cognitive, emotional, and social development.

> *Thoughts, feelings, behavior cycle:* You are coming back from work and it has been a bad day. Your boss was upset with you because you didn't get the project completed. Your colleague who you share an office with was upset because you left the office messy. You have heard that some people are going to lose their jobs because of the budget cuts in your agency. You get home, step out of your car and step into your dog's poo. You walk into the kitchen and your 4-year-old son has being playing in the kitchen sink and has water all over the floor. How do you feel at this time? (Identify emotions) What thoughts are running through your mind? What do you think your child has done? (Identify thoughts and reasons for the behavior such as, "he did it on purpose") Summarize feelings and thoughts and ask, "What is your parenting behavior likely to be in this situation?" (Identify specific actions such as shouting, smacking). Continue with the sequence of the cycle by considering how this parenting behavior makes the parent feel and think about himself ("I'm a bad parent").
>
> Contrast this with a day when the parent was praised at work for a good job on a project and got a salary raise plus reassurance that despite the economic situation her job was safe. This parent comes home to the exact same child scenario: water on the kitchen floor. The therapist explores her feelings, thoughts, and behaviors.

This example gives parents a framework for understanding how their prior experiences, thoughts, and feelings impact their parenting behavior. The story telling aspect makes the model accessible and

adding humor to the situation can make it even more engaging. This awareness enables parents to stop and think before reacting to many difficult situations when dealing with their children's misbehaviors. It also helps them work on changing the way they think about children's behavior, which in turn affects their feelings and their own behavior.

Reframing Parents' Perspectives and Cognitions. As we have seen with the use of metaphors, therapeutic change depends on providing explanatory "stories," alternative explanations that help parents to reshape their perceptions of and their thoughts about the nature of their problems. A common barrier to effective implementation of new parenting practices is parents' own internal dialogue about themselves, their world, and their future. Quite often, parents are unaware of their self-dialogue. For example, the single parent who has worked hard with a child with ADHD without success may have developed very negative views of the child or herself. This, in turn, influences her parenting interactions. Frequently thoughts like, "he is hopeless" or "he is never

Challenge irrational thoughts

going to change" or "I can't handle this, I'm going to explode" make it likely the parent will have negative feelings, hostile interactions, and will be unmotivated to implement effective new strategies. Reframing or cognitive restructuring by the therapist is a powerful interpretive tool for helping parents challenge these self-defeating thoughts and for understanding their children's behaviors differently, thereby promoting change in their feelings, leading to change in their parenting responses. This involves altering the parent's cognitive and/or emotional viewpoint of an experience by placing the experience in another "frame" which fits the facts of the situation well, thereby altering its meaning. There are numerous exercises throughout the parent program that focus on changing negative self-talk, such learning to use positive self-praise, challenging negative thoughts with accurate knowledge about child development, and rewriting negative thoughts with positive coping and calming thoughts.

One type of reframing that is frequently used is to take a problem a parent is having with a child and reframe it in terms of normal child development stages. Reframing a difficult child's behavior in terms of a psychological or emotional drive such as a drive for exploration and discovery, testing the security of his limits or trust, reacting to the loss of an important parent, moving towards independence, or understanding the immaturity of empathy development in children, helps the parents see the behavior as appropriate or normal; in some cases even positive. Seen in this light, problematic behaviors are the expression of normal emotional and developmental stages. Viewing situations in this manner, parents can see that they are essential architects in a process of scaffolding and supporting their child's safe and healthy growth and development. This attitude enhances parents' coping responses and decreases their feelings of anger and helplessness. When understood in terms of children's needs to test the security of their environment, or to test the love of their parents, parent-child conflicts become less overwhelming and parents are better able to remain committed to the hard work of socializing a child. Remember the father who was worried about his son's lack of empathy? Notice how the therapist continues to reframe his understanding of Charlie's individual developmental task involving self-regulation.

Father: *Okay, I guess I get that Charlie may not be ready to understand his sister's feelings, but he's so impulsive that he really can't even be near his sister. One minute he's sitting and playing, and the next minute he's grabbing her toys or hitting her. Charlie goes from 0 to 100 in a split second. There's no in between. I can never predict what will set him off.*

Therapist: *Yes that is typical of all young children's immature brains, especially a child like Charlie who has ADHD. It will take further coaching and modeling by you and time for his brain to continue to develop and his neuron connections to be strengthened before he learns to use better solutions to his problems. But one of the advantages of Time Out for hitting is you are not reinforcing his aggression with your attention, and he is also learning some calm down strategies to help him self-regulate. By teaching him to take deep breaths in Time Out, to use positive self-talk and to think of his happy place, he is learning to calm himself down and then he can begin to reflect on a better solution.*

Here are some other examples of how therapists help parents understand the meaning of their child's misbehavior and their developmental task:

Father: *He's so defiant! He should be able to be toilet trained by now—he's 3-1/2 years old! He's doing it on purpose! He even tells us right after he has had a poop in his pants. I get so angry with him!*

Therapist: *Hey, but you know what? That's a great sign; the fact he's telling you after he poops means he's getting ready to be trained. Remember how we said we recognize something after we've done it and change it the next time. When children tell us something afterwards, that's their way of doing this! But with your support he will soon learn to recognize the sensations before he goes. You know, the fact he is telling you he has done it in his pants is also a very good sign; it's much harder when children fear their parents' anger and learn to hide their underpants in closets.*

Father: *But it feels so deliberate to me. He's so advanced in other areas of his development, such as his manipulation skills with my tools and his talking. He should be toilet trained by now.*

Therapist: *Ah, this is often the case with development: As one area is maturing and developing, another area may lag behind. Think about babies. When they are learning to walk, they often slow down in their language. And for others it is the reverse; while their language is developing, they are not walking. All these areas of development: verbal, intellectual, social, moral, physical, language develop at different rates, as does control of bowel movements.*

OR

Mother: *She yells and screams at bedtime and needs water, a cookie, a hug, and on and on. She is so needy and manipulative.*

Therapist: *Yes, those bedtime rituals get to be a drag. But you know they are so important, because if they are predictable, they will give the child a sense of security. And going to sleep is a time when children really need this predictability and routine, because going to sleep represents a separation from you; a loss of something pretty special. She may not be sure of where you go when she goes to sleep. As annoying as all her behavior is, she is showing you that she wants to be with you more than anything else. That doesn't mean you should give in to her behavior, but maybe it's nice to know that you mean so much to her.*

OR

Parent: *Now he just stands at the window screaming at other kids to come and play with him. He is so needy for friends, but his behavior alienates the other children. I don't understand why he has to do that.*

Therapist: *Well, you know, these aggressive kids have frequently been rejected by other kids, so they are pretty insecure about friendships. It will take time to teach him the positive social skills so that he*

learns how to approach other children more appropriately. But, you know, the fact he is so interested in making friends is really a good sign. He hasn't gotten to the point of rejecting other kids himself.

