

Webster-Stratton Incredible Years Basic Parent Programme (IY) in child care placements: residential staff carers' satisfaction results

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ABSTRACT

The aim of the present study was to investigate residential child care staff satisfaction with their involvement in the Webster-Stratton Incredible Years Basic Parent Programme (IY). In an exploratory, not randomized study, 27 professionals from two different short-term Portuguese residential child care centres (IG1, $n = 15$; IG2; $n = 12$) completed weekly IY evaluations and an overall satisfaction questionnaire at the end of their participation in the IY intervention. The weekly level of satisfaction was assessed with regard to each of the programme's components (content, DVDs, group leaders, group discussion). At the last session, they filled out a questionnaire aimed to evaluate the levels of satisfaction regarding the programme overall, the teaching format, the group leader(s) and the usefulness of specific educational techniques they learned. Data indicated that residential staff carers were highly satisfied with the weekly sessions and with the overall usefulness of the intervention programme. Results are discussed in terms of implications and future research directions.

INTRODUCTION

In many countries, Portugal included, there are few, if any, formal education and training programmes specifically designed for direct-care workers in residential care. This is both unfortunate and surprising as the literature frequently notes that these front-line workers are engaged in the most intensive and complex work within their agencies (Anglin 2002). There is still a mistaken impression on the part of some that this work is about 'basic care' only, and that little skill or knowledge is required for these positions. However, there is strong and growing evidence about the developmental and therapeutic value and potential of this intensive 'milieu' work for the children in care.

As far back as 1969, Trieschman *et al.* (1969) in *The Other 23 Hours* articulated the elements and dynamics necessary to support young people in residential settings in order to take full advantage of the opportunities to support their growth and develop-

ment. The session-based intervention of specialized therapists, while of benefit to many, is likely only about an hour a day (at most), while the direct-care workers are available to be with and work with the children for the other 23 hours. It is likely that some of the children in residential care require not only the developmental support characteristics of a good parent but also a higher level of consistency and skill in order to deal with both individual needs and the group dynamics involved (Anglin 2002).

Thus, the lead author reviewed available parenting training programmes that offered the potential to enhance the knowledge and skills of residential child care staff in responding effectively to the needs of the residents, and the Incredible Years programme appeared to offer an effective option worthy of systematic research.

Developed by Carolyn Webster-Stratton, the Incredible Years Basic Parent Programme (IY) is an effective evidence-based programme (Piescher *et al.*

2008). Several randomized control-group studies with IY have demonstrated its power to reduce children's behaviour difficulties and to improve positive parenting skills (Webster-Stratton 1998; McIntyre 2008; Webster-Stratton & Reid 2010a).

Disseminated internationally, this programme was designed to be implemented with parents or other caregiver figures who assume child-rearing/parental functions with children aged between 3 and 8 years old. With community samples, this programme is implemented over 12–14 weeks in meetings of 2 hours. Two trained leaders facilitate each group session. Over the course of the programme, the parents/carers are introduced to a range of topics, including how to play with young children, using praise and rewards effectively, coaching, setting appropriate limits, ignoring attention-seeking behaviour, using time-out, establishing logical consequences, and focusing on preventive strategies (as shown in Appendix A). Each session includes a review of the previous session, development of a new topic, presentation of videotaped scenes (situations of interaction between adults and children), group discussion, and practice of new strategies through role-playing and homework activities (Webster-Stratton 2000; Webster-Stratton & Reid 2010a).

The skills to be developed with the group participants in the sessions are represented in a parenting pyramid that is intended to demonstrate the core principles of the programme. The building and strengthening of the relations between adults and children can be achieved using liberally strategies such as play, positive attention, praise and incentives as shown in the base of pyramid. The foundation of a positive relationship will provide the opportunity to increase children's positive behaviours, self-esteem, co-operation, social and thinking skills, moving on to effective limit setting as a means to improve children's responsibility and obedience. In the top section of the pyramid are presented disciplinary strategies, such as ignoring, time-out and consequences, which must be used in a selective manner to decrease children's annoying misbehaviours and aggression (see Fig. 1).

The impact of IY on participants' satisfaction

The literature indicates that, in general, the assessment of the parents' satisfaction with IY is rated as high and very positive (Webster-Stratton 1998; Fergusson *et al.* 2009; Larsson *et al.* 2009; Webster-Stratton & Reid 2010b). Similar results were found in Portuguese parents' samples regarding the level of adhesion and

satisfaction (Seabra-Santos & Gaspar 2008; Cabral *et al.* 2009/2010; Seabra-Santos *et al.* 2011, 2012; Azevedo *et al.* 2013).

