

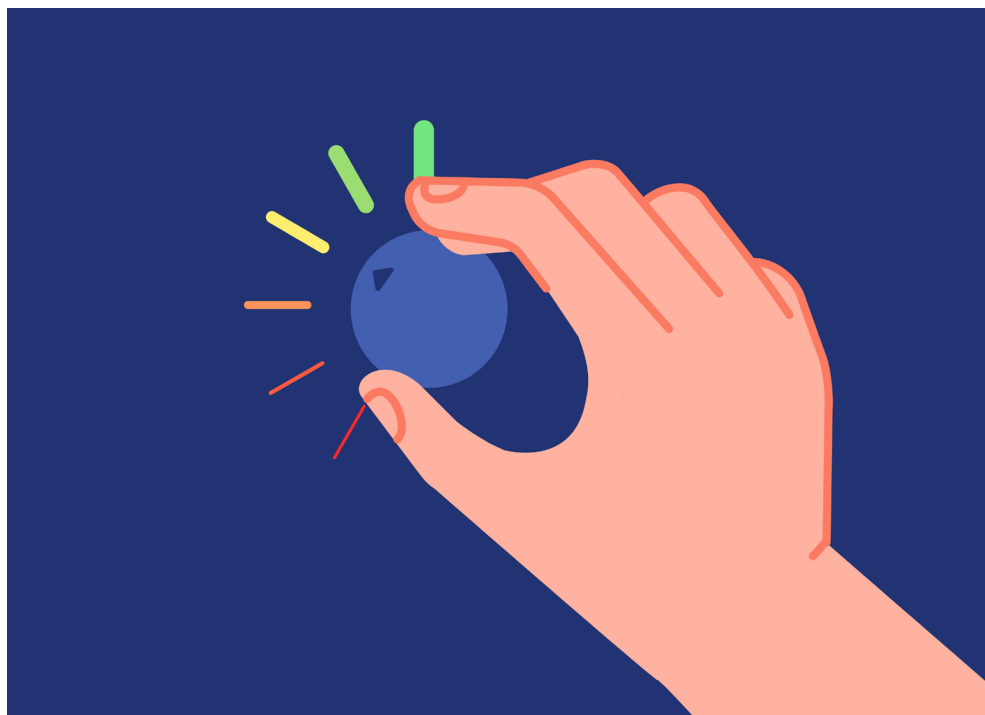


2026 Incredible Years®
22nd Mentor Meeting
Turku, Finland



Hot Tips:
Small Tune Ups That
Make A Difference

*Fine Tuning with intention across families,
children's developmental levels and schools*



Information for your stay:**Conference Venue:**

The University of Turku
Medisiina D Building
Kiinamylynkatu 10 D
20500 Turku, Finland

Final Celebration Dinner:

Brewery Restaurant Koulu, Eerikinkatu 18, 20100 Turku, Finland

Restaurants nearby:

Bistro Elli - <https://www.raflaamo.fi/en/restaurant/turku/bistro-elli>

Tintå - <https://www.tinta.fi/in-english>

Fontana - <https://fontana.fi/en/>

Hamburger Börs - <https://www.quandoo.fi/en/place/ravintola-mas-scandic-hamburger-bors-90312/menu>

Via Tribunali - <https://viatribunali.fi/en/turku-2/>

Roster Turku - <https://rostarturku.com/EN-1>

Turku city sights:

Luostarinmäki-Museum Quarter: <https://luostarinmaki.fi/en/home-page/>

Kakola area – old prison, spa, etc.: <https://kakola.fi/> and <https://kakolaspa.fi/en/>

Turun Linna – Castle of Turku: <https://turunlinna.fi/en/home-page/>

Aboa Vetus - Museum of Archaeology and Contemporary Art: <https://avan.fi/en>

Tuomiokirkko Turku Cathedral: <https://www.turuntuomiokirkko.fi/english>

Ruissalo - a unique outdoor island: <https://www.turku.fi/ruissalo>

Mystery of Banksy - exhibition of street art: <https://www.mystery-banksy.fi/en/>

Botanic Garden: <https://sites.utu.fi/kasvitieteellinen-puutarha/en/>





2026 Incredible Years® 22nd Mentor Meeting **Hot Tips: Small Tune Ups That Make A Difference**



WELCOME!

**WELCOME TO THE INCREDIBLE YEARS® 2026 MENTOR MEETING
at The University of Turku!**

Medisiina D Building
Kiinamyllynkatu 10 D, 20500 Turku, Finland

We're thrilled to see you all and glad you made the trip to Turku, Finland! This year's theme is **Hot Tips: Small Tune Ups that Make a Difference** - *Fine Tuning with intention across families, children's developmental levels and schools.*

Welcome Reception Tuesday Night:

There will be an informal gathering at the Sokos Hotel Kupittaa's **Lobby Bar**, Joukahaisenkatu 6, 20520 Turku, **from 4:00pm - 8pm on Tuesday night.**

Meeting Location:

We'll gather in the Conference Room of the University of Turku Medisiina D Building, Kiinamyllynkatu 10 D, Blokki room (1st floor) along with several nearby breakout rooms.

Agenda Overview:

Our agenda includes meeting each morning for presentations, many in panel format which allows for discussions & reflections to arrive at “hot tips” for program delivery. In the afternoons we will meet in small groups for further “fine tuning” by viewing video clips of mentor workshops, coaching and delivery to parents and teachers. Carolyn will share a few clips and graphics from the updated Preschool Basic 2.0 program in the morning or afternoon to shine a light on their possible use for other IY teacher and child programs as well as highlight their possible use as choices for other parent programs.

We will start scheduled content promptly at 8:30 each morning. Coffee will be provided beginning at 8am - please plan to arrive with time to enjoy some coffee and morning conversation before our start time at 8:30. On Wednesday, we will begin with introductions and a celebration of mentor accomplishments, followed by presentations and panel discussion. We will eat lunch together in the Medisiina D Building. After lunch, we'll move into small groups to share training session videos. Please check your agenda for group assignments.



Attendee Buddies: Hot Tips about a New IY Community Member:

Accredited mentors are paired up with a new member of the IY community. The task is for the Mentor to discover two hot tips about the new member. This is presented on the last day. Mentors and their buddies can be in touch with each other prior to the meeting to start the process of getting to know each other.

Buddy Pairs:

Kari Walmsness - Catherine Corbett (Parent Mentor-in-Training)
Lisa Christensen - Johanna Kivistö (Teacher Peer Coach)
Lucy Gregory - Karen Legge (Parent Mentor)
Kärt Kase - Carina Vecchi (Parent Peer Coach)
Janne Evertsen - Heather Hall (Child Peer Coach)
Jayne Snare - Päivi Lindburg (Parent Mentor-in-Training)
Filomena Gaspar - Indrė Kupčinskė (Parent Peer Coach)

Video Review Groups:

There will be five afternoon break out discussion rooms. For each video review group, there will be **a coach and a presenter**. Please review the **Coach/Presenter Roles** document in the handouts. It will be the coach's job to find out the presenter's goals, structure the session, facilitate brainstorming, set up role plays, and make sure that the presenter feels comfortable and supported. One person in each group will monitor time and help summarize the key learning points & Hot Tips.

The final few minutes of each small group will be used to summarize hot tips and key learning insights, which will be shared during the large group meeting at 4:30 PM.

The day wraps at 5:00 PM, after which you're free to relax and connect. Carolyn is happy to meet with individual mentors for any issues relevant to your organization or country at that time.

Lunches:

Lunch will be provided each day in the University of Turku Medisiina D Building.

Evening Plans:

Dinner on Wednesday and Thursday will be arranged on your own in town. We hope that you will take this time to visit with old friends and make new ones. Try to make sure that all mentors are included in a dinner group. If you need a dinner buddy, please ask someone. We promise that you will be welcome in this nurturing and inclusive group of incredible mentors! We are lucky to have Nina, Päivi, and Johanna, who can help us know about their favorite dinner spots.

On Friday, our formal meeting will end at 4:30 pm. After that we will meet together at 6:30 pm for our final celebration dinner at the Brewery Restaurant Koulu, Wilhelmina Room (2nd floor), Eerikinkatu 18, 20100 Turku, Finland.

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

- Carolyn, Emily & Lisa





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



Mentors Tuning Up, Lighting Up, Sparkling and Reflecting on IY Methods & Graphics with Panels & Small Group Breakouts

Panel Conversations: Mentors Share “Hot Tips”

Based on the success of last year’s 2025 mentor meeting, we have decided to expand the use of panel conversations this year. Panels will include 2-4 speakers, each bringing a unique perspective on the topic being discussed. Time will be allotted for discussion, questions and shared reflections. Key points and ideas will be recorded on flip charts.

Panels will include Hot Tips for IY parent, teacher and child programs.

Tuning Up New Learning from IY Parent 2.0 to Other IY Programs

Each day in late morning, Carolyn will present 1-2 video vignettes and selected graphics from IY Parent 2.0 materials for discussion and exploration. This presentation will be interactive with buzzes for reflections on what 2.0 methods, processes, and/or visuals can be adapted for training in other IY programs.





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



MORNING AGENDA

WEDNESDAY,
September 9th

TIME	ACTIVITY/PRESENTER	LOCATION
8:00-8:30	Mentors arrive to the Medisiina D Building - coffee	Conference Room
8:30-9:15	Welcome, Introductions. Presentation: Updates on Training Methods, Evaluations & Research (Carolyn Webster-Stratton)	Conference Room
9:20-10:05	 Panel: <i>Hot Tips for Delivering Preschool 2.0 Program In-Person with Parents</i> (Kate Rhee, Karen Legge; Carolyn notetaker)	Conference Room
10:05-10:20	Break	Conference Room
10:20-11:05	 Panel: <i>Hot Tips for Delivering Workshops On-Line and In-Person</i> (Jeannie Gordon, Kate Rhee; Sue notetaker)	Conference Room
11:10-12:00	<i>Promoting Language & Conversations with Children Across IY Programs (Teacher, Parent & Child Programs):</i> (Carolyn Webster-Stratton)	Conference Room
12:00-1:00	Lunch together at Sodexo Flavoria Cafe, Mediciina D Building	





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



SMALL GROUPS

SMALL GROUP BREAKOUT GROUPS

***NOTE TAKER & TIME KEEPER:**
Spotlighting on time and key reflections



LIGHT BULBS:

Kate*
Carina
Jenny
Karen
Kärt
Sean
Silvia
Sigrid



FINE TUNING:

Jeannie*
Annemarie
Catherine
Cathy
Dean
Indrè
Joanne
Nina



FLASH LIGHTS:

Sue*
Dianne
Kari
Lucy
Päivi
Paula
Rhian



BRIGHT SPARKS:

Kathleen*
Heather
Janne
Micah
Morten
Oddbjørn



REFLECTIONS

Sheila*
Filomena
Jayne
Johanna
Lee
Lisa C.
Marie-Josée





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



AFTERNOON AGENDA

WEDNESDAY,
September 9th

TIME	ACTIVITY/PRESENTER	LOCATION
1:00-2:00	<i>Peer Coaching Booster</i> (Carolyn Webster-Stratton & Kathleen Corrigan)	Conference Room
2:00-2:15	Break (Transition to Small Groups)	
2:15-3:15 Lightbulbs Fine Tuning Flashlights Bright Sparks Reflections	Small Group Break-Out & Video Review Groups Parent Silvia Video / Kärt Coach Parent Annemarie Video / Jeannie Coach Parent Dianne Video / Sue Coach Child Heather Video / Morten Coach Teacher Jayne Video / Sheila Coach	Blokki-A Blokki-B Blokki-C Skooppi 1 Skooppi 2
3:15-4:15 Lightbulbs Fine Tuning Flashlights Bright Sparks Reflections	Small Group Break-Out & Video Review Groups Parent Kärt Video / Jenny Coach Parent Dean Video / Nina Coach Parent Lucy Video / Paula Coach Child Oddbjørn Video / Heather Coach Teacher Lee Video / Jayne Coach	Blokki-A Blokki-B Blokki-C Skooppi 1 Skooppi 2
4:15-4:30	Small group wrap up: Identification of Hot Tips to share with large group at 4:30	
4:30-5:00	Return to Conference Room for small group tune ups and wrap-up	Conference Room
5:00	Social Time. Dinner: make your own arrangements	





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



MORNING AGENDA

THURSDAY,
September 10th

TIME	ACTIVITY/PRESENTER	LOCATION
8:00-8:30	Mentors arrive to Medisiina D Building - coffee	Conference Room
8:30-9:15	 Panel: <i>Hot Tips for Delivering Incredible Beginnings Teacher Program In-Person</i> (Jayne Snare & Rhian Carter; Sue notetaker)	Conference Room
9:20-10:05	 Panel: <i>Hot Tips for Delivering Autism Parent & Teacher Programs In-Person</i> (Dianne Lees, Lucy Gregory, Kari Walmsness, Lee Taylor-Burt, & Sheila Russell; Lisa Christensen notetaker)	Conference Room
10:05-10:20	Break	
10:20-11:05	 Panel: <i>Hot Tips for Integrating Puppet Use Across Programs from Child Group Leaders</i> (Micah Orliss, Oddbjørn Løndal, Janne Evertsen, Heather Hall; Kathleen notetaker)	Conference Room
11:10-12:00	 <i>Hot Tips for Teaching Children, Parents & Teachers Emotional Self-Regulation</i> (Carolyn Webster-Stratton)	Conference Room
12:00-1:00	Lunch together at the Medisiina D Building	





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



AFTERNOON AGENDA

THURSDAY,
September 10th

TIME	ACTIVITY/PRESENTER	LOCATION
1:00-2:00	Small Group Discussions - Hot Tips for Teaching Self-Regulation	Conference Room
2:00-2:15	Break (Transition to Small Groups)	
2:15-3:15 Lightbulbs Fine Tuning Flashlights Bright Sparks Reflections	Small Group Break-Out & Video Review Groups Parent Kate Video / Carina Coach Parent Indrè Video / Cathy Coach Parent Paula Video / Lucy Coach Child Janne Video / Kathleen Coach Teacher Lisa Video / Johanna Coach	Blokki-A Blokki-B Blokki-C Skooppi 1 Skooppi 2
3:15-4:15 Lightbulbs Fine Tuning Flashlights Bright Sparks Reflections	Small Group Break-Out & Video Review Groups Parent Karen Video/ Kate Coach Parent Catherine Video / Joanne Coach Parent Kari Video / Dianne Coach Child Morten Video / Micah Coach Teacher Marie-Josée Video/Filomena Coach	Blokki-A Blokki-B Blokki-C Skooppi 1 Skooppi 2
4:15-4:30	Small groups discuss Hot Tips to present at 4:30 in large group	
4:30-5:00	Return to Conference Room for small group tune ups and wrap-up	Conference Room
5:00	Social time. Dinner: make your own arrangements	





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



MORNING AGENDA

FRIDAY,
September 11th

Time	ACTIVITY/PRESENTER	Location
8:00-8:30am	Mentors arrive to Medisiina D Building - coffee	Conference Room
8:30-9:30am	Finland Implementation & Research Updates: - Laura Kortesoja: Implementation & Research of TCM Program - Päivi Lindberg: Implementation of IY Parent Program	Conference Room
9:30-9:45am	Break	
9:45-11:00am 15 minutes 15 minutes 15 minutes 15 minutes	Research Hot Tips Symposium: - Maria McAleese: Autism Parent in Northern Ireland (via Zoom) - Maria Filomena Gaspar: TCM in Portugal - Marie-Josée Letarte: IB pilot study in Quebec - Dean Coffey: Advance study in Los Angeles Research Wrap-Up & Final Questions/Comments	Conference Room
11:00-11:15	Break	
11:15-12:00	 <i>Hot Tips for Teaching Teacher, Parents and Child Group Leaders How to Use Positive Time Out to Calm Down (Carolyn Webster-Stratton)</i>	Conference Room
12:00-1:00pm	Lunch together at the Medisiina D Building	

Finland Implementation and Research Updates TCM Program

Presenter

Laura Kortesoja, M.Ed., PhD.

Laura Kortesoja is an educational scientist, university teacher, and researcher in the Incredible Years programme at the Research Centre for Child Psychiatry, University of Turku, Finland. Her work focuses on the national implementation, dissemination, and evaluation of evidence-based parenting and teacher interventions within Finnish health, education, and early childhood service systems. She has been involved in research examining the reach, implementation quality, and integration of the Incredible Years programme across Finnish wellbeing services and educational contexts. Her particular interests include preventive mental health support, family-centered interventions, and the development of sustainable evidence-based practices that strengthen children's socioemotional wellbeing and everyday functioning.





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



AFTERNOON AGENDA

FRIDAY,
September 11th

Time	ACTIVITY/PRESENTER	Location
1:00-2:00	Postitive Time Out Discussion, continued	Conference Room
2:00-2:15	Break (Transition to Small Groups)	
2:15-3:15 Lightbulbs Fine Tuning Flashlights Bright Sparks Reflections	Small Group Break-Out & Video Review Groups Parent Carina Video / Karen Coach Parent Joanne Video / Dean Coach Parent Rhian Video / Kari Coach Child Micah Video / Oddbjørn Coach Teacher Sheila Video / Marie-Josée Coach	Blokki-A Blokki-B Blokki-C Skooppi 1 Skooppi 2
3:15-3:30pm	Small groups discuss Hot Tips to present at 3:30 in large group	
3:30-4:30pm	Return to Conference Room for small group tune ups and wrap-up. Buddies present Hot Tips about a new IY family member. Final evaluations.	Conference Room
6:30-11:00pm	Celebration Dinner: Brewery Restaurant Koulu, Wilhelmiina Room (2nd floor) Eerikinkatu 18, 20100 Turku, Finland	Brewery Restaurant Koulu



Welcome New IY Clinical Director Emily Haranin, PhD

Dear Incredible Years Mentors and Trainers,

I am delighted to tell you that we have hired Emily Haranin, PhD, as Clinical Director of Incredible Years Inc. I am “over the moon” with her accepting this position effective as of Sept. 3rd, 2025.

Emily is a certified mentor in the IY Basic Parent program and has worked delivering IY parent programs in English and Spanish at Children’s Hospital Los Angeles (CHLA) for 14 years. In addition to running many IY parent groups each year she has given numerous presentations and workshops at local, regional and national professional meetings. Clearly training others has been her ongoing passion. I have co-trained with her and seen many videos of her group delivery. She is collaborative, supportive and incredibly competent and committed to delivery of evidence-based programs with fidelity.



Emily earned her doctorate in School Psychology from the University of South Carolina and then spent two years in Puebla, Mexico working with an NGO focused on providing trauma informed services to children and families impacted by violence. In 2010, she moved to Los Angeles to complete her postdoctoral fellowship at CHLA and was then hired as a staff psychologist. In 2015, she joined the Keck School of Medicine of USC as a Clinical Assistant Professor with a focus on clinical and educational efforts. In 2020 she began her role as training director for the federally funded California Leadership in Education in Neurodevelopmental and Related Disabilities and guided significant curriculum renovations from in-person, to fully online, to the current hybrid training model.

In addition, her approach to patient care as a child and adolescent psychologist is deeply rooted in her doctoral training as a school psychologist. Her focus was on children with developmental conditions such as ADHD, Autism and dually diagnosed psychiatric disorders. She provided direct services, including assessments, consultation and intervention.

During her time at CHLA, Emily has been involved in many clinical, teaching and mentoring roles with psychology trainees as well as trainees from a variety of other healthcare disciplines. She has directly supervised over 30 pre- and post-doctoral psychology trainees and provided group supervision to over 15 fellow and intern cohorts. Her experiences show her commitment to education and leadership within the area of interdisciplinary clinical training and collaboration with diverse groups.

Emily’s role with Incredible Years will involve training others in IY parent programs as well as providing consultations and support to clinicians and agencies, overseeing the certification process and promoting fidelity IY program delivery. She will enhance support provided to IY group leaders, coaches, mentors and trainers so that a diverse and well-functioning worldwide IY team can thrive.

I look forward to working with her to expand her training options in IY on-line and in-person delivery methods to multiple interdisciplinary groups.

Personally, I am honored to have Emily as part of our IY Team and know she will take us forward to developing new connections and expanding opportunities with new populations.

Best wishes,

Carolyn Webster-Stratton, MSN, MPH, PhD
Developer of Incredible Years Programs





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups

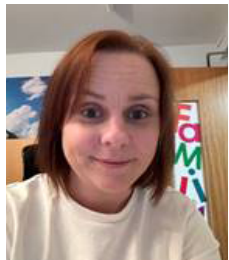


Welcome New Peer Coaches & Mentors-in-Training



Carina Vecchi - USA

Carina Vecchi, PsyD, is a licensed clinical psychologist at the Behavioral Health Institute at Children's Hospital Los Angeles, where she provides diagnostic evaluations and evidence-based behavioral interventions for school-age children and their families. Originally from Argentina, she is a bilingual clinician dedicated to culturally responsive care and support for Latinx/Hispanic families. Carina is an accredited IY Basic Parent Group Leader, co-facilitating IY as well as other parenting programs. She also provides clinical supervision for pre-doctoral interns and postdoctoral fellows.



Catherine Corbett - Scotland

Catherine is the manager of the Shetland Family Centre, on the island of Shetland, the most northerly point of the UK. She has helped develop a thriving IY outreach within Shetland. Catherine began with Incredible Years in 2012, attending a group in Edinburgh as a parent. Next, in 2013, she attended Basic Parent group leader training and started delivering the program with parents. She is now an accredited parent group leader and Peer Coach, and has been peer coaching over the last 4 years.



Heather Hall - USA

Dr. Heather Hall is a Psychologist II with the Child and Family program of Children's Hospital Los Angeles Behavioral Health Institute. Dr. Hall provides therapy for children and families individually and in group formats, specializing in treating children with autism and other developmental disabilities. She is involved in the training programs within the Community Behavioral Health program, providing supervision to both pre-doctoral interns and post-doctoral fellows. Dr. Hall is an accredited IY Small Group Dina Child group leader who has been leading Dinosaur School over the past 15 years, with the guidance and mentorship of Drs. Orliss, Coffey, Haranin and Gutierrez.



Indrė Steponavičiūtė-Kupčinskė - Lithuania

Indrė holds a Master's degree in Educational Psychology, with experience working with parents, teachers, and young children, and currently works as a psychologist at a school-kindergarten. In addition, Indrė conducts workshops for specialists and contributes to the development of materials that address key issues in schools, such as adolescent loneliness, gifted education, and emotional well-being, by creating content, performing thematic analysis, and developing practical recommendations for educators. She is an accredited Incredible Years parent group leader, with experience leading IY preschool and school age groups both online and in-person, and began peer coaching in 2024.



Welcome New Peer Coaches & Mentors-in-Training



Johanna Kivistö - Finland

Johanna is trained as a classroom teacher and a special education teacher and has worked as a teacher for 20 years. For the past 5 years, she has worked as a consulting special education teacher. Johanna trained as a TCM group leader in 2022 and has been training TCM groups since then. In the spring of 2025, she certified as a group leader, and in the spring of 2026, she attended Peer Coach training. She has worked at the University of Turku as a TCM education specialist for two years.



Päivi Lindberg - Finland

Päivi holds a Masters degree in social services, and works as a project coordinator for Incredible Years implementation in Finland. In this role, she promotes quality implementation and research on Incredible Years practice in Finland. Päivi has over 15 years of experience as a family worker. Päivi has been trained in the Basic parenting program and in Parent Home Coaching, and as an IY parent peer coach. Päivi was awarded Peer Coaching accreditation in 2025.

New Mentor-in-Training 2026



Eva Corson - New Zealand

Eva is originally from Germany, where she received a degree in social pedagogy. She moved to New Zealand 25 years ago. Eva is a registered counsellor and social worker working with children and their families, using the solution-focussed brief therapy approach. In addition to counseling, Eva delivers Incredible Years Parent groups. She started delivering Basic Parent in 2004, and the Autism Parenting program 4 years ago. Eva is an accredited IY group leader and Peer Coach, and is now a mentor-in-training for the Autism Parenting program.

New Mentor-in-Training 2025



Cassandra Borlase - New Zealand

Cassandra is the Director of both Tūlī Parenting Hub and Koru Parenting Hub in New Zealand, where she and her team deliver and expand access to vital evidence-based parenting strategies. Cassandra has over 12 years of experience delivering IY parenting groups as an accredited facilitator and peer coach. She is passionate about equipping parents with the skills and confidence to build strong, positive relationships with their children. Cassandra holds a Bachelor of Natural Medicine and Herbal Medicine, and has practiced as a children's naturopath.





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



MENTOR ACCREDITATIONS 2025-2026



Rhian Carter
(Wales)
Basic Parent



Lisa Christensen
(New Zealand)
TCM



Lucy Gregory
(New Zealand)
Autism Parent &
Basic Parent



Karen Legge
(England)
Basic Parent



Annemarie Ó Murchú
(Ireland)
Basic Parent



Sandra Pickering
(New Zealand)
TCM

PEER COACH ACCREDITATION

Annemarie Ó Murchú, Ireland - Basic Parent
Catherine Corbett, Scotland - Basic Parent
Jayne Snare, Wales - Parent (Autism)
Päivi Lindberg, Finland - Basic Parent

GROUP LEADER ACCREDITATION

Marie-Josée Letarte, Canada - Incredible Beginnings
Annemarie Ó Murchú, Ireland - Preschool 2.0
Sandra Pickering, NZ - Teacher Autism
Jayne Snare, Wales - Incredible Beginnings





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



SMALL GROUP BREAKOUT DISCUSSION HOT TIPS FOR IY PROGRAM DELIVERY

Each day in the afternoon break-out sessions, mentors will share videos of their work for coaching. After each video presentation we would like you to summarize 1-2 key hot tips that are important for group leaders, coaches or mentors to highlight for consultation, peer coaching and/or accreditation. Write these on your lightbulb cards and assign someone to present these at the end of the day at 4:30 pm to the entire group.

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

What are the key tips that need to be incorporated to tune up the IY programs?

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





2026 Incredible Years® 22nd Mentor Meeting Hot Tips: Small Tune Ups



COACH AND PRESENTER ROLES



AS THE PRESENTER, YOU WILL BE RESPONSIBLE TO:

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

AS THE COACH, YOU WILL BE RESPONSIBLE TO:

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





Incredible Years

Group Leader and Coach/Mentor Gems



Date _____ Group Leader(s) _____

Coach/Mentor _____

Video viewed? ☐ Topic _____ Date for next meeting _____

Fidelity Issues Discussed:

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

Group leader prior goals reviewed:



Group leader goals for video review:

Issue/problem solved and practiced:

Summary of Key Learning:



www.incredibleyears.com





Incredible Years

Group Leader and Coach/Mentor Gems



New Goals and Plans:

Coach/Mentor Actions:

Additional Notes:



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Incredible Years® Peer Coach Meeting Guide

Coach Preparation

- Coach reminds group leader of what is needed to prepare for coaching session (in advance). Group leader is asked to:
 - Review video of group, set personal goal and select video segment for review and feedback from coach
 - Bring participant evaluations and protocols
- Coach prepares for meeting by reviewing group leader goals, bringing group checklists, coach evaluations, and buzz forms
- Coach prepares additional training for self-learning IY manuals and video segments as needed



Structure of IY Peer Coach Group Leader Meeting*

- Review agenda together
- Review group leader's progress with prior goals accomplished (10 min) (role play if useful)
- Clarification of goal for coaching session (10 min)
- View video vignette:
 - Support positive self-reflection (e.g. strengths)
 - Support brainstorming of alternative strategies or new ideas
- Set up a practice with ideas discussed while reviewing video segment (10 min)
 - Reflect on practice and what was learned, rewind or replay practice as needed
- Review of checklist related to segment discussed (e.g., setting up role plays) (5 min)
- Set new goals and summarize key learning (buzz sheets) (5 min)
- Complete Coaching Gems form
- At some session review session protocols, attendance, evaluations (5 min)



*Normally coaching sessions with 2 group leaders are 1 hour in length with one video.. For review of Teacher Classroom Management workshops where coaching sessions are limited to one coaching session per workshop, 2 hours of review is optimal.





Incredible Years® Peer Coaching Process Checklist

Carolyn Webster-Stratton, PhD (2013, rev. 2022)

___ Self Evaluation

___ Certified Trainer

This checklist is designed for peer coaches to complete following a peer coaching session of an Incredible Years (IY) group, or when reviewing a video of themselves providing a peer coach session. By watching a video of a coaching session and looking for the following points, a peer coach can identify specific goals for progress. It is expected that the skills outlined under process and knowledge will be demonstrated throughout the whole peer coach session. This form is also used by trainers for giving feedback to the coach.

PEER COACH KNOWLEDGE

Did the Peer Coach:

	YES	NO	N/A
1. Demonstrate a clear understanding of social, cognitive, emotional and behavioral principles and theory when discussing behavior management?	___	___	___
2. Demonstrate knowledge of Incredible Years content covered in session?	___	___	___
3. Provide rationale for program structure and principles covered in a clear, convincing manner?	___	___	___
4. Use personal examples of group work to explain group process in a relevant manner?	___	___	___
5. Appear knowledgeable and sensitive to cultural diversity?	___	___	___
6. Provide up to date IY handouts, protocols and checklists regarding the program?	___	___	___
7. Demonstrate good knowledge of Incredible Years website and signpost group leaders?	___	___	___
8. Demonstrate thorough knowledge of parent group leader certification/accreditation process? Discuss importance of offering program with fidelity to assure effective outcomes?	___	___	___

PEER COACH PROCESS

Did the Peer Coach:

9. Identify group leaders' goals for learning?	___	___	___
10. Use a collaborative style?	___	___	___
11. Create a feeling of safety for discussions?	___	___	___
12. Demonstrate respect for different view points?	___	___	___
13. Engage group leaders in active dialogue?	___	___	___
14. Use humor when appropriate?	___	___	___
15. Use self disclosure strategically?	___	___	___
16. Listen and validate group leader's previous experience and expertise?	___	___	___



	YES	NO	N/A
PEER COACH PROCESS (Cont.)			
17. Foster the idea that group leaders learn from each other’s experiences?	_____	_____	_____
18. Help group leaders learn to support and reinforce each other and work as a team?	_____	_____	_____
19. Encourage group leaders to problem solve solutions when possible. Ask questions with a positive tone to clarify issues before offering solutions?	_____	_____	_____
20. Praise group leader’s ideas and foster their self reflection and self learning?	_____	_____	_____
21. Summarize and restate important points?	_____	_____	_____
22. Impose sufficient structure to facilitate group process?	_____	_____	_____
23. Prevent side tracking?	_____	_____	_____
24. Normalize learning process and difficulties when first doing groups? Reflect on group leaders feelings and anxieties?	_____	_____	_____
25. Pull out group “principles” from group leaders’ ideas?	_____	_____	_____
26. Help group leader know how to make strategies developmentally appropriate for children?	_____	_____	_____
27. Know when to be flexible and allow a digression for an important issue and know how to tie it into sessions content?	_____	_____	_____
SET UP			
<i>Did the Peer Coach:</i>			
28. Set up the room and chairs so that everyone could see the monitor for video review?	_____	_____	_____
29. Set a clear agenda for the session in collaboration with group leaders? (write on flip chart or white board)	_____	_____	_____
30. In advance, ask group leaders to provide paperwork ready for review (e.g., group leader checklists, parent evaluation forms, goals and attendance list, principles covered, session protocols with vignettes covered, etc.)? Review this paperwork to determine leader’s fidelity to session protocols?	_____	_____	_____
31. When reviewing session protocols, explore their rationale for their selection of specific vignettes chosen, role plays conducted, or their reasons for not being able to adhere to the protocols?	_____	_____	_____
32. Check that group leaders have read the document about preparing for video review (“Obtaining Video Review”)?	_____	_____	_____
33. After identifying group leaders’ goals for the review, set realistic priorities depending on the group leaders’ prior experiences and knowledge level?	_____	_____	_____



YES NO N/A

REVIEW OF GOALS SET AT END OF LAST PEER COACH SESSION

Did the Peer Coach:

- | | | | |
|--|-------|-------|-------|
| 34. Begin by asking group leaders how they worked on their goals since the last peer coach session? | _____ | _____ | _____ |
| 35. Highlight any key skills used and have group leaders write down key principles of group leadership? | _____ | _____ | _____ |
| 36. Praise and encourage group leaders for what they did well and recognize their beginning steps to change rather than correct their process? | _____ | _____ | _____ |
| 37. Help group leaders integrate prior learning by asking them to use principles from prior sessions? | _____ | _____ | _____ |
| 38. Explore with group leaders who didn't complete their goals what made it difficult? Help them identify how to overcome difficulties? | _____ | _____ | _____ |
| 39. Limit the discussion of prior goals to give adequate time for discussing new goals and viewing the video clip brought for discussion? | _____ | _____ | _____ |

REVIEW OF VIDEO CLIPS

Did the Peer Coach:

- | | | | |
|--|-------|-------|-------|
| 40. Begin the discussion by asking group leaders why they have chosen the video clip? | _____ | _____ | _____ |
| 41. Identify what group leaders would like feedback on and what their goals are? | _____ | _____ | _____ |
| 42. Give group leaders a chance to reflect upon their experiences? | _____ | _____ | _____ |
| 43. Watch the video clips together and reflect on the collaborative process from the point of view of both the group leader and the parents? | _____ | _____ | _____ |
| 44. Ask open ended questions to group leaders about what was happening in the clip to support self reflection? | _____ | _____ | _____ |
| 45. Paraphrase and highlight the key points made by group leaders and encourage them to write these down? | _____ | _____ | _____ |
| 46. Help group leaders explore rationale for key group leadership skills (e.g. what is the value of having parents identify their own principles?)? | _____ | _____ | _____ |
| 47. Move on to the next clip after key points have been discussed rather than let discussion go on at length (this ensures that the leaders will have sufficient time for role playing and for showing all clips)? | _____ | _____ | _____ |
| 48. Use role play appropriately to reinforce and practice new learning or suggested ideas? | _____ | _____ | _____ |
| 49. Encourage group leaders to refer to process checklists periodically to summarize their insights and main points? | _____ | _____ | _____ |



ROLE PLAY AND PRACTICE***Did the Peer Coach:***

	YES	NO	N/A
50. Ensure that the skill to be practiced had been covered and scripted in the discussion prior to asking group leader to role play (ensures likelihood of success)?	_____	_____	_____
51. Do several spontaneous role plays that are derived from the video clip and what happened in the group?	_____	_____	_____
52. Do several role plays which allow group leaders to practice new skills?	_____	_____	_____
53. Use all of the following skills when directing role plays:			
a. Select group leaders and give them appropriate roles?	_____	_____	_____
b. Skillfully encourages group leaders in role plays?	_____	_____	_____
c. Provide each group leader with a description of their role?	_____	_____	_____
d. Provide enough scaffolding so that group leaders are successful in their role?	_____	_____	_____
e. Coach group leader during role play to maximize success?	_____	_____	_____
f. Pause role play periodically to praise, or redirect, give clarification, or ask group leader to think of alternative responses?	_____	_____	_____
g. Take responsibility for having given poor instructions if role play is not successful and allow “actor” time to rewind and replay?	_____	_____	_____
h. Debrief with each group leader afterwards to help them reflect on what they have learned?	_____	_____	_____
i. Encourage feedback from other group leaders about strengths (e.g. “What key group leadership skills did you see _____ using to make it effective?”)?	_____	_____	_____
j. Re-run the role play (changing roles when necessary) to consolidate learning?	_____	_____	_____

CLOSING SESSION***Did the Peer Coach:***

54. Begin the ending process with 10 minutes remaining?	_____	_____	_____
55. Summarize the group leader’s strengths?	_____	_____	_____
56. Summarizes key learning points of the session (one way to do this would be to have group leaders review notes taken during the session)?	_____	_____	_____
57. Have group leaders set goals for future group sessions and write them down (e.g. a group leader may strive to do more role plays, to lecture less and collaborate more, to give participants more praise, or, to help them see how the strategy fits their goals, or help parents or teachers adapt to the needs of a particular child, etc.)?	_____	_____	_____
58. Set up next coaching meeting time on schedule?	_____	_____	_____



	YES	NO	N/A
59. Review group leaders progress toward certification/accreditation?	_____	_____	_____
60. Have group leaders complete evaluation form (Quality of Supervision form)?	_____	_____	_____
61. After session, complete Peer Coach Self Evaluation form?	_____	_____	_____

Remember, your goal in the peer coach sessions should be to help group leaders self-reflect on their work and to share their observations and thoughts with each other. They should be the ones who generate the principles, describe the significance, highlight what was effective and ineffective on videos, and demonstrate how to implement the skills in different situations. People are far more likely to put into practice what they talk about, rather than what they hear about? The Peer Coach's role is to clarify information when there are misperceptions or misunderstandings, to offer suggestions and model a skill as needed, and to support and motivate new group leaders in their learning process.

"A coach is someone who is learner-centered, supportive, builds on a person's strengths and needs, monitors their skills and group processes, prompts or models skills/thoughts according to their goals, sets up behavioral practices and strategic plans, encourages, praises and reinforces steps in the right direction. Coaching is a method of teaching and learning that draws on social constructivist learning theory. As such coaching promotes learning that occurs through social interactions involving understanding of learner needs." - Webster-Stratton, 2012

Summary Comments:



Map to Becoming Certified

Basic steps to become a certified IY Group Leader

START



See next page for what comes next, once you are certified as a group leader.





CERTIFICATION MAP – THE CONTINUED JOURNEY

Next steps once you have been certified as a group leader
(Continued from "Map to Becoming Certified")



10. Continue group leader peer review every 2 weeks.



11. Continue receiving coaching/consultation with peer coach or mentor.



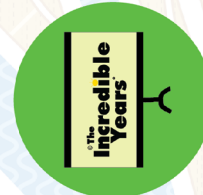
12. Yearly group video consultations with IY mentor/trainer.