OR

Parent: *My son has these incredibly long, angry outbursts when he is in Time Out. He's really out to make it difficult for me.*

Therapist: *Do you suppose he might be really testing the strength of your limit setting to see if he can get you to "lose it" or back down? By responding in predictable ways, he will eventually learn that tantruming doesn't get the attention that he wants. In past this has worked. Now he has to unlearn that and find out that his positive behavior is what will get your attention and praise.*

OR

Parent: *My child has gotten incredibly worse this week. She is impossible to handle and I've had to use Time Out a lot. She's wearing me down.*

Therapist: *You know, I think kids always regress to test the security of the limits in their environment before they take a major new step forward in their development.*

OR

Therapist: *Rather than thinking of your child as having a problem or being a problem, it may help to think of her/him as trying to solve a problem. That behavior you don't like may be her/his way of trying to deal with one of life's difficulties (not very successfully; but after all he/she's a learner). Let us try to see what s/he is trying to achieve; what are the developmental tasks s/he has to solve at this stage of her development? Could she be asserting her independence and autonomy now?*

Reframing parents' thoughts involves changing a negative label for a behavior into a positive one; it can be a tool of empowerment for parents.

In all of the examples above, the parents' thoughts involved seeing their child as manipulative, or deliberately uncooperative and trying to make their lives difficult on purpose. One parent was catastrophizing that her child was getting worse. Such negative thoughts on the part of parents increase their stress level, are exhausting, and contribute to escalating angry or depressive feelings. The therapists help parents to reframe their situations and to understand the developmental stage the child's behavior represents as well as the child's emotions in the situation. Helping parents perceive their child's misbehavior as testing the security of limits, or reacting to the loss of an important parent, or moving towards independence helps the parents to rewrite their thoughts and see the behavior as appropriate or normal; in some cases even positive. Seen in this light, the situations are part of the normal developmental process. Thinking more positive thoughts about the situation will lead parents to more positive feelings and calmer responses. Parents begin to realize that they are participating in ensuring a healthy process of growth for their child's development, rather than becoming angry or feeling helpless. This attitude enables them to cope more effectively. In essence, reframing parents' thoughts involves changing a negative label for a behavior into a positive one; as we mentioned earlier, it can be a tool of empowerment for parents because they respond in ways that lead to better outcomes for their children and themselves. It is recommended that parents use the buzz handouts or thought cards to record actual thought statements that they will use related to self-praise, calming thoughts, and managing stress. Changing cognitions is very challenging, almost like thinking in a new language, so parents will need these written prompts to use in their practice at home. In addition, each parent can be encouraged to choose one or two positive thoughts that are particularly meaningful (e.g., "I can do this." "I'm helping him by staying calm." "This will get better.") These thoughts can be used as a mantra when the parent starts to feel dysregulated or angry. Practicing one thought pattern over and over again will help to establish new more positive

thought pattern. Also the therapist might laminate some of the key statements or thoughts on these thought cards so parents can keep them and place them in a prominent place at home as a visual reminder.

Making Connections. Another cognitive reframing strategy that the therapist can use to promote parents' empathy and bonding with their child is helping them see the connections between their own childhood experiences and/or temperament and those of their child.

> ***Therapist:*** *As you talk about your child's impatience, high energy level and difficulty conforming in the classroom, do you see any similarities to yourself or your experiences as a child?*
>
> *How do these similarities between you both affect your reactions to your child?*
>
> *Having been a high energy and independent child yourself, what do you think helped you the most? Or the least?*

One homework assignment is to have parents complete a temperament measure on their child as well as on themselves. Afterwards parents discuss similarities and differences between their personality and their child's.

In the case where the parent does acknowledge similarities between his/her personality and his/her child's, the therapists' role is to help the parent see how similar personalities may sometimes lead to parent-child conflict. For example, if both the parent and child are quick to become emotionally dysregulated, that may result in quickly escalating anger. Therapists can help parents see that temperamental similarities also makes the parent uniquely suited to judging what parenting strategies might be most useful with the child.

When parents report that their temperaments are different than their child's, the therapist explores the impact of this on the parent-child relationship. In this case the parent may need to work harder to put him or herself into the child's shoes since the child's experience and reactions may be very different than the parents. In these cases often parents report being baffled by their child's reactions. On the other hand, there are times when differences in temperament mean

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that parents and children have fewer clashes. A parent who is calm and deliberate may be able to de-escalate an active and excitable child more easily. See below for an example of how a therapist might approach this discussion with parents.

> ***Therapist:*** *So you are quiet, thoughtful and a somewhat anxious person who finds it hard to take risks, and your son is outgoing, hyperactive, impulsive and loud. You have different temperaments and that is part of your genetic biology and your uniqueness. Let's think about the possible advantages of this temperament for your child and how your thoughtful approach can support him in a positive way to bring out the best aspects of his personality.*

Reframing the Future. Parents are often skeptical about their ability to change their child's behavior and even their own responses, especially if they see in their behavior a family pattern, for patterns often seem fixed and irreversible. Thus, another function of the therapist is to counter that skepticism with positive expectations for change in the future. For example, one parent said, "Hot tempers run in my family. My grandfather and my mother are both yellers. Whenever anything went

wrong, they always exploded. Screaming is just the way we deal with things in our family. I got that from them. I don't think I'm programmed to be able to stay calm." In response, the therapist expressed her confidence in the parent's ability to break the family intergenerational cycle. Each small step toward change, even the step of coming to a parent training program in the first place, can be pointed to as evidence that the problem is not fixed or irreversible.

Therapists work to strengthen parents' self-efficacy in order to bring about consistent parenting responses.

The therapist strives to convey optimism about the parents' ability to successfully carry out the strategies required to produce positive changes in the child's behaviors. According to Bandura (1989), all psychological procedures are mediated through a system of beliefs about the level of skill required to bring about an outcome and the likely end result of a course of action. Thus, successful change in the parent depends on the ability of the therapist to strengthen parents' expectations of personal efficacy ("I am able to do it").

In the next scenario, notice how the therapist works on building the parent's self-confidence and belief in her ability to change her typical response.

Mother: *My mother was depressed a lot because we were so stressed by never having any money. She hit me a lot when I was a child. I never could please her, and now I am just like her.*

Therapist: *Remember back then parents didn't know as much about parenting as we do now, and your mother didn't have the advantage of taking a parenting course to learn some different discipline strategies. You learned some parenting approaches from your mother that you are now seeing yourself use with your child. That is normal. But now you realize you don't want to repeat that approach, and you are learning some other parenting tools that have been shown to be more successful at helping you reach your goals. Unlike your mother, you now have a support team in the group. You can change your family pattern.*

In this example the therapist is not only reframing the mother's perspectives of her ability to change her parenting but also her view of her experiences as a child with her own mother. The therapist helps her see how her parenting reactions and responses have been based on her own experiences as a child (either imitating or reacting to the parenting she experienced). She helps her understand that while these prior experiences may create resistance to alternative parenting styles, she now has the knowledge and support to parent differently.

In the next example, the therapist responds to a father who is sharing how his experience with his own father colors how he responds to his son.

> ***Father:*** *When my son gets angry and defiant like that, I think to myself, my father would never have put up with any of this crap! He would have smacked me hard.*
>
> ***Therapist:*** *How do those thoughts about your father influence your ability to stay calm? What do you tell yourself when you hear your father's voice in your head? How do you counter those negative thoughts?*

Here the therapists' role is to help the parent see the connection between what the father learned from his own father regarding parenting, how this influences him (e.g. escalates his anger level toward his son), and what he would like to do differently or the same with his son.

There is therefore a place in the collaborative model for brief consideration of the parents' past histories. These stories are often negative, filled with pain, anger, self-deprecation, bitterness, and regret. It may be necessary for the therapist to help parents "lay the ghosts to rest" before they can apply themselves wholeheartedly and optimistically to different ways to address the problems in the here-and-now. See how the therapist below attempts to help parents do this.