Several reports on the evaluation of IY provide feedback on the specific parenting techniques the participants learned in the programme and the satisfaction ratings. Most of them rate between 'very useful' and 'useful' (Sabir & Chowdhary 2003; Broderick & Carroll 2008; Himmeger 2008; Richmond & Carroll 2009; Idzelis 2011).

Axberg *et al.* (2007) conducted a study to evaluate the effectiveness of IY in diverse clinical settings in Sweden. Concerning the parents' ($n = 115$) satisfaction with the programme, the authors found that 97% of the participants had 'very positive' (66%) or 'positive' (31%) overall ratings of the treatment programme for their child and family, and 98% would 'strongly recommend' (80%) or 'recommend' (18%) the programme to a friend or relative. Further, the parents experienced that 'the major problems that had prompted them to begin the treatment for their child' had 'greatly improved' (44%) or 'improved' (40%) and felt that the approach used to change their child's behaviour problems in the programme was 'very appropriate' (55%) or 'appropriate' (33%). Additionally, the parents found the overall techniques 'extremely easy' (12%), 'easy' (40%) or 'somewhat easy' (36%) to use, but nevertheless some parents found them 'slightly difficult' (6%) or 'difficult' (1%). Finally, just under one-half of the parents found the techniques 'useful' (36%) or 'somewhat useful' (10%).

In another experimental study of IY that included a diverse sample of foster and biological parents and had a co-parenting component (Linares *et al.* 2006), the consumer satisfaction questionnaire also revealed high levels of satisfaction with the programme.

Bywater *et al.* (2011b) provided some qualitative results concerning the use of IY with foster carers. In general, the participants reported being satisfied with the programme, enjoyed the experience, and gave positive comments about the programme supporting their management and improvement of child behaviour. Suggestions to lengthen the programme to 14 weeks were made.

Bywater *et al.* (2011a) delivered IY Toddlers Programme to nursery staff ($n = 13$) to manage children's difficult behaviour in the nursery. The results, assessed by the self-report final satisfaction questionnaire, demonstrated that the quality of their relationship with the toddlers in their care had 'greatly improved' or 'improved' (65.7%). Also, according to the authors,