13. Support new group leaders by delivering groups with them.



14. Consider becoming a peer coach and applying for peer coach certification.



15. Consider attending another IY training for a different population or age range.

Consult the Incredible Years website and contact The Incredible Years office for more details to help you access training & consultation, and applying for Peer Coach certification.





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NEW MATERIALS Preschool Basic 2.0



Preschool Basic 2.0 Curriculum Kit includes

- Leaders Manuals (set of 3)
- Video Vignettes in Online Streaming Subscription format
- Parent Pyramid Poster
- Arc of Emotion Regulation Poster
- Calm Down Thermometer Poster
- Tool Kit Posters (set of 3)
- **NEW Serve & Return Conversations Poster**
- **NEW Discipline Hierarchies Posters** (set of 2)
- **NEW Positive Coping Cycle Poster**
- **NEW Turtle Anger Management Poster**
- **NEW Wally Problem Solving Steps Poster**
- Wally Detective Books (set of 4)
- Incredible Years Trouble-Shooting Book
- Collaborating with Parents Book
- Kids and Parents Conversation Cards
- Piggy Bank Magnet







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NEW MATERIALS

Presentations by Carolyn Webster-Stratton:

- The Incredible Years Collaborative Learning Process:
<https://youtu.be/RrslFm84X7k?si=kdy5ubhoJ3RI3IKp>
- Basic Evidence-Based Parenting Program Version 2.0
https://youtu.be/9eIVAGciA7E?si=JUILWFh_2cvYAa0c
- Scaling Up Incredible Years Programs With Fidelity
https://youtu.be/5_3o7gUbX6M?si=iG774ndS3n1ND40-
- 40 Incredible Years: Multicultural Collaboration Deliver IY Programs Promote Children's Well Being
https://www.youtube.com/watch?v=_MY_8bzhuim&t=21s
- Adaptations for Children with Autism Spectrum Disorder ASD Incredible Years Programs
<https://www.youtube.com/watch?v=L-RtIDo4AcE&t=3s>

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- Hot Tips for Managing Thoughts, Feelings & Parenting Behaviors: Exploring Parent Depression & Anger and Promoting Coping Cycles
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**2026 Incredible Years®
22nd Mentor Meeting**
Turku, Finland

**NEW GRAPHICS &
HANDOUTS**
from the new **Preschool 2.0**
Parenting Program



Graphics/Handouts from Preschool Basic 2.0:

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Serve and Return Conversations Building Responsive Language

I see you are playing with Big Cat today.



1 Adult Sets Up Serve by spotlighting child's interests

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

meow meow!



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

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

meow meow MEOW!

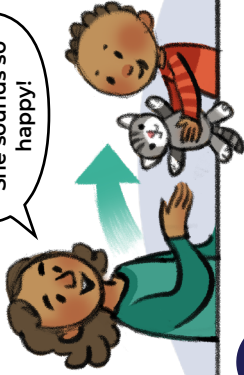


4 Wait and Listen for child to return your serve

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

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

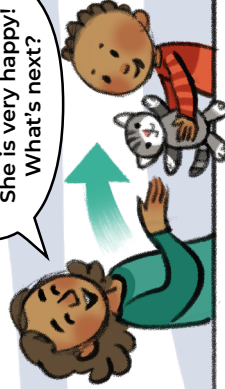
WOW!
Two big meows!
She sounds so happy!



3 Return Child's Serve

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

THREE big meows and a TAIL WAG!
She is very happy!
What's next?



5 Return Child's Serve and expand the conversation

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

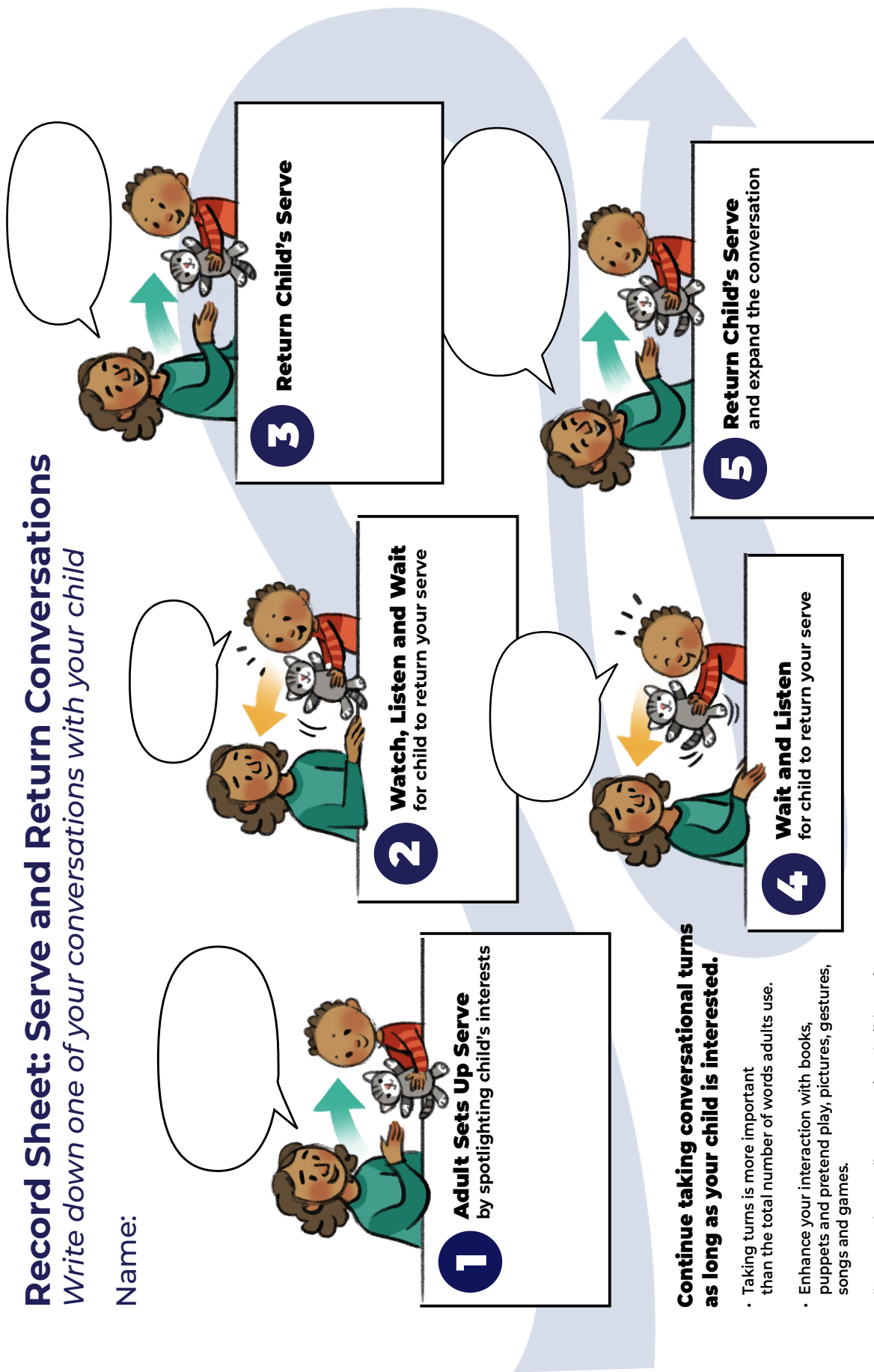


Serve and Return is a phrase popularized by Harvard Researchers (Center on Developing Child).

Record Sheet: Serve and Return Conversations

Write down one of your conversations with your child

Name: _____



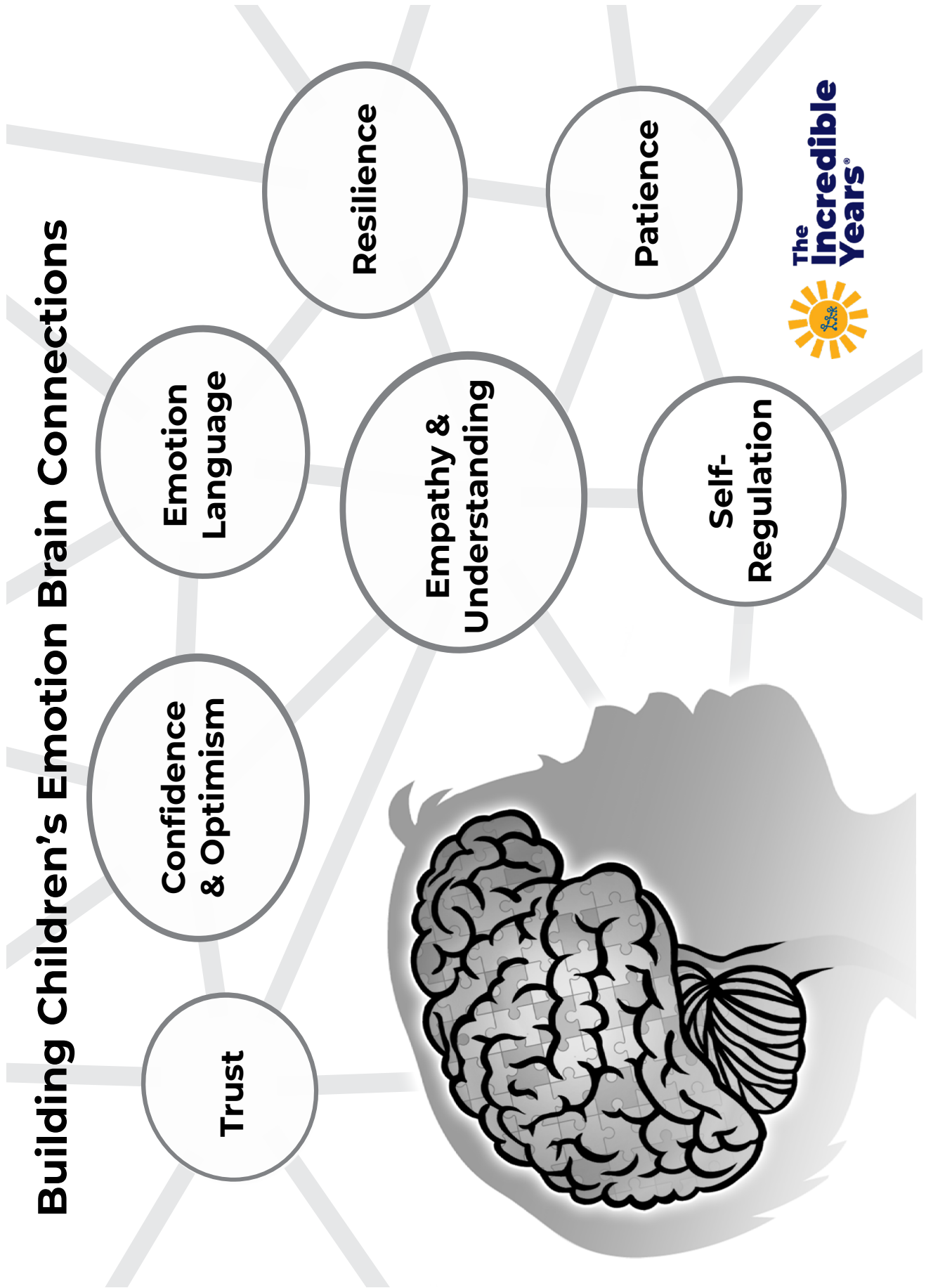
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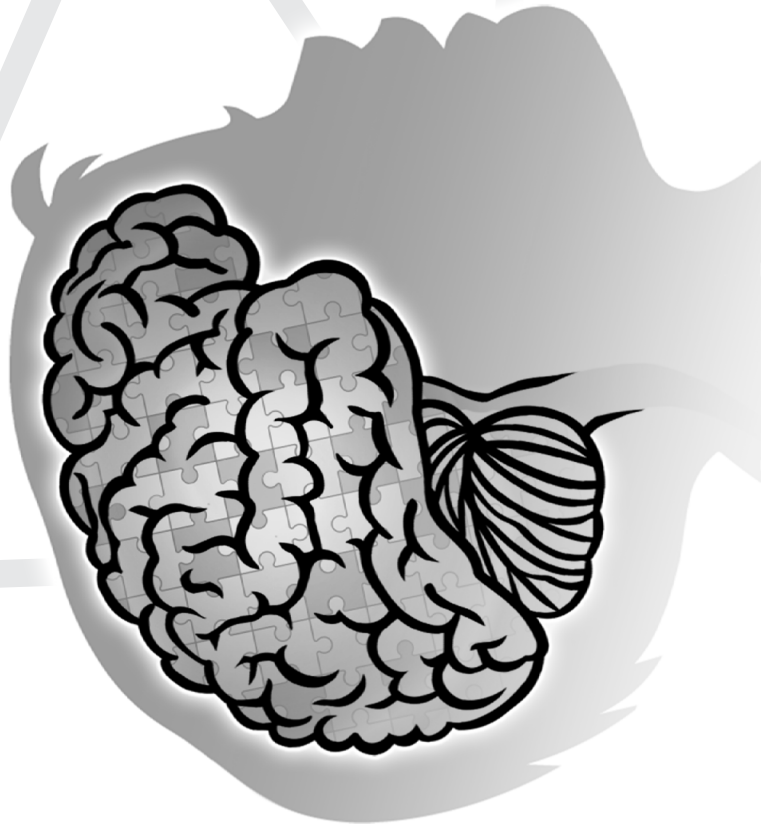


Serve and Return is a phrase popularized by Harvard Researchers (Center on Developing Child).

Building Children’s Emotion Brain Connections



Building Children's Emotion Brain Connections



Building Children's Social Brain Connections

Helping

Sharing,
Waiting &
Taking Turns

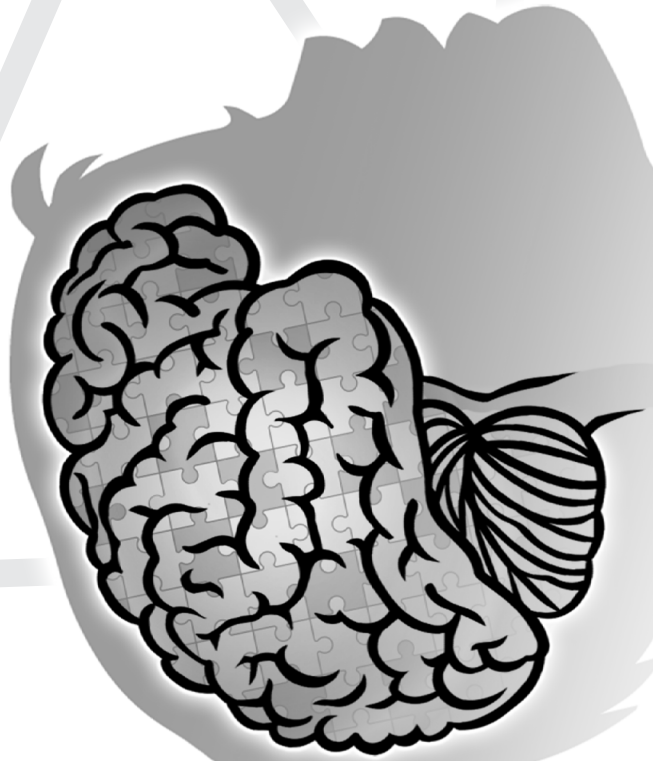
Making
Friends

Problem
Solving

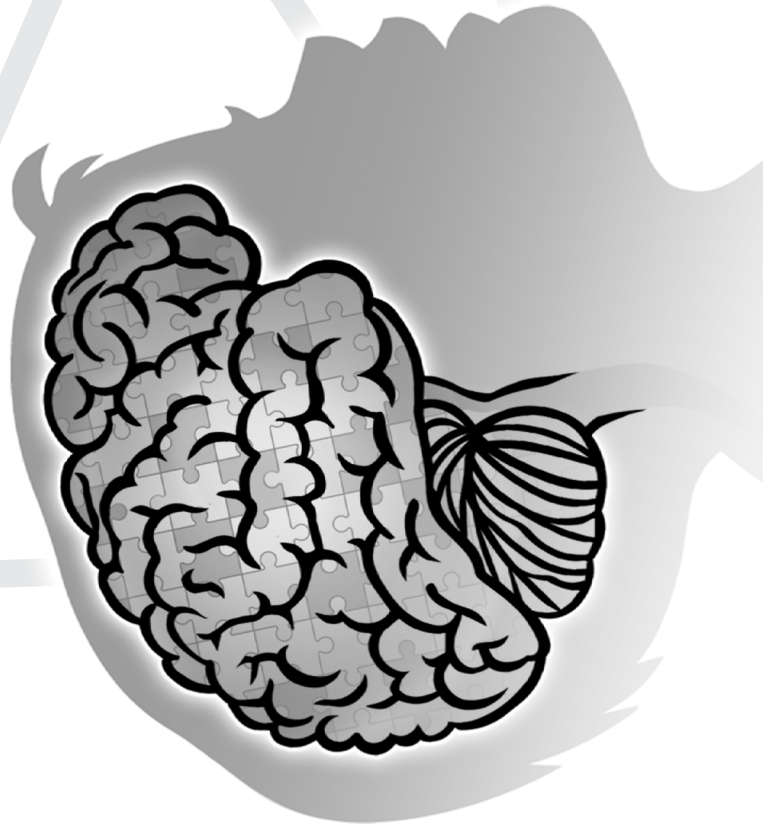
Forgiving
& Apologizing

Praising
Others

Asking
for Help



Building Children's Social Brain Connections



Building Children's Language and Cognitive Brain Connections

Curiosity & Exploration

Understanding Nonverbal Communication

Sorting & Matching Objects



Multilingual

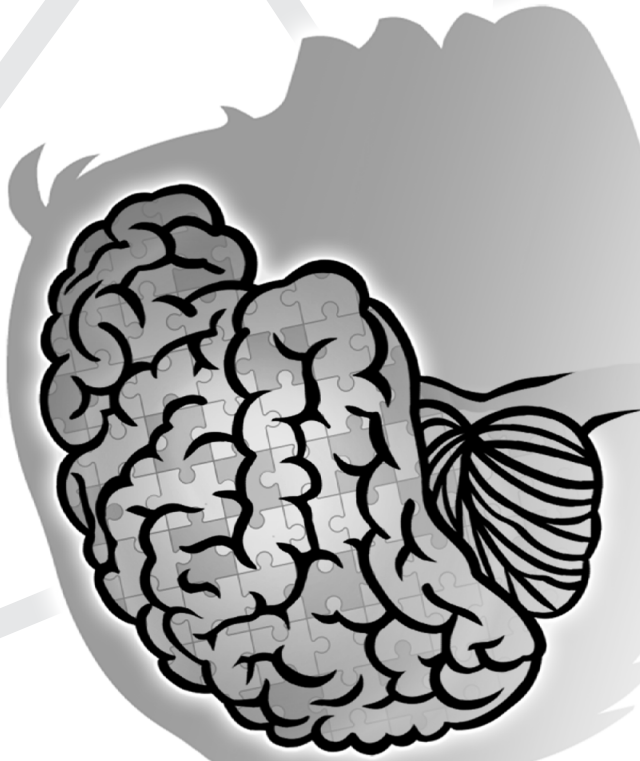
Recognizing Numbers, Shapes & Letters

Confidence in Speaking

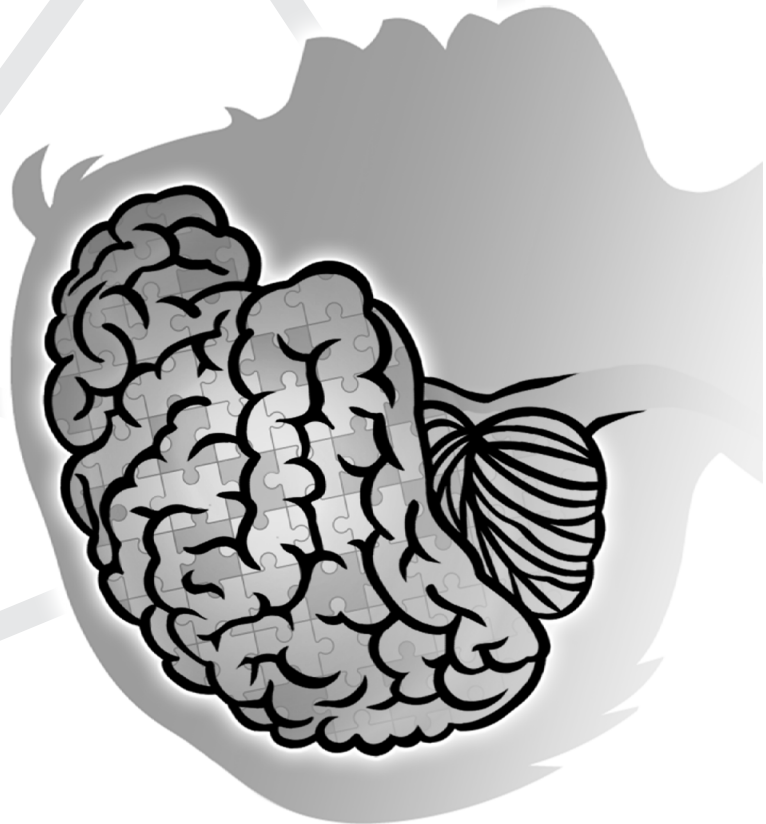
Reading & Retelling Stories

Talking, Listening & Singing

New Words



Building Children's Language and Cognitive Brain Connections



Parenting Approaches: A Temperament Focus



Since adults can't change their child's temperamental style, parenting approaches must be accepting and responsive to the unique temperament or cues of each child. It is important for adults to try to get a reasonable “fit” between their child's temperament and their parenting style. This can be done by adults observing and learning about their children's behavioral style and then altering or adapting their approach, expectations, encouragement and discipline to suit their child's unique needs.

Remember, it is important not to label your child as easy, shy or difficult. These labels can damage your child's self-esteem and perhaps set up a self-fulfilling prophecy that prevents your child from expanding their behavioral repertoire. On the other hand, knowing what kind of temperament your child has may make the difference between a happy or a troubled child and between an accepting or a frustrated adult. Understanding your child's temperament can improve your relationship with your child because you will learn how to bring out the best in your child. It is within your power as an adult to help your child cope with their temperament, to build their self-esteem, and eventually come to understand themselves better.

Easy/Flexible Children

Traits: Adaptable, low-intensity, generally positive mood.

Parenting Tips:

- Don't overlook them—check in about feelings and thoughts.
- Encourage expression of unique preferences and emotions.
- Ensure they don't feel invisible or overlooked.

Challenging/Active/Intense Children

Traits: High energy, emotional intensity, irregular routines.

Parenting Tips:

- Establish predictable routines and transitions.
- Use humor, calming techniques, and soothing activities.
- Keep instructions short and clear, limit distractions.
- Offer frequent praise and support for small accomplishments.
- Stay calm, patient and model appropriate behavior.
- Seek outside support for yourself as a parent when needed.

Slow-to-Warm/Cautious Children

Traits: Shy, hesitant in new situations, low activity level.

Parenting Tips:

- Be patient and allow time to adjust to new situations.
- Maintain consistent routines and give advance notice for transitions.
- Encourage gently, without pushing too hard.
- Avoid labeling them as “shy” or “fearful.”
- Celebrate small steps of bravery and progress.











Self-Reflection Inventory

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



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

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

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





**The
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Years®**

REFRIGERATOR NOTES

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

Excessive screen time can affect a child's development, impacting friendships, physical fitness, sleep, and even their interest in reading and school success, and can increase children's aggressive behavior. Here are some tips to help your child develop healthy screen time habits, while minimizing negative effects.

1. Set Screen Time Limits

- **Under 2 years:** Discourage screen time.
- **Ages 2-5 years:** limit to one hour/day of high quality programming
- **Ages 6-12:** limit to 90 minutes/day

2. Monitor Content

- Use Websites such as Common Sense Media <https://www.commonsensemedia.org/> to choose age-appropriate content.
- Take an active role in your children's media education by watching TV programs with them and participating in their computer games to discuss characters, behaviors, and the messages portrayed, especially during commercials.

3. Keep all screens in Common Areas

- Put devices in shared spaces so that it is easy to monitor or track your child's screen time use.
- Set and enforce daily screen time limits and reward your child for healthy viewing habits and following the screen time rules.

4. Create a Screen-Free Bedtime Routine

- Avoid screen time 1 hour prior to bedtime.
- Keep computers, smartphones or TVs out of your child's bedroom to promote better sleep.

5. Balance Screen Time with Other Activities

- Encourage physical activity, reading or some other social play time.
- Designate family “screen free” times or days to foster meaningful connections.

6. Model Healthy Habits

- Set a positive example by modeling healthy screen time habits

See <https://www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx> for a tool developed by the American Academy of Pediatrics to create your own family media plan.





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REFRIGERATOR NOTES

Promoting Children's Healthy Lifestyle and Well-Being

- Promote Daily Physical Activity:** Encourage your children to be active every day by offering a variety of fun options during child-directed play. Activities like tag, Frisbee, jumping rope, swimming, dancing, soccer, or even walking to the park can help them enjoy movement. Participate with them to make it more fun, and emphasize how these activities keep our bodies strong and capable.
- Focus on Healthy Choices, Not Weight:** Avoid making comments about weight - whether yours or your child's. Instead, focus on healthy choices that support strong bodies and an active lifestyle. For example, you can say, “*These exercises help keep us strong so we can play, climb, dance, and have fun!*” This helps children develop a positive relationship with their bodies.
- Limit Screen Time:** Set a limit of no more than 1 hour of screen time for children over 2 years of age.
- Offer Healthy Snacks:** Provide nutritious snacks such as fruits, vegetables with yogurt or hummus, or whole-grain crackers. Limit snacks that are high in fat, sugar, or salt. Encourage your child to enjoy meals and snacks at regular times instead of constant grazing, which helps them develop better eating habits.
- Moderation with Treats:** Offer “treat” foods in moderation. Instead of banning sweets completely, help children learn how to enjoy them in reasonable amounts. For example, say, “It’s okay to have a small treat today, but tomorrow we’ll focus on healthy foods again.” This teaches them balance.
- Serve a Variety of Healthy Foods:** At mealtimes provide a variety of nutritious foods including fruits and vegetables, whole grains, lean meats. This exposes children to different tastes and textures, helping them develop a preference for a wide range of healthy foods. Avoid foods high in trans fats and saturated fats.
- Encourage Self-Serving:** Allow your child to serve themselves at mealtimes. Don’t force them to clean their plate, but do encourage them to have more of healthy foods they enjoy. This helps children learn to listen to their hunger signals and eat according to their needs.





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REFRIGERATOR NOTES

Promoting Children's Healthy Lifestyle and Well-Being (continued)

- **Avoid Restrictive Diets:** Do not put your child on a weight-reduction diet unless supervised by a physician. For most young children, the focus should be on maintaining their current weight while continuing to grow taller and stronger.
- **Encourage Healthy Beverages:** Offer water or low/non-fat milk as primary beverage options. Limit sugary drinks like soda and juice, which provide little nutritional value. This helps children develop healthy hydration habits.
- **Make Family Meals Special:** Establish predictable family meals where everyone can talk and enjoy food together. Make mealtime a “no-screen” time, so everyone can engage in conversation and bond over the meal. This fosters healthy relationships with food and family.
- **Involve Children in Meal Planning:** Let your children participate in food planning, shopping, and meal preparation. This involvement gives them a sense of ownership and encourages them to try new foods. It also helps them understand where food comes from and the importance of balanced eating.
- **Communicate with Caregivers:** If your child is in childcare, make sure caregivers are promoting healthy eating habits and limiting junk food. Regular communication ensures that everyone is on the same page when it comes to supporting your child's health.
- **Be a Positive Role Model:** One of the most powerful ways children learn healthy habits is by observing you. Model healthy behaviors by staying physically active, eating nutritious foods, enjoying family meals, and talking positively about your own healthy body. Your actions will inspire them to do the same.

(page 2)



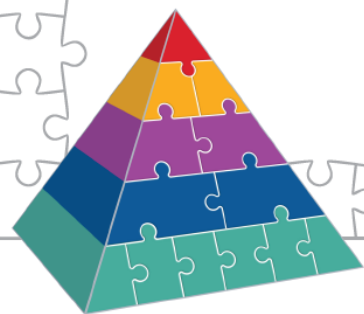


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REFRIGERATOR NOTES

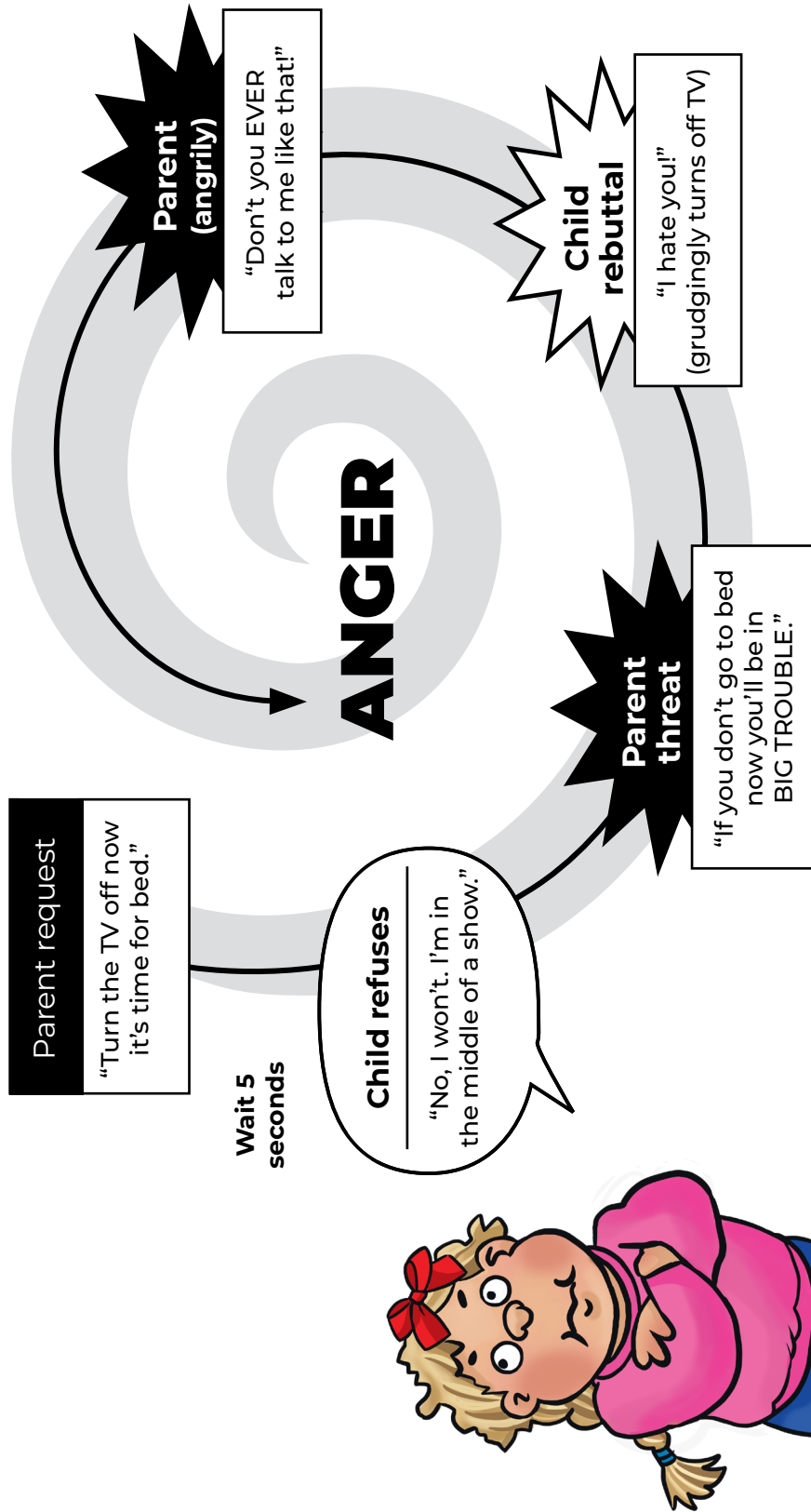
WHEN YOU HAVE TO TELL YOUR CHILD “NO”

- Clearly set the limit calmly and briefly.
- Ignore protests or tantrums which result because of the limit set.
- When your child is calm again, redirect or distract with something else interesting.
- Remove the object (e.g., food item or toy) that is not allowed so it is not tempting (disconnect computer).
- Tell your child yes when you can.
- Give a direction that tells your child what they CAN do as an alternative to what they can't do.
- Offer limited choices when possible.
- Respond with humor or a song.
- Turn tasks into games, for example, “fly” to the bathroom, or make a “train” to the bedroom.
- Don't give a lot of attention to your child's protests or “no” – ignore, redirect, or change the subject so it is not reinforced with attention.
- Monitor how many “nos” you give and see if they are necessary.