> ***Therapist:*** *You may be finding it difficult to put all your thought and energy into the present difficulty. Perhaps there are some 'ghosts'*

from the past that still haunt you. These might be childhood hurts or feelings of guilt and blame left over from the way your parents responded to you. Let us try to put them to rest by talking about them; then you may feel more confident about facing the future.

The therapist's role is to help parents heal from these past experiences so that they can apply themselves whole-heartedly to problems in the here-and-now.

It is one of the strengths of behavioral work that treatment and the choice of methods does not depend necessarily upon the discovery and understanding of the historical causes of behavior problems. The identification of the current problem and its contemporary antecedents and consequences is the main agenda in treatment. Very rarely can current problems be traced to specific past experiences with any degree of confidence. Nevertheless, many of the therapeutic methods in traditional psychotherapy are formulated as a response to an historical analysis of the parent's life. Such a retrospective look at past events is often of interest (and potentially of use), but an exclusive or predominant preoccupation in assessment with the past history has the effect of "distancing" the problem, keeping it vague because it remains at arm's length. It certainly tends to alienate parents who are struggling with current problems in the child. Nevertheless, there is a place in the collaborative model of treatment for a brief consideration of the child's and parents' past. The stories people tell themselves about themselves and their offspring (schema) are important because they influence their actions. The therapist's role is to help parents understand, talk about and begin to heal from these past experiences so that they can apply themselves whole-heartedly (i.e., without debilitating and regret guilt) to problems in the here-and-now.

Therapist Role #6: Leading and Challenging

Are there times when the therapist must take control of the group, even confront parents? If so, how does this role fit into the collaborative model?

The most obvious reason for the therapist to lead the group is that otherwise the group will lack focus and organization. Our evaluations have indicated that parents become frustrated if the discussion is permitted to wander or if one person is allowed to monopolize the session. Parents appreciate having enough structure imposed to keep the discussion focused and moving along. Another reason the therapist must exercise leadership is to deal with the group process issues, such as arguments and resistance, which are an inevitable part of every group's therapy process.

But there is an apparent tension between this role and the collaborative model, since in collaborative therapy power is shared. There are several strategies which we use to preserve the collaborative spirit while allowing the therapist to function as leader. For one thing, the therapist shares with the parents the agenda for each group session and how the content addresses their goals. Parents also have a role in determining the agenda for each session by sharing their experiences using the new strategies with their children and asking questions about areas of difficulty.

> ***Therapist:*** *Today's agenda will be to learn how to do social coaching with children. This approach will help your children learn some of the friendship behaviors many of you included on your goals for your children. I also want you to have time to share and ask questions about your experiences at home this week using academic and persistence coaching so we will spend the first 20-30 minutes on that. Who would like to start to share your efforts to use the coaching methods this week?*

Parent group sessions always begin with parents and the therapist reviewing the agenda and goals for the session, debriefing the home activities assignment for the previous week, evaluating progress, and discussing how things currently are going at home. The therapist's job then is to connect parents' input, their questions, concerns, reactions to the assignments, and experiences at home, into the overall framework and new topics for that particular session. The trick is keeping a good balance between the parents' individual needs and

the group's needs for leadership. The sessions always conclude with assigning the tasks to be completed before the next session. The following are some other strategies which the therapist will find helpful in leading the sessions.

Setting Limits. One of the most important aspects of the therapist's leadership role is to prevent the group process from becoming disrupted and off-task. The therapist must impose sufficient structure to facilitate the group process. As discussed earlier in this chapter, agreed upon group rules help to keep things running smoothly. Sometimes there is a parent in a group who is critical and verbally aggressive toward either their spouse or another parent in the group. In such instances the therapist intervenes quickly to stop the bullying pattern; otherwise, the other parent will withdraw. For example, the therapist may say in a supportive but firm manner, *"I need to interrupt you right there."* The therapist then explains why s/he is cutting off the speaker. *"I can see that this is an emotional topic, and I hear your frustration. I'm worried that this conversation is going in a direction that doesn't feel safe and supportive of the group."* Depending on the issue, there may be a way for the therapist to guide the discussion around to address the parent's concerns, but in a way that maintains a positive problem-solving approach. At other times, the therapist may choose to talk with the aggressor outside the group, to try to understand his or her anger, and problem solve ways that concerns can be addressed without bullying behavior.

The group process can also be disrupted by a participant who challenges the therapist's knowledge or advocates inappropriate child-rearing practices. It is important that the therapist not seem critical or frustrated with this person's comments, for this is the "coercion trap" many parents have experienced in the past. Instead, the therapist listens carefully, looks for the relevant points in what the person has said, and reinforces them for their contributions to the group. By conveying acceptance and warmth, even towards a parent who is obviously a difficult group member, the therapist models acceptance and helps group members see that the goal is to understand and respect everyone. At the same time, the therapist does provide guidance and information to the group so that the parent's ideas are respected, but not necessarily endorsed.

> ***Parent:*** *I'm really sick of listening to all this nicey-nicey bullcrap. When my son is disrespectful, he needs to learn a lesson, and the only lesson that works is a hard smack on the butt. I do it every time, and you can bet he thinks twice about using back talk around me. The stuff you're talking about in the group is going to turn him into a sissy, and it sure as hell isn't going to make him behave.*
>
> ***Therapist:*** *I hear that you are really worried about making sure your son understands that disrespectful behavior is unacceptable to you. I bet that many parents in this room have that same goal, and it's an important message for children to learn. It's also good that you realize the consistency is important. I'm sure that there are many people in this room who have also experienced that spanking is effective to stop their child's behavior. Over the next couple of classes, we're going to explore this issue in a lot of depth. We'll think about the advantages and disadvantages of spanking and some of these other methods, which you're not so convinced of. I'll be interested to hear what you think as we go through this process. It's really important to this process that you're willing to share your thoughts.*

Notice that the therapist has been respectful of the parent, has validated his worries and concerns, and has not responded to his anger and confrontational style. The therapist has also not tried to talk this parent out of his opinion, for that would likely make him more set in his ways. The therapist even validates that spanking is a commonly used method of dealing with child misbehavior. However, the therapist did not validate that spanking was an effective method of discipline and suggests that the group will be exploring alternatives to spanking. In this way, he has treated the father respectfully, but has also given a message to the group that spanking is not a strategy that the program advocates.

Pacing the Group. Another important aspect of leading a group is pacing. Some parents pick up the concepts easily, while others need more time. The therapist must pace the group so that everyone understands the concepts and is ready move on to the next component. This may mean that some group members become impatient, ready to move

on. However, the skilled therapist will take advantage of the parents in the group who seem to have a good grasp of a particular concept by soliciting their help in explaining things to other members. For example, the therapist might ask one member of the group to summarize for the group the previous week's discussions, or ask another to come up with an application of a particular concept or to model its use in a practice demonstration. These strategies emphasize the collaborative process. Throughout each session the therapist's leadership skills will involve paraphrasing and summarizing parents' viewpoints. This process helps uncover misunderstandings; it also helps parents review the material. Further, it demonstrates the therapist is listening to their points of view.

Dealing with Resistance. Resistance is a necessary part of the therapy process and the therapist needs to be prepared for it. In fact, Patterson's (1985) research indicates that considerable resistance will peak midway through the treatment process. Resistance may occur in a variety of ways such as failure to do home activities, arriving late for group sessions, blaming the leader, blaming the child or life circumstances, negatively evaluating the sessions, or challenging the material presented.