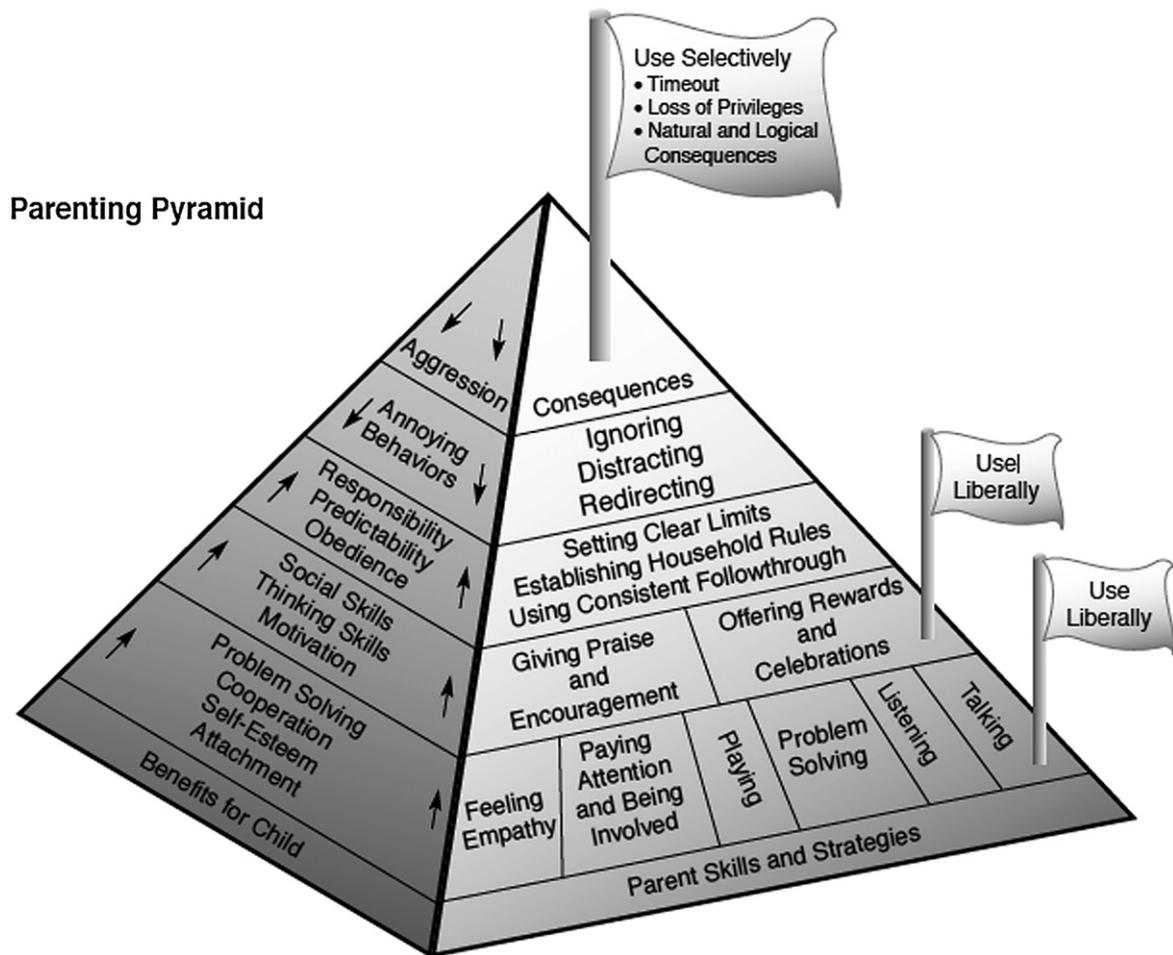


Figure 1 Incredible Years Parenting Pyramid (Webster-Stratton 2000).

when participants were asked whether attendance in the programme had helped in other areas of their lives, 80% said that the course had 'greatly helped' or 'helped'. Moreover, 100% of the participants would recommend IY course to others. In addition, 100% reported that they felt more 'confident' in their skills after attending the programme, more 'confident' in their future abilities, and more 'positive' about achieving their goals with children in their care.

Satisfaction with IY in residential child care context

The staff working in residential settings cannot take the place of parents, but as in other child-rearing contexts, they also have 'parenting' roles and caregiving responsibilities and tasks (Anglin 2002). As in the families where 'coercive interactions' (Patterson *et al.* 1992) may occur and where a child can learn to escape or avoid parental criticism by escalating their

negative behaviour, in residential settings these kinds of dynamics can also easily appear, and the residential staff carers (with little or no specific training) may have difficulties in dealing with these troubling situations. Previous family experiences of disruption, abuse and neglect characterize the children entering residential care (Kendrick 2013). The residential staff carers' behaviour must therefore be supported so that the social interactions with the resident children can be more positive and effective.

The IY proposes to strengthen positive parenting skills to reduce conduct problems in children's interactions with parents (and others), and increase positive communication and problem solving. We have conducted a research study with the purpose of delivering IY to Portuguese residential child care staff to investigate if this programme would be suitable to improve their educative skills and to reduce resident children's difficult behaviour. These specific issues

were addressed in two other papers. One of them focuses on self-report measures to assess carers' child-rearing practices, sense of competency and depression symptoms. Preliminary results suggest a positive impact in the improvement of residential carers' empathic attitudes and improved perceptions of the children's role in the intervention groups (Silva & Gaspar in press). The other paper addresses an observational procedure to assess carer-child interaction and a residential carer self-report of children behaviour measures. Main results suggest an increase in observed residential carers' positive behaviours after the intervention (positive affect, positive parenting), and a decrease in carers' negative practices (negative commands; total commands; critical statements and total critical), as well as a decrease in observed negative behaviours of children (Silva & Gaspar 2013). In this paper, we are focusing on analysing the residential child care staff members' satisfaction with the IY group experience. Specifically, we analysed the weekly session results as well as the overall satisfaction with the programme.

METHOD

Between May 2010 and July 2010, a first intervention group (IG1, $n = 15$) was conducted with staff carers within the same residential child care centre. A second intervention group (IG2, $n = 12$) was conducted between January and March 2011 in another residential centre.