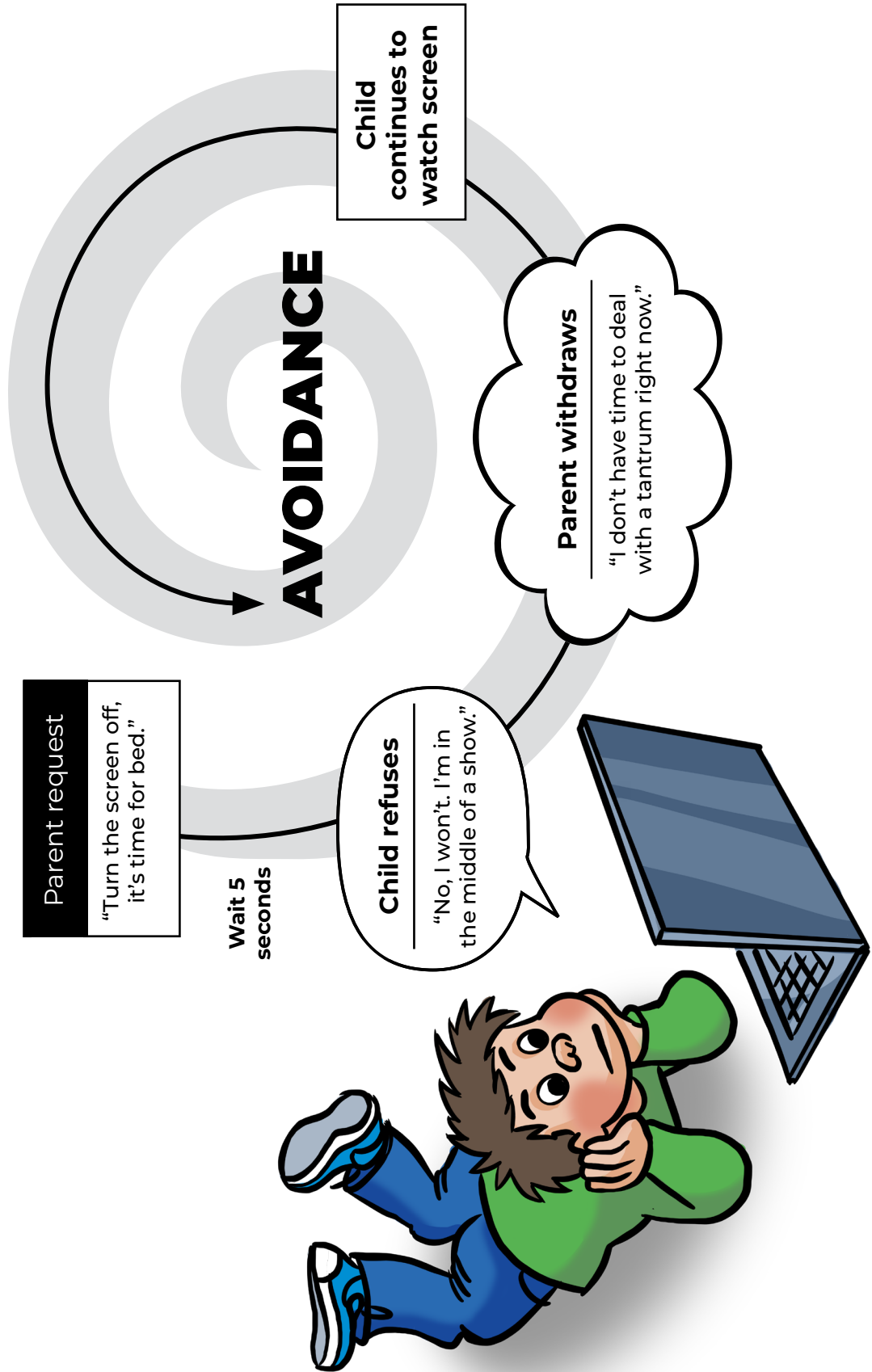


1) Ineffective Limit Setting: Anger Trap



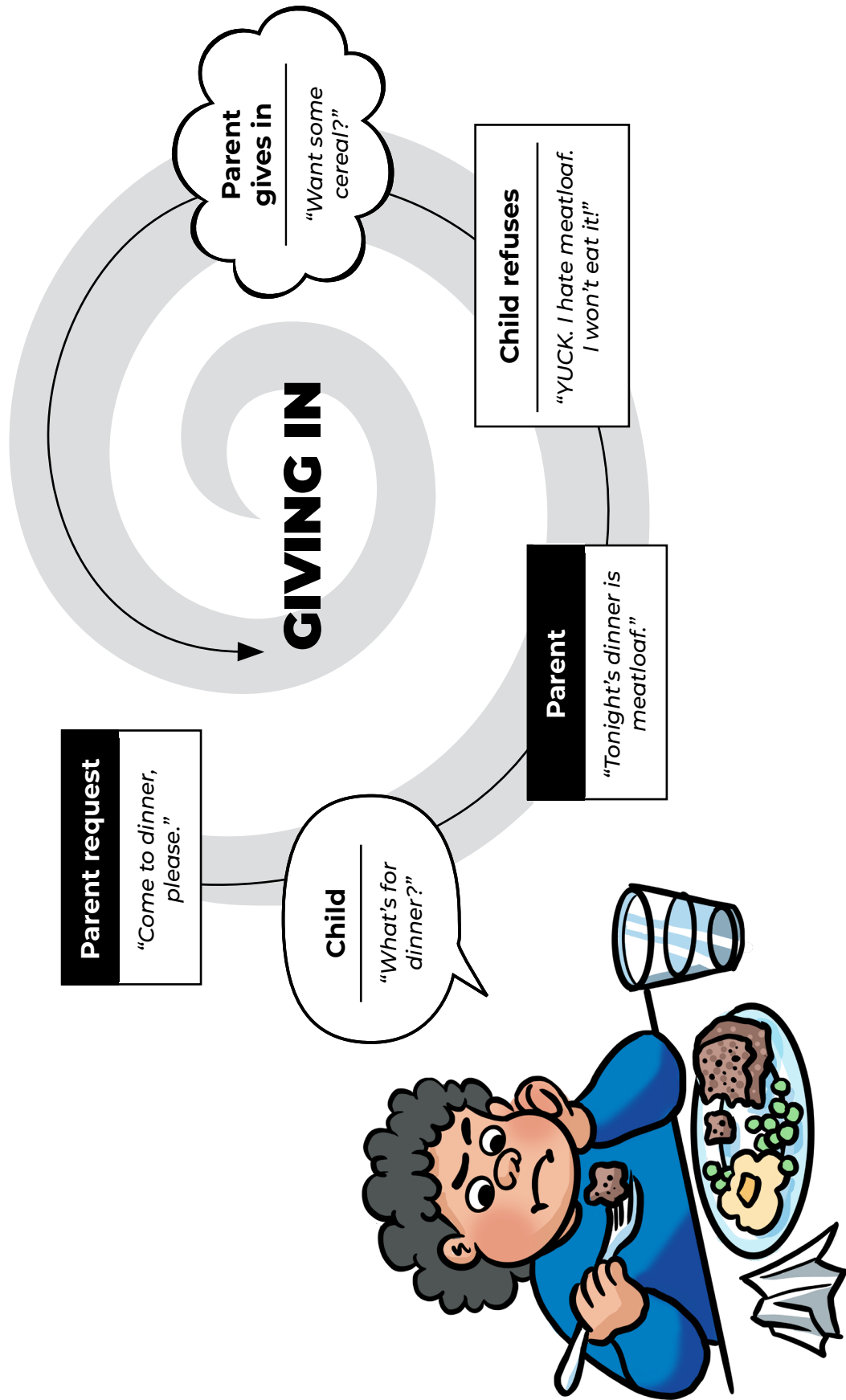


2) Ineffective Limit Setting: Avoidance Trap



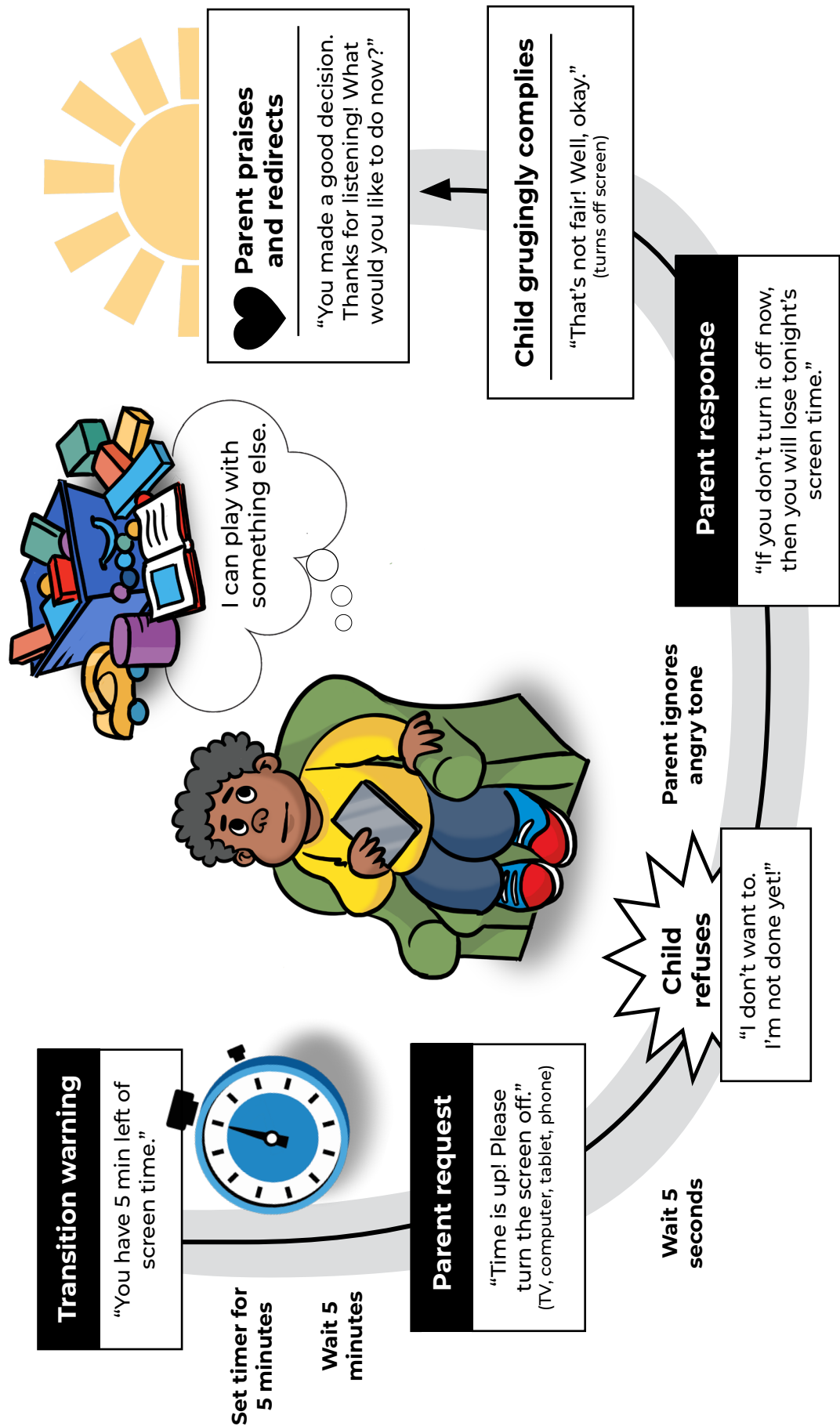


3) Ineffective Limit Setting: Giving In Trap





4) Effective Limit Setting:

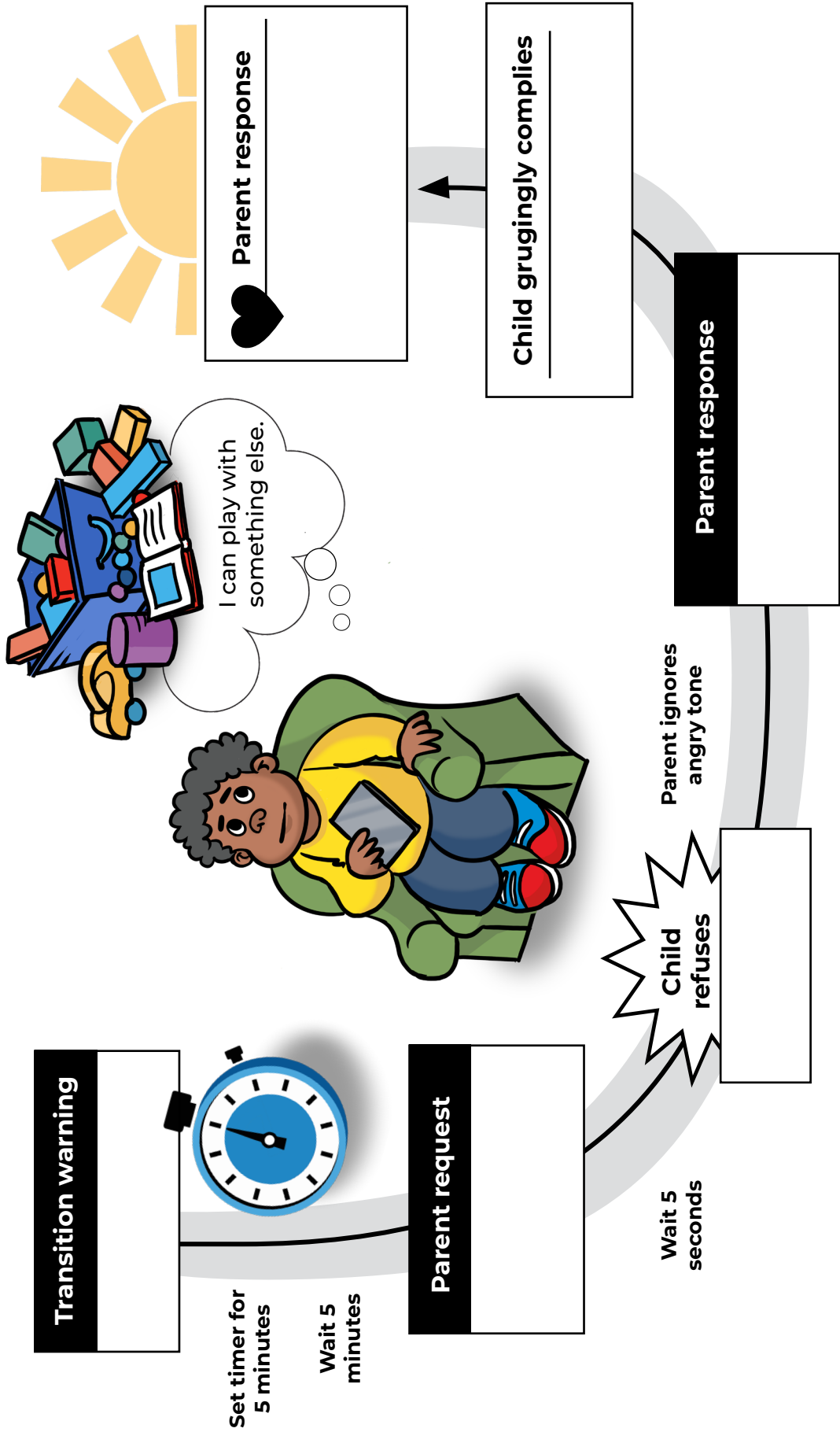


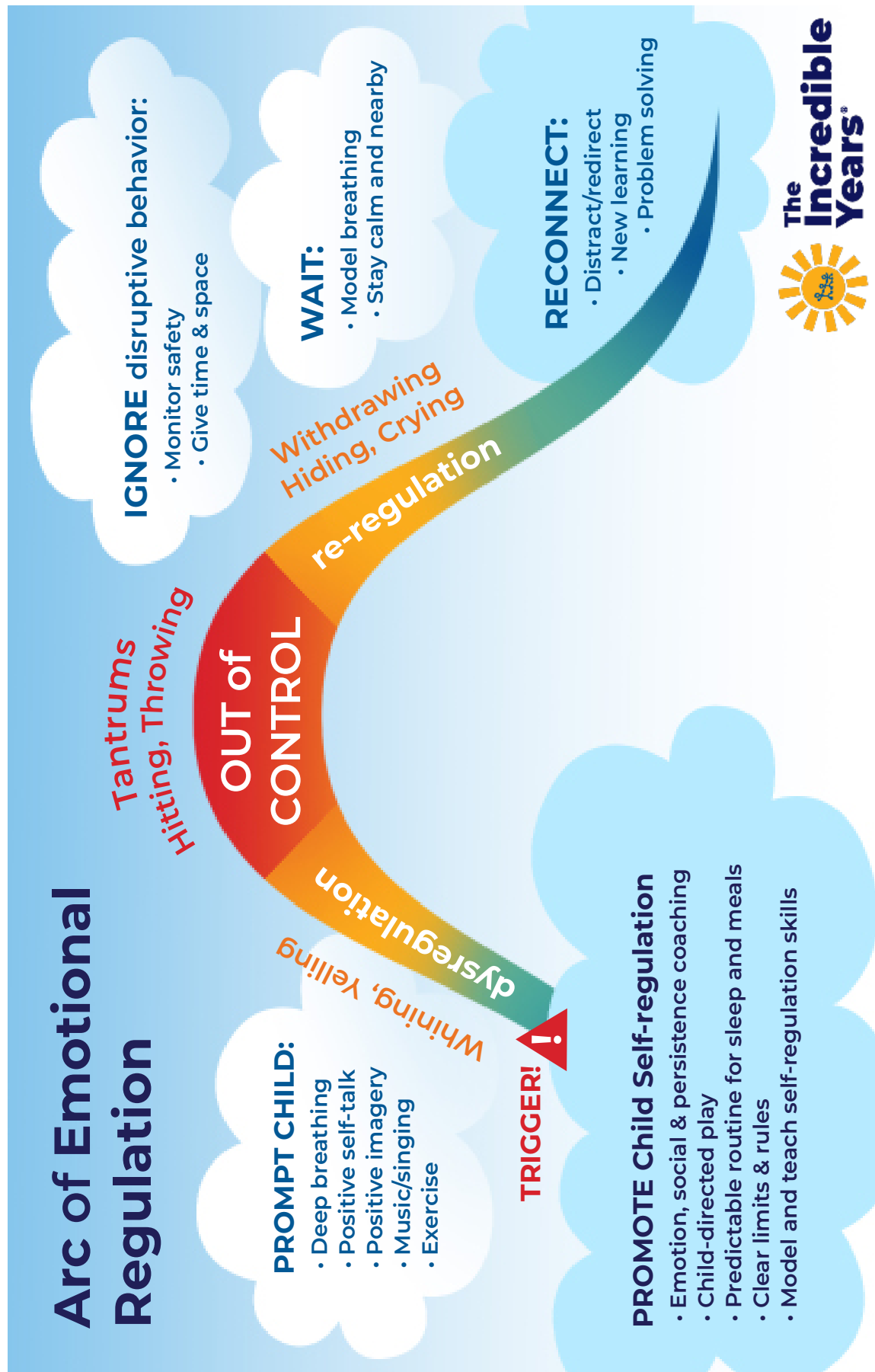
Brainstorm/Buzz: Effective Limit Setting - How Could You Respond?

How could you respond to your child's resistance or challenging response to a limit you set?



Practice - How could you respond?



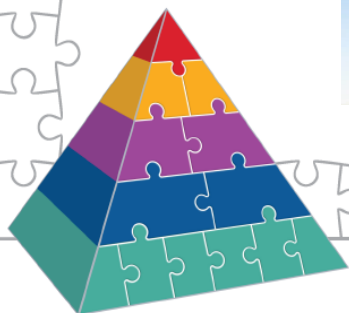
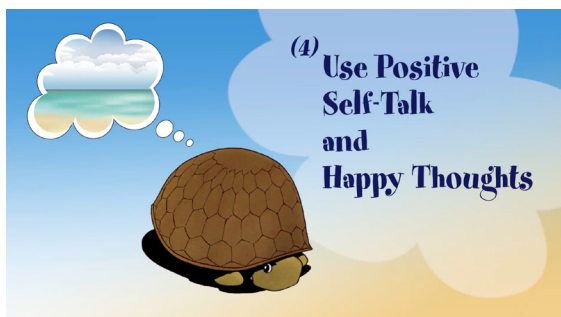




REFRIGERATOR NOTES

TEACHING CHILDREN SELF-REGULATION SKILLS

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

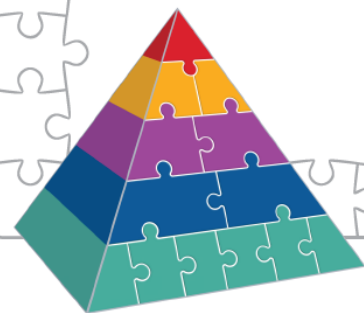
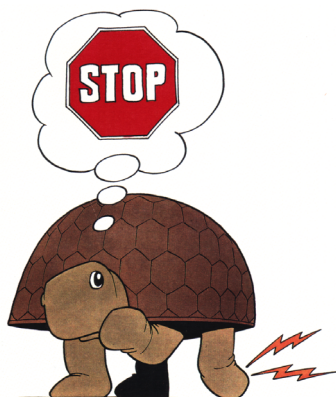




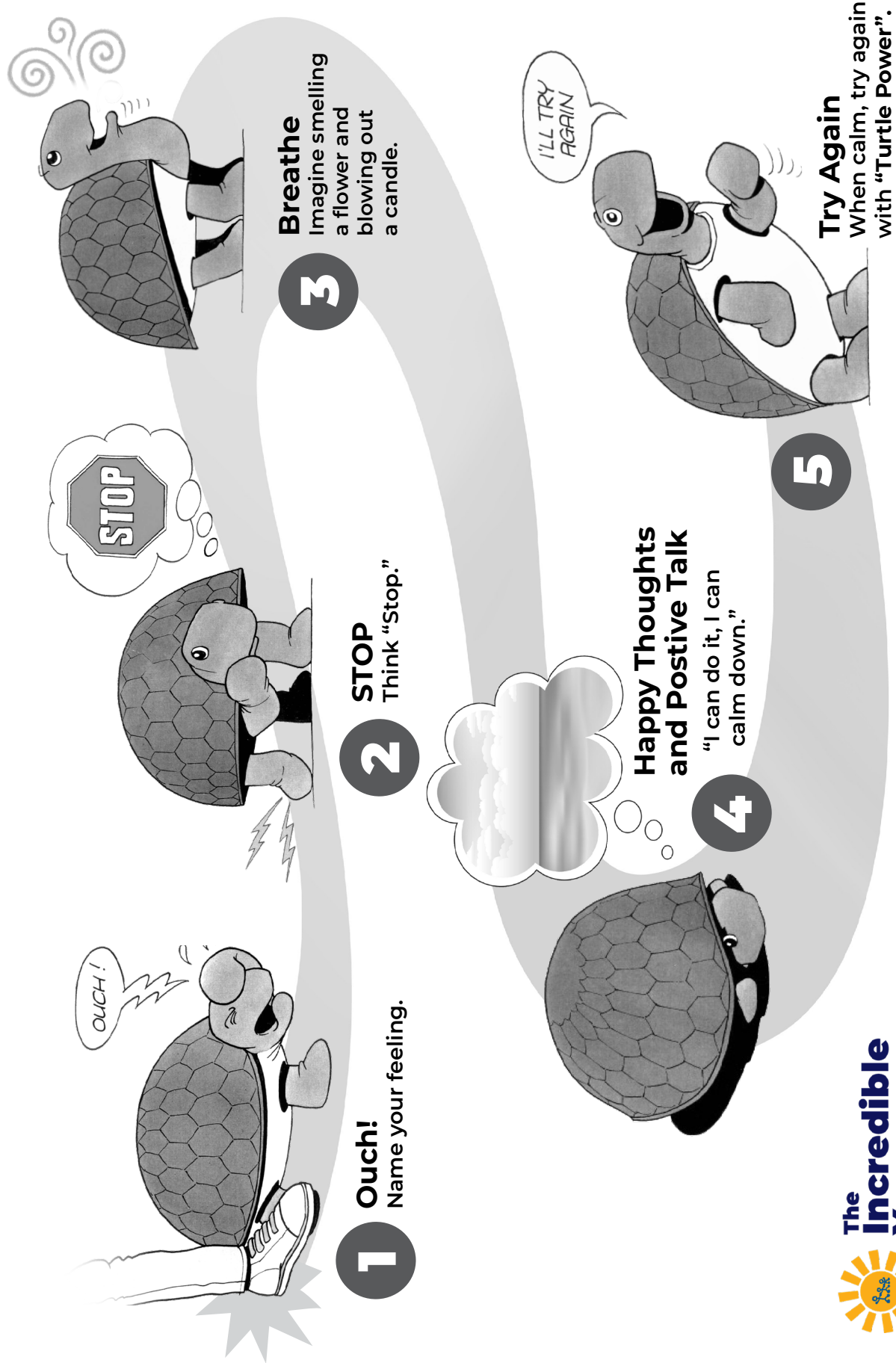
REFRIGERATOR NOTES

MANAGING YOUR CHILD'S DYSREGULATION

- Stay patient, supportive and model calmness when your child is dysregulated. Remember calm voices lead to calmer children.
- Have realistic expectations remembering young children have less developed brains and are less able to regulate themselves; Don't punish dysregulated and disruptive behavior.
- Cue your child by saying, “Tell yourself to STOP, calm down, and take three big breaths.”
- Encourage your child to use positive self-talk by saying, “Tell yourself, ‘I can calm down; I can handle this,’” or “Everyone makes mistakes; with practice I can do it.”
- Praise your child's self-control and appropriate expression of feelings whenever you notice it.
- Give your child time and space to calm down while staying nearby so your child is safe.
- Once your child is calm, reconnect with new learning, distractions and problem solving.

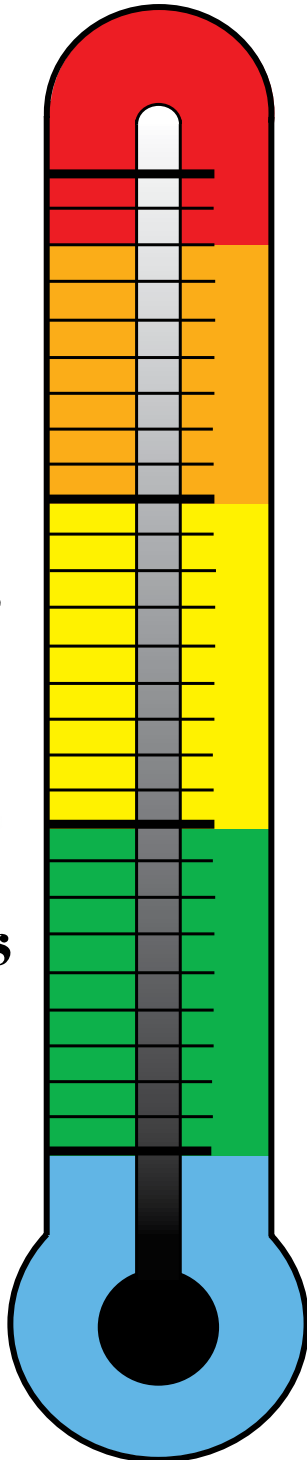
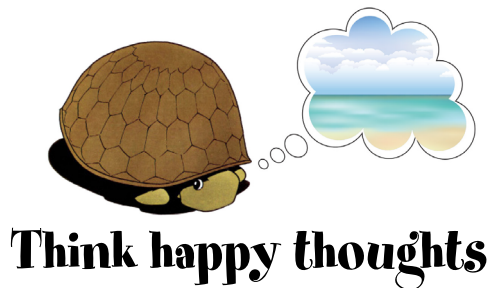
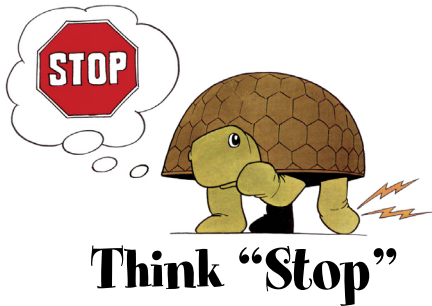


Turtle Time! Tiny Turtle's Calm Down Steps



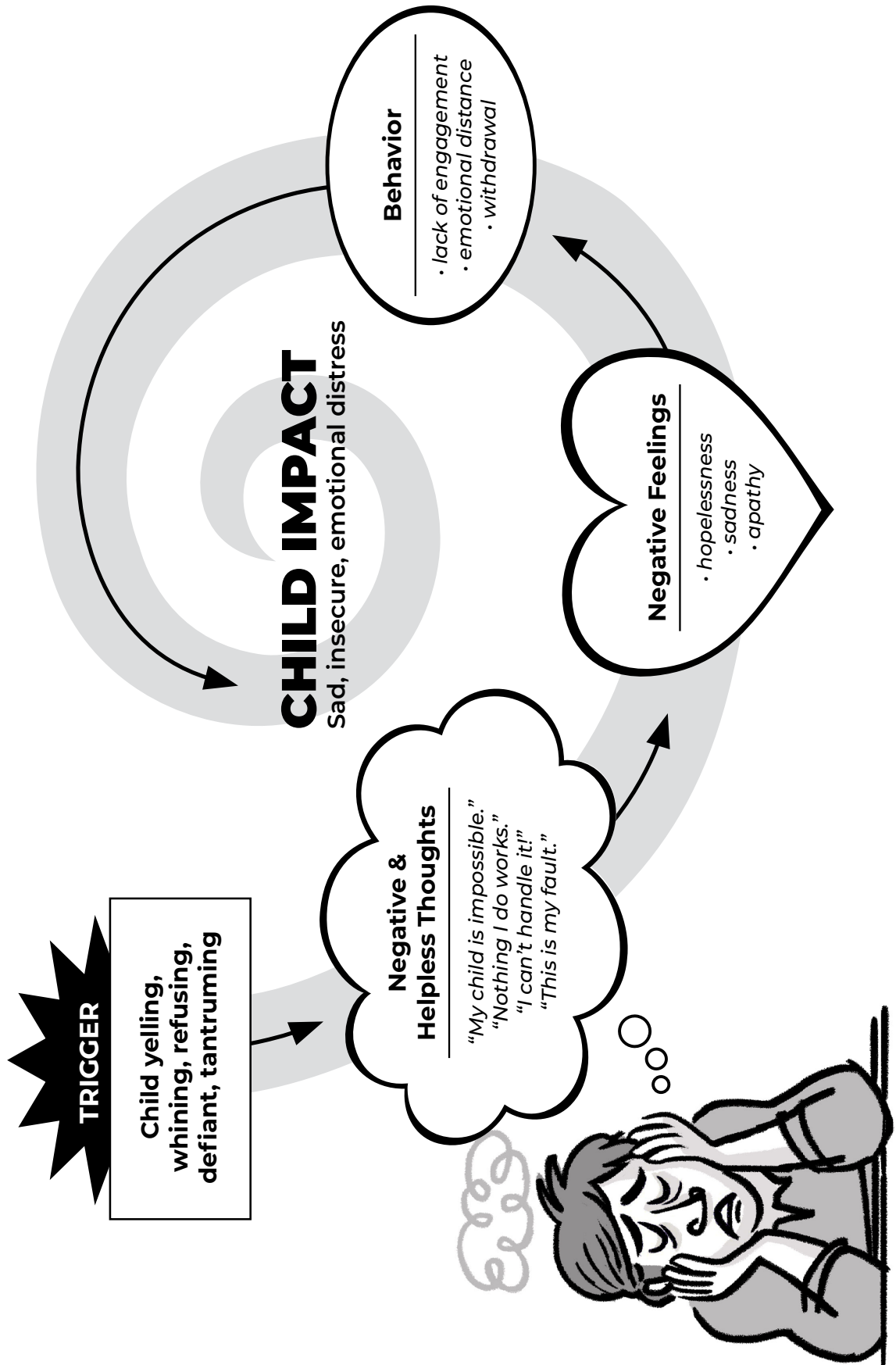
Calm Down Thermometer

I can do it. I can calm down.





Depression Cycle



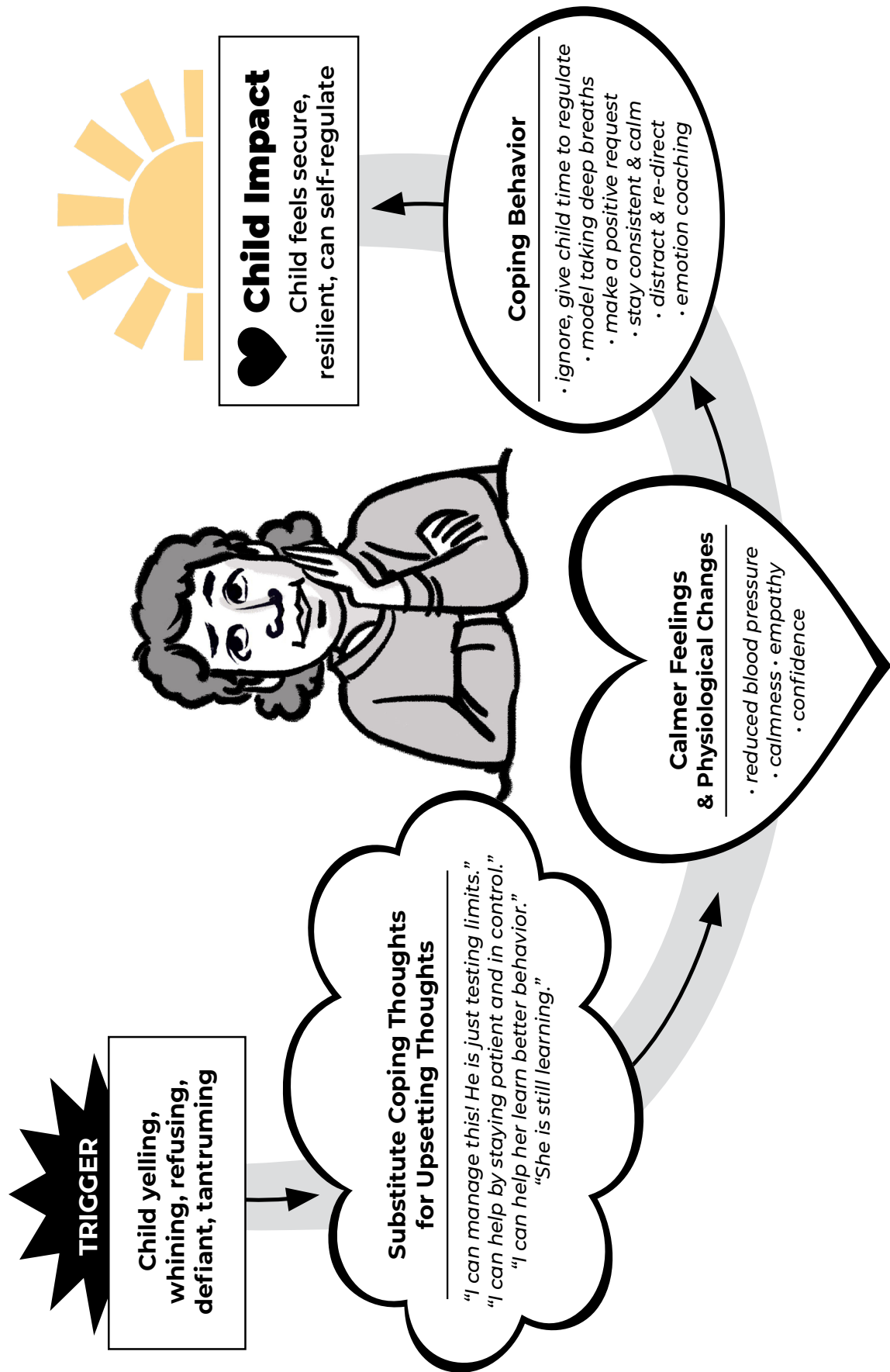


Anger Cycle



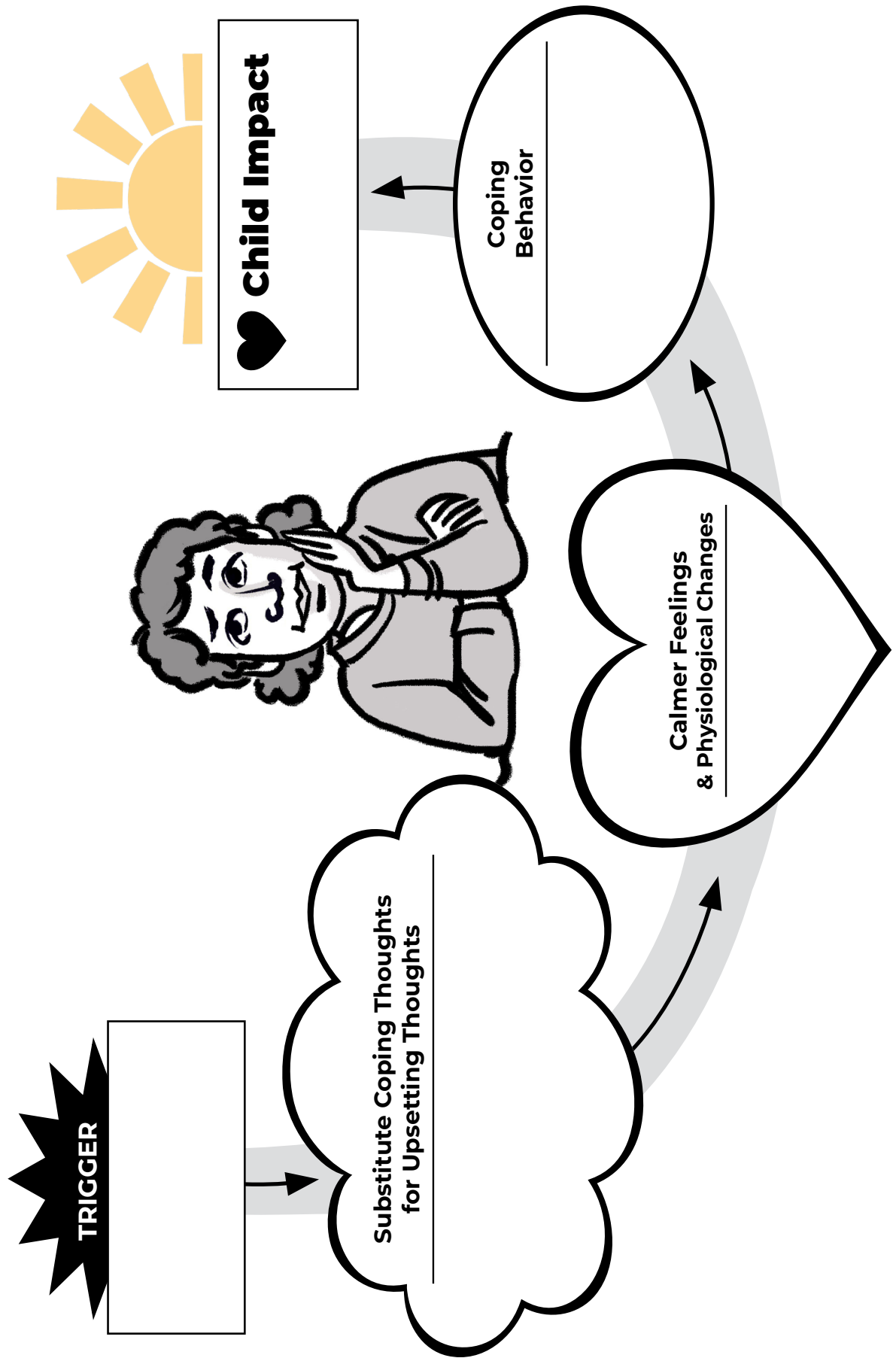


Coping Cycle: Connect Positive Thoughts, Feelings and Behaviors



Practice:

Connect Positive Thoughts, Feelings and Behaviors



Discipline Hierarchies - Steps 1 - 4

For Nondisruptive & Disruptive Behavior



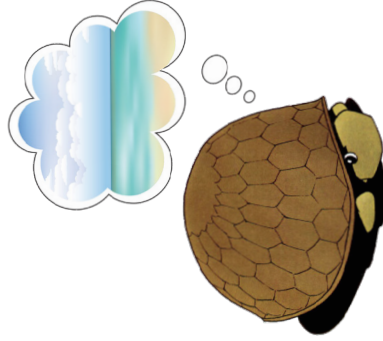
1 Rules & Routines

- Nonverbal Cues
- Clear Rules
- Predictable Schedules
- Clear Transitions



2 Effective Limit Setting

- Positive Verbal Redirection
- Distraction & Re-engagement



3 Emotion Regulation

As child begins to get upset, coach calm down strategies:

- Deep breaths
- Coach feelings
- Positive visualization
- Turtle shell
- Positive Self-Talk



4 Ignore, Distract, & Redirect

- **IGNORE** non-aggressive behavior (tantrums, whining)
- **COACH & PRAISE**



Discipline Hierarchies - Steps 5 - 8*



5 Logical Consequences

- Loss of computer or screen time
- Activity removed
- Loss of privilege
- Work chore imposed

6 Positive Time Out

- For aggressive or destructive behavior
- 3-5 minutes Positive Time Out to Calm Down



7 Review Behavior Plan

- Increase positive attention for positive behavior
- Use incentive to motivate positive behavior
- Check that no attention is given to negative behavior
- Parent/Teacher conference to coordinate home/school plan
- IEP referral