Put aside any notion a parent's resistance is either a sign of failure or a sign that the parent is noncompliant or unmotivated.

Resistance may occur for many reasons, some having to do with the therapy change process (as Patterson's research suggests). For example, the resistance may be part of the parent's efforts to maintain self-efficacy and self-control in the face of family dynamics which are changing too quickly; in effect, the parent is "putting on the brakes." Perhaps the parent doesn't adequately understand the concept that the therapist has explained. Perhaps the parent is resisting because s/he feels his/her stressful life circumstances make it difficult to find the time to do the home assignments. Or perhaps parents have unrealistic expectations for behavioral change and are not prepared for the long hard work involved. The resistance may pertain more directly to some quality of the therapist. For example, the parent may not feel understood by

the therapist; s/he may perceive the therapist as patronizing or think the therapist is presenting "pat" answers and solutions without really understanding his/her situation. On the other hand, resistance may stem from external factors. For example, perhaps the parent has had a previous learning experience that has given him/her a different explanatory model. Or perhaps the parent feels the child's behavior should change first, before any change in parental behavior.

Whatever the reason, the first task for the therapist is to put aside any notion that the parent's resistance is either a sign of failure on the part of the therapist, or a sign that the parent is noncompliant or unmotivated, a "difficult person." Instead, the therapist needs to recognize the resistance an important marker in the therapy process a developmental step for the parent.

> ***Mother:*** *I feel I just can't absorb it all and I'm getting behind at home. I just can't do all this play stuff, there isn't any time.*
>
> ***Father:*** *Yeah, I go out of this group charged up, but when I get home I lose it. I don't start thinking about applying all this stuff until right before our group is to meet again.*
>
> ***Father:*** *I'm sorry, but I don't buy this. You're telling me that I should ignore when my child talks back. I can't allow that kind of disrespect in my house. If my child is rude, he's going to hear from me that it is never acceptable to challenge his mother or me.*

When the therapist knows the parent is resisting a basic concept or doing something that it is counterproductive to the goals of the therapy program, should the therapist confront and challenge the parent regarding this, or just let it go in the interest of fostering collaboration and offering support? The therapist may be worried that confrontation will jeopardize the goals of collaboration. Some therapists may be tempted to avoid conflicts with parents. Yet this failure to address the issue really constitutes a kind of collusion with parents in regard to their parenting practices. Consequently, how this resistance is handled by the therapist is crucial to the therapeutic relationship.

Once the resistance is identified, it should not be directly confronted, for this is likely to increase the parent's defensiveness. Furthermore, it devalues the parent in front of the other group members. In fact, in one of the few studies to do a microanalytic analysis of therapist-client interactions, Patterson and Forgatch (1985) found that resistance met by direct confrontation or teaching on the part of the therapist actually *increased* parents' noncompliance. It is our contention that instead of confronting the issue raised by the resistant parent, the therapist needs to explore the resistance itself, gently, by asking about it in a non-defensive and non-confrontational manner. In other words, the therapist needs to collaborate with the parent in understanding the resistance.

Therapist: *I hear frustration in your voice when you talk about your week and the play home assignment. I'd really like to know what's going on for you. Would you mind sharing more about your experience with this home activity?*

First Mother: *I just don't have the time to play. There always seems to be so much to do.*

Therapist: *What seems to get in the way of doing the play assignment?*

First Mother: *I'm just so stressed out about everything in my life.*

Therapist: *So am I right in understanding that doing the play assignment is pretty stressful?*

First Mother: *Yeah, well, he's just so abusive to me—he's so violent. It's hard to keep the play positive.*

Therapist: *Yeah, it's pretty hard to want to praise and play with a defiant child who has made your life so miserable. That seems like a logical reason for feeling resistance to doing the assignment.*

First Father: *For me it's not so much that the child is stressful, but it's me that's so stressed out!*

Second Mother: *I find it hard because my older daughter keeps complaining she wants the play time too. So now I've got one more person making demands on me for time.*

Second Father: *Well, in our case we've got twins and each child had a major tantrum when I played with other child and then tantrummed again when I ended the play.*

Therapist: *You probably wonder if it's worth it! You can see from just this play exercise how families will resist change. Well, you know (to second father) one good sign in your situation is the fact the children didn't want the play with you to end. That's an important signal that the play was very reinforcing to them. Clearly time with you is really important to them!*

Third Father: *Well, you know in my situation, I didn't want to do the play assignment. I felt stressed out and the kids were really on my nerves but I made myself do it. And do you know, it really helped. I was so surprised that I was actually calmer afterwards!*

Therapist: *That's great. Many of you will find the same thing happens to you after a while. But how did you get yourself mobilized to do the play when you really didn't want to?*
Third Father: *I just told myself I had nothing to lose by trying it once.*

Therapist: *Good for you! Well, for those of you who didn't do the play this week let's put our heads together and brainstorm about some ways it might be possible to try it this week. . . .*

Other questions the therapist might ask to explore parents' resistance to the home assignments are, *"What thoughts come to mind when you think about this home activity?" "What makes it hard to do?" "Does this seem relevant to your life?" "How could we make this more helpful?" "Can anyone in the group think of a way that might help her try the assignment?"*

A common area of resistance is parents' reluctance to use Time Out as an alternative to spanking.

Father: *Well, all this Time Out stuff is well and good, but in the final analysis I think spanking is what you really need to do. Especially when something bad happens, like a broken window.*

Therapist: *So you really see spanking as the final "big gun"?*

Father: *I do. You know, I was spanked by my father and it didn't do me any psychological harm.*

Therapist: *Tell me how spanking works for you and when you would be most likely to use it.*

In a collaborative relationship the therapist deals with resistance by starting from the premise of respect for the legitimacy of the client's views; in this case, respecting the parent's preference for spanking as legitimate. She would then explore the viewpoint with nonjudgmental questions such as, *"Tell me how spanking works for you? How often do you use it? How do you feel afterwards? How does your child feel about it? How does it affect your relationship? Do you ever feel you lose control when you spank? What do you see as its advantages? Are there any disadvantages? How did it affect your relationship with your parent when you were spanked as a child?"* Similar questions might then be asked about the alternative approach, Time Out. *"Let's look at an alternative approach. What are the difficulties with Time Out? What don't you like about it? What are its disadvantages? Are there any advantages?"* Notice that the questions are in the form of "What do you mean?" or "How do you feel?" or "What do you think?" rather than "Why?" or "Why not?" These questions serve to clarify the parents' feelings, thoughts, and experiences surrounding the resistance and to facilitate problem-solving and collaboration.

In a parent group this kind of approach between the therapist and a resistant parent would quickly draw everyone into the discussion, which helps to present many different view points. A judgmental or authoritarian response from a therapist, on the other hand, would tend to result in group members becoming silent. When resistance to a concept occurs, we find it helpful to organize the discussion by listing the advantages and disadvantages, short-term and long-term

consequences for the child and for the parent on a blackboard. At the end of this discussion, the therapist summarizes the ideas that have been generated, clarifies misperceptions and adds his/her own interpretations if they have not already been covered. This process of collaborative problem solving in the group serves to move people away from "absolutist" positions (i.e., seeing the situation in terms of right and wrong) and opens people up to new ideas that they may not have considered previously, thus reducing resistance. On the other hand a noncollaborative approach, where the therapist directly confronts the parents' ideas, creates a boxing match where the therapist and parent each have to defend their own position in order to protect their integrity.