All residential staff carers were provided with 13 sessions of IY in their respective group setting within the residential child care short-term centres. The intervention was delivered weekly in 2-hour sessions that took place in each residential care centre, at a suitable time for the staff group. The sessions were run by two group leaders (a leader and a co-leader) who had previously attended a 3-day training workshop conducted by a certified trainer affiliated with IY, and had previously delivered the programme to parent groups. The group leaders had professional backgrounds in child mental health and psychology. The intervention programme was delivered with fidelity according to the specifications in the Incredible Years Basic Parent manual. A certified national leader and peer coach of IY, with an extensive background in conducting and supervising IY parenting groups, provided supervision by reviewing the group leaders' videotaped sessions. Additionally, peer and self-assessment tools (<http://incredibleyears.com/resources/gl/measures-and-forms/>) were also used to ensure suitable programme

delivery. Taking into account the context where the programme was applied, it was necessary to make some adaptations concerning the language used, specifically replacing the term 'parents' with the term 'carers', and 'parenting' techniques with 'educational' techniques.

The group programme provided a supportive and non-judgmental atmosphere where the residential staff carers could share their experiences and discuss their strengths and weaknesses. Videotape vignettes, modelling parenting skills, were shown to demonstrate the skills that were being targeted, and in this way focused discussions on the skills that were promoted. Participants were given homework activities to complete on specific topics or skills that were targeted by the session, and then these homework activities were discussed at the start of the next session. In this way, a collaborative-style of learning was promoted, as caregivers were encouraged to share their experiences and learn from each other.

Participants

A total of 27 residential staff carers filled out the weekly and final satisfaction questionnaires. Carers ranged in age from 20 to 58, with a mean age of 37.1 years, and they were all female. There were no defined inclusion criteria for the carers. The programme was offered to all staff and participation was voluntary. The two short-term residential child care centres where the data were collected shelter, on average, 10 to 25 children between the ages of 0–12. IG1 was located in an urban centre and IG2 in a small urban centre. The inclusion criteria for the children were as follows: (i) 3 to 8 years old; and (ii) not diagnosed with a developmental disorder.

In IG1 and IG2, there were six children in each group (total $n = 12$) with ages from 3 to 8, mean age of 4.92 years. More than half were boys. Placement reasons of the children in these centres were: neglect (66.7%), followed by exposure to parents' deviant behaviours (58.3%), abuse (25%), parents' drug addiction (25%), abandonment (16.7%), parents' alcoholism (16.7%), low social economic conditions (8.3%), and exposure of the child to domestic violence (8.3%). Sample characteristics are presented in Table 1.

Attendance

The residential care staff attended a mean of 8.52 sessions (standard deviation [SD] = 3.25) of the 13 group sessions delivered. In our study, when

Table 1 Demographic information for staff carers and resident children

Variable	M ± SD	(n) %
Staff workers (n = 27)		
Age (M ± SD)	37.11 ± 9.93	
Working time in the centre (years)	5.63 ± 3.69	
Educational level		
Elementary school		(8) 29.6
High school		(12) 44.4
University degree		(7) 25.9
Resident children (n = 12)		
Age range 3 to 8 (M ± SD)	4.92 ± 1.73	
Sex		
Male		(8) 66.7
Female		(4) 33.3

SD, standard deviation.

participants' could not attend a group session, individual make-up sessions were offered before the next session.

Staff carers' incentives

To reinforce residential staff carers' attendance, a small gift was normally offered as a reward when they managed to practise a piece of homework in the residential setting with the children. These gifts were usually inexpensive items such as stickers and a piece of fruit at the end of each session. In the celebration session at the end of the programme, a cake was shared in recognition of the 'good job' achieved in the IY journey. An individual small ornament gift was given to recall the importance of the team being united by the same positive principles that they learned. A participation certificate was also delivered. Even more important than the tangible rewards were the social rewards throughout the sessions (praises, encouragement of the group leaders) directed to the residential carers when they achieved the goals of the programme.

Consumer satisfaction measures

Satisfaction data was gathered from the staff group using self-completed questionnaires. The following measures were collected: (i) weekly evaluations of the programme sessions; and (ii) at the last group session, residential staff carers were asked to complete a Satisfaction Questionnaire that assessed overall views of the programme, usefulness of teaching methods, and usefulness of educative techniques.