8 Practice for Success

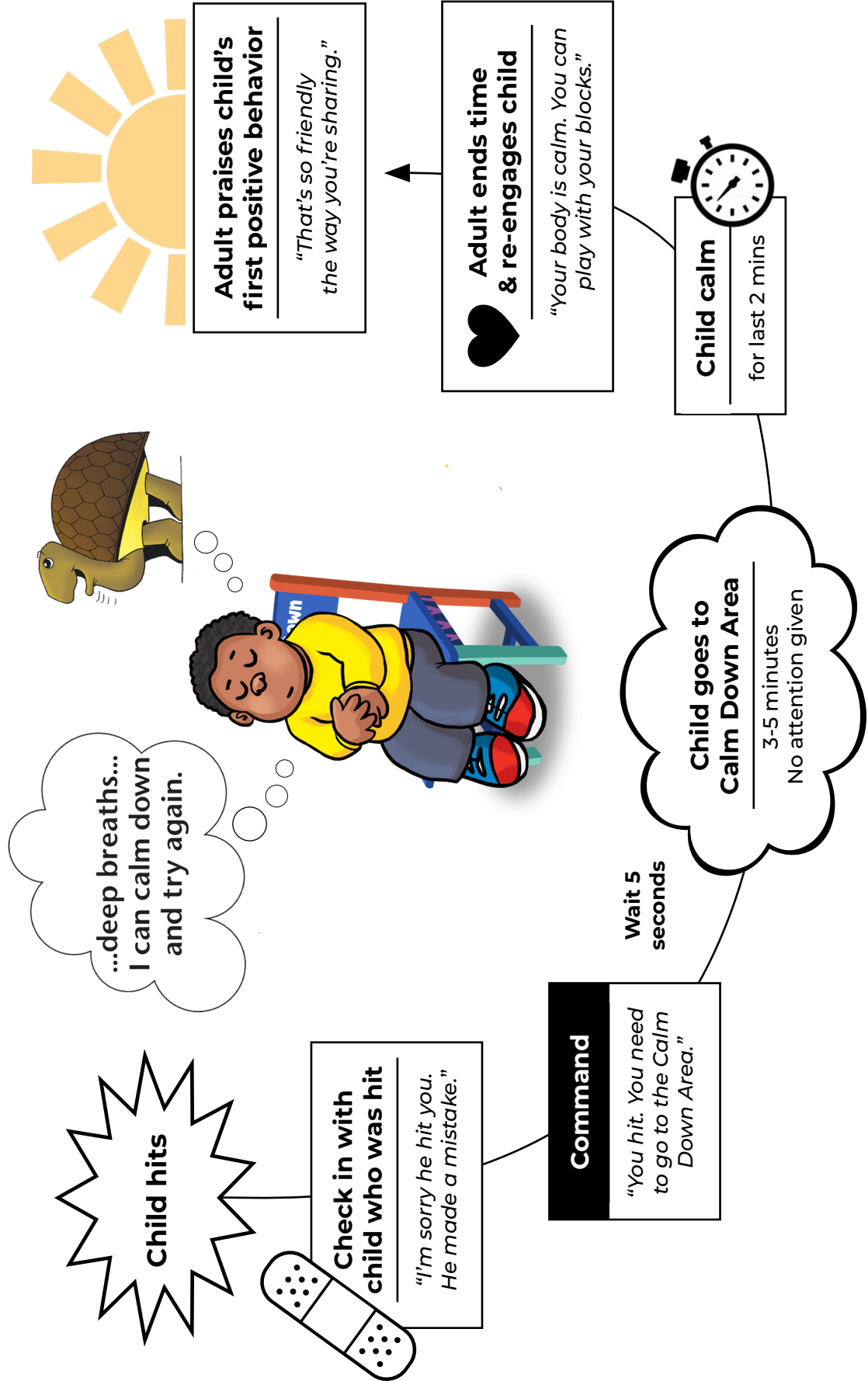
- Model, coach & practice positive alternate behaviors in child play times
- Reconnect with child after discipline encounters
- Continue to use responsive interaction and build positive relationships

**Always use the lowest and least intrusive approach first*

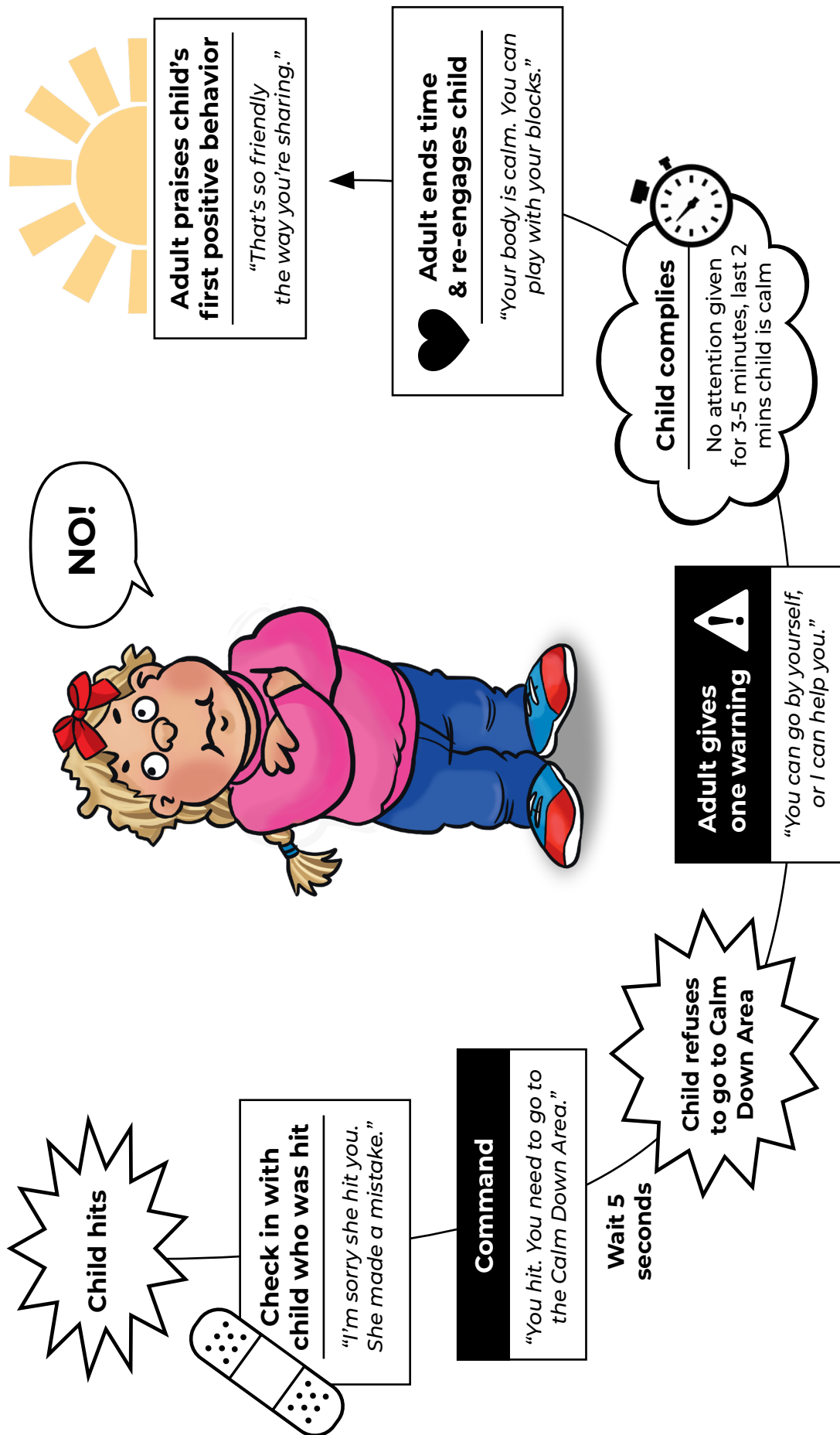




1) Calm Down Procedure for Aggression (Ages 3-6)

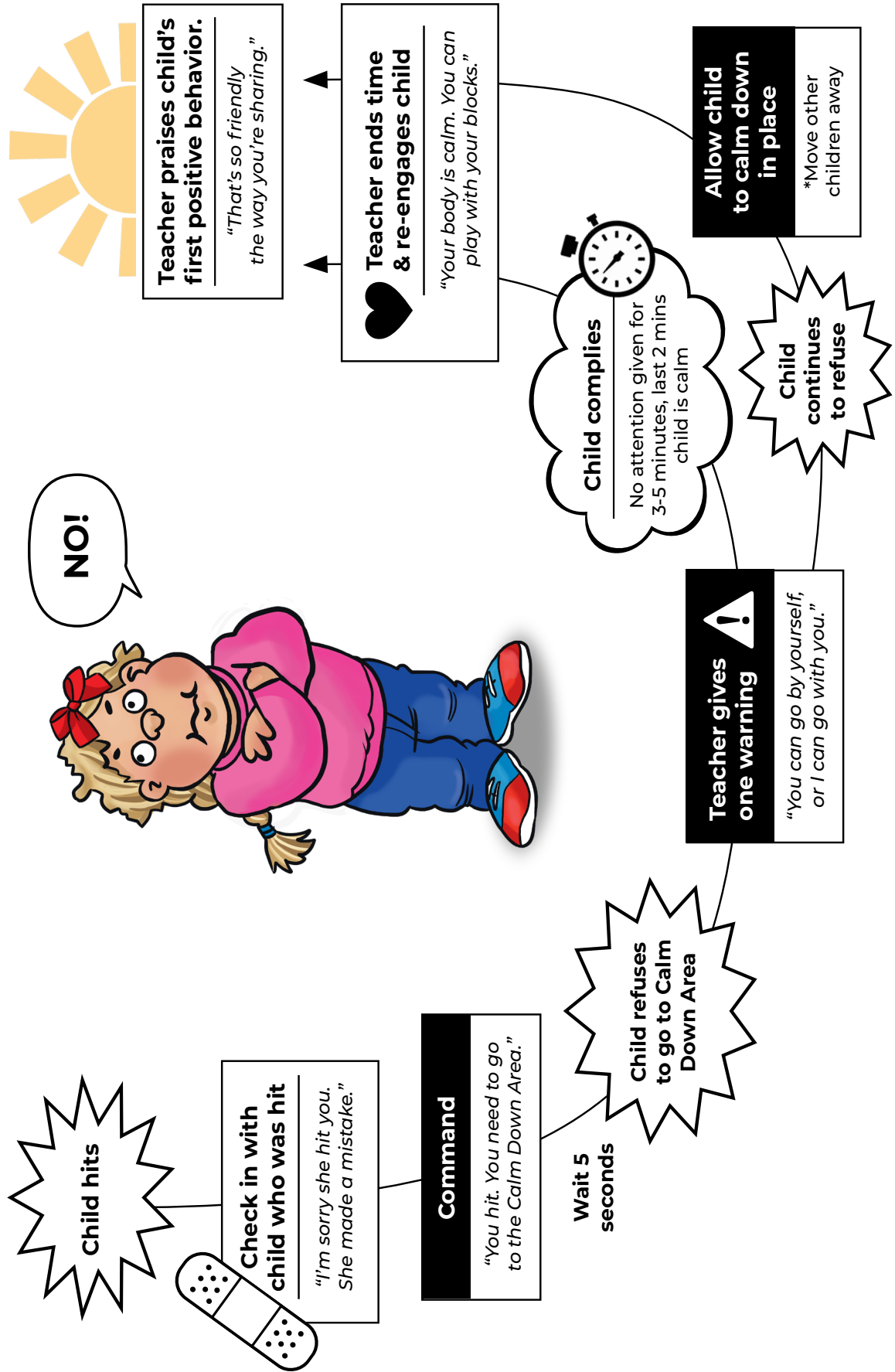


2) Child Resists Going to Calm Down Area (Ages 3–6)



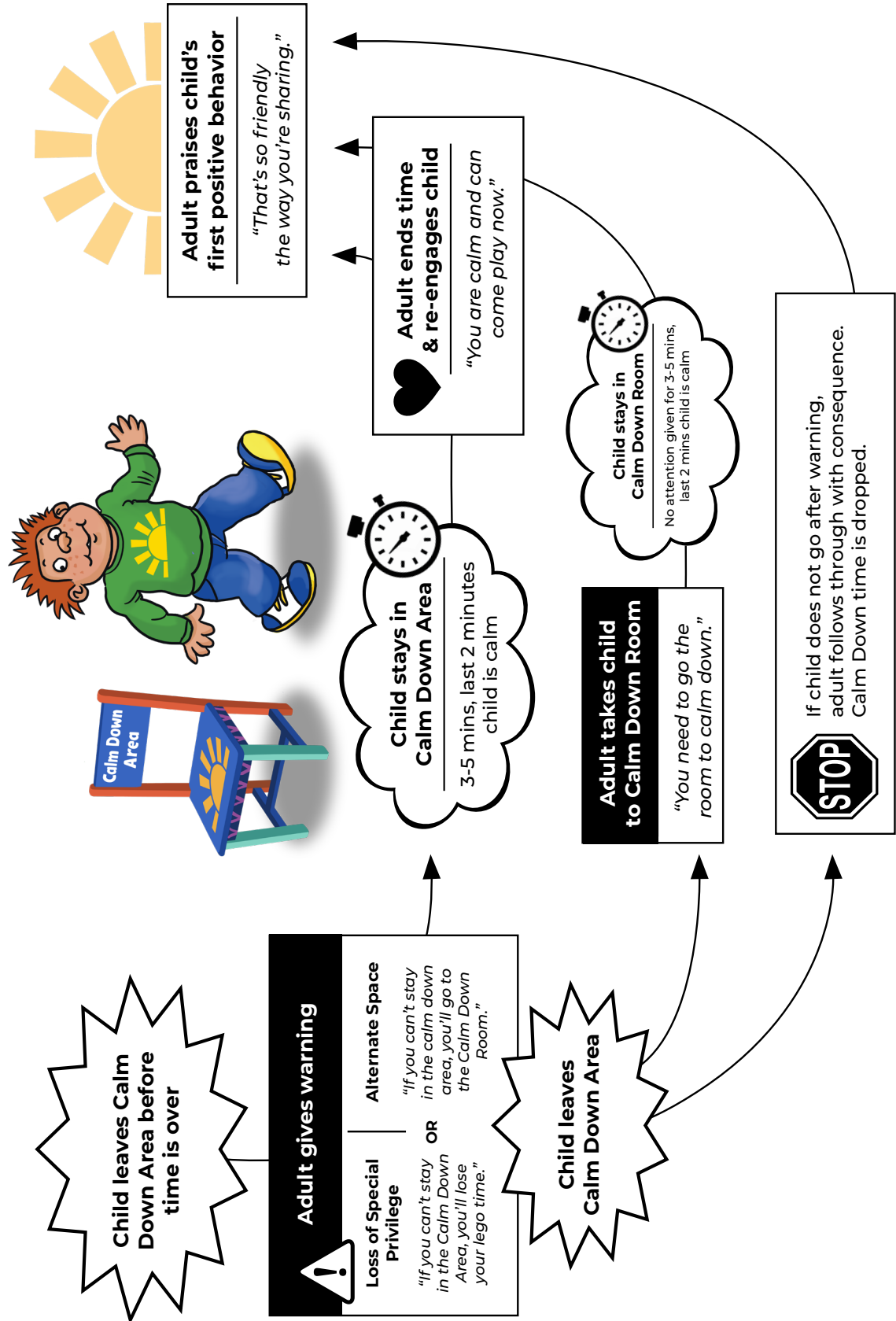


2) Child Resists Going to Calm Down Area in the Classroom (Ages 3–6)



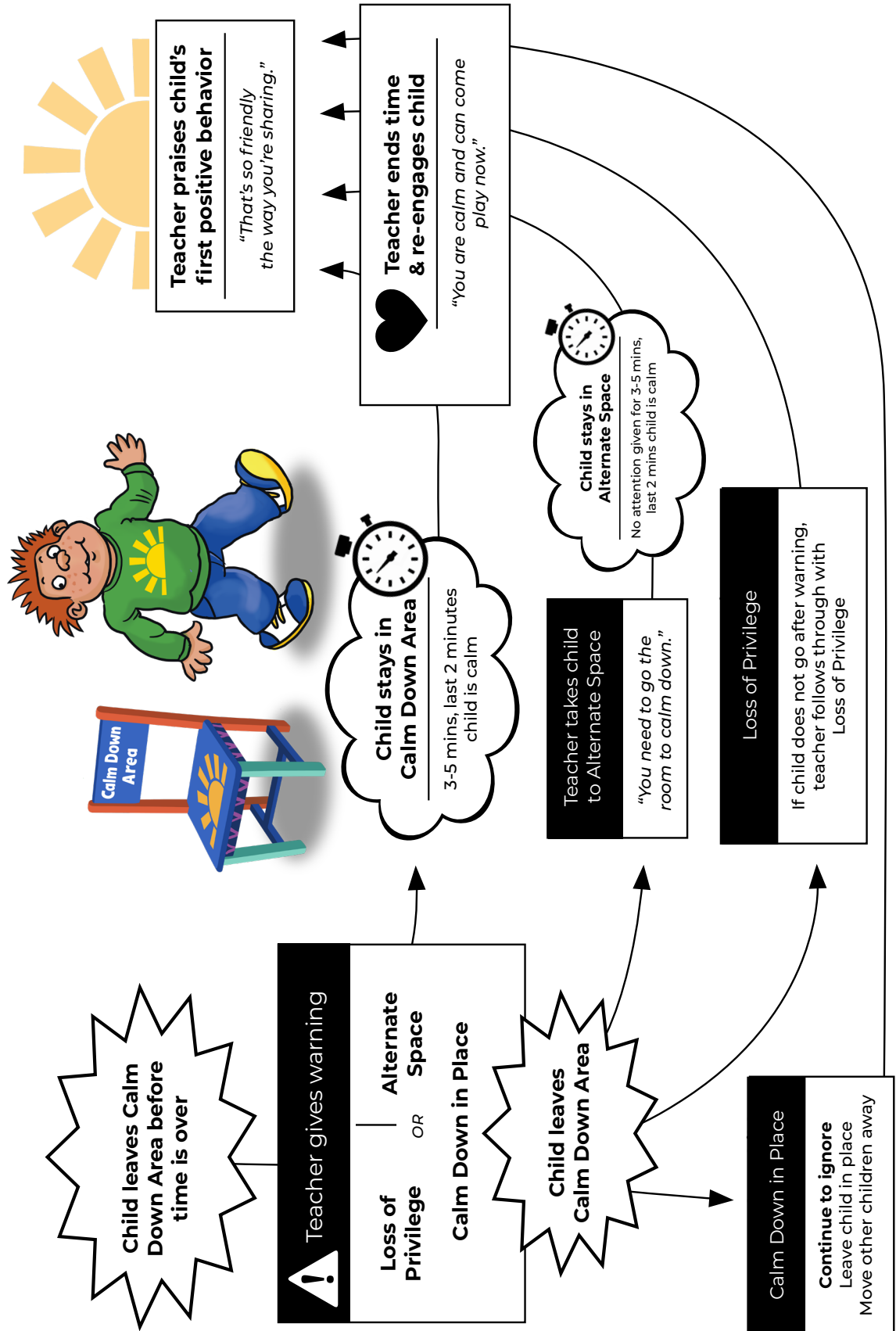


3) Child Refuses to Stay in Calm Down Area (Ages 3–6)

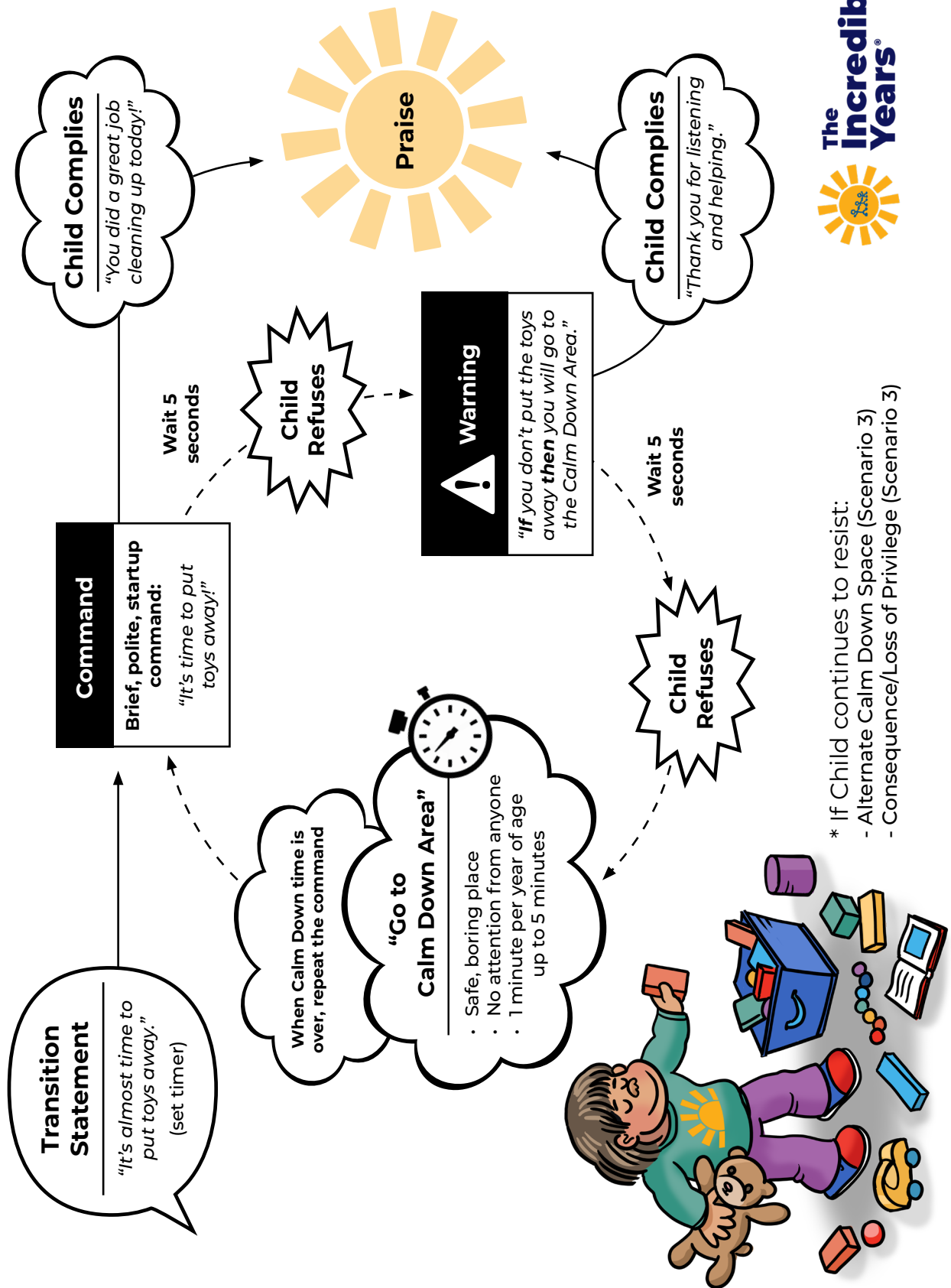




3) Child Refuses to Stay in Calm Down Area in the Classroom (Ages 3-6)

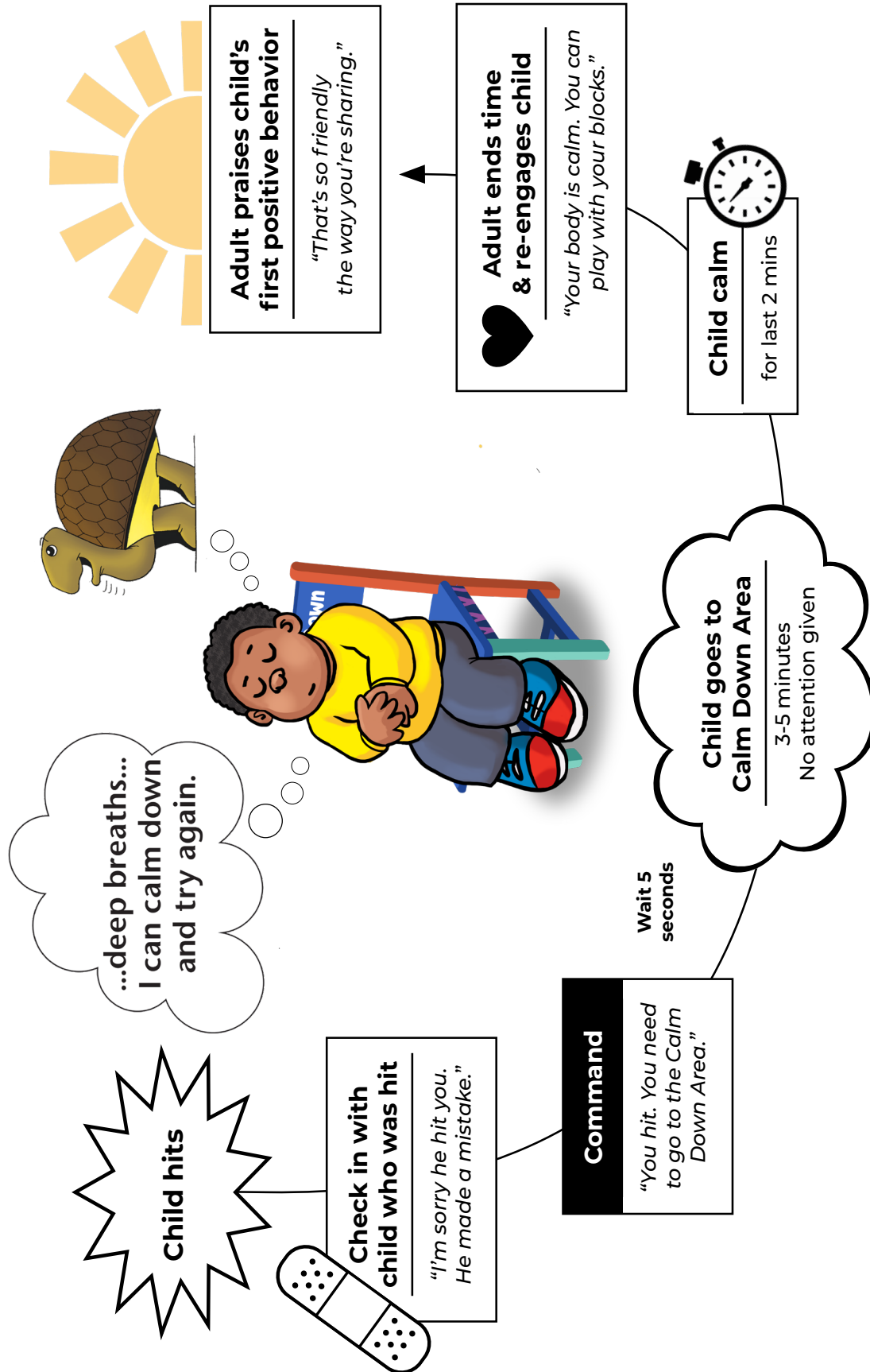


4) Compliance Training for Highly Oppositional Children (Ages 3-6)



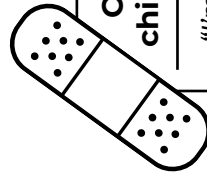
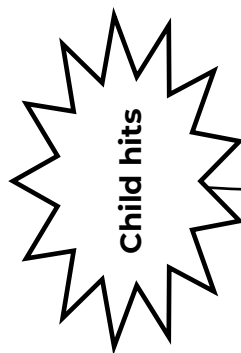


1) Calm Down Procedure for Aggression (Ages 6-10)





2) Adding Time for Child who Resists Going to Calm Down Area (Ages 6-10)



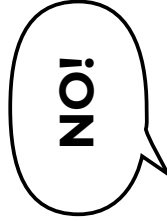
Check in with child who was hit

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

Command

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

Child refuses to go to Calm Down Area



Adult gives warning

"That is one extra minute now. That's 6 minutes." (Add time up to 10 min. if child continues to refuse)

Child complies

No attention given for 4-5 minutes + extra time earned for delaying, last 2 minutes child is calm



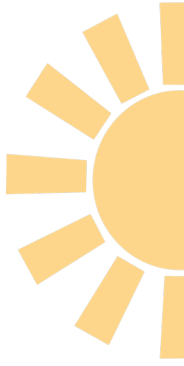
Parent ends time & re-engages child

"Your body is calm. Would you like to make cookies with your brother?"



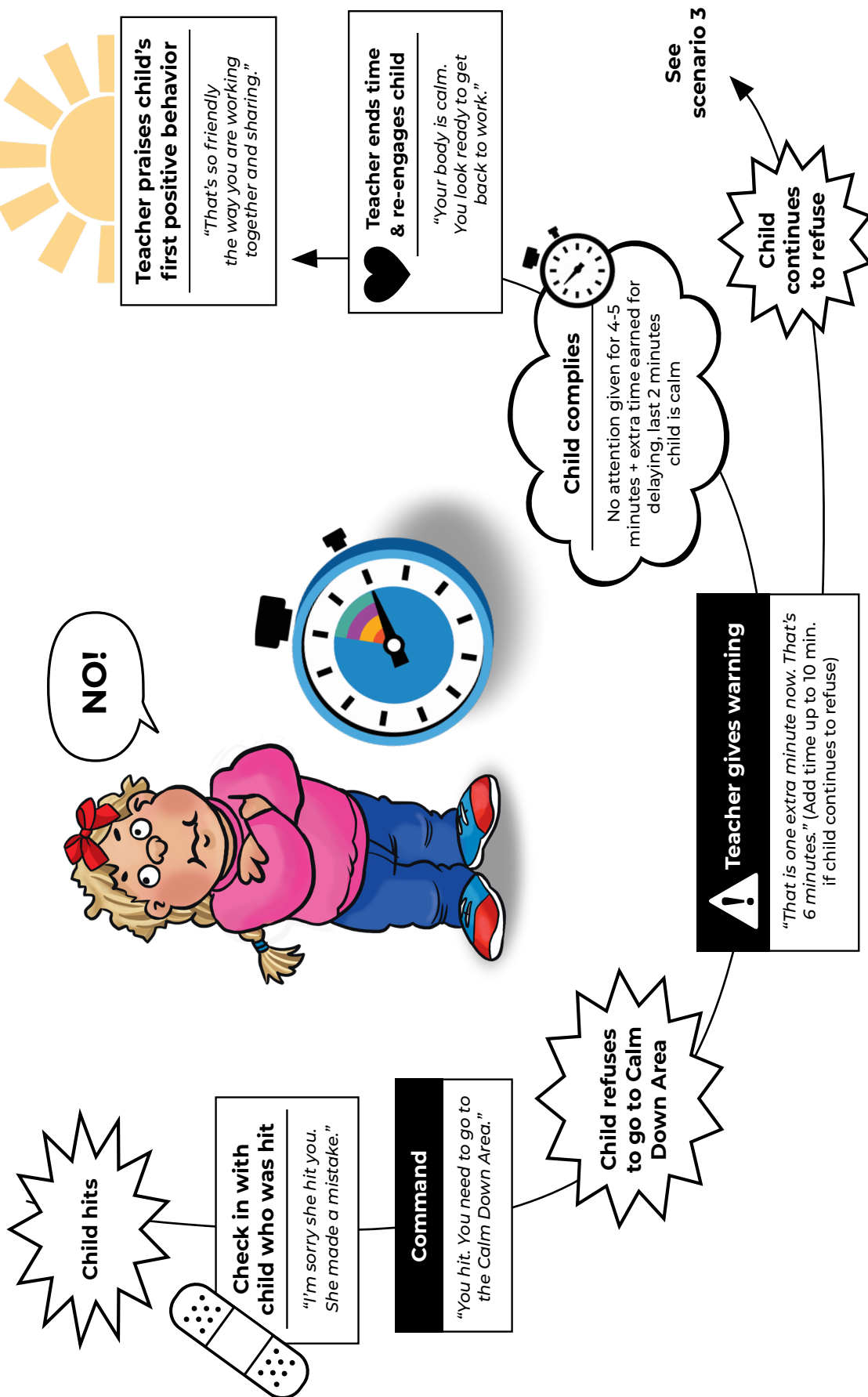
Parent praises child's first positive behavior

"That's so friendly the way you are working together and sharing."



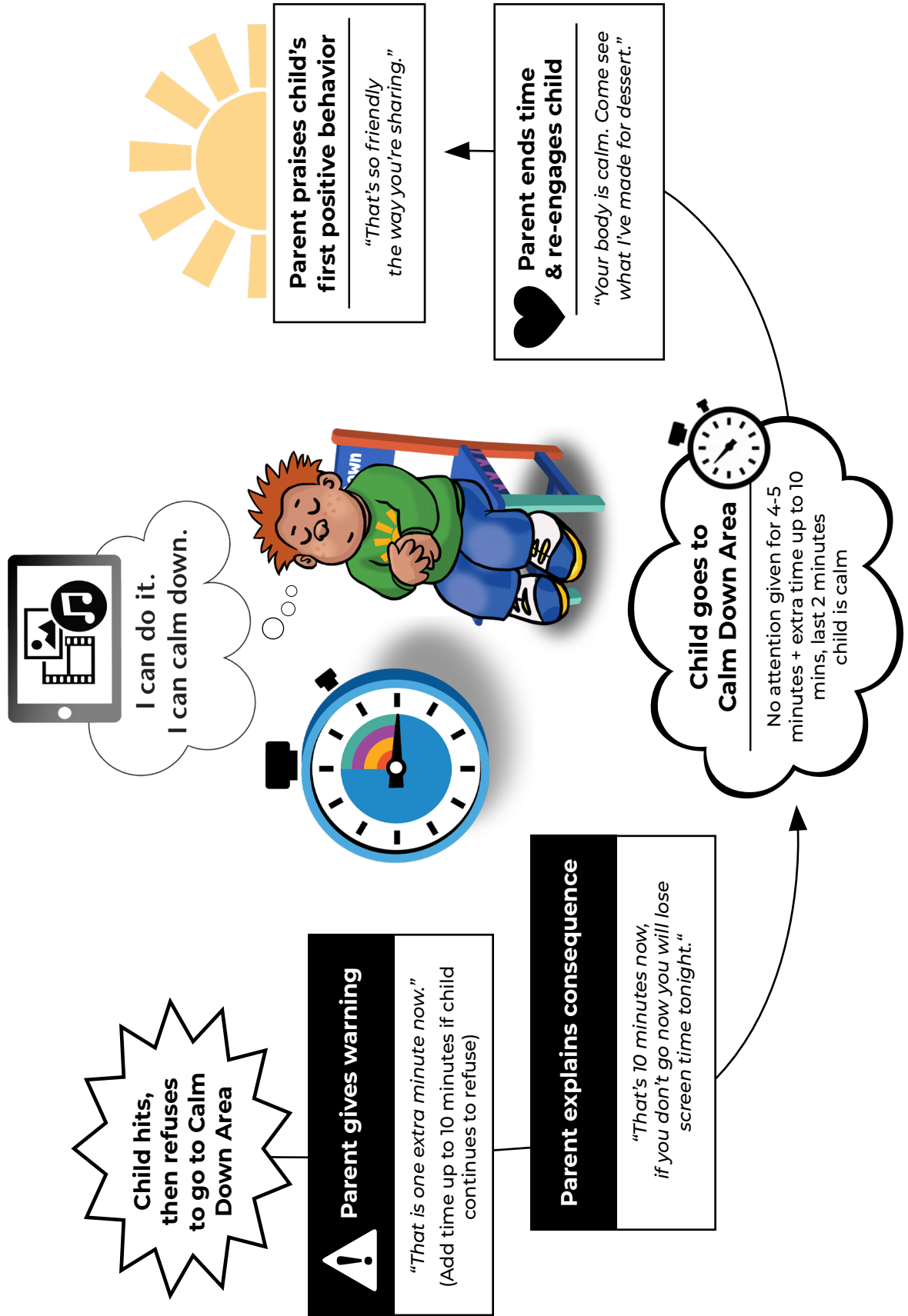


2) Adding Time for Child who Resists Going to Calm Down Area in the Classroom (Ages 6-10)



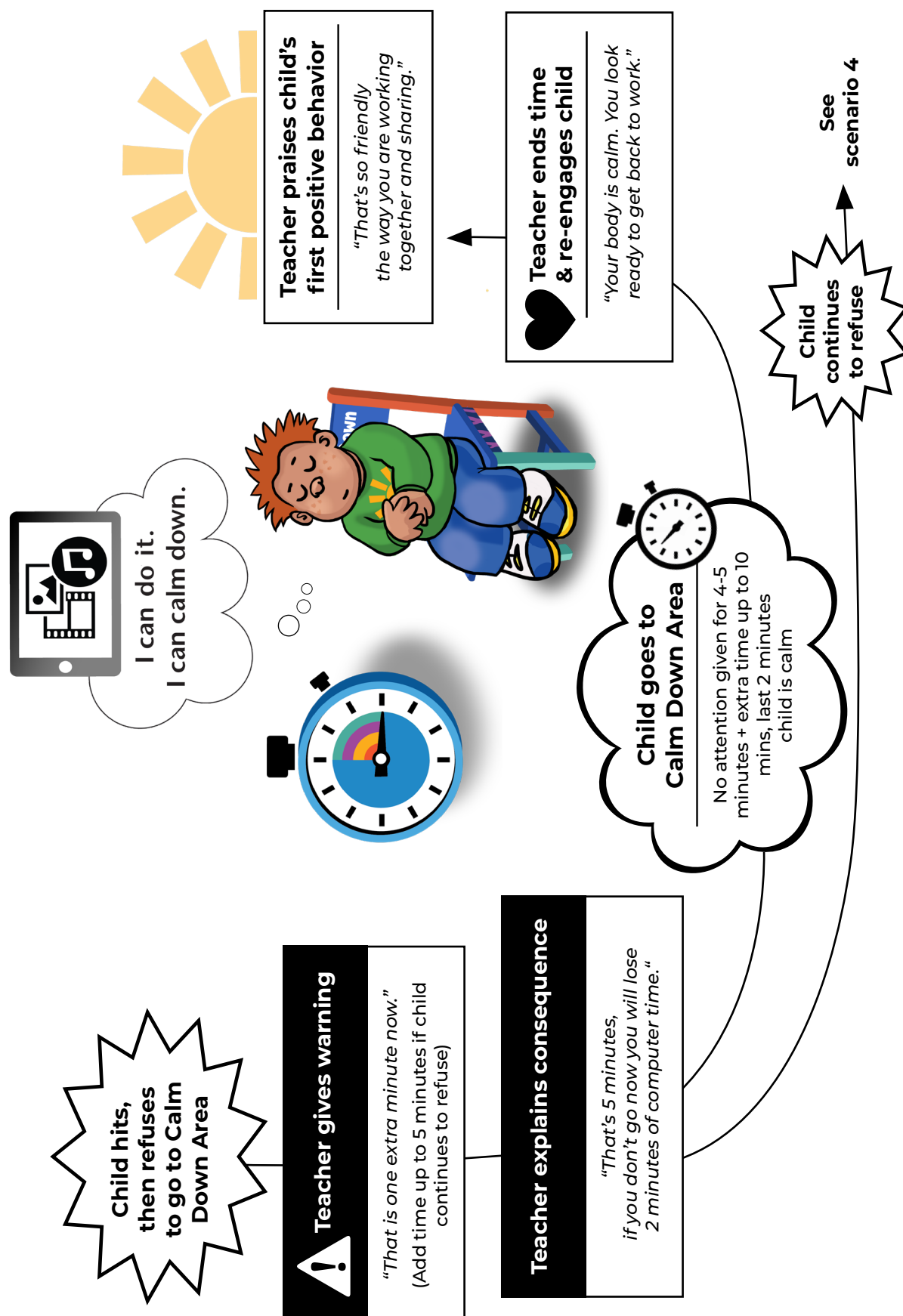


3) Adding Another Consequence for Child who Continues to Refuse Calm Down Area (Ages 6-10)



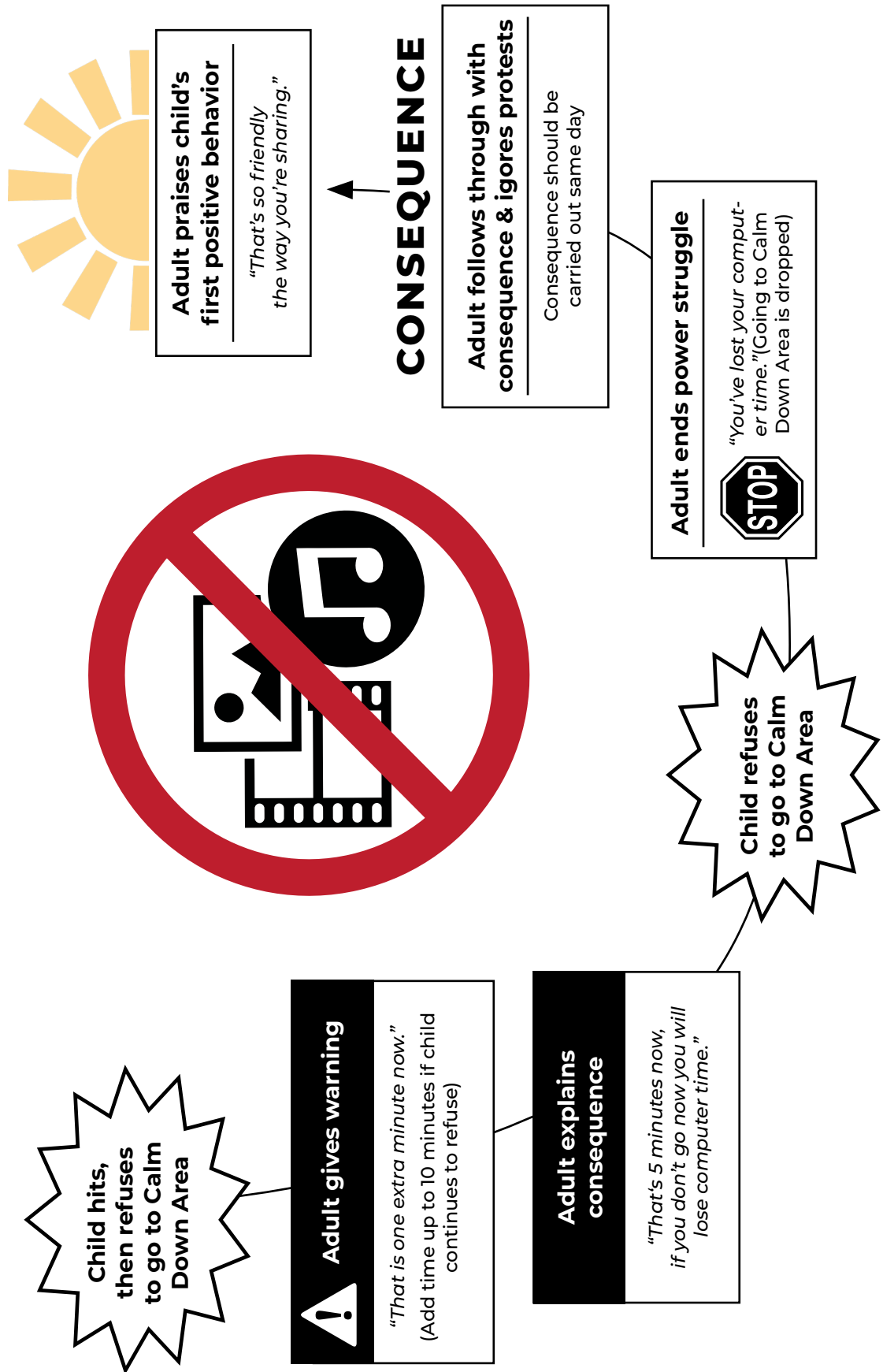


3) Adding Another Consequence for Child who Continues to Refuse Calm Down Area in Classroom (Ages 6-10)





4) Following through with Consequence for Child Who still Refuses to go to Calm Down Area (Ages 6-10)

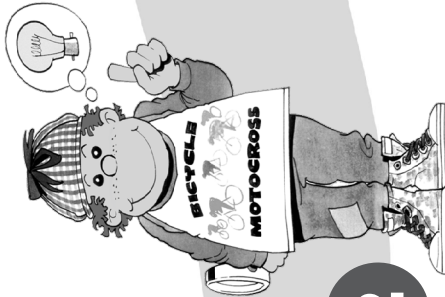


Wally's Problem-Solving Steps



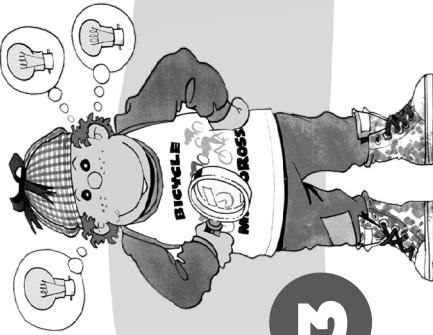
1

What is my problem?