Once the reasons for the resistance are understood by both the parents and the therapist and problem solving has occurred, the therapist then is ready to invite the parent to consider a short experimental period.

> ***Therapist:*** *I understand your viewpoint regarding Time Out and that you think children should be spanked for misbehaving. At the same time, Timmy seems to have been having more and more problems with being aggressive with his peers and at school and I know you are eager to help him with this problem. I'd like to suggest that we do an experiment. Would you be willing to give Time Out a try and act as if you believe it will work. I'd like you to try doing Time Out for a month and keep records, and then at the end of a month let's evaluate how it looks. You see, if it doesn't work, you can always go back to the way you have been doing things and won't have lost anything. What do you think about that?*

In the example above, the therapist does not attack the resistance by confronting it directly or repeating the rationale for why s/he thinks Time Out is right (and why the parent is wrong to use spanking). Rather, the therapist is engaged in a process of gentle persuasion. Although she does not confront the resistance directly, she confronts the difference of opinion with open, honest communication. This process of exploring the reasons for the resistance, followed by the exercise of looking at the advantages and disadvantages of spanking versus Time Out, is a kind of

values clarification and problem-solving exercise which helps clarify feelings and experiences surrounding the issue. This strategy serves to join people rather than alienate them. It is more likely than direct confrontation to result in a gradual change in parents' perceptions and behaviors, especially if conducted in the context of a supportive relationship.

Reframing is also a helpful strategy when responding to resistance.

Reframing is also a helpful strategy when responding to resistance. Once the therapist has collaborated to understand the reason for the resistance, then s/he can then reframe the treatment objectives in such a way that parents can cooperate and carry out the experiment. For example, one parent said she could not put the child in a Time Out room because she felt it would create bad feelings about the child's room and, more importantly, the child would feel abandoned. Further exploration by the therapist uncovered the fact that this parent had been locked for hours in her bedroom by her own parents! As a result of this discussion, the therapist and parent set up a Time Out strategy based on a chair in the corner of the living room rather than the bedroom. Over future sessions, the therapist reframed the situation to help the parent understand that short Time Outs with the parent in control help children to feel more secure in their relationships with their parents, and that children whose behavior is not controlled by their parents actually may come to feel psychologically abandoned. By joining with the parent and then reframing the situation so that the parent perceived the objective as promoting security (rather than abandonment), the therapist enabled the parent to accept the strategy for herself and her child. This is the essence of collaborative therapy.

Often the group is useful when dealing with resistance. Resistant parents may be more willing to listen to another parent, whom they may perceive as more similar to themselves than the therapist. If the therapist can maintain the kind of respectful and open discussion and dialogue described above, other parents may be willing to share successes or perspectives. Hearing that another parent was skeptical, but tried a new strategy and saw results may push a reluctant group member

to try something new. At strategic times, the therapist may choose to turn to other parents and invite their thoughts and experiences. This can be particularly helpful if the therapist feels that he is at an impasse with a particular parent.

Benefits and Barriers Values Exercise. The purpose of these exercises is to introduce a new parenting strategy and find out what parents in the group think about a particular topic in advance of showing the vignettes. In many cases, these exercises serve to defuse parent resistance before it arises because parents see that the therapist is interested in hearing differing points of view. In addition, since the barriers part of the exercise invites parents to state their difficulties with the new topic, they are assured that these will be considered and addressed.

Knowing the barriers ahead of time can help the therapist target discussion questions and possible practice role plays.

The therapist starts by asking the parents in either a buzz format with a buddy or in a large group brainstorm to list the benefits of using a particular parenting strategy such as emotion coaching, praise, incentives, predictable routines, limit setting, or ignoring. The therapist gives a brief introduction to the topic by referring to the pyramid and then asking the group to think of as many benefits as possible, for example, *"So far we've been talking about building your relationship foundation with your child through child-directed play and coaching tools. 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."* As parents reflect on this and suggest ideas, the therapist prompts them to think of benefits to both the child as well as to themselves. Then after the benefits list is complete, the therapist comments, *"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 possible barriers to giving praise."* As group members bring up barriers, the therapist's job is to acknowledge that their idea is a barrier and write it down. This is not the place to try to convince parents that their barrier isn't a good one, or to try to make

them see that praise is effective. At the end of the list, the therapist summarizes the benefits and barriers and helps the parents look at the short-term and long-term outcomes for using praise for the child or parent or their relationships. Frequently this exercise results in parents discovering that in the short term the praise strategy is hard for the parent to do because of barriers such as lack of familiarity with how to use it, or because it takes too much work and energy or because of their feelings about their child. However, in the long term they see the benefits for not only for their children's developmental growth but also for their relationship. After this summary the therapist introduces their learning together by watching the vignettes by saying, *"So, now we're going to watch some vignettes and I'd like us to think about and share what makes the praise these parents use so effective. We want to think of ways to praise that will lead to all of these benefits we have identified. We also want to talk about how to overcome some of the barriers to praise that are experienced by many of us."*

A couple of caveats to the benefits/barriers exercises are worth noting. In the first parent group session on child-directed play, the therapist only does the benefits part of the exercise for discussing the value of play. The discussion of barriers to child-directed play is saved for the subsequent session after parents have tried to do the play homework activities. This results in the barriers discussion emerging from the actual difficulties they have experienced playing at home that week. Then the therapist can troubleshoot some possible ways to overcome those barriers with the group and help parents set realistic goals for this activity. For the praise, incentives, and limit setting sessions, the therapist will do both the benefits and barriers at the beginning before the vignettes are shown. This will help the therapist have an idea of what knowledge level the parents have about the strategy and what to focus on when showing the vignettes. Knowing the barriers ahead of time can help the therapist target discussion questions and possible practice role plays related to the parents' barriers. For the Time Out strategy, the therapist doesn't do the benefits/barriers exercise until after teaching parents the purpose of Time Out (to teach children to calm down and self regulate) and how to use it. This is because parents will come to the group with many different experiences and opinions about Time Out. Since Time Out has been used (and sometimes

PROPHESIZING SETBACKS

abused) in so many ways, it is important that the entire group understands the kind of Time Out that is being advocated in the IY program before considering the benefits and barriers. Therefore 1-2 sessions are used to teach Time Out and parents begin to practice using it at home. Then therapists lead parents through the benefits and barriers discussion. In this unit, the benefits and barriers discussion is usually combined with a discussion of the benefits and barriers to spanking and other physical discipline.

Therapist Role #7: Prophesizing

Children's behavior improves slowly; regression in their misbehavior is inevitable, despite parents' hard work. When some families encounter these setbacks, they react with disbelief, depression, and anger. They may even decide to drop out of the program at this point. As a "prophesizer," the therapist can help prepare families for future relapses not only in their children's behavior, but also in their own behavior. The therapist's role as prophesizer also includes predicting resistance to change as well as forecasting for improvement.