These measures were developed by the original programme author, Carolyn Webster-Stratton (2001, see

<http://incredibleyears.com/resources/gl/measures-and-forms>), to assess parents' satisfaction immediately following each group session and to assess the satisfaction with aspects of the IY training. For this study, the word 'parent' was also altered to 'carer' and 'parenting' to 'educative' skills.

RESULTS

Staff carers' consumer satisfaction

Weekly evaluations

Carers were asked to evaluate IY each weekly session. The weekly evaluation (originally developed by the programme's author) asked carers to rank the following programme elements as either 'not helpful' = 1, 'neutral' = 2, 'helpful' = 3 or 'very helpful' = 4:

1. The content of the session
2. The videotaped examples
3. The role-playing
4. The group leaders' teaching
5. The group discussion.

The results show that residential staff carers rated each session highly, between helpful (3) and very helpful (4). Regarding the 'content', the highest average (4.00 ± 0.00) rating was reported in Sessions 7 to 11, regarding the learning of non-violent discipline approaches. The 'videotaped examples' that staff carers reported as more helpful were the ones addressing the sessions on praise, rewards, setting limits and handling misbehaviour. According to the staff carers, 'role-playing' was more helpful in the first sessions, when the content of play was rehearsed, and in the last sessions, when participants were trained to use a time-out to calm down as an immediate, non-violent and respectful consequence reserved for aggressive behaviour in resident children. The 'group leaders' teaching' also proved to be very helpful to the residential staff carers in the overall topics of playing, praising, setting boundaries and managing inappropriate behaviour. Finally, the 'group discussion' also maintained the same high levels of satisfaction in the topics concerning the increase of positive behaviours and the reduction of difficult ones.

The mean ratings and SD for each of the four areas were: content 3.95 (SD = 0.10); videotape vignettes 3.85 (SD = 0.19), role-playing 3.68 (SD = 0.35); group leaders' teaching 3.93 (SD = 0.12) and group discussion 3.80 (SD = 0.23).

In addition, the residential child care staff attending the IY sessions commented on the applicability of the

IY key principles: modelling; praise; positive attention; rewarding daily success; consistency; following child's play; ignore; staying calm and think positive. Some of the comments that highlight those results are presented below:

- 'I was amazed when at dinner time one of the children turned to another and said: "Good job, you are eating all the fish! Very good!"' (modelling principle)
- 'The children repeat the positive behaviour – if praised!' (praise principle)
- 'We must give attention to positive behaviour, otherwise the children will call for our attention in a negative way, like doing a temper tantrum, for example!' (the attention principle)
- 'The Reward Programme it's working! The children can tighten their seat belts alone when we get into the van!' (principle of rewarding the daily success)

Final evaluation

At the conclusion of the intervention, residential staff carers completed a satisfaction questionnaire in which they rated the overall programme, the teaching format, the group leader(s), the group support and the usefulness of specific educational techniques they learned. All the ratings were done on a 7-point scale, where a higher rating means a higher level of satisfaction. These findings are summarized below.

Overall programme. For the overall programme subscale, when asked about the state of the problem(s) of the resident children, 77.8% responded 'greatly improved' (11.1%) or 'improved' (66.7%). Thirty-three per cent of the staff carers revealed being 'greatly satisfied' with the progress of resident children, and 44.4% 'satisfied'. When asked to what degree IY had helped with other personal, professional or family problems not directly related with the resident children (e.g. your general, familial or professional well-being), 92.5% responded that it 'helped very much' (48.1%), 'helped' (33.3%), 'helped slightly' (11.1%) and 7.4% responded 'neither helped nor hindered'. Regarding the approach the programme used to enhance the resident children's social behaviours, 51.9% of the participants responded that they are 'greatly appropriate' and 48.1% 'appropriate'. Moreover, almost all responded that they would 'strongly recommend' (74.1%) or 'recommend' (25.9%) the programme to a working colleague, friend or relative.

Concerning the level of confidence in the ability to manage current behaviours, 22.2% responded 'very

confident' and 74.1% reported being 'confident'. Regarding future behaviour problems in the residential unit, using the learning achieved from this programme, 18.5% reported 'very confident' and 77.8% responded being 'confident'. The feelings towards the programme were 'very positive' (59.3%) or 'positive' (40.7%).