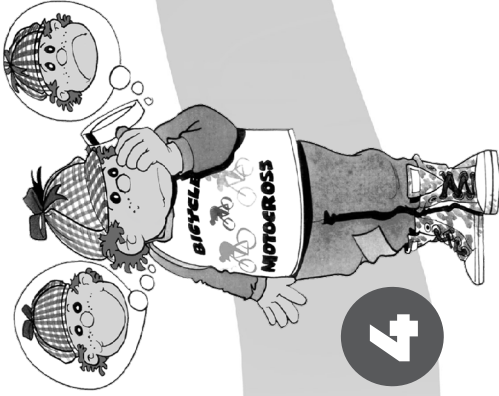
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What is a solution?



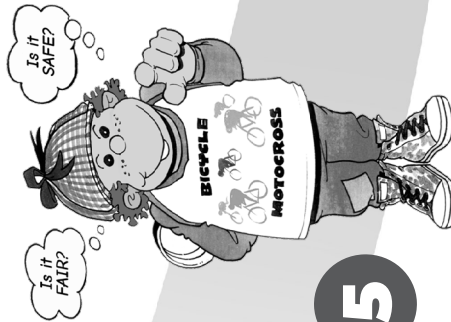
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What are some other solutions?



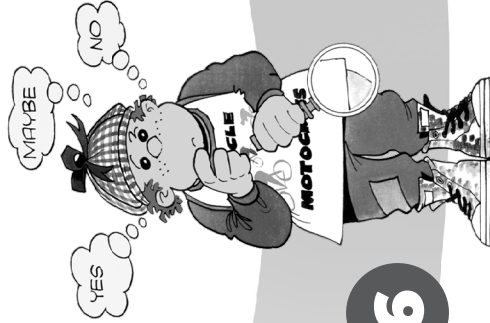
4

What happens next?



5

What is the best solution?



6

Can I use the plan?



7

How did I do?







2026 Incredible Years® 22nd Mentor Meeting

Turku, Finland

NEW ARTICLES



New Hot Tips/Handouts by Carolyn Webster-Stratton:

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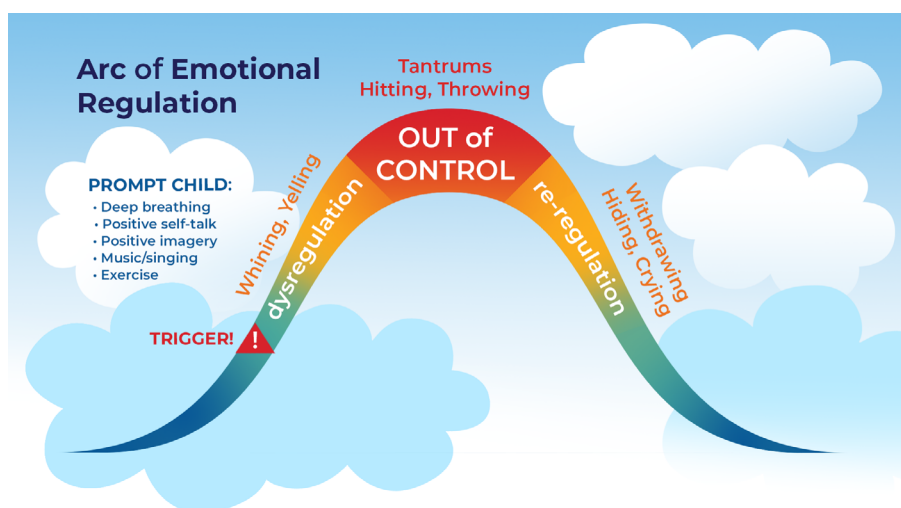




Connection Before Correction

The Incredible Years® Approach for Supporting Emotional Regulation and Autonomy in Children with PDA Characteristics

by Carolyn Webster-Stratton, M.S., M.P.H., Ph.D.
University of Washington
(July 2026)



Introduction

Parents and professionals often ask whether the Incredible Years® approach is appropriate for children who are described as having a PDA (Pathological Demand Avoidance or Persistent Drive for Autonomy) profile. While PDA is not a formal DSM diagnosis, many of the principles that characterize PDA-informed practice—such as reducing unnecessary demands, supporting autonomy, strengthening co-regulation, and maintaining emotional safety—are highly compatible with the Incredible Years® approach.

Research on children’s cognitive and emotional development tells us that most toddlers are naturally driven to explore, seek autonomy, and resist adult limits (Stroufe, 1995; Green, 2014). Tantrums are common in all children. Young children’s limited language comprehension, immature self-regulation skills or certain sensory aversions contribute to meltdowns in response to adult requests and/or unexpected change in schedule. By approximately 4 years of age, as children’s language understanding and emotional regulation and coping skills improve, compliance with parental requests typically increases to about 70%, which is considered developmentally normal. Some resistance to adult direction is healthy and reflects growing independence.

However, when children resist or refuse parental requests more than two thirds of the time of the time, family functioning, socialization, and safety can become significantly affected. Parents may then feel increasingly stressed, frustrated, or uncertain about how to respond effectively.



Connection Before Correction

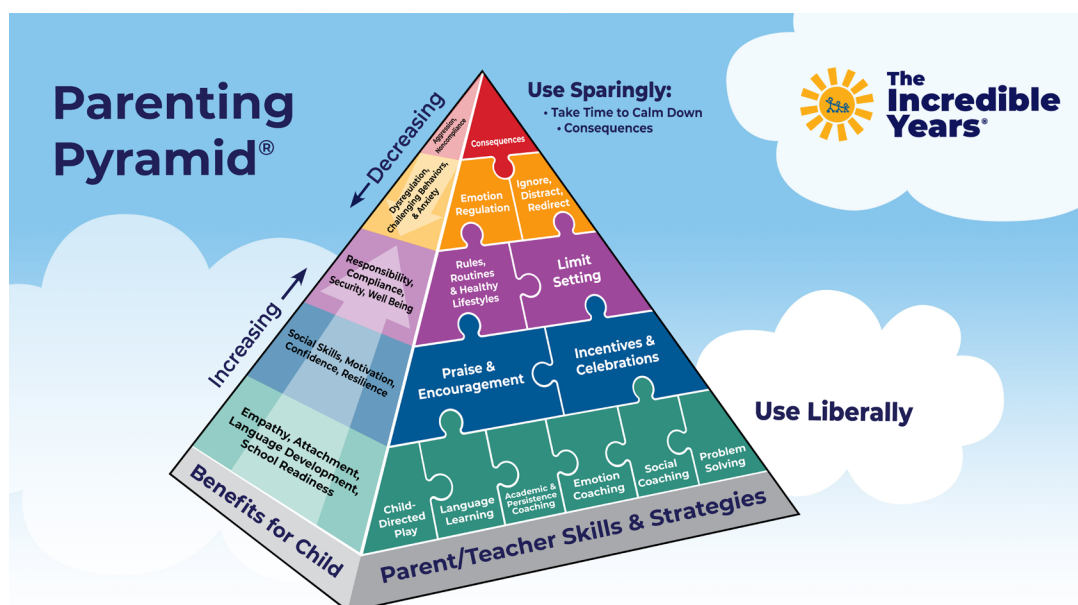


Traditional behavior management approaches that rely heavily on excessive commands, repeated verbal demands, harsh discipline, forced compliance, criticism, or punitive uses of Time Out may unintentionally escalate emotional dysregulation in highly reactive children. Some children become more oppositional, controlling, anxious, withdrawn or explosive when they perceive increasing external parent pressure, anger or loss of autonomy.

These observations suggest the importance of discipline approaches that are brief, calm, predictable, emotionally attuned, relationship-based, and supportive of children’s developing self-regulation skills. Effective interventions emphasize co-regulation, empathy, emotional safety, and opportunities for children to practice new coping strategies while maintaining clear and consistent boundaries. (Siegel & Bryson, 2011; Porges, 2011)



How the Incredible Years® Parent Program Helps Children Learn to Self-Regulate



The first half of the Incredible Years parenting curriculum (Programs 1 & 2) focuses primarily on “Time In” (Webster-Stratton, C., 2015). Time In refers to strengthening the parent-child relationship through child-directed play, positive attention, descriptive commenting and emotionally responsive interactions that promote children’s language and interactive conversations, social engagement, and secure attachment.

Parents learn four coaching strategies that build children’s persistence, frustration tolerance, emotional literacy, social skills, school readiness and ability to understand and comply with family rules and predictable routines. Positive attention, support and encouragement are used to strengthen children’s confidence, cooperation, and emotional connection with parents. (see: <https://www.incredibleyears.com/research/library/article/incredible-years-time-out-works-because-of-quality-of-time-in>)

The second phase of the IY curriculum (Program 3) focuses on establishing predictable routines and visual schedules, clear family rules, healthy lifestyle habits, and developmentally appropriate expectations. Parents learn to reduce the overall number of commands they give, avoid repeated commands, use visuals, and communicate expectations in a calm, respectful, clear, emotionally steady, and a non-threatening manner.

Whenever possible, parents are encouraged to offer choices, prepare children with warnings or transitions, and phrase requests collaboratively. For example:

- “In five minutes, screen time will be over, and then we can work on your puzzle.”
- “When your toys are put away, then we can have your snack.”
- “It’s time for bed. You can choose which story you would like tonight.”

These approaches help reduce unnecessary power struggles while still maintaining parental leadership and predictable boundaries.



What is meant by PDA?

PDA, often described as *Pathological Demand Avoidance* or *Persistent Drive for Autonomy*, is not currently a formal stand-alone formal diagnosis in DSM. Rather, it refers to a behavioral profile observed in some young children who become emotionally dysregulated when limits, expectations, or boundaries are placed on their behavior.

It is theorized that when a child's strong drive for autonomy, control or exploration is obstructed, this can trigger anxiety, frustration, anger or meltdowns related to perceived loss of control. PDA characteristics are often described in children who have been diagnosed with Attention Deficit Disorder (ADHD), Oppositional Defiant Disorder (ODD), Autism Spectrum Disorder, language delays, sensory processing difficulties, or emotional regulation challenges.

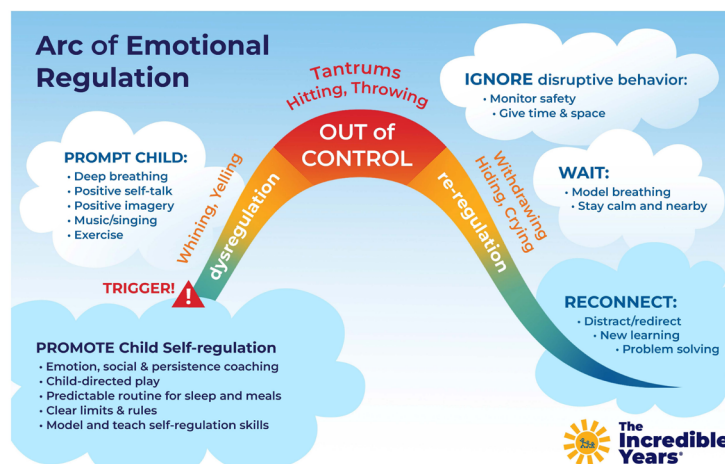
Understanding “Meltdowns” through Incredible Years Arc of Emotion

When children begin to escalate emotionally through whining, crying, arguing, refusal, or tantrums, parents are encouraged to consider what may have triggered the dysregulation. They reflect on some possible “triggers” such as:

- not getting something they want – parent saying, “no”
- reacting to an unexpected transition or sudden change in routine
- misunderstanding a social situation
- being overtired
- being overstimulated
- sensory aversion
- feeling anxious or stressed
- being hurt or frustrated
- being hungry
- seeking connection or attention

While it can be hard to anticipate every possible trigger, understanding the possible reason for the child's accelerating dysregulation helps parents respond more thoughtfully and effectively.

Parents learn about the “Arc of Emotional Dysregulation” and assess whether the child is in the early stages of emotional escalation or has moved into the “red zone,” where logical discussion and problem solving are no longer effective.

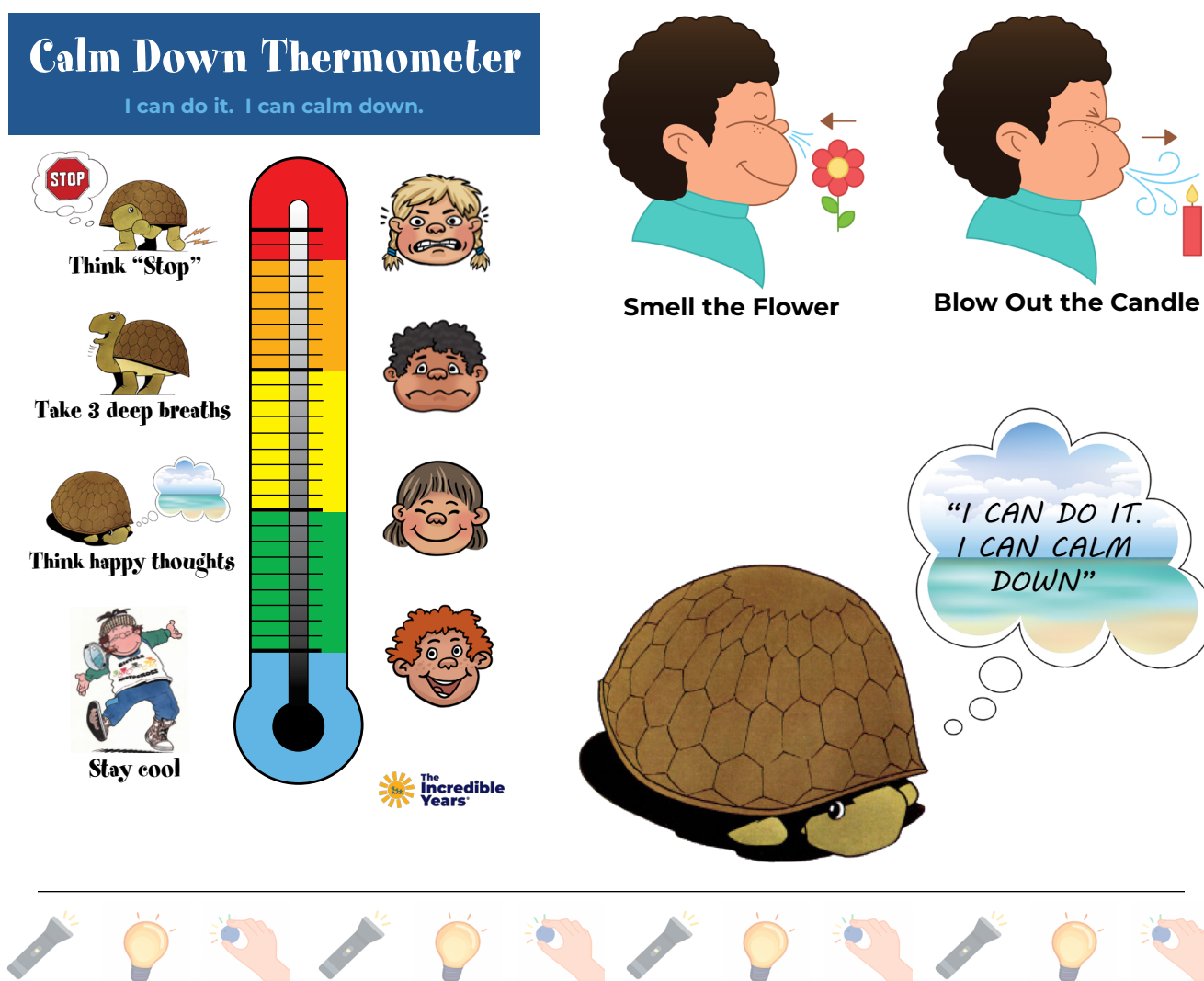


Parent Self-Regulation Modeling, Prompts and Practice

By Program 4 of the IY curriculum, parents have already spent considerable time coaching children’s emotional language and social skills so children can increasingly express feelings verbally rather than physically. Parents then begin actively teaching self-regulation strategies such as using:

- deep breathing
- calming self-talk
- positive imagery
- movement and exercise
- relaxation methods
- music
- sensory calming activities
- offering a snack or drink

Parents may use visual supports and sensory tools such as the Incredible Years Calm Down Thermometer poster, breathing balls and images, comfort objects, books, and puppet scenarios. The Tiny Turtle puppet is often used to model how children can pause, retreat into their “shell,” take calming breaths, think of a peaceful place, and then try again.



Importantly, these self-regulation strategies are first taught and practiced when children are calm and emotionally regulated. This increases the likelihood that children can successfully use the strategies later during moments of stress or frustration.

For example, when a child begins to dysregulate, parents may offer supportive verbal or visual prompts such as:

- *“Your body looks tired and may need a rest.”*
- *“Would you like a snack?”*
- *“Let’s try some deep breathing together, by smelling the flower and blowing out the candle.”*
- *“Tiny Turtle says it might help to go into your shell and take some breaths.”*
- *“Would you like your special bear, listen to some music, or a walk outside?”*

These prompts are offered using invitational, supportive language and suggestions rather than as rigid commands.

Parents also co-regulate alongside the child by modeling calming behaviors themselves — breathing slowly, using calming self-talk, lowering their voice, offering comfort, singing or engaging in soothing activities together. Co-regulation typically precedes children’s ability to independently self-regulate.

This understanding is supported by interpersonal neurobiology and Polyvagal Theory research, which emphasize that children regulate more effectively when they experience emotional safety, calm adult presence, and supportive social connection (Siegel & Bryson, 2011; Porges, 2011).



When Self-Regulation Prompts Don't Work – “Hot Zone”

If the child's emotional escalation continues despite supportive prompts into the “hot zone” of the emotional regulation curve, parents determine which behaviors they will actively ignore. These might include whining, arguing, yelling, complaining, or defiant gestures and words. At this point communication needs to be minimal or non-existent.

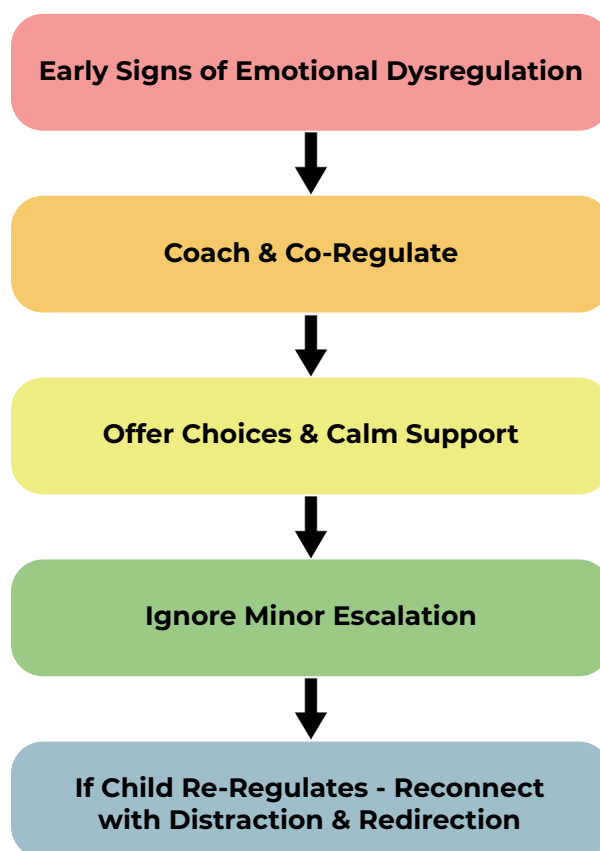
At this stage on the Arc of Emotional Regulation the child is given time and emotional space to regain control while the parent remains nearby, calm, emotionally available, and attentive to safety. The goal is to assure the safety for the child as well as other family members nearby.

Once the child de-escalates and is calm, the parent reconnects positively and distracts and redirects the child to another activity. For example:

- “Now that your body is calm, you can help me wash the potatoes.”
- “Would you like a snack or to read together?”

This non-shaming approach preserves the child's dignity, reduces emotional pressure, and allows space for recovery without reinforcing escalating behavior through excessive attention or demands.

Parent Response During Child's Emotional Escalation



When Emotional Dysregulation Involves Unsafe Behavior – Practice Positive Time Out (PTO) First

Parents identify specific behaviors that cannot be ignored because they are unsafe, such as hitting, biting, hurting siblings or pets, throwing objects, or destroying property.

In these situations, parents use the Incredible Years strategy called Positive Time Out to Calm Down (PTO). This approach is taught and practiced proactively when the child is calm before major dysregulation occurs.

Children practice going to a designated calm-down space where they use previously learned calming strategies such as breathing, positive imagery, and sensory tools. Puppets are often used in role play practices to show children how they can go to the calm down space, calm their bodies with breathing and positive self-talk, and return when calm, without shame or blame.

Parents might say:

- “Your body is feeling very frustrated. You need some time in your calm-down space to help your body feel safe.”
- “I can see you need space right now. I’ll stay nearby while your body calms.”

Parent Response During Child’s Emotional Escalation

If Child Escalates with Unsafe Behaviors:
Positive Time Out to Calm Down Space

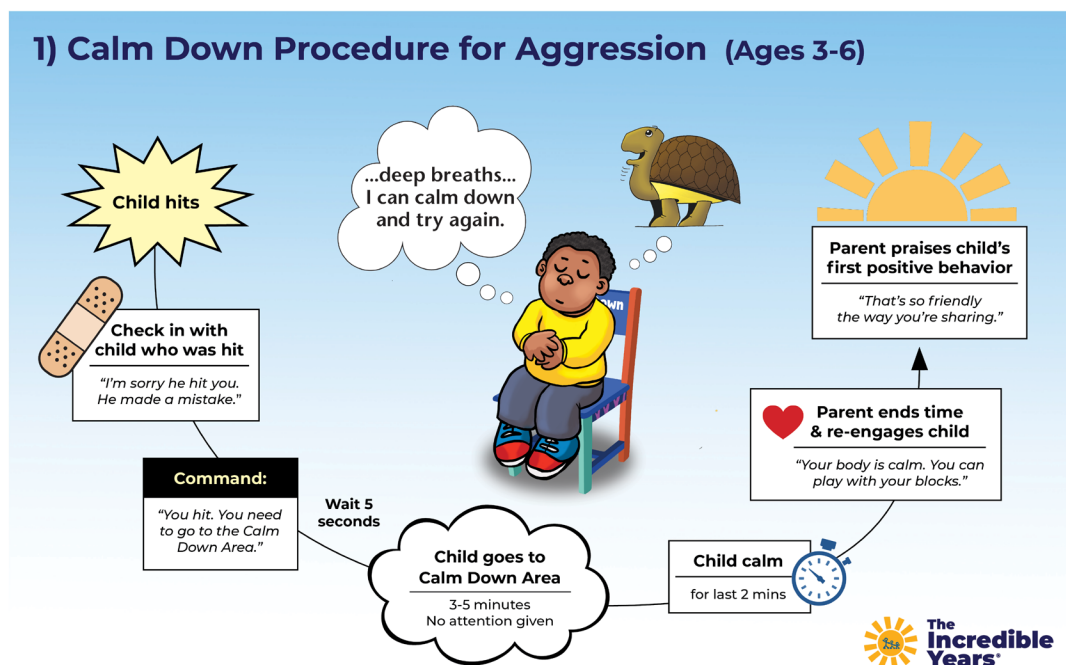


When Child is Calm,
Reconnect and Distract



Problem Solve When Child is Calm





The primary goal is emotional recovery and safety — not punishment.



Children are given time to move to the calm-down space independently whenever possible. If child resists, parents may calmly offer a choice such as whether the child would like to walk there independently, or with their support. If the child is too dysregulated to go on their own and touch is a further trigger, the parent may introduce an alternative consequence such as a loss of privilege, or, add on time, or remove others so the calm down space is where they are. See chapter 9 in *The Incredible Years Trouble Shooting Guide* for more guidelines when children resist PTO, <https://shop.incredibleyears.com/collections/supplemental-materials/products/trouble-shooting-guide-book>

This approach is most effective when the majority of parental attention throughout the day is focused on relationship building, “Time In”, positive involvement, emotional coaching, and reinforcing children’s calm, patient and prosocial behaviors.

The core IY principles during Positive Time Out remain consistent:

- stay calm
- keep everyone safe
- reduce communication and attention when child is in “hot zone”
- wait until child’s emotional escalation has subsided
- return connection and support emotional recovery
- redirect to new activity

For children with strong autonomy needs, Positive Time Out may work best when it is framed as “time in for regulation” rather than punishment or rejection. The goal is not forced compliance, but helping the child interrupt escalation, regain emotional control, and return successfully to positive interaction and learning. When PTO is over, the parent reassures the child with their positive attention and engages in future problem solving at a later time when regulated.



Incredible Years Positive Time Out (PTO) to Calm Down

Traditional Punitive Time Out

Isolation
Punishment
Forced compliance
Shame
Withdrawal of attention

IY Positive Time Out to Calm Down

Supportive space
Emotional recovery
Safety, time & space for emotional recovery
Calm reconnection
Co-regulation nearby



Points to Avoid

Children often initially resist going to a calm-down space, especially if the strategy has not been practiced previously. Parents and group leaders do not necessarily need to use the term Time Out if it carries negative emotional associations for the child or family. Many children like the term Time Out because they have seen it used in sports games as a way to calm down. Other terms might be used such as Time to Calm or Chill.

Avoid:

- engaging in arguments or power struggles,
- repeated commands or threats,
- shaming statements,
- physically forcing the child except in immediate safety situations,
- lecturing or questioning the child while dysregulated,
- or using isolation as withdrawal of love or connection

Instead, the calm-down space can be framed as a supportive place to help the child's body regain safety and control.

The parent's tone should remain calm, emotionally steady, firm, and non-punitive.

Concluding Perspective

For children with PDA characteristics or strong autonomy-driven responses, the Incredible Years approach emphasizes connection, emotional attunement, predictability, co-regulation, and respectful boundary setting. Positive Time Out is framed as an opportunity for emotional recovery rather than punishment for misbehavior.

Children learn that calm and prosocial behavior lead to parental attention, connection, and support, while unsafe behaviors are interrupted in ways that are emotionally safe, predictable, and non-shaming.

The overall goal of the Incredible Years approach is not simply compliance, but helping children develop emotional regulation, resilience, social competence, and secure parent-child relationships while preserving the child's dignity, autonomy, and sense of emotional safety.

In one doctoral student's study of children who participated in the Incredible Years Dinosaur program, several children interviewed at the end of the program said one of the things they liked about the program was going to the Calm Down space to calm down. They saw it as helpful and not as punishing (Houlihan, 2013).



Suggested sources for further reading:

Greene, R. W. (2014). *The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children*. HarperCollins Publishers.

Houlihan, T.M. (2013). *The Incredible Years ‘Dinosaur school’ programme: An interpretative phenomenological analysis of children’s experiences* (Unpublished doctoral dissertation). University of Limerick, Ireland.

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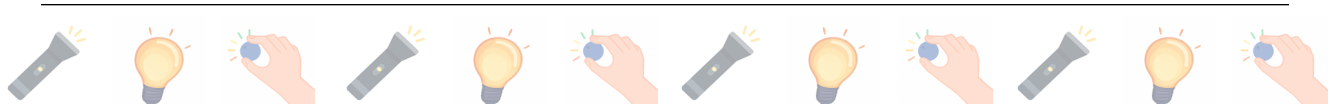
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Sroufe, L. A. (1996). *Emotional Development: The Organization of Emotional Life In the Early Years*. New York: Cambridge University Press.

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Webster-Stratton, C. (2016). *Time Out Works because of Quality Time In*. (see <https://www.incredibleyears.com/research/library/article/incredible-years-time-out-works-because-of-quality-of-time-in>)

Webster-Stratton, C. (2019). Time Out to Calm Down. In Webster-Stratton, *The Incredible Years: A Trouble-Shooting Guide for Parents of Children Aged 2-8 Years*. (pp. 184-214). Seattle, WA: The Incredible Years.







Trauma-Informed Incredible Years® Approaches and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): Supporting Children Exposed to Adverse Childhood Experiences (ACEs)

by Carolyn Webster-Stratton, M.S., M.P.H., Ph.D.
31 March 2026

What is childhood trauma? What are ACEs?

In recent years, we have come to better understand how adversity shapes children's development—emotionally, socially, and biologically. These stressful or traumatic experiences are often referred to as **Adverse Childhood Experiences (ACEs)**.

ACEs can include physical or sexual abuse, neglect, witnessing domestic violence, parental substance abuse, incarceration, loss of a loved one, separation or divorce, and exposure to disasters (e.g., the COVID-19 pandemic, tornados, floods or earthquakes) or war. For many families, the effects of COVID-19 are ongoing, with continued stress, disruption, and uncertainty affecting both parents and children.

Children exposed to these experiences may develop heightened fear, anxiety, aggressive behavior, or negative thinking patterns. In my clinical work, I have often seen that these children are also coping with **loss of important relationships**, which can deepen the impact of the trauma.

Research shows that higher exposure to ACEs is associated with long-term risks to both mental and physical health. Children with multiple ACEs are at increased risk for later substance use, involvement in violence, and other health-harming behaviors.

At the same time, I have seen these outcomes are not inevitable. When children and families are supported early with effective, relationship-based interventions, I have seen remarkable resilience emerge and developmental trajectories shift in positive directions.

What is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)?

The following brief overview highlights key elements of TF-CBT most relevant for comparison with the Incredible Years parent, teacher and child programs.

TF-CBT is a well researched and empirically supported treatment for children and families that focuses specifically on reducing trauma-related emotional and behavioral symptoms.

Children receiving TF-CBT may show fear, anxiety, anger, withdrawal, or trauma-related misbehavior, along with unhelpful cognitions such as self-blame or shame. These responses are often triggered by “trauma reminders”—internal or external cues linked to the traumatic experience.



TF-CBT is typically used when trauma is a primary driver of the child’s difficulties, and careful assessment is important to confirm this. One of the strongest predictors of positive outcomes is caregiver involvement and emotional support.

How the TF-CBT Model Works

TF-CBT is a structured, short-term treatment (typically 12–16 sessions) delivered in parallel parent and child sessions, with joint sessions later in treatment.

The PRACTICE components include:

- Psychoeducation and Parenting
- Relaxation
- Affective modulation
- Cognitive coping
- Trauma narration and processing
- In vivo mastery of trauma reminders
- Conjoint sessions
- Enhancing safety and development

Treatment begins with building coping skills and gradually moves toward trauma processing.

TF-CBT Phases (Brief Overview)

TF-CBT is often described in three phases:

Phase One: Stabilization and Skill Building

Children and parents learn about trauma responses, identify triggers, and develop coping skills such as relaxation, emotional awareness, and cognitive coping. Trauma discussion is introduced gradually after these skills are established.

Phase Two: Trauma Narration and Processing

The child gradually develops a trauma narrative, helping reduce emotional reactivity and integrate the experience.

Phase Three: Integration and Consolidation

Includes parent–child sessions, safety planning, and strengthening future coping, with opportunities to share and process the narrative when appropriate.



Can Incredible Years® (IY) Programs Help Children Exposed to Trauma?

While TF-CBT directly addresses trauma processing, the Incredible Years (IY) Parent, Teacher and Child Programs were designed to address children's cognitive, emotional, and behavioral difficulties, including both externalizing and internalizing problems.

Over several decades of developing and evaluating the Incredible Years programs, I have worked with many families experiencing significant adversity. It has become clear to me that trauma-informed principles are naturally embedded throughout these programs.

The IY programs are not a substitute for TF-CBT when trauma symptoms are primary.

Rather, they can:

- complement TF-CBT, or
- be used before or alongside it to strengthen the foundational relationship and parent and child self-regulation skills

IY Parent Programs (Trauma-Informed)

The IY parent program begins with a strong focus on building positive, nurturing parent-child relationships.

Parents learn to:

- use child-directed play
- coach children's emotional literacy, persistence and social skills
- understand the link between thoughts, feelings, and behaviors
- recognize factors that trigger emotional dysregulation
- respond with predictable, calm, and consistent strategies
- learn which behaviors can be ignored and redirected with distractions, and which behaviors require calm-down strategies



Parents also learn to teach children self-regulation skills such as:

- deep breathing
- positive self-talk
- calming imagery
- problem-solving
- engaging in activities such as exercise, games & singing to support regulation



For these families, more time is often spent on strengthening attachment, responsive and nurturing parenting, predictable routines, and assuring safety before introducing discipline strategies.