Anticipating Problems and Setbacks. One helpful strategy to prevent disillusionment for parents is for the therapist to predict setbacks in

children's behavior, anticipating potential problems and regression and discussing these with parents before they occur. The therapist can engage in a hypothetical problem-solving discussion of how parents might handle particular problems should they occur in the future. For example, the therapist could prepare families for the negative behavior that is likely to occur when children encounter changed circumstances such as a prolonged illness, a return from a week's visit with relatives or the other parent, or the arrival of step-siblings who come to stay for summer vacation. Or, after an episode of particularly difficult behavior in public, the therapist collaborates with the parents to prepare a plan for dealing with the behavior more successfully next time. Similarly, the therapist could help parents develop a strategy for having a more successful visit with their in-laws. By mentally rehearsing how parents will handle the worst possible scenario, parents' anxiety is reduced because they feel prepared to cope effectively with conflict situations. Moreover, when the "worst" doesn't happen, they are pleased with themselves and their progress.

Within the process of a 14- or 20-week parent group, there is a common pattern to parent and child responses. Parents often feel a combination of hopeful and skeptical for the first several weeks. Those who are doing the home practices will often experience immediate success and will sometimes feel that the program has been a miracle! This provides them with the enthusiasm to carry on for several more weeks, working hard, and seeing progress with their children. After several honeymoon weeks, there is a mid-program lull and parents begin to report that their children have relapsed. This can be devastating to parents, especially if they experienced so much initial success. The relapse may be because the newness of the positive strategies has worn off and parents are less consistent with them. It also could be that children are testing the limits of their parents' newfound positive responses. At this point in the program parents only have half a tool box of strategies, so they are at a disadvantage! As parents move

Prepare parents for the fact that there will be inevitable relapses in their own parenting behavior and these are a signal to use a different parenting tool.

to the second half of the program, they typically feel a new mastery over their own responses and their parenting. They see how their own responses influence their children's behavior, and they have learned a set of skills that they can generalize to all settings. Because of this, when they have a bad day or a bad week, it is less devastating. They know that they have the skills to regroup and respond to the behaviors. While not all families will experience this, it can be helpful for the therapist to remember this cycle, and to share parts of it with parents as a way to normalize what they are going through.

The therapist also needs to prepare parents for the fact that there will be inevitable relapses in their own parenting behavior after the program has ended. The therapist should reassure parents that relapses are normal parts of the learning process. Relapses should be construed as a "signal" that some strategy or parenting tools need to be implemented; parents can be encouraged to see regression as an opportunity to practice or coach a new positive opposite skill or go back to securing their foundation with special time with children, coaching and incentives for targeted behaviors. It is a good idea to rehearse with parents what they might do when a relapse occurs. For example, they might call their buddy or a friend for support, contact the therapist, practice program home activities again, review parenting strategies and read the parenting book, arrange for time away to "refuel," or focus on positive alternatives. Here is an example of how the therapist might start preparing parents for relapses by reframing the usual interpretation.

> ***Therapist:*** *Expect and be prepared for relapses. They are part of your own and your child's learning process. The child needs to relapse and test the security of his environment every now and again to see if the rules still hold. Then once he knows his base is secure, he can tackle a new challenge. You know, it's a bit like the old adage: "two steps forward, one step back."*

Predicting Parent Resistance to Change. It helps to predict in advance that parents will resist some strategies and assignments and to offer some reasons for this opposition. Otherwise, if the difficulty of making behavioral, cognitive, or emotional change is not acknowl-

edged by the therapist, the parent may feel s/he is incapable of change. Some parents may even become angry at the therapist for asking them to do assignments that are so hard for them to do and "not part of their personality make-up." These feelings will lead to increased resistance. When parents are prepared in advance, they need not be surprised or anxious when these feelings occur; they can perceive these reactions as a necessary part of the behavioral and emotional change process.

Therapist: *Be prepared to feel awkward when you do this kind of coaching. Be prepared for yourself to resist wanting to do it because it does feel awkward. And be prepared for your child not to like it at first. Whenever someone learns a new behavior, there is a natural tendency for family members to resist this new behavior and to revert back to the status quo. In fact, some family members might actually try to pressure you to return to the old way of doing things.*

OR

Using more praise may feel awkward at first, especially if you haven't done much of this in the past. You may even feel your praise sounds phony. So don't wait for yourself to feel warmth towards your child in order to praise. Just get the words out, even if they are kind of flat. The feelings and genuineness will come later. The more you practice, the more natural it will become.

OR

Lots of parents don't like Time Out at first. Compared to spanking it's more time-consuming, it is harder to keep the self-control you need (especially if you want "revenge" on your child), and it feels awkward. But with practice it will become automatic and your child will learn exactly what to do. You will feel good because you are teaching your child a nonviolent approach to dealing with conflict and how to calm themselves down. There will be long term benefits but it takes patience for this to happen.

OR

We all find it difficult to change; indeed it can be painful. We get used to the figurative 'goggles' or 'glasses' through which we look at the world in general, and our child in particular. To have to put on a different set of goggles can be quite confusing at first. We feel comfortable with what's familiar; so the new perspective is strange and rather scary. But that feeling soon wears off.

Therapist: *Changing our negative thoughts can be difficult; the first step is to recognize them and then write them down. Then we will work on rewriting them and practicing using positive coping thoughts. We will have reminder cards so we can rehearse this internal dialogue. It is a bit like learning a new language – remember when you tried to learn Spanish or some other language. First you had to say the word over and over, maybe only a few words at a time. Then you gradually added more words and eventually sentences. With time and repetition it gets better and becomes more automatic.*

In addition, it is important for therapists to tell parents to call in if they are having difficulties with any of the assignments, thereby indicating the therapist's willingness to listen to their resistance and help them to overcome their personal barriers in order to reach their goal.

Another strategy to use when discussing resistance to change is to help parents understand that change is not without cost. Here it can be helpful to ask the parents to list the pros and cons of adopting a certain approach. For example here is how we would list out the advantages and disadvantages of yelling and screaming.

Therapist: *You find it difficult to give up the anger and resentment you feel all the time for your youngster's aggressive responses and for making life difficult for you. Let's try to see why it is so hard to give up anger. We'll make two columns headed 'advantages' and 'disadvantages' of letting go of anger.*

Parent: *Advantages—I'd feel better; I'd be less tense; I'd be more rational; I'd avoid a CPS referral or hurting my child; I have better parenting responses for my child and better future relationship.*

Disadvantages—It would look as if I couldn't control his behavior or that his misbehavior was unimportant to me; I'd lose self-respect; people may think I don't care in my rearing of children; my child wouldn't understand how much he has hurt me if he doesn't feel pain.

Therapist: *You can see that there are some good reasons in your mind, to not give up your anger. So change is costly. What you need to think through are the relative costs of changing as opposed to not changing. Also let's look at some of the thoughts about letting go of anger to see if they are realistic. Does a child need to feel pain in order to learn? What actually does he learn when he is hit?*

Predicting Positive Change and Success. The therapist should build parents' expectations for positive change in behavior if they do persist with the home activities and implement the program. It is important for the therapist to express confidence and optimism in the parents' ability to successfully carry out the thought and behavior changes required to produce positive changes in their child's behaviors. According to Bandura (1977), all psychological procedures are mediated through a system of beliefs about the level of skill required to bring about an outcome and the likely end result of a course of action. Efficacy expectations are thought to be the most important component. Successful treatment will depend on the ability of the therapist to strengthen the parents' expectations of personal efficacy ('I am able to do it').

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

OR

We've worked with a large number of families now and, although we don't have perfect success, we've found at least two-thirds of parents

are able to make impressive changes in their children's behaviors. And although some children are still quite challenging to manage at the end of the program, all parents who are practicing these new skills feel more confident in their ability to deal with whatever behaviors their children exhibit.