Teaching format. With regard to the teaching format, 92.6% reported that the information content was 'extremely useful' (63%) or 'useful' (29.6%). Almost all the carers also responded 'extremely useful' (51.9%) or 'useful' (40.7%) when asked about demonstration of educative skills through the use of video vignettes (92.6%). Group discussions of educative skills (81.4%) were reported as 'extremely useful' (48.1%) or 'useful' (33.3%). The practices of skills learned in the programme at the placement with the resident children (88.9%) were referred as 'extremely useful' (37%) or 'useful' (51.9%). Other weekly activities such as reading a chapter of the IY book and weekly handouts or filling out of record sheets (85.1%) were evaluated as 'extremely useful' (37%) and 'useful' (48.1%). Talking with a group colleague during the week was reported to be 'extremely useful' (33%), 'useful' (40.7%), 'somewhat useful' (22.2%) or neutral (3.7%). Role-playing in sessions was considered to be 'extremely useful' (29.6%) or 'useful' (40.7%) by 70.3% of the participants. Furthermore, 100% found the 'dialogue/accompaniment from the group leaders to be 'extremely useful' (37%), 'useful' (51.9%) or 'somewhat useful' (11.1%).

Educational techniques. Nearly all staff carers (92.6%) responded that they found the overall group of specific educational techniques taught to be 'extremely useful' (55.6%) or 'useful' (37%). One hundred per cent reported that using praise was 'extremely useful' (66.7%) or 'useful' (33.3%). Descriptive commenting (96.3%) and ignoring (92.6%) were also rated very high in the two top satisfaction responses ('extremely useful' and 'useful'), followed by play (88.9%) and clear commands (83.2%). Time-out was rated by 77.7% as 'extremely useful' (48.1%), 'useful' (29.6%) or 'somewhat useful' (22.2%).

Group leaders. All staff carers rated the two group leaders positively in terms of their teaching skills (55.6% 'superior' and 44.4% responded 'high') and preparedness (37% responded 'superior' and 63% 'high'). The participants were also 'extremely satisfied' (55.6%) and 'satisfied' (44.4%) regarding the group

leaders' interest and concern in their situation and of the resident children. Moreover, the staff replied that their group leaders were 'extremely helpful' (85.2%), and the feelings towards them were 'very positive' (44.4%) and 'positive' (55.6%).

Group support. When asked about the group support, 85.1% found their group to be 'very supportive' (37%) or 'supportive' (48.1%), and all expressed interest in continuing to reunite with their colleagues as a group.

Educational level and final satisfaction

Table 2 presents the distribution of the final satisfaction with the programme across the three categories of staff's educational level (elementary school; high school and university degree). The mean scores were similar, without statistically significant differences found (all P 's < 0.05). As the satisfaction level with the overall programme is independent of the staff's educational level, this result suggests that a diversity of professionals can benefit from the programme.

Open-ended comments

Residential staff carers were also asked at the end of the satisfaction questionnaire: 'What was most helpful about the Incredible Years programme?'

Residential staff carers' responses, analysed using a traditional categories content analysis, indicate that learning educative strategies, such as praising, helped them the most (38.3% of comments were related to this aspect). Many carers simply stated everything about the programme was helpful (31.9% of comments). When asked about the benefits of participating in this programme, the carers include comments regarding learning more strategies (19.1%), the positive impact in the residential environment (6.4%),

understanding the resident children better (23.4%), and improving relationships with the children (21.3%). The following comments, taken from the Satisfaction Questionnaire, illustrate what some carers had to say about the programme as well as what they learned:

- 'I have learned to apply new strategies, new ways to deal with the children's behaviour. The group training allows us to achieve some consensus in the way we all deal with the children.'
- 'For me it was important to improve the relationship with the children as a result of the improvement of my behaviour. Now, I think with a 'cool head': I'm an adult, I have to stay calm.'
- 'I learned a lot with this programme. It's going to be very helpful to me at a professional and also a personal level.'
- 'With this programme I learned how to understand and cope with children's difficult behaviours.'

DISCUSSION

The IY has been widely used to teach effective child management skills to parents of children aged 3 to 8 years, and the programme was used in different countries and with many different types of participants, such as parents of children with conduct problems and attention deficit disorder, parents at risk for abuse or neglect, foster and adoptive parents and professionals working with children (e.g. psychologists, day-care providers, social workers) (Webster-Stratton *et al.* 2012). The versatility of the programme and the results achieved support its use in numerous types of settings.