When strategies such as ignoring or Time Out to Calm Down are used for destructive or hurtful behavior, they are:

- brief
- attachment informed
- designed to give child time and space to calm down safely
- non-punitive
- followed by positive reconnection
- practiced proactively ahead of time with children

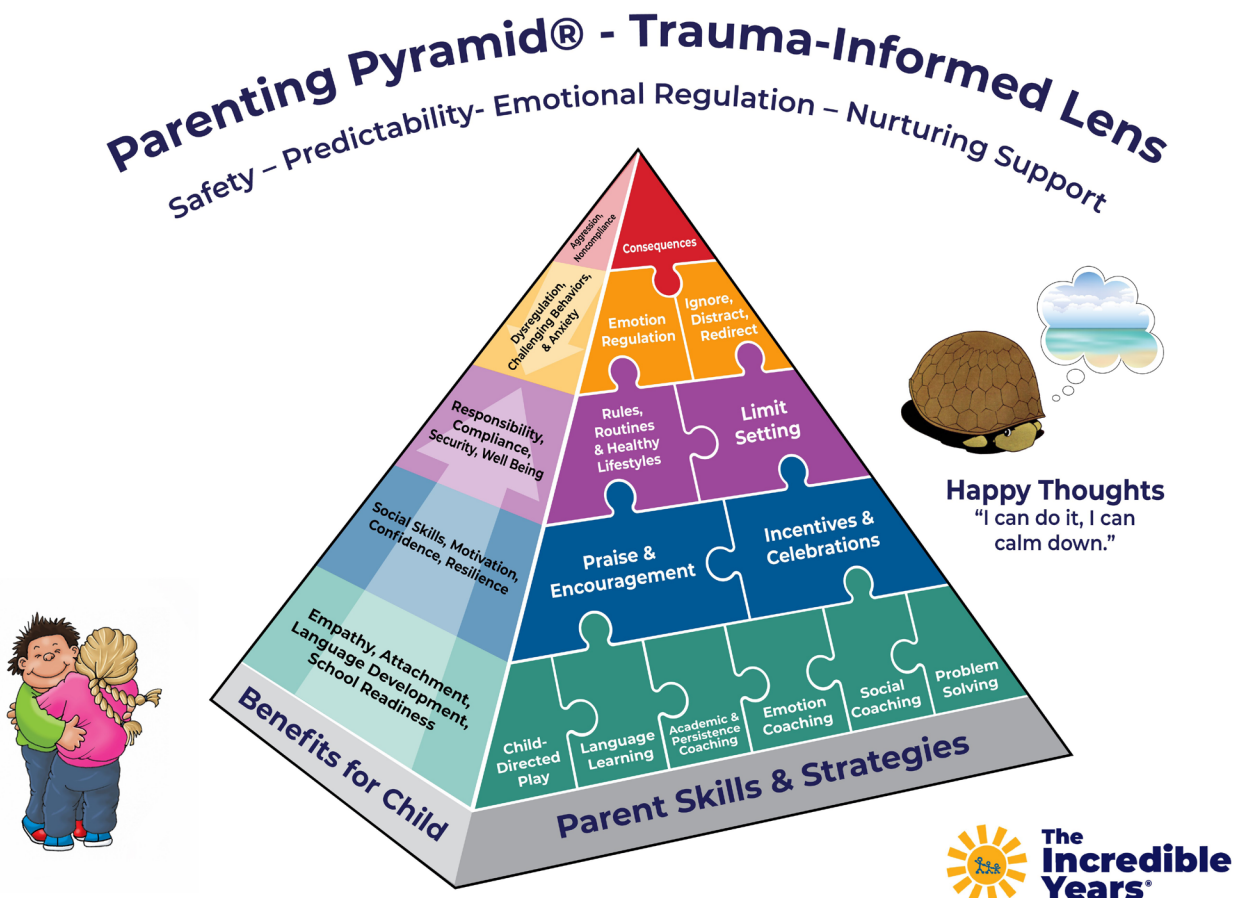
This helps ensure children experience discipline as supportive and predictable, rather than frightening or rejecting.



Promoting Parent Emotional Self-Regulation

Equally important, parents learn to regulate their own emotions—managing stress, challenging negative thoughts, and building support networks through the group process. In my experience, this focus on parent self-regulation is essential to assuring children's positive mental health outcomes.

See the research library on the IY website for randomized control group trials evaluating IY Parent, Teacher and Child programs. <https://www.incredibleyears.com/research>



IY Child (Dinosaur) Programs

In the Dinosaur Program, children learn:

- emotional literacy
- self-regulation
- problem-solving
- friendship skills such as sharing, helping, taking turns, forgiving, waiting, & apologizing
- communication skills



Ask



Give



Wait



Share



Tell



These skills are taught through child-directed play, coaching methods, visual reminders and puppet-based modeling and practice exercises.



The puppets introduce scenarios that reflect real-life challenges, including:

- fear and anxiety
- loneliness
- anger
- family and sibling conflict
- loss or separation
- feeling neglected



BRAVE



NERVOUS



HAPPY



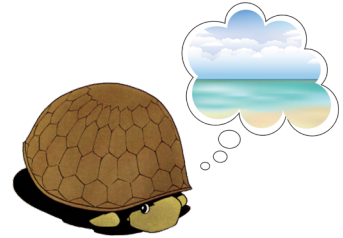
LONELY



LOVED

Children practice:

- deep breathing
- positive self-talk
- imagining calm or “happy” places
- using the Tiny Turtle technique or calm down thermometer
- asking for help and staying safe



By helping the puppets solve problems, children often feel safer exploring difficult emotions and gain a sense of mastery over their own experiences.

A Real-World Example

I participated in one primary school classroom in Seattle when an earthquake occurred. These teachers had previously been trained in both the IY Teacher and Child Dinosaur programs. They responded by guiding the children under their desks and encouraged them to take deep breaths using Tiny Turtle’s calming strategies. Because the children had already practiced these skills, they were able to use them in a real moment of stress.

In the weeks that followed, during Dinosaur small groups, Tiny Turtle:

- talked about staying calm
- practiced happy thoughts and visualization
- modeled deep breathing when feeling afraid



Summary

TF-CBT and the Incredible Years programs offer **complementary approaches** to supporting children exposed to adversity.

- TF-CBT focuses on processing trauma directly
- IY focuses on building relationships, emotional regulation, and everyday coping skills

In my view, many children and families benefit most when these approaches are thoughtfully combined. Several randomized control group studies have shown the added child outcomes with the integration of either the teacher or child IY programs. (Webster-Stratton & Hammond, 1997, Webster-Stratton, Reid & Hammond, 2001, Webster-Stratton, Reid, & Beauchaine, 2011).

The table below highlights how these two approaches differ in focus while complementing one another in practice.

Comparison Table

“Key Similarities and Differences”

Incredible Years (Trauma-informed Approach)	TF-CBT Approach
Build's parent-child relationships and attachment	Focuses on processing specific trauma experiences and symptoms
Teaches self-regulation skills (e.g., self-talk, breathing, imagery)	Teaches similar coping skills within a trauma-focused framework
Emphasizes emotion coaching, persistence, and social competence	Emphasizes trauma understanding and cognitive processing
Uses puppets, play, and guided practice to explore feelings safely	Uses structured trauma narration and processing
Delivered in group-based formats for parents and children	Delivered as individual therapy with caregiver involvement
Does not require trauma disclosure or exposure	Includes gradual trauma narration and exposure
Uses predictable routines and non-punitive discipline	Emphasizes processing trauma-related thoughts and reactions
Builds social support networks and reduces isolation	Targets reduction of trauma-specific symptoms
Can be used alone or alongside trauma-focused treatment	Used when trauma symptoms are the primary clinical concern





Hot Tips for Developing Relationships with Trauma-Exposed Children



- Focus on relationships first. Connection is the foundation for healing.
 - Stay calm, predictable, and patient—consistency builds trust
 - Watch for triggers. Behavior often reflects underlying fear or stress.
 - Teach and practice coping skills regularly when children are calm:
 - deep breathing
 - positive self-talk
 - calming imagery
 - problem-solving
 - Use emotion and social coaching across settings
 - Model emotional self-regulation.
 - Know when to refer for TF-CBT if trauma symptoms are primary.
-

Concluding Reflections

Over the years, I have worked with many children and families whose lives have been shaped by adversity. What stands out most is not only the challenges they face, but their remarkable capacity for resilience when they are supported with the right tools and relationships.

Children do not recover from trauma in isolation. They recover in the context of safe, predictable, and nurturing relationships.

TF-CBT offers a structured way to process trauma. The Incredible Years programs help build the daily interactions, emotional language, and self-regulation skills that make that healing possible.

In IY groups, I have often seen small but meaningful changes—parents pausing before reacting, children taking a breath instead of lashing out, families beginning to enjoy time together again.

These moments may seem simple, but they are powerful. They are the building blocks of resilience.

When we support parents, teach children practical coping strategies, and create environments where children feel understood and safe, we are not only addressing problems—we are helping children develop the skills they need for lifelong emotional health.

Over time, I have come to see that when we support parents, teachers, and children together, we are not only addressing immediate problems—we are helping children develop skills for lifelong emotional health.

This is hopeful work. And it makes a lasting difference.





Neurodiversity and the Incredible Years (IY) Programs: An Evidence-based, Relationship-Centered Approach To Supporting Children’s Diverse Development

by Carolyn Webster-Stratton, M.S., M.P.H., Ph.D.
University of Washington
(March 25, 2026)

Reflections from four decades of research and program development.

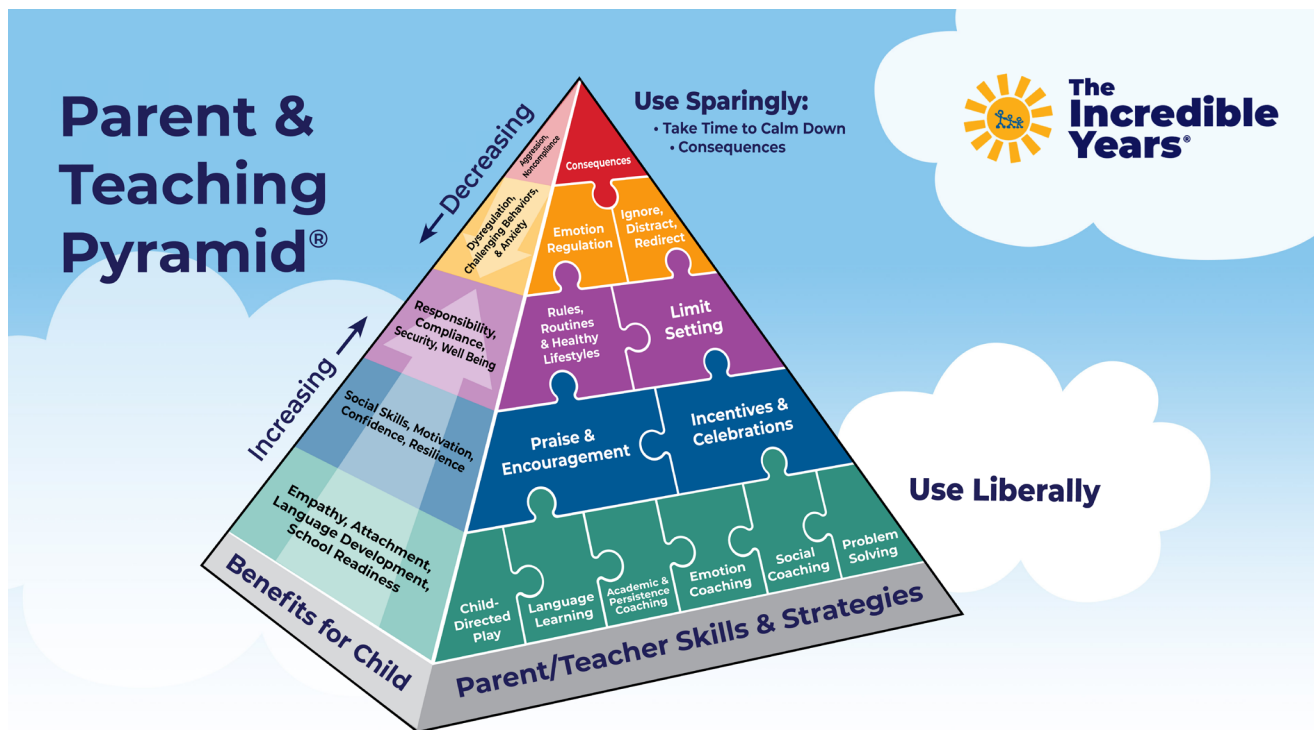


In recent years I have increasingly been asked whether the Incredible Years programs are “neurodiversity-affirming.” The question is especially meaningful to me because when I began developing these programs more than forty years ago, the term neurodiversity did not yet exist—yet many of the ideas behind the programs grew from the same understanding that children develop in many different ways.

The core philosophy guiding this work is that **every child develops differently & uniquely**. From the beginning, my goal in regard to IY program development was to help parents and teachers recognize and understand each child’s developmental and sensory differences and to support their social, emotional, and academic development.

Rather than focusing first on children’s behavior problems—or what used to be called their “deficits”—we began by building nurturing, positive, and responsive parent-teacher-child relationships. This relationship foundation forms the base of the Incredible Years parenting and teaching pyramids and represents nearly half of each training curriculum. The emphasis on relationships reflects the fact that children vary in their learning styles, communication patterns, emotional regulation, sensory needs and developmental milestones.





I wanted parents and teachers to **shine a spotlight—or even sunshine—on each child’s social, emotional, and cognitive strengths**, and particularly on the positive behaviors they wanted to strengthen. Research has consistently shown that when parents and teachers notice and encourage these strengths, young children develop confidence, emotional regulation, persistence, and social competence. In turn, these abilities are associated with reduced delinquency, lower school dropout rates, and fewer depressive symptoms in adolescence.

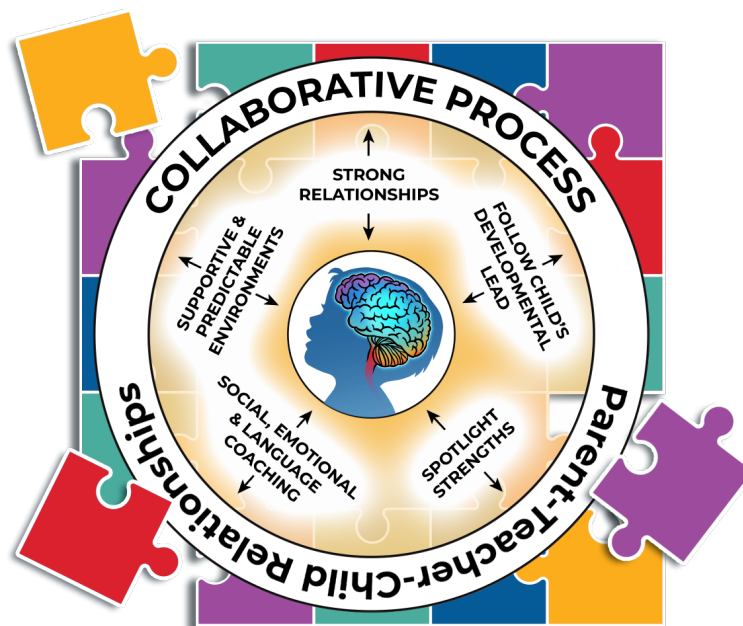
These principles have been evaluated in dozens of randomized control group trials of the Incredible Years programs conducted over the past four decades. A summary of research on the IY programs can be found here: [The Research Behind The Incredible Years® Early Intervention Programs](#)

At the same time, we recognized that every family is different, and every classroom, school, and community has its own culture, expectations, and resources. The Incredible Years programs were designed to be flexible so that parents and teachers can adapt evidence-based strategies to fit their goals, each child’s developmental needs, and the context in which children live and learn.

Although the term *neurodiversity* was not commonly used when the programs were first developed, the underlying philosophy has always been consistent with the idea that children grow along **many different developmental pathways**.



Different Developmental Pathways – Shared Support



What This Means in Practice When Delivering Incredible Years Programs

Over time, this collaborative philosophy—and the recognition that every child has unique patterns of language, social, and emotional development—has shaped the design of all the IY parent, teacher, and child programs in several practical ways.

For example, there are separate Incredible Years parent and teacher programs for **babies, toddlers, preschoolers, and school-age children**, reflecting the different developmental milestones and needs at each stage.

Following the Child's Developmental Lead

Parents and teachers are encouraged to carefully observe children's interests, play themes, communication styles, verbal and nonverbal language, sensory likes and dislikes and emotional and social responses.

Through child-directed play, four different coaching methods, attentive listening, and *serve-and-return* conversations, adults learn to better understand how each child experiences the world. This approach supports individual developmental differences rather than expecting conformity.

Spotlighting Strengths

Parents and teachers learn to give special attention to children's positive behaviors, efforts, creativity, curiosity, and problem-solving attempts. Encouragement, social and emotional coaching, persistence coaching, and labeled praise help build children's confidence, motivation, and resilience.



Coaching Children’s Language, Persistence, Social & Emotional Skills

Parents and teachers learn how to support each child’s development of emotional regulation, persistence, friendship skills, and problem solving through modeling, practice, imaginary and pretend play, and the use of visual supports. They also learn how to **tailor or individualize their responses** based on each child’s likes and dislikes, language and play levels.

Building Strong Relationships First

Positive parent-child and teacher-child relationships provide the foundation for learning and development. Parents and teachers learn how to collaborate with each other to develop shared goals and behavior plans for children at home and school.

Building Teacher and Parent Support Networks

All the IY programs are delivered in group formats, with supplemental individual coaching when needed. This group-based approach is intentional. Early randomized control studies found that group-based parent programs led to more sustained parent and child outcomes at one-year followup compared to individual approaches.

In addition, parents and teachers reported increased confidence and self-efficacy, reduced stress, and a stronger sense of support. Opportunities for shared learning and mutual encouragement help reduce isolation and allow adults to learn from one another’s experiences. These support networks are an important part of sustaining positive changes for both children and adults.

Collaborative Problem Solving

Parents and teachers are encouraged to understand the **function of the child’s behavior** and to develop behavior plans collaboratively, based on that understanding.

Adapting to Families, Schools, and Communities

Every child, family, classroom, and culture is different. Strategies are therefore designed to be flexible and responsive to the needs, values and goals of the families and communities involved.



Supporting Children with Developmental Differences

As the Incredible Years programs were evaluated in randomized control group trials over the first two decades, we received extensive feedback from group leaders, parents, teachers, and children, as well as independent observational assessments of their interactions in homes and schools. This pre and post intervention feedback allowed us to continually refine and update the programs. In fact, IY teacher and parent programs now include interviews with parents and teachers reflecting on how they tailored their interactions to each child’s temperament and developmental level.

Over the past 10–15 years, we have developed explicit neurodiverse aligned adaptations as well as new video vignettes of more families and teachers of children with diagnosed developmental differences, including **Autism, ADHD, Oppositional Defiant Disorder, language delays, and other neurodevelopmental variations**. It is recommended that group leaders have training and experience in supporting neurodiverse children and families.



The core Incredible Years principles—strength-based encouragement, relationship building, child-directed interaction, persistence, emotional and social coaching, use of visuals & sensory calm down methods and skilled scaffolding learning—remain central. Research has shown these principles to be particularly helpful for children with developmental differences and their families.



Supplemental Incredible Years Programs

Parent and Teacher Programs for Children with Autism or Communication Delays (Ages 2–5)

Parents and teachers learn strategies to support these children by:

- scaffolding and encouraging social engagement with peers
- supporting nonverbal, visual and verbal communication and strengthening language development
- enhancing emotional literacy and self-regulation methods (e.g., positive self talk, breathing, positive imagery, exercise & singing)
- identifying sensory likes and dislikes and sensory motivators to promote skills development
- supporting self-regulation with sensory breaks or favorite movement activities
- modeling and encouraging pretend and puppet play
- engaging in child-directed narrated play
- promoting school readiness skills with academic coaching

The group-based approach, central to Incredible Years program delivery, supports children’s development while also reinforcing the parent and teacher support networks described earlier.

Children with Attention or Self-Regulation Differences (such as ADHD or ODD)

The programs help Parents and Teachers support these children by:

- providing predictable routines
- using visual reminders
- breaking tasks into smaller steps
- coaching emotional regulation and calm down strategies (e.g., positive self talk, breathing, positive imagery, visual cues, exercise & singing)
- promoting cognitive problem solving skills with puppets and visuals
- setting developmentally appropriate expectations for each child
- modeling and encouraging child-directed play and fantasy play with puppet interactions

These strategies help children develop **self-regulation, persistence, social and emotional competence**, while also building resilience in managing stress.





Neurodiversity-Aligned Teaching Strategies in the Child Dinosaur Programs

The Dinosaur small-group child program and classroom curriculum teach many skills that support children with a wide range of developmental styles and learning needs.

Using large child-size puppets, visual cues, stories and video vignettes, teachers and therapists prompt discussions and practices of individually targeted social, emotional and problem solving skills. This includes helping children to:

- recognize and name their feelings
- learn calming strategies and self-regulation skills
- develop and practice executive functioning skills such as persistence, waiting, turn-taking, and flexible thinking
- promoting empathy by practicing social and emotional skills such as sharing, helping, engaging in joint play, cooperating, forgiving, apologizing and perspective-taking

These neurodiverse aligned strategies focus on **building and supporting children’s development, confidence and ability to manage conflict.**



Language That Reflects This Philosophy

In Incredible Years programs we try to use language that supports children’s dignity and development.

For example, we often encourage adults to think in terms of:

Instead of saying

Fixing behavior problems

Defiant child

Disobedience

Punishing misbehavior

We encourage adults to think about

Focusing on child’s strengths

A child who may be struggling with emotional regulation or communication

Promoting cooperation and self-regulation

Coaching and guiding learning with environmental supports (with routines, visual cues)

These shifts support a view of behavior as **communication and an opportunity for teaching, learning and partnering with each other in the intervention.**





Summary

Today the term *neurodiversity* reminds us that children vary widely in how they think, learn, communicate, and regulate emotions.

From the beginning, the Incredible Years programs were designed to partner with parents and teachers to understand and value these differences, build strong relationships, and support children’s social, emotional and cognitive development.

Our goal has always been to help adults **recognize each child’s strengths, follow their developmental lead, and respond in ways that support their individual pathways of growth.**

Across decades of research, these relationship-based and strength-focused approaches have been associated with improvements in children’s social competence, emotional regulation, and school readiness, as well as reductions in behavior problems and family stress.

In this way, the Incredible Years programs align closely with contemporary neurodiversity perspectives—by focusing on understanding, supporting, and teaching, rather than changing who children are.

A summary of research on the IY programs can be found here: [The Research Behind The Incredible Years® Early Intervention Programs](#)

Incredible Years Neurodiversity Statement

The Incredible Years programs recognize that children develop and learn in many different ways. Neurodiversity—including differences such as autism, ADHD, language delays, and other developmental and sensory variations—is a natural and valuable part of human diversity.

Our approach is grounded on building strong relationships, recognizing each child’s strengths, and supporting the development of social, emotional, and communication skills. Parents and teachers are encouraged to follow each child’s developmental lead and adapt strategies to support their individual learning styles and needs.

We are committed to helping every child develop confidence, resilience, and a sense of belonging in their families, schools, and communities.







Hot Tips: Managing Disagreement Without Disconnection

Connection First. Problem-Solving Second

by Carolyn Webster-Stratton, M.S., M.P.H., Ph.D.

(March 16, 2026)

“Strong opinions and strong relationships do not have to be opposites.”

Disagreement is inevitable in thoughtful professional conversations. What matters most is how we handle it. At a recent professional meeting, I found myself reflecting on the intensity of some disagreements. Participants held strong views about terminology, methods, words, concepts and the “right” approach to solving a problem. Some voices grew louder and more assertive, while others became quieter and seemed to withdraw from the conversation.

Moments like this reflect a broader communication climate we see today. Public conversations often escalate quickly into blame, defensiveness, and polarized thinking. When disagreement feels unsafe, people tend to respond in two ways: pushing harder to defend their position or pulling back and disengaging. Unfortunately, neither response strengthens relationships or leads to thoughtful solutions.

The Importance of the Pause

In these moments, I try to remind myself to pause — to slow down, breathe, and settle my body before responding. The self-regulation “Turtle Power” strategies we often encourage in children apply equally to adults. Neuroscience tells us that when we pause and calm ourselves, we move from reactive survival responses toward more reflective and collaborative thinking.



From Winning to Understanding

Managing disagreement well is essential to building trust, and trust is the foundation of meaningful dialogue and learning. The goal of disagreement should not be to determine who is right or wrong. Rather, it is to think together — exploring ideas, testing assumptions, and identifying thoughtful solutions while respecting different perspectives. At a time when hostility often dominates public discourse, how we communicate during disagreement matters more than ever. When we approach differences with curiosity, calmness, and respect, conflict can become an opportunity for learning rather than division. Handled with curiosity and dignity, disagreement can deepen understanding, strengthen relationships, and lead to wiser decisions. Here are a few tips to



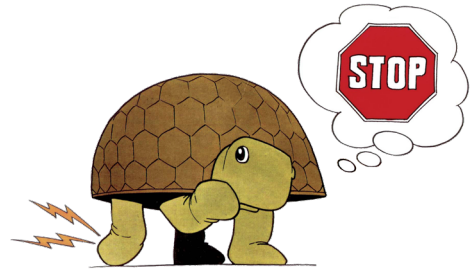
manage disagreement successfully.

Hot Tips: Managing Disagreement Without Disconnection

Stay Curious, Calm, and Solution-Focused

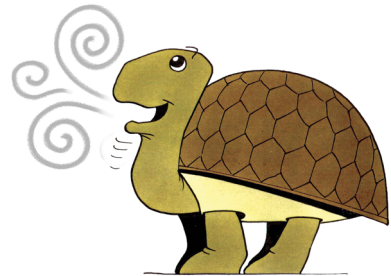
Pause and Regulate First – Use Turtle Power

- Think "Stop"
- Take a breath before responding.
- Notice defensiveness and soften tone.
- Slow your pace.



The Power of the Pause

In moments of disagreement, a brief pause can change the direction of a conversation. When emotions rise, the brain naturally shifts toward quick defensive reactions. A few slow breaths help settle the nervous system and allow the thinking parts of the brain to re-engage.



That small pause creates space to:

- Listen more carefully
- Respond thoughtfully
- Preserve the relationship while solving the problem

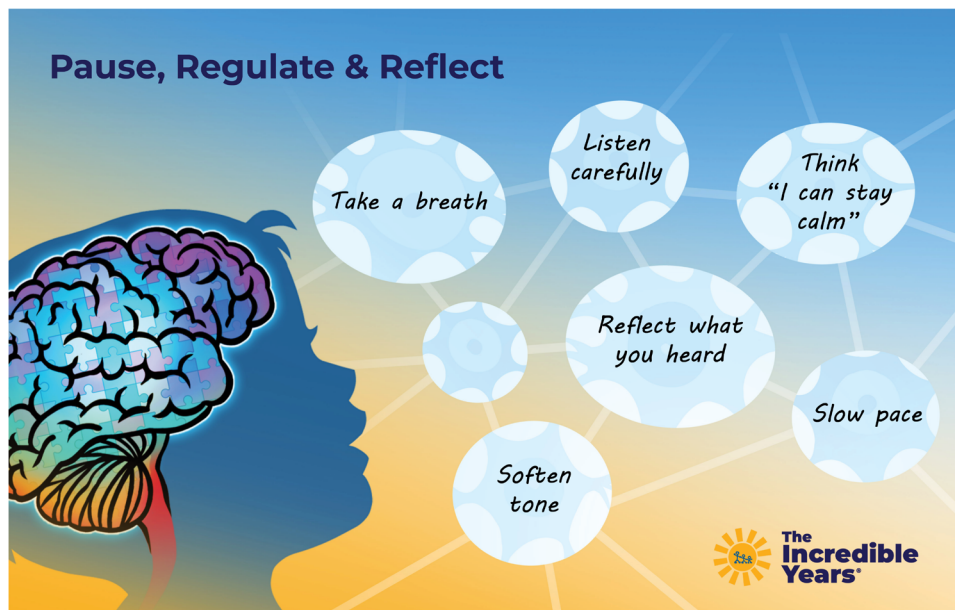
Often the most productive conversations begin with a moment calm.

of



Listen and Reflect — Connection Before Correction

- Summarize what you heard before offering your perspective.
- Help



Lead with Curiosity

- Ask open questions: *“Can you say more about that?”*
- Seek understanding before persuasion.



Assume Positive Intent

- Most disagreements arise from people who care deeply about doing good work.

Acknowledge Thoughtful Contributions

- Recognize logic, creativity, or concern — even when you disagree.

Challenge Ideas with Respect

- Address the idea, not the person.
- Offer your perspective calmly and clearly.

Look for Shared Goals

- Identify common values and intentions.
- Shift from *“Who is right?”* to *“What solution best serves our goal and the situation?”*



Encourage Open Dialogue

- Appreciate when someone shares a different perspective.
- Psychological safety strengthens thoughtful problem solving.

When we regulate ourselves, listen carefully, and remain grounded in curiosity rather than ego, disagreement becomes a vehicle for growth rather than division. Strong opinions and strong relationships do not have to be opposites. When handled with respect and openness, conflict can deepen understanding, strengthen collaboration and ability to try again with a new solution.



Reflection Questions

- When disagreement arises, is my first instinct to push harder, withdraw, or pause?
- How do I signal respect and openness when someone challenges my perspective?
- In moments of tension, do I focus more on being right — or on being effective?
- How can I model calm and thoughtful communication during difficult conversations?







Hot Tips for Managing Thoughts, Feelings & Behaviors: Exploring Depression & Anger and Promoting Coping Cycles

Carolyn Webster-Stratton, Ph.D.
11 July 2025

Scenario: All children at times tantrum, yell, hit, and are oppositional, defiant and irritable. These challenging behaviors may occur because they not being able to do what they want, or are tired or hungry, or have pain, or experience a change in family structure or schedule, or witness family conflict, feel rejected by peers or are lonely. How parents/adults respond to their children's dysregulation can influence children's emotional and social development.

Here's a summary of parent/adult response cycles—how depression, anger, and coping cycles are interconnected. Depending on how parents manage these cycles of emotional responses can either perpetuate negative outcomes or promote emotional resilience in children. Parents recognizing their own cycles of overreaction or avoidance can provide insights into how to break negative cycles and create healthier, more supportive and consistent parenting.

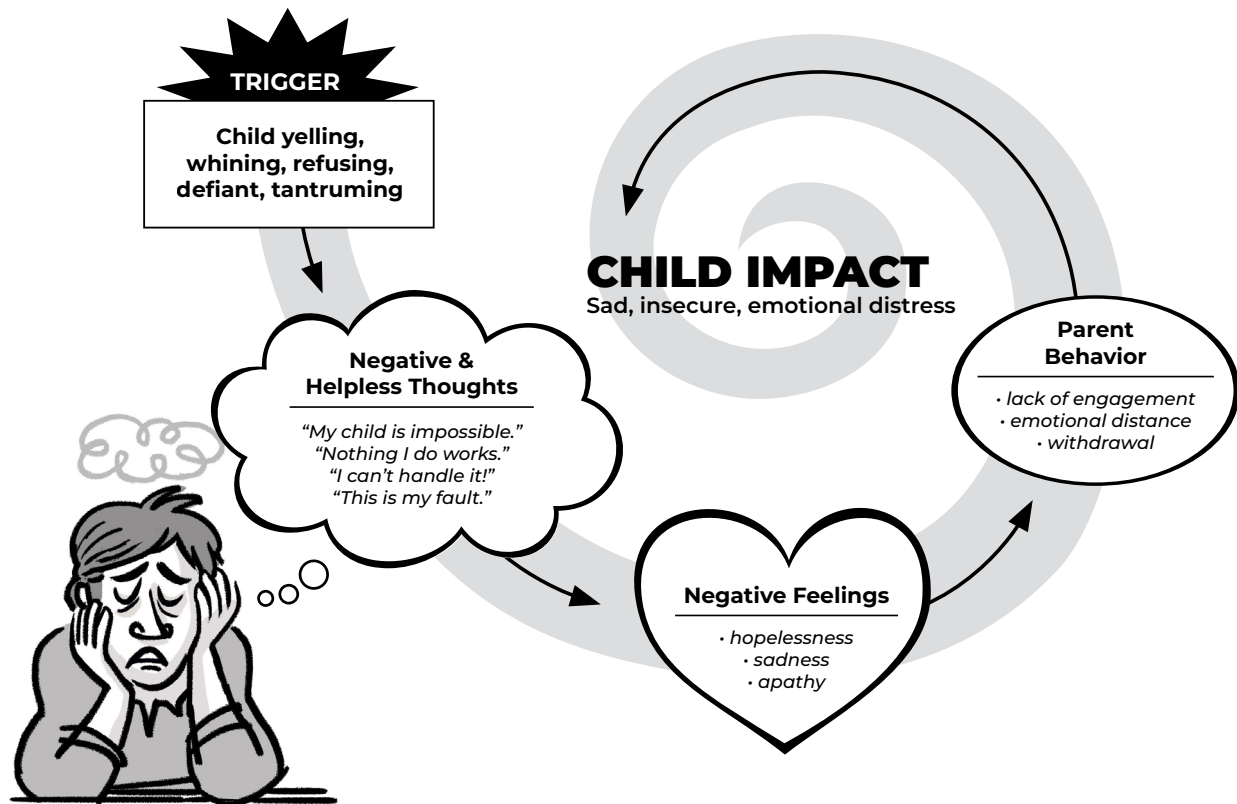
1. Depression Cycle:

- **Parent's Negative & Helpless Thoughts:** Challenging child behaviors such as those described above may cause parents to respond with negative and upsetting thoughts or beliefs about themselves or their children or both. They may think nothing they do can help their child either because they are not confident about their parenting, or they may see their child as incapable of learning. *"I can't manage this. I don't know what to do."*
- **Parent's Upsetting Feelings:** These negative and upsetting thoughts lead to feeling overwhelmed, hopeless, sad, or emotionally drained.
- **Parent's Behaviors:** As a result, the parent may lack the energy or motivation to engage with their child in a positive way. These thoughts and feelings can cause them to withdraw and disengage from parent-child interactions. This might look like reduced parent responsiveness, neglect, or a general emotional distance.



- **Child’s Impact:** This parent withdrawal can create a cycle where the child feels neglected, which may increase the child’s own feelings of sadness or insecurity. The child sensing the parent’s depression may begin to mirror these feelings or struggle with emotional regulation, possibly leading to their own struggles with depression or low self-esteem.

Parent Depression Cycle



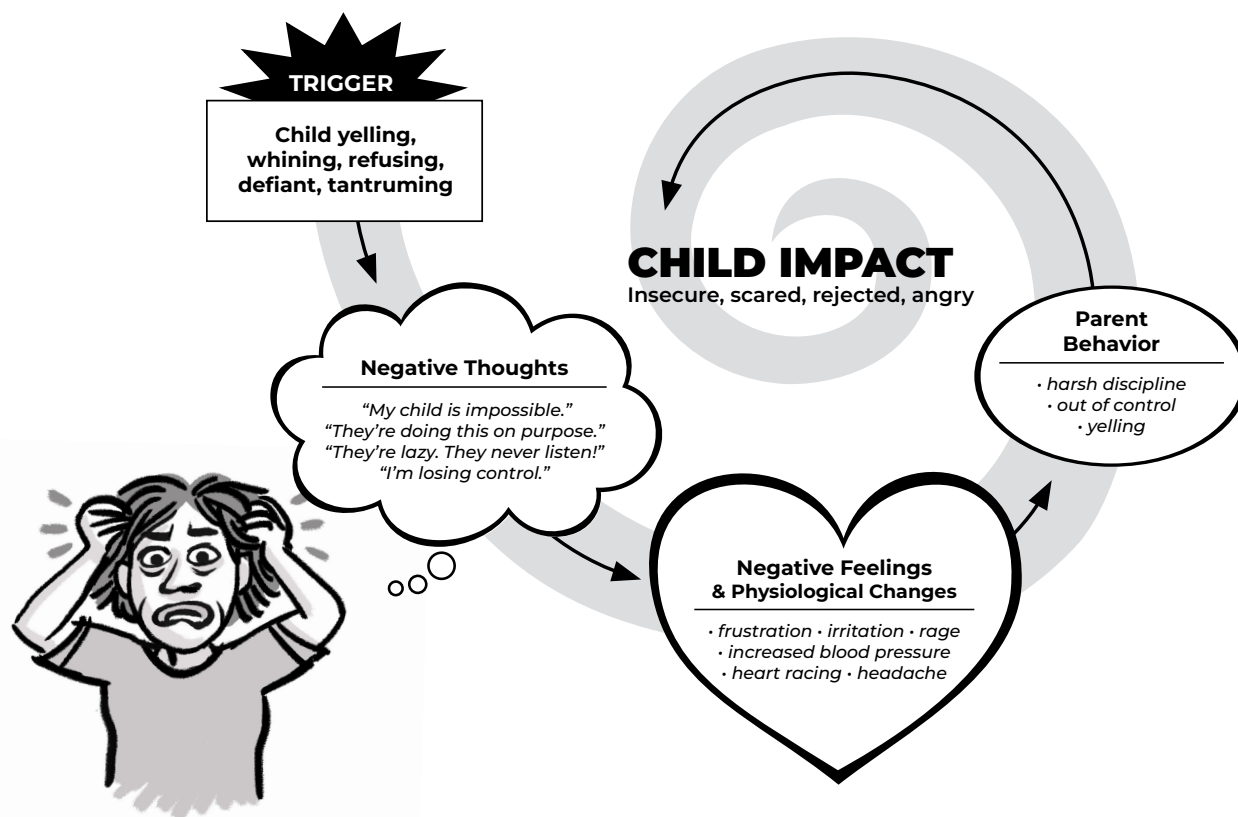
2. Anger Cycle:

- **Parent’s Negative Thoughts:** On the other hand, some parents perhaps having unrealistic expectations for their child may respond to the child’s challenging behaviors by thinking their child is purposely misbehaving or attacking them, or deliberately not listening. “*She’s impossible. A constant challenge.*” “*I am losing control.*”
- **Parent’s Negative Feelings & Physiological Changes:** These angry thoughts lead to feelings of frustration, irritation, stress, or even rage. Research shows this can also lead to physiological changes such as increased blood pressure, rapid heart-beat, headache, and clenched fists.
- **Parent’s Behaviors:** The parent’s anger may result in harsh discipline, yelling, or punitive behaviors. The anger cycle can escalate if the parent’s response is intense or frequent and unaware of how to self-regulate.