It is also important to predict that other family members can benefit from the program, even if they do not attend the sessions. For indeed, research (Patterson, 1982) has suggested that all members of the aggressive child's family are victims; they all experience the pain of the family interactions. If non-participating members of the family are not helped by the participating member to see some possibility of payoff for themselves, they may actively sabotage the participating members' efforts to change. The therapist should therefore work with the participating members to see how the program can be extended in a nonintrusive way to other family members. For example, the therapist can predict that the siblings who previously have been "good" children may regress in an effort to gain attention and to compete for play sessions or a sticker chart that has been started with the target child. This reaction should be presented as a positive outcome for all the children, although more demanding for the parent. Predictions should also be made about the nonparticipating fathers who may initially be suspicious of the program. However, if mothers continue to competently use coaching methods, praise, incentives, and Time Out and other consequences respectfully and consistently, they will soon find fathers following suit because they have become effective models.

The role of therapist as prophesier is consistent with a collaborative model because the therapist brings her expertise and knowledge of possible family reactions to bear on the parents' unique situations and experiences; the single parent who is co-parenting with an ex-spouse, the family with several children of differing ages, the mother with a noninvolved father, or the parent with backgrounds of alcohol or spouse abuse, and the parents bring their ideas and insights to bear on planning how to deal with those possible reactions. It should be obvious that the therapist can effectively prophesize only if s/he has collaborated with the parents to understand their situation. Moreover,

by anticipating problems beyond the immediate child problems, the concept of "working together" is enriched.

Preparing for the Long Term. About 3 sessions before the end of the program, the therapist starts to keep a list on a flip chart of things parents will do to get support after the program ends. Many groups will also want to continue on their own as a group or keep in touch with their buddies. This is encouraged as one aspect of developing their support team. The following are some of the ideas our groups have discussed:

How to Continue to Feel Supported as a Parent

- Continue to meet as a group to support each other once a month. Study some of the other DVD learning modules together.
- Identify two parents from the group who are willing to act as "touch points," who check out a set of the DVDs from the therapist and provide a place to meet to discuss parenting issues that arise.
- Put program notes on the refrigerator, telephone, or bathroom mirror to remind oneself to use specific concepts such as coaching and praising positive opposite behaviors, using positive self talk, and ignoring inappropriate behavior.
- Review the program notes and handouts with a partner or a friend once every two weeks. Reread or listen to CD portions of the book.
- Reward oneself once a week for working on parenting skills by going out for coffee or to a movie with a partner or a friend.
- Plan discussions of parenting issues with a partner or friend once every two weeks.
- Tell yourself that you are doing a good job!
- Set aside some time to relax and refuel one's energy on a daily basis.
- Recognize that it is okay for parents and children to make mistakes and learn from them.
- Put parent toolbox poster on refrigerator and practice using 1-2 parent tools each week.

An ongoing theme reiterated by the therapist throughout the training program is that it is hard work to be a parent. It is a difficult challenge that very few of us are adequately prepared for. One of the most common mistakes that parents make in relating to children is to go for the short-term

payoffs (for example, to give in to a child's tantrum to stop the unpleasant behavior) at the expense of the long-term consequences (the child learns to have tantrums to get what s/he wants). The therapist emphasizes that although the parenting skills presented in the program need to be repeated hundreds of times and take a lot of work, the long-term benefits make it worth the effort: helping a child to become a self-confident, creative, nonviolent, and happy individual. As one of our parents so aptly put it: "You mean there is no magic moon dust?" No, the program has no magic moon dust to sprinkle; rather, the objective is to encourage parents to be patient with themselves and to be committed to their growth as parents as well as their children's growth and development.

THE SCRIPT FOR PARENTS: LEARNING TO COPE MORE EFFECTIVELY

The therapeutic process that we have been describing is one in which the therapist collaborates with parents in multiple roles in order to help the parents gradually gain the knowledge, control, and competence they need to effectively cope with behavior problems and support their children's development. Parents gain an understanding of the developmental issues that occur for all children as they strive for independence and explore their environment, as well the added stresses of parenting a child with conduct problems, ADHD or some developmental and language delays. To put it differently, the "script" for the parents involves learning more effective coping strategies and parenting skills so that ultimately they strengthen their children's social and emotional competence and prevent or reduce their behavior problems. Several themes are constant throughout the therapy process as part of this coping model "script" for parents.

Theme #1: Parents Learning To Problem-Solve

By now it should be clear that problem solving and collaboration between the therapist and parent go hand in hand throughout the sessions. Often we find parents have initially come to us with the belief

PROMOTING PARENTS' PROBLEM-SOLVING AND EFFECTIVE COPING STRATEGIES

that there is a single cause for the child's misbehaviors and consequently a single solution for the problem. The goal is for parents to come to realize by the end of the program that there is no single magical solution or recipe for parenting. Rather, parents become confident in their own ability to reflect and think sequentially and to analyze parent-child interactions, to search for external causes of misbehavior (as opposed to attributing it to the child's "bad" nature) and to generate a rich smorgasbord of possible solutions. They acquire the problem-solving strategies necessary to evaluate possible solutions in terms of their desirability and relevance, to commit to trying them out, and to evaluate whether or not a particular solution is working. In essence, by the end of the therapy the parents have become their own therapists.

Theme #2: Parents "Coming To Terms"

The therapist gradually helps parents come to terms with the realistic facts concerning their child's temperament and biology. They must learn to manage the anger and grief related to the loss of their hoped-for "ideal" child and learn to accept their child's difficulties and strengths and extra needs for committed parenting. Because many of these children's problems are to some degree chronic; characterized by unpredictable relapses, constant vulnerability to changes in routine, and the

emergence of new problems whenever the child faces new settings or schedules, parents must be helped to face the fact that they must invest a great deal of time and energy in the hard work of anticipating, monitoring, and problem solving for many years to come.

Therapists remind parents of their short-term successes and the small steps towards their longer term goals.

The therapist can prepare parents for this partly by helping them balance long-term and then short-term goals. Keeping focus on those long term goals, such as having a well-adjusted and well-regulated child can help a parent be consistent through a challenging short-term behavior, for example, a temper tantrum or melt down in response to setting a limit. While parents may be tempted to give in to these behaviors to obtain short-term peace, their focus on the long-term goals can remind them why they must persist. On the other hand, since long-term goals are often many years away, it's important for therapists to remind parents of their short-term successes and the small steps towards the longer term goals. Parents must be encouraged to celebrate small moments with their child, to take the time to play and enjoy each other, and to reflect on progress (however small). This "in the moment" appreciation of their child will provide fuel for getting through the more difficult moments.

> ***Therapist:*** *Your child needs to have hundreds of chances to try to learn from his mistakes. Learning more appropriate social skills and emotional regulation is just like when your child was a baby and was learning how to reach out, then turn over, crawl, finally walk. Do you remember how often your child tried to get up and fell down or how long she held on to something before she could take off on her own? Well, this is just the same. It takes lots of small steps and experiments for a child to learn appropriate social skills and to control their emotional responses ~ especially as they are biologically driven to explore. And just as you must constantly support the baby who is stumbling (so that she does not injure herself), so must you support the child who is developing her social and emotional skills.*

Moreover, the therapist may even depict the environment provided by parents for children with conduct problems, ADHD, or developmental delays as a sort of "prosthetic environment" or scaffolding of parent coaching, prompting, praise, incentives, positive attention, discipline, and monitoring. And, as with a child with a chronic medical problem, if parents withdraw the treatment, the child is likely to relapse. Words such as "repeated learning trials" and "opportunities to make mistakes" and "developmental struggles" help prepare parents for this long-term coping process.