Our findings on the basis of this modest intervention with Portuguese staff carers in a residential situation are encouraging. The level of weekly and final satisfaction with the programme on the part of staff

Table 2 Mean total results: education level \times final consumer satisfaction

	Educational level (M \pm SD)			Test (χ^2)	Sig (P)
	Elementary school	High school	University degree		
Overall programme	55.63 \pm 4.44	56.58 \pm 2.57	58.00 \pm 3.06	1.95	0.38
Method usefulness	48.50 \pm 6.23	50.75 \pm 3.39	50.71 \pm 3.25	1.27	0.53
Strategies usefulness	43.63 \pm 4.37	45.50 \pm 3.29	46.29 \pm 4.11	2.23	0.33
Group leaders	32.63 \pm 1.92	32.92 \pm 1.73	33.71 \pm 1.80	1.50	0.47
Group support	19.25 \pm 1.58	20.00 \pm 1.21	19.71 \pm 1.80	1.26	0.53

SD, standard deviation.

carers was high, and revealed that the residential centres and the participant carers received the programme positively. The mean averages are rated closer to four (maximum score) and none of the values is inferior to three.

The programme sessions evaluated as more useful by the participants were related with promoting positive behaviours and handling misbehaviour (Sessions 5 to 11). This result was expected given the necessity of residential child care staff to cope with the difficult situations and challenging interactions on a daily basis. Furthermore, the video vignettes were also rated as very helpful, which suggests that although the content of the video examples are from a different culture (American families), the participants evaluated them very positively and felt emotionally connected to the different situations and the children's developmental issues presented. In addition, this video-based modelling training had the potential advantage of facilitating group discussion, collaborative learning and emotional support, while stimulating the practice of the exercises within the residential context with the children, which may have helped the staff to generalize the concepts and the principles learned (Webster-Stratton & Herbert 1994). Moreover, role-playing was rated as more useful in the first sessions when the increase of positive behaviour was addressed, but also in the last sessions that viewed the managing of aggressive behaviour and non-compliance. The first step in breaking the negative cycle of behaviours is to infuse positive feelings into the adult-child relationship through play (Webster-Stratton & Herbert 1994; Webster-Stratton 2005). Staff carers were taught how to play with the child in a way that facilitated the development of self-esteem and learning, using descriptive comments, praise and coaching techniques. Group discussion was also reported as a useful strategy involving self-reflection, problem solving, sharing and discussion of ideas, and reactions of the participants. The group leader's role supporting the staff carers by teaching, leading, discussing and role-playing within the residential centre was also highly rated.

These findings suggest that IY, in the form it was delivered in this study, was sensitive to the residential culture and group staff team and was successfully transposed to this new context and specific population, independent of their educational or professional backgrounds. This is in line with Hutchings & Bywater (2013) research work with foster carers, as they highlighted in their conclusions that the IY parent programme can address the needs of different populations.

LIMITATIONS

While these findings are promising, they are also subject to a number of important limitations. The sample was small, and despite positive findings using a cautious approach to data analysis, the findings need to be disseminated with caution. However, while exploratory in nature, this study suggests that a larger randomized controlled trial analysis would be useful, would yield more robust findings and would be more informative to residential managers, services and policy-makers.

All carers found the content useful and welcomed the chance to discuss issues and problem solve with their colleagues in a collaborative environment. The benefits of extending the length of the programme on certain topics and periodic booster sessions could also be the target of evaluation. Allowing more time to explore relationship-building and play, as many of the cared for children had not had the opportunity to form early social attachments through play, should also be addressed in future research, as well as the impact of changes in the climate of the organization.

It was evident to the researchers that IY requires a reasonably high level of personal commitment from its group members to attend all (or at least most) of the sessions and to practise ideas presented and discussed in the group between sessions. In a residential child care environment, this could be a real challenge. Given the service characteristic of the short-term residential care centres, variation in patterns of attendance (e.g. because of staff turnover or shift schedules) may affect the learning group process, which is an integral and crucial element of the effectiveness of these groups and for the assimilation of the core principles of IY.

Regarding the nature of the needs of the children in residential care, it is likely that some may have suffered significant losses or traumas in their lives that will require a more therapeutic approach. In the common Portuguese model of residential care, the direct carers are not seen as offering therapeutic support for the residents; this is left to the specialists. However, recent brain research is demonstrating that responsive and relational care can offer important healing for such situations as well. In the words of neuropsychiatrist Dr. Bruce Perry (Perry & Szalavitz 2006): 'We learned that some of the most therapeutic experiences do not take place in "therapy", but in naturally occurring healthy relationships' (p. 79).