- **Child’s Impact:** The child may feel scared, confused, or rejected by the parent’s angry responses. This can lead to a sense of insecurity, anxiety, or even anger themselves, perpetuating the cycle of conflict and difficulty in managing emotions.

Parent Anger Cycle



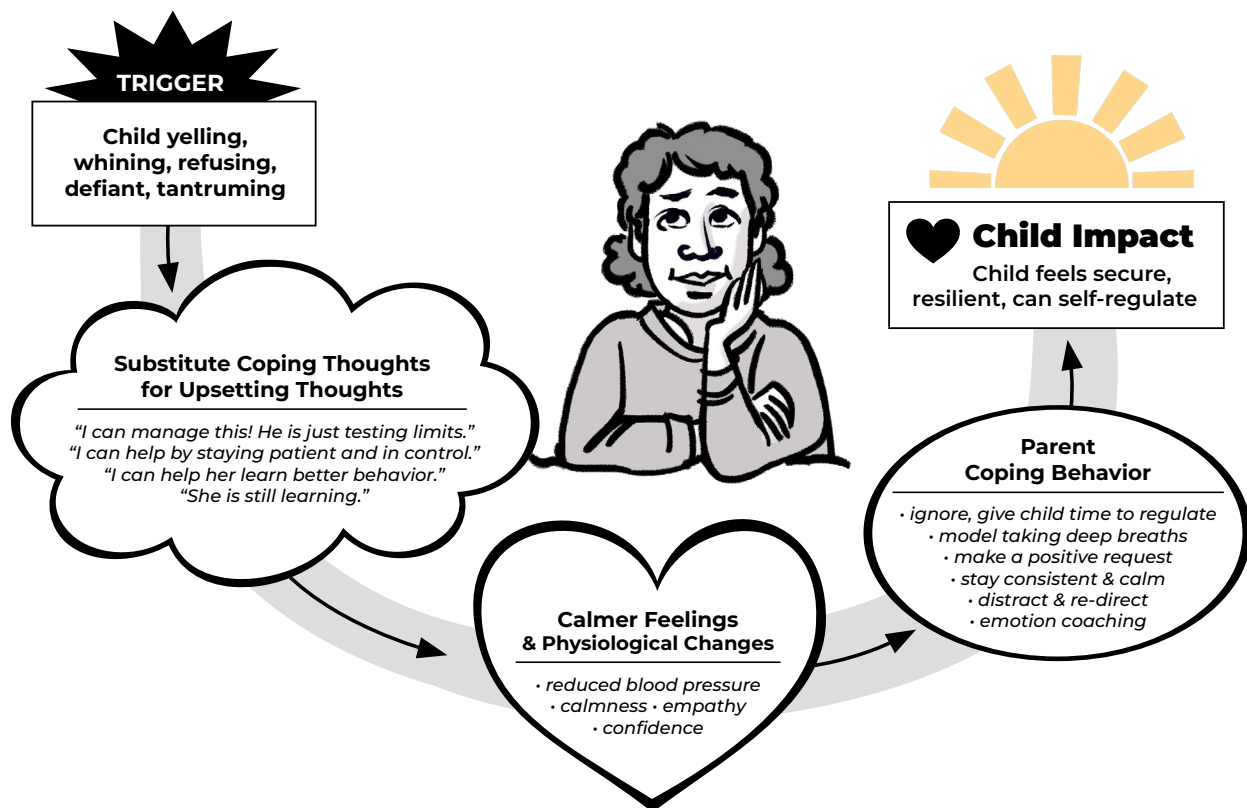
3. Coping Cycle:

- **Parent’s Substitution of Positive for Negative Thoughts:** The parent recognizes their non-constructive and upsetting thought patterns and works to stop these negative thoughts and replace them with coping statements. *“I can cope. He is just testing the limits. I can help best by staying patient and in control, this will help him feel safe.”* In a healthier coping cycle, the parent has thoughts that reflect problem-solving, patience, understanding and even humor at times. They recognize that children are still learning to self-regulate, and they adjust their expectations.
- **Parent’s Feelings:** These more balanced thoughts lead to feelings of calmness, empathy, confidence and less stress. The parent may feel more connected to their child and able to manage challenging situations without becoming overwhelmed. *“I feel calmer and less stressed.” “I love her and know what to do to help her.”*



- **Parent’s Coping Behaviors:** In turn, the parent demonstrates calm, consistent, and supportive parenting behaviors. They might model deep breathing and emotional regulation, ignore the child’s challenging behavior and give the child space and time to calm down, provide emotion coaching, distract and redirect and set appropriate boundaries.
- **Child’s Impact:** The child feels supported and understood, which promotes emotional regulation and resilience. The child learns how to cope with their own emotions through the example set by the parent, fostering positive behaviors and a sense of security.

Coping Cycle: Connect Positive Thoughts, Feelings and Behaviors

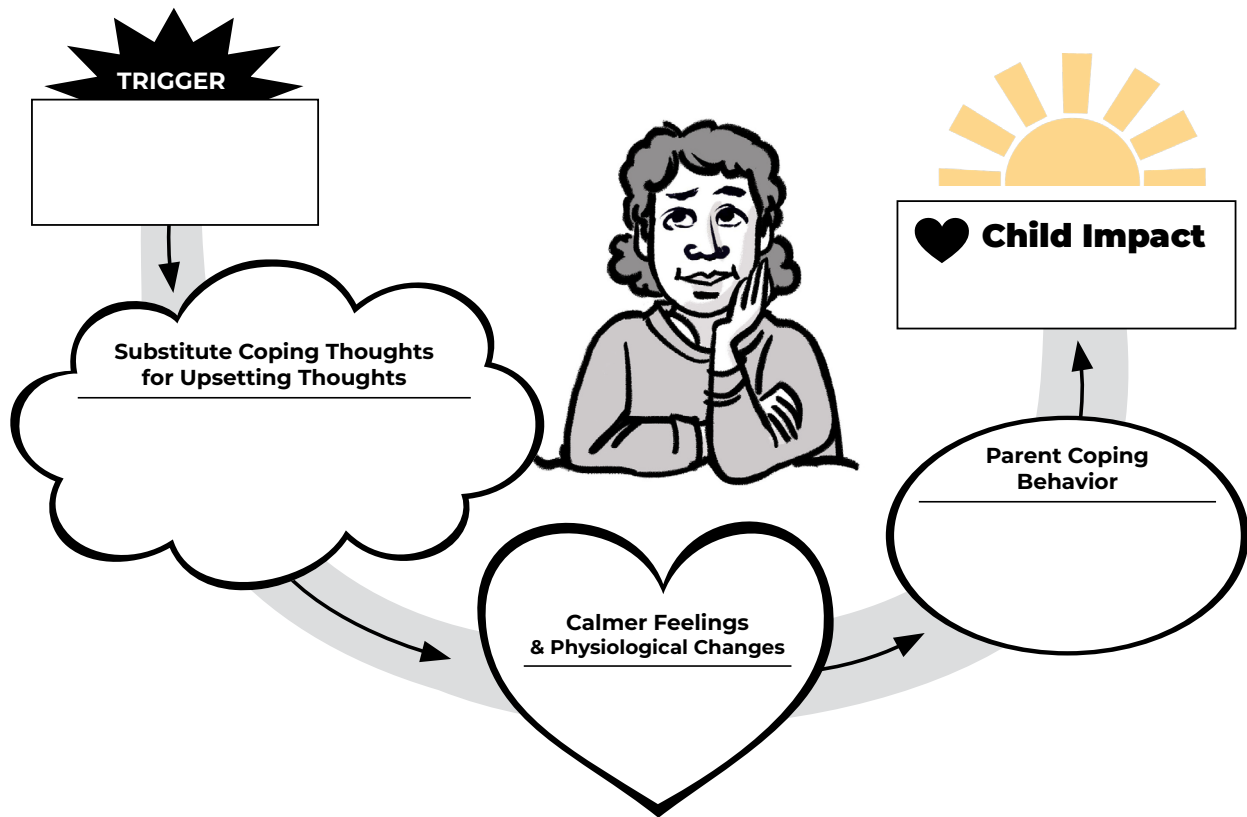


Key Takeaways:

- Negative cycles, like the depression and anger cycles, often lead to withdrawal, harsh discipline, or emotional disengagement, which can negatively impact the child’s emotional development.
- In contrast, a coping cycle reflects positive problem-solving, emotional regulation, and supportive behaviors that help children feel secure and better equipped to deal with their own emotions.
- Parents’ thoughts, feelings, and behaviors are interconnected, and cycles of emotional responses can either perpetuate negative outcomes or promote emotional resilience in children, depending on how parents manage these dynamics.



Practice:
Connect Positive Thoughts, Feelings and Behaviors



Understanding these thought and feeling cycles helps parents recognize patterns in their own behavior and provides insight into how they can break negative cycles and create healthier, more supportive parenting interactions for their children. Group leaders use this scenario to help parents build their own constructive and positive thoughts, to feel more confident and less stressed, and to use evidence-based parenting strategies to build their children’s trust, sense of security and resilience.







Hot Tips for Parents: Using Puppets to Promote Preschool Children’s Social and Emotional Development

Carolyn Webster-Stratton, Ph.D.
21 March 2025



Preschool children are working to accomplish important developmental milestones of learning social and emotional skills, such as learning to share, help others, initiate social interactions, listen, and cooperate with peers. They are also developing emotional regulation skills, including recognizing and expressing emotions, controlling aggressive and anxious behaviors, and beginning problem-solving skills.

One effective way to promote these skills is through puppet play. Puppets help parents enter the child’s imaginative world, allowing them to explore emotions of other characters (early empathy development), learn social behaviors, and conversation skills in a fun, engaging way.

With puppets, dolls, or action figures you can act out stories you are reading with children, make up fantasies, and explore solutions to pretend problems. You may be nervous at first using puppets, but try it out and before long you will experience the joy of entering into your child’s thoughts, feelings and imagination, one of the most intimate places you can be at this age.





Benefits of Puppet Play:

- **Fosters Empathy:** Puppets help children experience and understand the feelings of others.
- **Supports Social Skills:** Through puppet scenarios, children practice important behaviors like greeting, sharing, and asking for help.
- **Encourages Emotional Expression:** Puppets allow children to express and talk about emotions, promoting emotional literacy and regulation.

Here are a few things to have your puppet do when playing with your child:

- **Modeling Social Greetings:**
Puppet: “Hi, I’m Tiny Turtle! What’s your name?”
Child responds, and the puppet thanks them for being friendly.
Goal: Practice friendly greetings and social interactions.



- **Demonstrating Interest in Others:**
Puppet: “What do you like to do?”
The puppet shares its interests and encourages the child to ask, “What do you like to do?”
Goal: Encourage curiosity and help children learn to show interest in others.





- **Asking for Help:**

Puppet: “I can’t get this block together. Can you help me?”

When the child helps, the puppet thanks them.

Goal: Teach how to ask for and offer help.



- **Expressing Emotions:**

Puppet: “I’m embarrassed because I can’t ride my bike. Do you know how?”

Ask the child what the puppet is feeling, and prompt them to say something to make the puppet feel better.

Goal: Develop emotional expression and empathy.



- **Modeling Sharing:**

Puppet: "I see you're looking for a green block. Would you like mine?"

If the child takes the block, the puppet expresses happiness.

Goal: Teach sharing and connect actions to emotions.



- **Waiting for a Turn:**

Puppet: "I'm going to wait until you finish. Can I have a turn then?"

When the child shares, the puppet thanks them and expresses happiness.

Goal: Teach patience and turn-taking.



Parent Role:

- **Praise:** Parents can use a playful or silly voice for the puppet, then go out of role as a parent to praise the child for their positive social behavior (e.g., sharing, helping, waiting patiently, taking turns, offering a friendly suggestion, asking for help, showing interest or empathy, being gentle and listening well with your puppet).



- **Prompts:** Parents can quietly suggest responses for the child by whispering in their ear some ideas for what to say to the puppet. For example, “*You can tell the puppet you like trucks*” or “*You can say please when you want the book.*” It’s okay if the child doesn’t immediately follow your suggestion; just move on to another activity as compliance is not required. The goal is to encourage imitation and praise positive social behavior.



Additional tips:

- **Keep It Simple:** Focus on one or two social skills per session.
- **Have Fun:** Puppet play should be an enjoyable experience for both the child and the parent.
- **Avoid Negative Behavior:** Puppets should model positive behaviors, never negative ones.



Note: If your child does not have the language skills to respond verbally to the puppet, it is still good for the puppet to model the words involved in the social interaction. You can also structure interactions that involve nonverbal responses from the child. *"Would you share that with me?" "Would you like to shake the puppet's hand?" "Can you help me build this tower?"* This way, the focus is on the child's friendly behavioral response to the puppet. You and the puppet can provide the verbal structure. This will support the child's eventual language development in these social situations.

Puppet play is a powerful tool to help preschool children develop crucial social and emotional skills. By modeling behaviors, providing praise, and encouraging interaction, parents can support children's growth in these areas in a fun and engaging way.



**The Incredible Years® (IY) Parent Programs: Four Decades of Evidence-Based Parenting Support,
Research, and Delivery**

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In T. Del Vecchio, T. D., Ph.D. And Terjesen, Ph.D., Handbook of Behavioral Parent Training, American Psychological Association. (in press)

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Abstract

In this chapter, we review the Incredible Years® (IY) parent programs (Webster-Stratton, 2011, 2015, 2021), as part of the larger comprehensive IY Series for parents, teachers and children. The IY parent programs are a set of well-established evidence-based parent-focused interventions designed to promote children's social and emotional competence and academic readiness and to reduce conduct problems in young children. With over four decades of research support, the IY parent programs have undergone considerable empirical evaluation, content updates (e.g., updated video vignettes, adaptations for specific populations), and have been identified as a gold-standard intervention for the prevention of future behavior problems in young children. The IY parent programs focus on increasing the use of positive parenting strategies, decreasing harsh discipline, and improving parent, child, and family well-being. The following chapter encompasses an overview of the IY parent programs, including its scientific foundation and theory of change, target populations, and relevant considerations when working with specific subpopulations. In addition, it focuses on session content and dosage, training, research, and considerations for future research directions. This chapter provides a thorough integration of the extensive evidence base supporting the efficacy of the IY Parent Programs with a diverse range of participants from various socioeconomic, racial, cultural, and ethnic backgrounds.

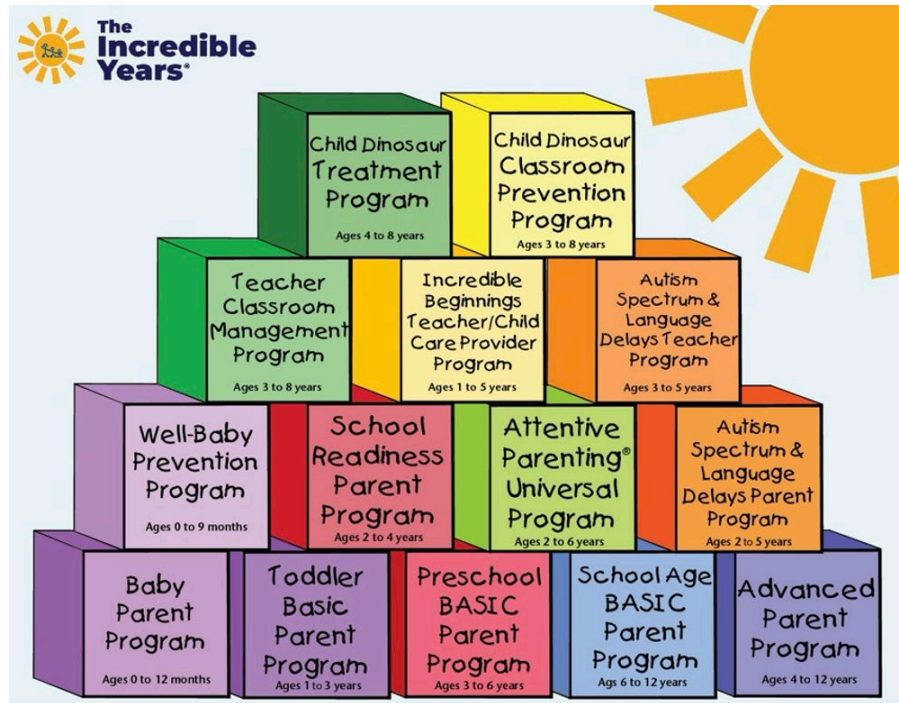
The Incredible Years® (IY) Parent Programs: Four Decades of Evidence-Based Parenting Support, Research, and Delivery

Introduction

Child behavior problems are one of the most common reasons that parents seek treatment for their children from health professionals, including pediatricians, nurses, psychologists, and psychiatrists (Danielson et al., 2021; Merikangas et al., 2011). Specifically, conduct and oppositional behavioral problems affect approximately 7.1% of children in the United States ages 3 to 17 (Ghandour et al., 2019). Such problems include a range of symptoms such as defiance, aggression, emotional dysregulation, hyperactivity, anxiety and other internalizing problems (American Psychiatric Association, 2013; Fairchild et al., 2019). Without intervention, early-onset Oppositional Defiance Disorder (ODD) commonly referred to as conduct problems are associated with increased risk for more severe behaviors in adolescence, including substance use (Howard et al., 2020), and contact with the juvenile justice system (Teplin et al., 2021). Conduct problems contribute to significant societal costs by burdening health care, juvenile justice, and education systems (Burt et al., 2018; Rivenbark et al., 2018). Moreover, conduct problems and associated behaviors are often accompanied by significant impairment at home, school, and in social relationships (e.g., with peers), with a particular strain on the parent-child relationship, such as increased conflict and parent stress (Baker-Ericzén et al., 2010). There is an extensive body of research indicating that parent training is one of the most effective evidence-based treatments for addressing child behavior problems (Kazdin & Weisz, 2017; Michelson et al., 2013).

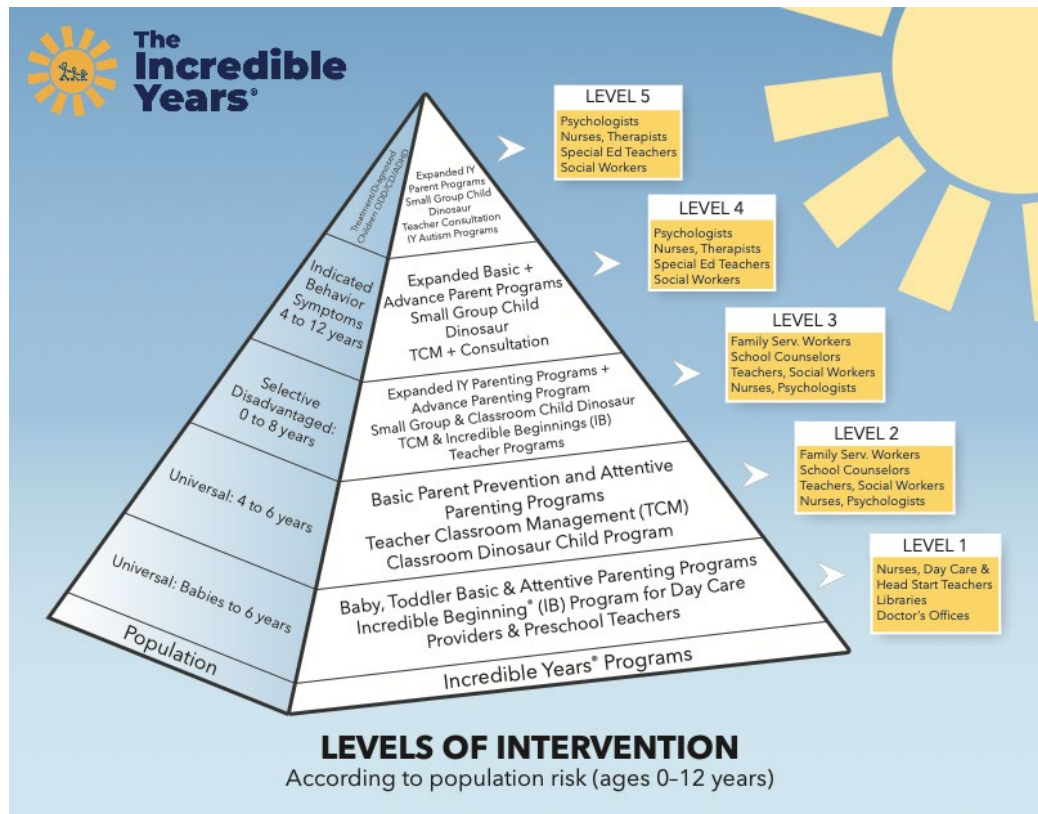
IY Program Series Overview

Figure 1. *The Incredible Years ® Series of Parent, Teacher, and Child Building Blocks for Promoting Children's Social, Emotional and Academic Skills*



Given the focus on addressing all areas in which children experience functional impairment (i.e., at home, at school, with peers), IY consists of several interlocking training programs developed for children, parents, and teachers focused on the prevention and treatment of externalizing and internalizing problems in children ranging from infancy to elementary age. An overview of the complete set of IY building blocks (i.e., including teacher, and child programs) logic model can be found at <https://www.incredibleyears.com>. These programs have been implemented in 26 countries worldwide. Using a multi-modal early intervention approach, IY targets child behavior problems prior to the development of more serious conduct disorders. IY addresses multiple risk factors at various ecological levels using a multi-pronged approach and consists of teacher, child, and parent programs (See Figure 1). Parent programs are represented in the bottom two levels of blocks, the third level includes teacher programs, and the top level represents child programs. There are dosage recommendations, session protocols and program choices (parent, teacher or child programs) to implement as a treatment program for children with specific diagnoses or high-risk family situations, or as prevention programs (Posthumus et al., 2012; Zhou et al., 2021). The recommended level of intervention programs based on population risk can be found in Figure 2.

Figure 2. *The Incredible Years® Levels of Intervention*



The Incredible Years® Basic Parent Programs

The Incredible Years® (IY; Webster-Stratton, 2011, 2015, 2021) series of well-established parent programs has been one of the most highly cited and researched intervention programs for young children with behavioral concerns, with over four decades of research supporting its efficacy and effectiveness in diverse populations across the United States and internationally (e.g., Gardner et al., 2010; Hutchings et al., 2008; Larsson et al., 2009; Menting et al., 2013; Pidano & Allen, 2015; Posthumus et al., 2012; Webster-Stratton et al., 2012; Webster-Stratton & Bywater, 2019). The American Psychological Association Task force has identified IY parent programs as meeting criteria for empirically supported mental health interventions for children 3-6 years old. There have been over 27 randomized controlled trials (RCTs) demonstrating the effectiveness and efficacy of the IY series, with evidence of short- and

long-term benefits for children and their families (Posthumus et al., 2012; Scott et al., 2014; Webster-Stratton et al., 2011b; Webster-Stratton & Bywater, 2019).

Theoretical Foundation

Historically, parent training programs have been based on coercion theory (Patterson, 1982) and cognitive social learning theory (Bandura, 1977). Intervention includes working with the parent to reduce challenging child behaviors and increase positive child behaviors through non-physical parenting strategies, such as positive reinforcement, removal of privileges, active ignoring, redirection, and time out. While parent training programs have been shown to be effective, there are several barriers to treatment uptake and accessibility (e.g., only offered at specialty/university clinics, cost, poor program fidelity, need for adaptation for diverse families). As such it is estimated that only a fraction of families who need services actually receive an evidence-based parent program (Chacko et al., 2016). This is particularly disconcerting given decades of research that supports their effectiveness and efficacy.

The group-based IY basic parent program was developed to improve integration of cultural factors, to reduce the cost as well as to increase the availability of parent programs in the environments where parents already seek assistance (e.g., schools, health clinics) as well as to address barriers related to equity in child mental health treatment. The IY programs are evidence-based, theory-driven programs integrating theoretical perspectives from cognitive social learning theory, coercion theory (Patterson, Reid, & Dishion, 1992), Bandura's modeling and self-efficacy theories (Bandura, 1986), Piaget's developmental cognitive learning stages and interactive learning methods (Piaget & Inhelder, 1962), self-esteem and self-confidence (Beck, 1979), attachment and relationship theory (e.g., Ainsworth, 1974), as well as collaborative therapeutic delivery processes (e.g., Webster-Stratton, 2012). IY parent programs have been well-validated and replicated among various populations in reducing risk for conduct problems in young children (Brotman et al., 2005) demonstrating both short- and long-term effects (Bywater et al., 2009) in changing parent and child behavior. Program outcomes appear to be equally beneficial for low- and high-risk families (Baydar et al., 2003) and optimal treatment outcomes have been noted when a partner is also involved with the intervention (Webster-Stratton, 1985). Finally, improvements in child

symptoms include social and emotional competence as well as those related to oppositional and conduct problems (e.g., Brotman et al., 2005; Reid et al., 2004), inattention, hyperactivity, and impulsivity (Webster-Stratton et al., 2011a; Webster-Stratton et al., 2013), and anxiety (e.g., Herman et al., 2011). The remainder of this chapter will focus on reviewing the IY parent programs in detail, as well as its various adaptations and supplements. A comprehensive review of the entire IY series, including child and teacher programs, can be found at Webster-Stratton and Bywater (2019).

IY Parent Programs

The IY series was originally developed (Webster-Stratton, 1981, 1982) to address various implementation barriers (e.g., lack of reference to cultural factors, accessibility issues, need for building support networks) through a comprehensive program that tackles multiple areas of a child's functioning (e.g., home, school, individual). To increase reach and scalability, the IY series uses video modeling and group-based interventions, online or in-person, to allow for more individuals to participate and benefit from group support. Individualized support can be added by including home-based practice with children or online intervention as needed. IY group interventions utilizing video modeling and trained group leaders have been shown to be clinically effective and cost-effective in improving child behavior problems, strengthening social support, enhancing parenting skills, and reducing stress, as well as improving parental mental health (e.g., reducing stress, depression and marital conflict; Furlong et al., 2012). This approach was informed by prior RCTs suggesting that therapist-led group discussion combined with videotape modeling are preferred by parents and facilitate ease of implementation over self-directed video tapes or group discussion alone (Webster-Stratton, 1989). Additionally, ongoing adaptations, including the tailoring of IY parent principles to parent goals, family risk factors and children's development have facilitated successful implementation and parent satisfaction (e.g., families from low SES and culturally diverse communities; e.g., Webster-Stratton, 1998b). As such, IY parent programs have been studied both as a treatment intervention for children with diagnoses and high-risk populations in educational contexts (e.g., Head Start) as well as universally as prevention intervention.

The theory of change underlying the IY Parent Programs is a cascade focused on improving - protective factors (e.g., parent responsiveness and positive parent-child-teacher interactions, added support and increased child social/emotional competence) and reducing risk factors (e.g., coercive discipline and challenging child behaviors). This in turn leads to improved child school readiness, resilience, emotion regulation, social competencies, and socially acceptable behavior in young children at home and school. In turn these proximal short term outcomes impact long-term outcomes, including reductions in risk factors such as aggressive and destructive behavior, conduct problems, depression and anxiety, school dropout, criminal activity, pregnancy, and substance abuse problems as children age into adolescence and adulthood (Webster-Stratton & Bywater, 2019). See Figure 3 for further information regarding the logical model underlying the IY parenting programs.

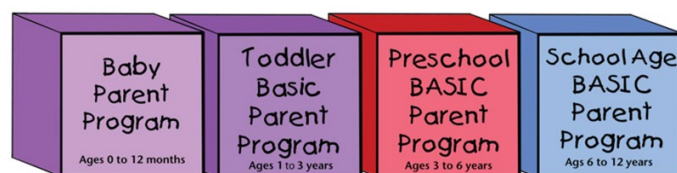
It is important to note that the IY parent programs are somewhat different from other more traditional parent training programs in the equal focus on the emotional, cognitive, and behavioral functioning of parents as well as children. The IY parent programs are delivered collaboratively with parents to ensure personalized goals are addressed and to increase parents' understanding of the underlying causes of their children's challenging behaviors (Webster-Stratton, 2012). Parents learn strategies for emotional self-regulation, how to problem solve and use the appropriate behavioral parenting tools consistent with their child's developmental level, their individual goals, and family context. They also learn how to teach their children self-regulation skills and beginning problem-solving skills by using strategies they have been modeling, prompting, coaching and practicing in daily interactions. Moreover, personalized tailoring to ensure cultural sensitivity for diverse populations is emphasized (Webster-Stratton, 2009, 2015) through the collaborative therapeutic process (Webster-Stratton, 2012, 2016). Consequently, the dosage of the program is somewhat variable based on risk factors of population addressed, children's developmental status and can be longer than some other parent programs.

Figure 3. *The Incredible Years® Parent Programs Logical Model*

The IY Basic Parenting Programs have had extensive research support of its efficacy (e.g., Gardner & Leijten et al., 2017; Kaminski & Calussen, 2017, Leijten et al., 2020; Menting et al., 2013). In addition to the developer's research in US, other independent researchers have replicated the results. Webster-Stratton and her team have conducted 13 randomized control group studies (RCTs) of the IY parenting programs (i.e., nine treatment trials and four prevention trials), with fourteen independent RCTs conducted by research groups in nine non-American countries including Canada, England, Finland, Holland, Iran, Norway, Portugal, Spain, and Wales. Additionally, the IY parenting programs have some evidence to support implementation as a universal prevention approach (Posthumus et al., 2012; Zhou et al., 2021).

Program, Content, Structure & Methods

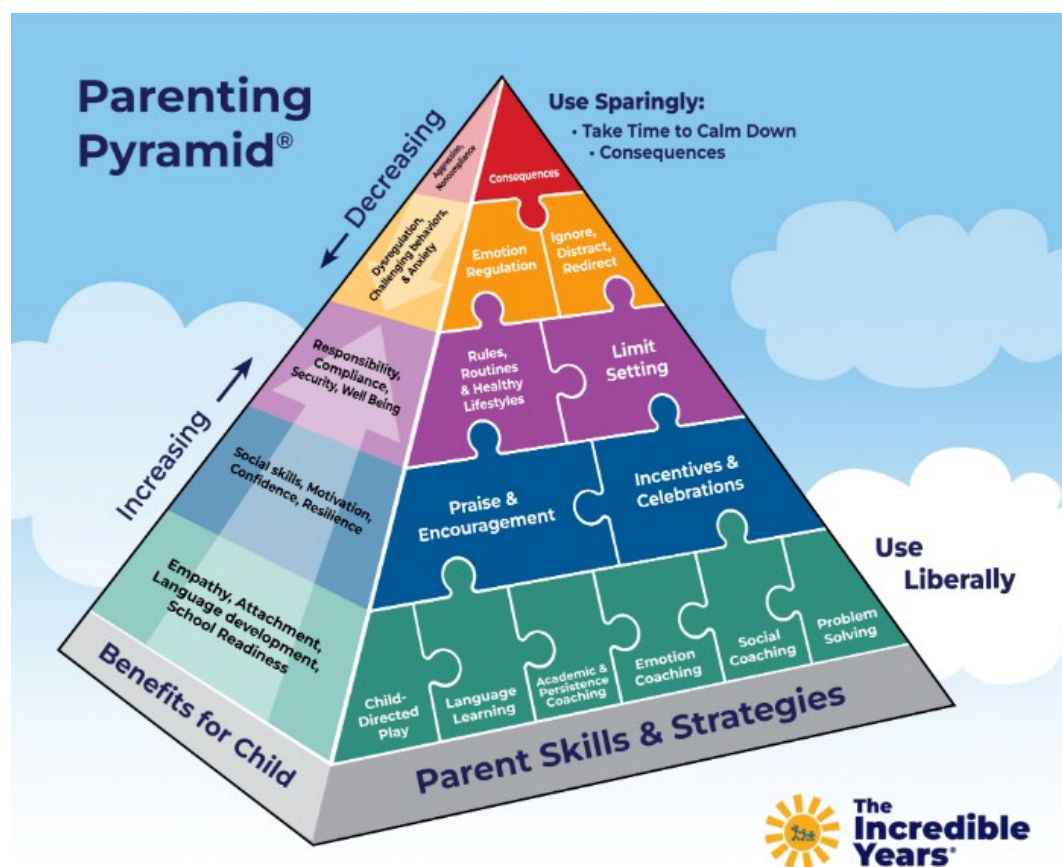
Figure 4. *The Incredible Years® Series of Parent Building Blocks for Promoting Children's Social, Emotional and Academic Skills – Basic Parent Programs*



There are multiple versions of the Basic Parent Programs tailored to the child's developmental level: (1) baby/infant program (i.e., child(ren) aged 4 weeks to 9 months); (2) toddler program (i.e., children aged 1-3 years), (3) preschool program (i.e., children aged 3-5 years), and (4) School Age (i.e., children aged 6-12 years). These programs are depicted in Figure 4. Each of the Basic parent programs is implemented in a group format (typically consisting of 8-12 parents) and runs between 8 and 22 weeks, depending on the child's age that the program addresses and whether delivering the prevention or treatment protocol model. The parent programs use developmentally, culturally, and temperamentally

diverse video vignettes available via USB or streaming to demonstrate parenting strategies. The video vignettes serve as a discussion prompt and include examples of principles of child development and parenting that are applied to each parent's goals for themselves and their children. Parents engage in collaborative learning and problem solving through group discussion of the principle depicted in the video of the parent-child interaction. Sessions begin with enhancing the positive parent-child relationship. Through these sessions, parents learn a variety of cognitive, emotional, and behavioral skills, which can be conceptualized as a pyramid with puzzle pieces (see Figure 5).

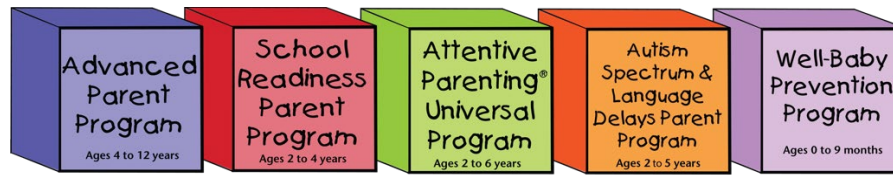
Figure 5. *The Incredible Years® Parenting Pyramid (Version 2.0)*



The foundation of the pyramid includes core parenting puzzle pieces such as child-directed play, promoting language development, academic and persistence coaching, and emotion and social coaching, which are to be used liberally. Children benefit with enhanced empathy skills, attachment, language skills, self-esteem, cooperation, and school readiness skills. The second level of the pyramid includes coaching praise and providing encouragement and ways to implement incentives to motivate children with difficult learning tasks. Strategies from the first two levels of the pyramid are used liberally toward the parents' particular goals for their children. The third level of the pyramid focuses on strategies designed to reduce children's negative or challenging behaviors. These include parents learning how to build a safe environment with consistent routines and household rules, setting clear limits, and developing healthy lifestyles. As a result, children learn responsibility, predictability, and compliance to parent directions and household rules. The fourth level of the pyramid focuses on parents learning how to use selective attention (i.e., ignoring), distractions, and redirections to reduce minor misbehaviors. Next, parents learn how to teach their children self-regulation skills to calm down when becoming dysregulated. This is followed by the final pyramid level 5 learning when it is appropriate to use time out to calm down for aggressive behavior and the importance of giving their children time and space to calm down on their own in a safe place. In addition, parents learn about using logical and natural consequences for selected behaviors. Once the positive foundation has been strengthened in the first two levels of the pyramid, then more clear and predictable discipline strategies can be successfully implemented. The last puzzle piece of the pyramid goes back to the foundation level focusing on teaching children how to problem solve which helps parents integrate many of the puzzle piece strategies used throughout the parenting pyramid.

Adjunct Parenting Programs

Figure 6. *The Incredible Years ® Series of Parent Building Blocks for Promoting Children's Social, Emotional and Academic Skills – Adjunct Programs*



There are a number of optional adjunct programs that can be implemented either after Basic intervention as a supplement or instead of the Basic parent program for universal prevention (see Figure 6). A snapshot of these programs is provided below in Table 1. First, ADVANCE (See Figure 6) is an adjunct program that is designed to be implemented with high-risk families, such as those in which there are parents experiencing depression, stress, marital discord, child welfare involvement, and housing insecurity (Webster-Stratton, 1994). The IY School Readiness Program is intended for preschool aged children to support skills important for successful transition to school, in terms of reading literacy. To promote prevention and support children (without significant behavioral issues), the Attentive Parenting Program provides parents with learning about academic, social, emotion and persistence coaching as well as emotion self-regulation skills and problem-solving methods. The Autism Parent program focuses on preschool aged children (2-5 years) who are diagnosed with autism spectrum disorder or language delays. The IY child and teacher autism programs are considered as add-ons for higher risk children or separate programs for those with autism diagnoses or language delays. The Well-Baby Prevention Program focuses on key parenting principles for each of the well-baby visits in the first year of life (Crealey et al., 2024).

Table 1. *Brief Description of Adjunct IY Parent Programs*

Adjunct Program	When to Use	Population	Goals
ADVANCE	After the Basic preschool or school-age programs	Selective high-risk & indicated or treatment populations	Reduce parents' interpersonal risk factors (e.g., anger, depression, poor communication, lack of support, problem-solving difficulties) between parents and

School Readiness Program	Adjunct to the Preschool Program	Prevention program for parents of children ages 3-4 years	with teachers, and children's poor self-regulation skills Help parents support children's preliteracy and interactive reading readiness skills
Attentive Parenting Program	Booster sessions for indicated populations following Basic Toddler or Preschool parenting program completion	Prevention program for parents of children 2-6 years old without significant behavioral issues	Teach parents social, emotional, and persistence coaching, reading skills and how to promote children's self-regulation skills and problem-solving skills.
Autism Parent Program	Independently or in conjunction with the Basic Preschool program	Parents of children 2-5 years old on the autism spectrum or whose children have language delays	Promote child emotion regulation, social competence, language skills, school readiness
Well-Baby Prevention Program	Independent or in conjunction with the Baby Parent program	Parents of children 2 months old and up	Delivered in a primary care setting; Teach parents about developmental milestones, safety and preventing injury, healthy eating, and oral hygiene and promote sensitive and responsive parenting through play and communication

Training

Training, consultation, and certification are offered through IY (<https://www.incredibleyears.com>) for group leaders, to ensure fidelity of program implementation (Webster-Stratton & McCoy, 2015). Group leaders consist of a variety of professional groups, such as nursing, psychology, education, social work, and medicine. In-person trainings for the Basic Parenting Programs are held over 3 to 5 days (depending on the particular training program) and online trainings are available via Zoom in 5 to 6 3-hour sessions spread out over 2 weeks. Training is also available for supplemental programs (i.e., School Age, Parent Home Visit Coaching & Online training). Ongoing peer coaching and group consultation is

recommended with an accredited IY coach or mentor to support training and certification requirements are completed.