Theme #3: Parents Gaining Empathy For The Child

Besides helping parents come to terms with the hard work of parenting, it is also important to help them understand, empathize with, and accept their child's unique personality and temperament. It is especially hard for parents of "difficult" and demanding children to remain patient, to constantly be "on guard" for monitoring, and to consistently limit set. Parents can do this more easily and can be more supportive if the therapist has helped them to understand that some of the child's oppositional behaviors are really needs for independence and autonomy or needs to test the security of their environment. Information about typical developmental milestones for toddlers, preschoolers and school age children can help parents build not only patience, but empathy. Parents can also learn to reduce some of their unnecessary commands and criticisms if they understand that children need the opportunity to learn from their own mistakes. Empathy for the child will foster a warm relationship, involving increased tolerance of mistakes and more appropriate discipline from the bottom of the discipline hierarchy, rather than the top.

Theme #4: Parents Aren't Perfect

Coping effectively implies parents coming to accept and understand not only their child's strengths and difficulties, but also their own imperfections as parents. The therapist helps parents learn to stop belittling and berating themselves for their angry or frustrated reactions and depressive or anxious thoughts. They come to understand that these reactions to their child are normal and to replace them with coping thoughts and positive forecasting.

Theme #5: Parents "Refueling" To Ensure Maintenance

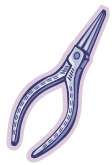
In addition to becoming more confident and knowledgeable in their parenting skills and their ability to cope with the child's problems, parents need to recognize the importance of "refueling" themselves as individuals and couples. The therapist can assist this by asking parents such questions as, *"How are you going to keep going when the program is finished?" "How do you keep yourself reinforced for the work of parenting?"* The therapist can encourage the parent support groups to continue meeting after the formal program has ended, and can suggest that parents baby-sit for each other so they can get time away from their children. Monthly "booster shots" for the groups with the therapist can also be scheduled routinely so that there is a structure of ongoing support.

Theme #6: Parents Feeling Empowered

As we discussed earlier in this chapter, one of our primary goals in therapy is to help parents feel empowered so that they feel confident about themselves, their parenting skills, and their ability to cope with the new situations in which they and their children will find themselves over the course of time at home or at school. Empowerment is the antithesis of dependence on the therapist. It encompasses competence, but it is more; namely, the conviction of one's own competence, a sense of security about one's own abilities and capacities. A collaborative therapist empowers parents not only through building their skills, but through continual validation of them.

We empower parents through a three-pronged approach: first, by assuring they have an accurate knowledge base and cognitions concerning children's developmental needs, behavior management principles, and individual or temperamental differences and how these affect parent-child relationships; second, by helping them learn the important parenting skills involved in child-directed play, academic, persistence social and emotional coaching, problem-solving, self-reflective thinking, and enhancing their children's developmental milestones; third, (by building positive emitions and relationships), by accepting and respecting parents' values, culture and beliefs and trying to understand how these impact their family life, rules and relationships. The specific content, methods, and processes we use have been described earlier and are outlined in the Sources of Self-Empowerment table below.

SOURCES OF INCREASED SELF-EMPOWERMENT

Parent	IY Program Content	IY Therapist Process
Accurate Knowledge/ Cognitions 	Developmental milestones and temperamental differences Appropriate expectations Cognitive social learning principles Proactive discipline Relationship building/responsiveness/attachment Resources (support, sources of assistance) Parent monitoring/home safety proofing Importance of social support Strategic thinking (working out goals) Challenge, rewrite, replace negative/irrational thoughts Tactical thinking (use of techniques/methods)	Collaborative and problem solving Practice (role play) challenging negative self-talk Culturally appropriate metaphors/analogies Home activity practice assignments Video modeling and mediation Promoting parent self-observation/self-reflection Developing positive cognitive scripts Teaching, persuading, providing rationale Adapting to each child's developmental stage Reading assignments/journaling or logs Encouraging long-term perspective
Appropriate Skills & Behaviors/Strategic Attention 	Child-directed play (responsive, nurturing) Differential attention (ignore and attend) Academic, persistence, social and emotion coaching Predictable routines/rules Proactive discipline Social/relationship building skills Identifying goals and target behaviors Problem-solving strategies Effective communication Partnering with teachers	Short-term and long-term goal setting Reinforcement/celebrations for parent efforts Promoting parent self-praise and self-reflection Group practice exercises and live modeling Homework tasks and experiential learning Video modeling & vignette mediation Therapist relationship building Therapist use of humor/optimism Clarifying and explaining rationale for strategies Identifying behavior change principles Adapting for culture and goals Explaining behavior-change processes
Positive Emotions/ Relationship Building 	Anger, stress and depression management strategies Importance of emotional self-regulation and positive focus Gaining empathy for child's perspective ("coming to terms") Self-care activities Solutions to emotional barriers Connections from past history to change in future goals Developing a support team	Benefits/barriers exercises Sharing and listening Respecting/accepting imperfection Demystifying/normalizing Reframing from child's point of view Reducing conflict Building support networks Refueling, empowering, and building self-efficacy Predicting success

SUMMARY: SUPPORT FOR THE THERAPIST

The therapist's conscious use of a variety of roles such as collaborator, empowerer, supporter, teacher, coach, interpreter, leader, and prophesier helps to change parents' cognitions, emotions, and behaviors, to alter their attributions about past and present behaviors, and most importantly to increase their perceived self-efficacy and their range of effective coping skills. In this sense, the therapist's role with parents is a model for exactly the kind of relationship we are encouraging parents to develop with their children; in both cases, a non-authoritarian, non-paternalistic relationship.

The therapist needs a support group and ongoing consultation and video feedback to be most effective.

Just as parents get tired of the hard work of parenting, the therapist may tire of the hard work of filling all these roles. The implementation of these roles with a group of parents, especially in the face of parent confrontations and resistance, can at times be a formidable task. Collaboration requires a considerable degree of clinical skill; more so than other models, such as that of lecturer, listener, or analyst. It is important that the therapist also have a support system in which s/he can show videos of her group, analyze a difficult situation or group problem with colleagues and plan the most effective treatment strategy. By discussing a parent's situation with other therapists, it is possible to brainstorm and problem-solve how to reframe it, interpret it, or explain it in a different way so it makes sense to the parent, as well as to decide which role the therapist should assume in this situation. The added support and objectivity of colleagues can help the therapist immensely, sustaining enthusiasm and the will to persist in the face of highly resistant families. See website for peer- and self-evaluation form that group leaders can use when reviewing DVDs with co-leaders and other colleagues.

www.incredibleyears.com/Resources/PP.asp

In sum, it is important for the therapist also to view herself in a coping model; capable of making mistakes with parents, learning from the mistakes, being realistic about treatment goals, not expecting magical solutions, and feeling refueled by each family's gradual successes. From the therapist's point of view, one important advantage of the collaborative group therapy model is that it creates a feeling of support for the therapist because of the joint ownership of solutions and outcomes. Besides reducing the dependency of families on the therapist, collaboration is reinforcing for the therapist in that it is gratifying to see parents coping independently and feeling confident. Lastly, the collaborative process constantly provides new learning for the therapist, keeping us challenged, stimulated, and growing in our professional lives.