On the one hand, IY offered to the residential child carers the opportunity to add new knowledge to their

toolkit for promoting children's positive behaviours, and to manage and reduce difficult behaviour in their current placement. On the other hand, the present findings are viewed as being preliminary to a larger and more representative evaluation of the efficacy and acceptability of IY in residential contexts in Portugal. Further research is also required to determine the impact of these enhanced skills and abilities on addressing the therapeutic needs of the children as well. Another potential issue to consider in future studies is the children's perceptions of residential staff carers' behaviours, before and after their attendance at the IY sessions, and if they report a more positive relationship in their experience of care.

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APPENDIX A

Contents and objectives of the Incredible Years Basic Parent Programme sessions in the residential child care context (children from 3 to 8 age range). Based in Webster-Stratton (2000), OJJDP.

	Contents	Objectives
Session 1	Welcome & introduction to programme; staff carers goals	<ul style="list-style-type: none"> • Introduction of the running of each session. • Definition of the group basic rules.
Session 2	Part 1: How to play with a child; importance of adults attention and special time	<ul style="list-style-type: none"> • Recognizing children's capabilities and needs. Providing positive support for children's play. • Helping children develop imaginative and creative play. • Building children's self-esteem and self-concept. • Avoiding power struggles with children. • Understanding the importance of adult attention.
Session 3 and session 4	Part 2: Helping children learn	<ul style="list-style-type: none"> • Talking with children. • Understanding ways to create faster language development. • Building children's confidence in their learning ability. • Helping children learn to solve problems. • Helping children deal with frustration. • Avoiding the criticism trap. • Making learning enjoyable through play.
Session 5	Programme 2: Praise and rewards Part 1: The art of effective praise and encouragement	<ul style="list-style-type: none"> • Understanding ways to praise more effectively. • Avoiding praise of perfection only. • Recognizing common traps. • Handling children who reject praise. • Providing physical warmth. • Recognizing child behaviours that need praise. • Understanding the effects of social rewards on children. • Doubling the impact of praise. • Building children's self-esteem.
Session 6 and session 7	Part 2: Using tangible reward programmes to motivate the child	<ul style="list-style-type: none"> • Providing unexpected rewards. • Understanding the difference between rewards and bribes. • Recognizing when to use the 'first-then' rule. • Providing ways to set up star and chart systems with children. • Recognizing ways to carry out point programmes. • Understanding how to develop programmes that are age-appropriate. • Understanding ways to use tangible rewards for reducing or eliminating problems such as dawdling, not dressing, non-compliance, not sharing, fighting with siblings, picky eating, messy rooms, not going to bed.
Session 8	Programme 3: Effective limit setting Part 1: How to set predictable learning routines and clear limit setting Part 2: Helping children learn to accept limits	<ul style="list-style-type: none"> • Dealing with children who test the limits. • Understanding when to divert and distract children. • Avoiding arguments and 'why games'. • Recognizing traps children set for carers. • Ignoring inappropriate responses. • Following through with commands effectively. • Helping children to be more compliant.
Session 9	Programme 4: Handling misbehaviour: Part 1: Avoiding and ignoring misbehaviour	<ul style="list-style-type: none"> • Anticipating and avoiding frustration. • Ignoring and distracting. • Handling non-compliance, screaming, arguing, pleading and tantrums. • Handling crying, grabbing, not eating and refusing to go to bed.
Session 10 and session 11	Part 2: Time-out and other consequences	<ul style="list-style-type: none"> • Explaining time-out to a school-age child. • Using time-out for hitting behaviours. • Using the time-out chair with a toddler. • Explaining time-out to a toddler. • Using a time-out room with a toddler. • Using time-out to help stop sibling fights. • Following through when a child refuses to go to time-out. • Dealing with spitting. • Dealing with threats. • Understanding and establishing logical consequences. • Coping when discipline does not work. • Dealing with the TV syndrome.
Session 12	Part 3: Preventive strategies	<ul style="list-style-type: none"> • Encouraging sharing and co-operation between children. • Talking and listening effectively. • Problem-solving with children.
Session 13	Final celebration	<ul style="list-style-type: none"> • Reviewing points to remember when using time-outs. • Reflection on how to deal with future child behaviour difficulties. • Recall the importance of group team consistence in the strategies delivered.