Considerations & Adaptations for Special Populations

The IY parent programs have undergone a number of protocol revisions with new video vignettes over the last four decades and versions have been broken down for use with families of children from infancy through school-age. Although the basic program was originally developed to target behaviors associated with conduct problems (Webster-Stratton, 1990; Webster-Stratton et al., 1989), it has demonstrated efficacy within a variety of vulnerable subpopulations (e.g., parents with low engagement, families with maltreatment history and for children with internalizing behaviors) and diagnostic risk categories (e.g., ADHD, autism). Below is a review of the literature on specific populations and adaptations for implementation with these specific subpopulations.

Vulnerable Populations

Welfare Involved Families. The IY Basic Parenting program has demonstrated positive outcomes with ethnic minority and socially disadvantaged families in US and Europe (i.e., England, Finland, Ireland, Iran, Netherlands, Norway, Portugal, Scotland, Sweden and Wales; e.g., Safarpour & Ashori, 2020; Axberg & Broberg, 2012; Azevedo et al., 2013; Danbolt, 2020; Furlong et al., 2012; Hutchings et al., 2016, 2008; Karjalainen et al., 2019, 2021; McDaniel et al., 2011; Morpeth et al., 2017; Safarpou & Leijten et al., 2017; Seabra-Santos et al., 2016; for meta-analyses see: Gardner & Leijten, 2017 and Gardner et al., 2019), maltreating mothers in Canada (Hughes & Gottlieb, 2004; Letarte et al., 2010), and Head Start programs in the United States (Hurlburt et al., 2013; Webster-Stratton 1998a, 1998b; Webster-Stratton & Hammond, 1998; Webster-Stratton et al., 2001), families with maltreatment histories (Constantino et al., 2023), and families with low engagement (Webster-Stratton & Reid, 2010). Prolonged intervention (18-20 sessions) was found to be most effective for families involved in the child welfare system (Letarte et al., 2010; Karjalainen et al., 2019). Recent work, conducted in Spain with families involved in the child welfare system, evaluated the effectiveness of the IY Basic Parenting (19 sessions) plus the Small Group Dinosaur program (i.e., IY Small Group Therapeutic Child Treatment

Program) curricula via RCT (Arruabarrena et al., 2022). They found that parents in the treatment group demonstrated significantly greater improvements in positive parenting practices, inconsistent discipline, parenting stress, parent depression, and perceived child behavior problems, compared to those in the control condition. Additionally, medium to large effect sizes were found for within group changes in self-reported parenting practices, reductions in observed negative talk, parent depression, and child behavior problems.

In Finland, Karjalainen and colleagues (2019) also found improvements in behavioral problems and use of positive parenting skills in a sample of families referred to Child Protective Services (CPS) using the IY Basic Parenting Program in combination with home coaching. A total of 105 families with children aged 3-7 years participated in an RCT, where families were randomly assigned to a prolonged IY Basic Parenting Program or care as usual. The IY intervention included 19-20 group sessions (with additional time focused on building positive parent-child interactions) and four 1-1.5-hour home visits. Further evaluation of the acceptability of the program with CPS-involved parents ($N = 43$) and non-CPS-involved parents ($N = 19$), revealed similar outcomes regarding satisfaction and attendance between the groups, suggesting that the CPS-involved families similarly engaged with the program and endorsed acceptability at comparable rates (Karjalainen et al., 2020).

Two other studies evaluated the impact of the IY basic parent program for reducing re-entry of CPS referred families into protective custody. One 10-year follow-up study (2011-2021) of 272 young children incorporated delivery of the IY parent program plus parental psychiatric care, practice every 3rd parent session, and quarterly clinical appraisal. These families were compared with care as usual and showed a three to five-fold reduction in child maltreatment re-entry into protective custody compared to the care as usual condition (Constantino et al. 2023). A second study involved 736 children of families referred to CPS for abuse and neglect from 2007-2015 (Sicotte et al., 2018). The experimental group ($n=368$) attended the IY parent program and was compared with a matched control group (based on propensity scores). Results showed a reduction in the length of time that a child needed to receive

protective services. Not only did the IY parent program show improved parenting practices but also closed children's cases above and beyond the impact of other typical CPS intervention.

Research suggests that for families involved in the child welfare system, a prolonged intervention of at least 19-20 basic parent group sessions with either individualized home visit practice, or the IY Small Group Therapeutic Child Treatment Program, or parental psychiatric care be included in the treatment plan (Webster-Stratton, 2014; Webster-Stratton & Reid, 2010). Overall, with these supplements (Webster-Stratton & Reid, 2010, 2011), IY appears to be an effective approach for reducing child neglect and abuse and reducing time involved with CPS, thus reducing costs.

Low Parent Engagement. Engagement in parent training is particularly important for treatment outcomes (Ros et al., 2016). Parents who are experiencing significant mental health concerns (e.g., depression, substance use, stress) and environmental stressors (e.g., poverty) are at increased risk for low engagement due to practical and financial barriers (Chacko et al., 2008, 2009). Notably, all the developer's studies with high-risk families provided daycare, dinner, and transportation, as well as offered makeup sessions (Webster-Stratton, 2014). Additionally, financial incentives were implemented for Head Start families, which they received if they attended two-thirds of the recommended sessions.

Baydar and colleagues (2003) conducted a trial evaluating the basic parent program in a sample of high-risk families, that is low-income mothers whose children attended Head Start. They evaluated factors that may disrupt intervention engagement and found that 35% of the families endorsed three or more risk factors (i.e., single parenthood, depressive symptoms, anger problems, psychiatric illness, history of substance use, history of child or partner abuse). Results indicated that families who were more engaged (i.e., attended sessions consistently, completed homework between sessions, and engaged in discussion during sessions) benefited more from the IY parent program, highlighting the importance of considering these factors for implementation. Of the risk factors examined, only depression *had* a small negative impact on engagement. In fact, parents with increased risk factors tended to be *more* engaged in treatment than families with fewer risk factors (Baydar et al., 2003). This is consistent with another study conducted by Reid and colleagues (2004), in which high-risk mothers (i.e., those who were critical in

their interactions with their child and who had children with elevated conduct problems) were more engaged in the intervention than low-risk mothers. Engagement was directly related to treatment benefits.

Clinical Subpopulations

Attention-Deficit/Hyperactivity Disorder (ADHD). ADHD commonly co-occurs with oppositional behaviors and conduct problems (Gau et al., 2010) and impacts approximately 8-10% of children in the United States (Danielson et al., 2017). ADHD is primarily conceptualized by symptoms of inattention, impulsivity, and hyperactivity that cause impairment across settings (APA, 2013). In most IY treatment studies, approximately 40% of children with ODD also had comorbid ADHD. Several studies have demonstrated success in reducing these symptoms in preschool-aged children with an increased risk of developing ADHD (Webster-Stratton et al., 2011a; Webster-Stratton et al., 2013). For example, when the Basic Parenting Program is offered alone (Azevedo et al., 2013, 2015; Hartman et al., 2003; Jones et al., 2007) or in combination with the child program (Webster-Stratton et al., 2011a, 2013), there have been decreases in parent-reported symptoms of ADHD. One study examined the efficacy of the IY Basic Parenting Program as an early intervention for a sample of Portuguese children with elevated risk for ADHD and found medium effect sizes in parent- and teacher-reported ADHD symptoms and medium to large effect sizes for observed parenting behaviors (Azevedo et al., 2013), with maintenance up to 12 months (Azevedo et al., 2014).

Moreover, a recent study (Changing Lives Initiative™) was carried out for parents with children (3-7 years) with ADHD in Ireland and Scotland over a 3-year period 2017-2020, including during the COVID-19 pandemic (The Changing Lives Consortium, 2021). 50 IY Basic Preschool programs were delivered (20 sessions total), in person groups and online to over 2000 parents. Results showed parents reported less stress and improved disciplinary practices. They also reported consistent improvements regarding children's hyperactive and impulsive behaviors as well as their concentration, attention levels, and social skills. Levels of parent satisfaction were very high, and dropout was low. Taken together, this body of work suggests that the IY parenting program is a promising prevention and intervention approach for young children exhibiting elevated ADHD symptomatology.

Finally, research suggests that pediatric clinics can be leveraged to improve access to treatment for toddlers at-risk for developing ADHD (i.e., elevated scores on symptoms screeners). An RCT was conducted by Perrin et al. (2014) evaluating an abbreviated 10-week IY parent curriculum in 273 parents of toddlers (aged 2- to 4-years-old) with elevated risk for ADHD. The RCT was conducted at 11 pediatric clinics in the greater Boston area and parent groups were led by a research clinician and pediatric staff member. Results revealed pre- to post-treatment improvements in parenting skills and child behaviors measured via video-taped parent-child interactions and parent-report questionnaires. Positive impacts of the program were maintained at 6- and 12-month follow ups. This study supports the feasibility of implementing IY parent groups in pediatric settings; however, additional research is needed to further replicate these results, as well as to determine if this structure could also be successfully leveraged to support parents of older preschool aged children during pediatric well-visits.

Autism. Children with ASD commonly display deficits with social communication and interactions, as well as the presence of repetitive behaviors and restricted interests (APA, 2013). ASD often occurs with behavior problems (Hartley et al., 2008; Mazurek et al., 2013) and high parent stress (Estes et al., 2013; Schieve et al., 2011).

Initial studies examining the efficacy of IY parent programs with families of children with ASD, started with the Basic program (e.g., Dabanah & Parshi, 2016a). In the first feasibility study, nine parents of preschool aged children (i.e., 2-5 years old) with ASD participated in the IY Basic parent program and a multi-pronged assessment (i.e., parent report, observation, and semi-structured interviews) demonstrated positive outcomes (Hutchings et al., 2016). In another feasibility pilot trial, 17 parents of children (ages 3-6 years) with ASD participated in a 15-week Basic IY parent intervention tailored for children with ASD. Parents reported benefiting most from learning specific child emotion regulation strategies, play-based child behavior skills, parent stress management, social support, and visual resources (Dababnah & Parish, 2016a). Furthermore, parenting stress decreased significantly from baseline to post-intervention (Dababnah & Parish, 2016b). Although parents reported the program as acceptable, parents indicated that they wanted to see vignettes that were more representative of their own children.

Subsequently, Webster-Stratton developed two autism programs for parents and teachers with new content and video vignettes (IY-ASD; see Webster-Stratton et al., 2018). The IY Autism parent program is delivered in a combination of 14-18 weeks of group-based parent intervention, as well as individual home coaching as needed. It can be followed up with the 6-session group Autism program for teachers and parents working collaboratively to promote peer interactions. Content focuses on social communication, verbal and nonverbal language development, visual images, sensory adaptations, positive relationships with peers, as well as social skills, emotion- and self-regulation, and positive behavior management.

Dababnah and colleagues (2019) tested the updated IY Autism parent program in two samples of parents of preschool aged children with ASD. Of the 50 parents who initially enrolled, 42 completed the program and significant decreases in child-related parenting stress were observed from baseline to post-intervention. Another study of the IY Autism parent program was conducted as an RCT in Wales, resulting in high program satisfaction and completion rates (Williams et al., 2020). Similar results were found in a one-group pre-posttest design conducted in Palestine, with significant reductions in parent stress and improvements in parents' management skills (Wahdan et al., 2023). IY-ASD underwent an extensive qualitative evaluation in Aotearoa New Zealand, in which the parent program was administered in 12-14 weekly sessions along with a minimum of 3 home visits and was delivered across eight regions (McLay et al., 2021). Results indicated increases in parents' self-efficacy and wellbeing, including improved parent emotion regulation. Currently, the Autism parent program delivered primarily online is being researched in an RCT in Spain in three hospitals with a recent extension for children with genetic conditions (see study protocol: Serrano et al., 2024). Overall results indicate IY-ASD as a promising intervention for young children with ASD and language delays.

Future Directions

The IY parent programs continue to undergo fidelity tailoring to address the changing needs of families, as well as to ensure diverse representation. For example, currently, version 2.0 of the Preschool Basic Parenting Program is being developed by Webster-Stratton with refreshed video clips representing

more culturally diverse families (to be released in 2025). The 2.0 program still adheres to the IY Parenting Pyramid structure and content and the same IY methods and processes. 25-30% of the video clips are called “legacy vignettes” because they include the favorite video clips most commonly used in prior research and trainings. Some of the enhancements include addressing current issues such as building children’s language with give and take conversations and multi-lingual language, interactive reading approaches, assuring healthy eating and lifestyle routines, teaching children emotion self-regulation skills and beginning problem-solving skills.

Additional research focused on the combination, sequencing of different IY parent and supplemental programs, as well as the combination and sequencing of parent with teacher and child programs within the broader IY series, would be beneficial to dig even deeper into understanding what works for whom, as well as to reveal the optimal dosage for specific risk populations in obtaining the best effect sizes and maintenance. Additionally, examination of the long-term benefits (e.g., Overbeek et al., 2021; Webster-Stratton et al., 2011b), including dosage effects and the impact of booster sessions on maintenance effects for high-risk populations would be helpful to identify the most cost- and time-effective interventions for specific populations. Continued work with various subpopulations, particularly those who are more likely to drop out of treatment, would help with further adapting and personalizing engagement strategies. Furthermore, given the recent Surgeon General’s advisory focused on parenting and associated stressors as a public health crisis (Murthy, 2024), additional metrics of parent functioning may be considered to determine if parent training programs, including IY, have a positive and lasting impact on parent well-being (e.g., quality of life, physical and mental health functioning). Although research on parent outcomes associated with participating in IY consistently leads to reduced parenting stress (e.g., Dabanah & Parshi, 2016a, Lau et al, 2011, Marcynyszyn et al., 2011), examining additional facets of parent functioning may be warranted (e.g., marital conflict, financial burden associated with raising a child with behavioral and related concerns). In recent years, there has been new research supporting the IY parent program as a universal prevention approach (Posthumus et al., 2012; Zhou et al., 2021); additional work in this area is needed to fully support this notion. Particularly, the Attentive

Parenting program for children ages 2-5 years, designed as a shorter universal intervention (8 sessions), needs further study to understand its possible preventive impact. Additionally, further research is needed to examine the effectiveness of incorporating IY parent programs as a prevention approach during child well-visits in pediatric offices. Only one study has examined this to date indicating promising results (i.e., Perrin et al., 2014).

Summary and Conclusions

The number of highly controlled RCTs conducted in diverse languages, populations, and cultures, demonstrates the impact of the IY series over the last four decades on parent and child mental health. The research overwhelmingly supports the efficacy of the IY parent programs. The IY group format, tailored content and dosage, therapeutic relationship-based delivery methods and collaborative learning approaches, coupled with the clear acceptability of the program by parents cross culturally, makes the IY parent program a strong choice for implementation as a treatment or prevention approach to reducing risk of severe behavior problems in children and improving associated functional impairment and the well-being of children, parents, and families. The potential personal and societal cost savings of IY is significant, even if just one child is protected from a life of crime or criminal involvement.

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Improving Therapist Fidelity During Implementation of Evidence-Based Practices: Incredible Years Program

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Objective: The aim of the study was to extend research on the potential benefits of adding ongoing feedback, coaching, and consultation to initial therapist training workshops to ensure fidelity of delivery of evidence-based practices, specifically for the Incredible Years parenting program.

Methods: A randomized controlled trial compared two models for training therapists to deliver the parenting program for children at high risk of developing conduct problems. Therapists (N=56) from ten community-based mental health service organizations in California were trained in either a three-day workshop model (N=25), based on active, experiential, self-reflective, principle-based learning, video modeling, and manuals, or an enhanced training model (N=31) that included all elements of the workshop model plus ongoing expert coaching, video review of and feedback on group sessions, and consultation for therapists and agency supervisors. **Results:** Overall fidelity across both conditions was rated >3 on a 5-point scale in seven of eight domains measured. Therapists in the condition that received ongoing coaching and consultation were significantly stronger in four of the domains: practical support, collaboration, knowledge, and skill at mediating vignettes. **Conclusions:** Consultation and expert coaching for training therapists beyond the standard three-day training enhanced skills and therapists' adherence to the model. (*Psychiatric Services* 65:789–795, 2014; doi: 10.1176/appi.ps.201200177)

Understanding factors that influence implementation fidelity in the delivery of evidence-based practices is an important national health care priority (1). Fidelity refers to treatment adherence to core program features (2) and is predictive of positive outcomes across several evidence-based practices (3,4). Research with the Incredible Years Parenting Program (the program evaluated in this study) corroborates the link between fidelity and outcomes (5,6).

Unfortunately, research shows that fidelity and positive program outcomes are often compromised when interventions are implemented in routine service settings (7,8). Therapist training and supervision are identified as core implementation components (9); training methods, amount of training, and quality of training make a difference in therapist skill and adherence (10,11). Short, passive, lecture-style training methods are largely ineffective, whereas

longer, active, self-reflective, and principles-based training leads to more positive outcomes. However, these positive outcomes may not be sustained without ongoing support (9,10). Research examining the link between ongoing expert supervision and therapist fidelity and treatment adherence is rare, with a few exceptions (12). For example, Henggeler and colleagues (13) found that providing extensive training and supervision for community-based therapists increased their proficiency and skills with Multisystem Family Therapy (3) and that high-quality coaching was related to therapist adherence to the intervention protocol and outcomes for youths (14). Lochman and colleagues (15) found that training including clinical supervision resulted in higher therapist fidelity to the evidence-based program Coping Power than did training without supervision. Ongoing contact with an experienced coach appears to be important because of the length of time needed to build proficiency in a new practice (12).

This study examined the potential benefits of adding ongoing coaching and consultation to the Incredible Years workshop training model to ensure fidelity of delivery of this parenting program. This evidence-based program has been shown in randomized trials to promote positive parenting skills and reduce child behavior problems (16). The program has proved effective in community settings with diverse populations (17–19). There are extensive materials to facilitate the delivery of the program

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with standardized, practice-based leader training.

This randomized controlled trial compared two models for training therapists to deliver the parenting program for children at high risk of developing conduct problems. Therapists from community-based mental health service organizations in California received either a three-day workshop or enhanced training that included the workshop plus ongoing coaching and consultation.

The research questions of interest were these: How effective is the workshop in ensuring intervention fidelity among trained therapists? And do ongoing coaching, consultation, and video feedback enhance therapists' fidelity in implementing the intervention?

Methods

Sites

Participating sites were ten publicly funded community mental health agencies in California that provide children's mental health and child welfare services. The study was carried out between 2005 and 2010.

Procedure

All participating agencies were recruited through the California Alliance of Child and Family Services, a statewide association of 130 private non-profit child and family service agencies. Chief executive officers of all 130 member agencies received information about the study. Thirty-five agencies indicated interest and participated in a conference call describing the study; ten of the 35 agencies agreed to proceed with the study. These ten sites agreed to random assignment to training conditions and to pay for program materials and staff time (training was paid for by the study). In both conditions (workshop only or workshop plus coaching), group leaders receiving training agreed to complete questionnaires regarding program delivery and to have the parenting group sessions videotaped. Group leaders and parents provided voluntary consent to participate in the study and to be videotaped. The institutional review board at Rady Children's Hospital, San Diego, reviewed and approved the work conducted.

Incredible Years parenting intervention

The basic parenting intervention (2001 version, for parents of children ages three to six years) was used for this project. It was conducted in 12–14 two-hour group sessions, led by two trained therapists employed by participating organizations. Program materials include a treatment manual, a set of DVD vignettes of parent-child interactions, therapist protocols, and handout materials for parents. Treatment methods include parent discussion, video modeling, role-play practices, and home assignments. Topics include parent-child relationship building, child-directed play and coaching, praise and encouragement, tangible rewards, consistent limit setting, use of timeouts, and problem solving. Therapists use a collaborative, self-reflective style rather than a didactic expert leadership style.

Training models

Workshop model. The standard three-day workshop for therapists is based on research showing that performance-based, active experiential training methods, including self-reflection, behavioral role plays, clinical principles, and collaborative group sharing, result in learning and behavior change that are superior to results from verbally based, didactic, lecture-based training approaches (10,20–22). The three-day training, taught by certified trainers, emphasizes clinical methods and therapeutic processes because content is embedded in the DVD materials and manuals and can be studied by therapists as they deliver the program, whereas clinical practices are more difficult to convey in a training manual. Training includes live modeling by the trainer as well as videotaped modeling showing standardized examples of group sessions.

Enhanced expert coaching and consultation model. Therapists assigned to the intervention plus coaching received the workshop described above, plus ongoing coaching and consultation in the form of weekly individualized phone calls between therapists running the groups and expert coaches. The expert coach provided group leaders with support and reinforcement, helped them cope with

therapeutic challenges, helped leaders set personal goals, reviewed session protocols, and helped tailor program material to the needs, culture, and goals of parents within the group. In addition, expert coaches provided detailed written feedback on video recordings of at least two group therapy sessions during the course of each group.

Fidelity monitoring of therapists and agencies

We took several steps to ensure consistency of training and consultation. First, expert trainers followed the standardized three-day training protocol by using training checklists. For each of the two training conditions, therapists attended training together. In addition, trainers were blind to intervention condition during the basic training. Ongoing consultation was provided by expert and certified coaches, who were supervised by the program developer.

Fidelity monitoring of Incredible Years group delivery

Therapists in both conditions were monitored to ensure that they were completing checklists for each group session, submitting attendance information, and videotaping groups. Outcomes were selected to provide both observational and self-report data on fidelity with regard to program content and therapeutic methods and processes. Measures are described below and include therapist report, parent report, and observational coding of session videos. Assessments were identical for the two study conditions.

Therapist report: session protocol checklists for therapists. Therapists completed a checklist after each session, including information about vignettes, home activities assigned, topics discussed, role-play practices, brainstorming, parents' goals, and parent-to-parent buddy calls. Therapists also rated parent participation and engagement.

Parent report: satisfaction and engagement. After each session, parents completed a four-item satisfaction form rating therapists' skill and the usefulness of the vignettes, role plays, and group discussion (scores ranged from 1 to 4; higher scores indicated more satisfaction).

Observational coding. Independent observers (certified trainers) blind to assigned study conditions completed the therapist implementation–parent group leader rating scale, a 92-item coding scheme, as they observed videos of group sessions. For reliability, a second coder independently rated 48% of the sessions. Each response item used a 5-point Likert scale that ranged from 1 to 5; higher scores indicated greater implementation skill or adherence. Observers rated items in eight domains: practical support (offering participants child care and food), collaborative approach, content knowledge, leadership skill, relationship building, skill in reviewing completed home activities, skill in conducting role plays, and methods of mediating parents' discussion of video vignettes.

Statistical analysis

Analyses examined the characteristics and structure of therapist fidelity in delivery of the parenting program and differences between the two therapist training conditions. Descriptive statistics summarize averages and variability in fidelity across and between study conditions. Two-level random-effects models, with treatment sessions (level 1) nested within sites (level 2), were used to test for condition differences in the fidelity dimensions. A site-level random effect was included to account for the clustering of treatment sessions within sites. A fixed-session order predictor was also included at level 1 to account for possible systematic improvements (or drift) that might occur over time. Tests of condition differences are reported for individual fidelity dimensions.

Results

Characteristics of Incredible Years group leaders

Table 1 provides descriptive information about the 56 therapists delivering the parenting program. Data on race-ethnicity were not analyzed. No significant differences emerged between the two groups.

Variability in Incredible Years program fidelity

Therapists in the enhanced coaching and consultation condition received

Table 1

Characteristics of Incredible Years group leaders in the workshop-only and expert consultation conditions

Characteristic	Workshop only (N=25)		Workshop plus consultation (N=31)	
	N	%	N	%
Degree				
Doctorate	0	—	1	6
Master's ^a	18	72	19	63
Bachelor's	1	7	7	22
Associate's	3	11	1	3
Unknown	3	11	1	6
Experience (M±SD years)	7.5±5.9		8.6±5.7	
Training (M±SD years)				
Child development	3.4±.5		3.4±.6	
Social learning theory	3.2±3.2		3.7±.7	
Facilitating groups	3.0±3.0		3.3±.8	
Type of experience (M±SD years)				
Children and families	4.0±.0		3.8±.5	
Child skills groups	2.6±1.1		3.1±.9	
Parent therapies	2.7±2.3		2.7±2.3	
Parent training groups	2.5±1.2		2.8±1.0	
Family therapy	3.0±1.0		2.6±1.2	

^a Included M.A., M.F.T., and M.S.W. degrees

a mean±SD of 9.40±3.99 supervision calls for a total of 4.66±2.16 hours. Therapists in the workshop-only condition received no supervision calls, but therapists in both groups were monitored by research assistants to ensure completion of checklists and videotaping.

Program fidelity was measured along eight dimensions through observation of group sessions. As illustrated in Table 2, good interrater reliability was present across dimensions, with intraclass correlation coefficients on each dimension ranging between .53 (content knowledge) and .87 (skill in reviewing home activities), with most above .65. Differences in overall levels of fidelity were present across fidelity dimensions. In both training conditions, therapists were observed to demonstrate the highest levels of fidelity in implementing practical requirements for parents (offering child care and food), knowledge of program content, and building positive relationships with clients. Across sites (in both conditions), domains in which fidelity appeared to be weakest concerned use of active learning methods (including mediation of discussions about video vignettes, live modeling, and role-

play practices), which are a core method in the parenting program.

Relationships among fidelity dimensions

Table 3 shows the correlations among the eight fidelity dimensions, which fell in the moderate range, between .30 and .70, with some aspects of fidelity highly correlated with other dimensions (using the collaborative group process and building strong relationships with participants) but also with identifiable differentiation between program aspects (between skill in reviewing home activities and most other dimensions, or between skill in using role plays and in building relationships with participants). All correlations among the characteristics of fidelity were positive, indicating a general tendency toward higher or lower fidelity across dimensions, but variability in the strength of the correlations suggests that the parenting program has distinct dimensions on which separate improvement may be possible.

Differences in fidelity between the two conditions

Observational reports of fidelity dimensions. Individual comparisons were made between each fidelity

Table 2

Therapists' fidelity to Incredible Years program, as assessed by independent raters

Domain	N ^b	N of items	ICC ^c	Fidelity ^a					Example
				N	M	SD	Min	Max	
Practical support	32	2	.70	32	4.86	.46	3.00	5.00	Provides child care and food
Collaborative approach	53	11	.85	53	3.62	.74	2.18	4.82	Asks open-ended questions, reinforces parents' self-learning, encourages problem solving, fosters learning from other parents, facilitates group, identifies families' strengths, values every group member, creates atmosphere where parents are decision makers, adopts collaborative instead of expert model
Knowledge	53	5	.53	53	4.16	.55	3.00	5.00	Has accurate knowledge of cognitive-behavioral principles, explains rationale, integrates parents' ideas with program content, has accurate knowledge of child development
Leadership	52	13	.67	52	3.67	.64	1.50	4.77	Starts and ends on time; explains agenda; imposes structure to group; prevents sidetracking; predicts therapy process, including potential difficulties, long-term goals, and relapses; balances discussion of cognitive, affective, and behavioral domains
Relationship building	53	8	.65	53	3.94	.67	2.38	4.88	Builds rapport with each participant, encourages participation, creates feeling of safety, uses humor, validates feelings, shares personal experiences
Skills									
Home activities review	50	8	.87	50	3.85	.62	2.71	5.00	Reviews completed assignments with each parent, highlights key principles, explores barriers, takes responsibility for misunderstandings about assignments, stays on topic
Role plays	45	7	.79	45	2.66	1.09	1.00	5.00	Moves from talk to practice, defines child behavior, solicits suggestions about parental role before starting, discusses parent and child roles, gives descriptive praise
Vignettes	49	7	.86	49	3.75	.81	2.20	5.00	Uses open-ended questions to discuss vignettes, acknowledges parents' responses, writes key points on board, moves to next vignette after appropriate discussion, uses vignettes to trigger discussions and cover key concepts, refers to parents' personal goals

^a Possible scores range from 1 to 5, with higher scores indicating better fidelity and stronger skills.^b In some cases, items were not observable for all 56 therapists because rater or parents were in a different room or video quality was poor.^c Intraclass correlation coefficient

dimension to understand aspects of the parenting program in which enhanced training support affected fidelity of delivery. Significant differences were present in four of the eight fidelity domains: practical support (child care and food), collaborative approach, knowledge of content, and skill in mediating discussion of vignettes. Effect sizes in these domains were relatively large, with effects (d) ranging between two-thirds and one standard deviation in magnitude (see Table 4). Other subdomains (conducting role plays, skill in reviewing home activities, and group leadership features) also trended in the expected

direction, and none trended opposite the predicted direction. Individually, however, these differences were not statistically significant, and effect size estimates were correspondingly smaller.

Leader and participant reports of fidelity dimensions. Leaders and participants provided information about group delivery (Table 5). On average, parenting groups in both conditions met for 12 sessions. Group length was slightly longer in the workshop-only condition than in the enhanced condition, at just over two hours per session. The conditions were similar with regard to

logistics, with most groups providing participating parents with food and child care but not transportation to the sessions. Therapists in each group reported using basic intervention components (agenda, brainstorm, role plays, and home activities review) in 70%–80% of sessions. Group leaders in the enhanced coaching condition showed significantly fewer vignettes than those in the workshop-only condition. Because expert raters reported that group leaders in the enhanced condition were significantly more skillful at mediating the vignette discussions, this difference likely reflects the additional discussion time for

each vignette in this training group. Mothers in groups in which therapists had the enhanced training also completed significantly more home assignments than those in the workshop-only condition.

Discussion

Fidelity outcomes for both training conditions were of interest. The extent to which the basic three-day workshop training prepares leaders to run the groups with fidelity is an important outcome. Therapists in both conditions showed outcomes above 3.5 on a 5-point scale in the areas of child development, practical support of group participants (child care and food), group leadership, building relationships, and reviewing home activities, indicating a moderate degree of proficiency with key program components. This proficiency provides some support for the active training model used in this study rather than didactic teaching, which has been shown to be ineffective (9). However, it could also be argued that these training areas reflect skills and knowledge that are directly transferable from other therapy or group leadership experience. Without a materials-only comparison control group in which therapists delivered the program without receiving an intensive workshop, the unique value of the workshop in improving therapist implementation of the intervention cannot be determined.

Average fidelity scores were higher in the enhanced coaching group for almost all dimensions, indicating the added benefits of this condition. This finding supports previous research findings that concern training of therapists in evidence-based programs (22). These differences were significant for the practical aspects of program delivery, using a collaborative approach, knowledge, and skill in leading and in mediating discussion of vignettes. These areas may reflect methods that many therapists do not use in usual practice. Typically parental training is more didactic and does not use vignettes or self-reflective and collaborative group discussion, nor does it tailor material to individual goals or offer role-play practices. Thus the

Table 3

Intercorrelations between fidelity dimensions

Dimension	1	2	3	4	5	6	7	8
1. Practical	—	.43*	.26	.41*	.39*	.27	.30	.31
2. Collaborative		—	.54***	.68***	.84***	.44**	.41**	.67***
3. Knowledge			—	.59***	.42**	.32*	.61***	.70***
4. Leadership				—	.70***	.37*	.55***	.57***
5. Relationship					—	.40**	.37*	.52***
6. Skill: home activities						—	.18	.32*
7. Skill: role plays							—	.59***
8. Skill: vignettes								—

* $p < .05$, ** $p < .01$, *** $p < .001$

phone calls that offered coaching may have supported therapists in their use of these core components of the program.

Therapists in the two training conditions did not differ on several outcomes: leadership, relationship building, skill in review of home activities, and skill in role-play practices. On dimensions where fidelity was already relatively high (leadership, relationships, and skill in review of home assignments), this lack of difference from the workshop-only condition is likely not an area for concern. However, the use of role plays and experiential practice, where fidelity was lower, needs further attention and training. Conducting role plays was the most commonly reported area of difficulty and resistance for group leaders. Consequently, they sometimes did not introduce the role plays at all or did so in a way that made parents very unlikely to participate. In telephone supervision, group leaders

were encouraged to think about effective strategies for engaging parents in the role play and how to structure the role play to support maximal learning. However, group leaders sometimes were not able to work through these issues until an in-person consultation day, often by engaging in role plays themselves. Thus the overall lower skill level in running role plays in this study may reflect that this skill is one of the more challenging skills for group leaders to learn and one that is difficult to adequately address in a telephone consultation.

Prior studies with evidence-based programs have shown that therapists' proficiency and program fidelity are linked to improved client outcomes and reductions in antisocial child behavior (5,22). The findings of this study are limited in that they do not present parent or child outcomes; thus conclusions about what is "good-enough" fidelity are not possible. In

Table 4

Fidelity ratings and effect size differences for therapists assigned to workshop only and to workshop plus consultation, by fidelity dimension^a

Dimension	Workshop only		Workshop plus consultation		d	p
	M	SE	M	SE		
Practical	4.59	.16	5.06	.15	1.11	.004
Collaborative	3.44	.22	3.88	.22	.65	.040
Knowledge	3.84	.15	4.34	.15	1.00	<.001
Leadership	3.66	.19	3.86	.19	.31	.279
Relationship	3.99	.22	4.05	.21	.09	.809
Skill: home activities	3.61	.20	3.82	.19	.33	.235
Skill: role plays	2.76	.35	3.17	.33	.38	.234
Skill: vignettes	3.48	.24	4.13	.23	.90	.007

^a Possible fidelity scores range from 1 to 5, with higher scores indicating higher fidelity.

Table 5

Leader- and participant-reported characteristics of Incredible Years group delivery in workshop-only and expert consultation conditions

Characteristic	Workshop only		Workshop plus consultation	
	M	SD	M	SD
Group				
Number of sessions	11.3	2.0	12.6	2.0
Session length (minutes)	127.3	15.4	118.0	6.2
Families in group	6.4	2.8	6.0	2.3
Logistics ^a				
Child care provided	88	22	64	47
Food provided	96	14	99	2
Transportation provided	19	34	13	25
Participation ^b				
Mothers' participation ^c	2.72	.22	2.73	.24
Mother completed home activities ^d	.60	.30	.87	.87
Mothers' satisfaction ratings ^e				
Content	3.55	.28	3.71	.21
Leader	3.45	.35	3.64	.28
Vignette	3.64	.23	3.74	.17
Discussion	3.56	.27	3.69	.23
Role play	3.43	.34	3.54	.25
Intervention components ^{a,f}				
Agenda	86	22	84	17
Brainstorming	81	28	76	24
Role plays	71	29	60	19
Home activities review with parents	82	21	71	18
Prior material completed	85	27	87	18
Assigned home activities	89	20	83	19
Average number of vignettes per session	6.02	2.74	4.31	1.92

^a Percentage of sessions leaders reported providing these elements of the program

^b Some fathers participated in the groups, but data were collected for mothers only.

^c Rated by therapists on a 3-point scale ranging from 1, not at all involved, to 3, very involved

^d Proportion of time that mothers completed home activities; $p < .05$ for comparison between groups

^e Mothers' group ratings could range from 1 to 4, with higher scores indicating more satisfaction with Incredible Years program.

^f Values are percentages and percentage standard deviations.

addition, the study did not include a "no training" control group, so it is not known what level of fidelity therapists would have demonstrated if they had used the program materials without a training workshop. Finally, therapists in the workshop-only condition were monitored closely to ensure that they completed checklists and videotaped their groups. Arguably, these requirements of research study participation likely enhanced fidelity in both conditions. Further research will also examine other agency and therapist variables that influence fidelity. Therapist education and theoretical orientation—in addition to training and supervision variables, such as agency support and costs of consultation—are likely to play a role in fidelity to the program model.

Conclusions

Therapists assigned to the three-day workshop-only condition implemented the program with fidelity scores above 3.5 (out of 5) in several areas: content knowledge, group leadership, and relationship skills. The enhanced coaching and supervision condition was effective in increasing therapists' proficiency in providing practical support to group participants and in their collaborative therapy process, knowledge of cognitive-behavioral principles and child development, and effective mediation of vignette discussions. Further supervision, perhaps in the form of in-person group consultation and practice, may be necessary for improving therapists' skill in leading and promoting successful role plays and live modeling of practice experiences.

Acknowledgments and disclosures

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Dr. Webster-Stratton has disclosed that she disseminates the Incredible Years interventions and stands to gain from a favorable report. She has therefore voluntarily agreed to distance herself from certain critical research activities (recruiting, obtaining consent from participants, primary data handling, and analysis). The University of Washington has approved these arrangements. Dr. Reid reports that she is a paid trainer for the Incredible Years program. Ms. Marsenich reports no competing interests.

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Submissions Invited for Column on Integrated Care

The integration of primary care and behavioral health care is a growing research and policy focus. Many people with mental and substance use disorders die decades earlier than other Americans, mostly from preventable chronic medical illnesses. In addition, primary care settings are now the gateway to treatment for behavioral disorders, and primary care providers need to provide screening, treatment, and referral for patients with general medical and behavioral health needs.

To stimulate research and discussion in this critical area, *Psychiatric Services* has launched a column on integrated care. The column focuses on service delivery and policy issues encountered on the general medical–psychiatric interface. Submissions are welcomed on topics related to the identification and treatment of (a) common mental disorders in primary care settings in the public and private sectors and (b) general medical problems in public mental health settings. Reviews of policy issues related to the care of comorbid general medical and psychiatric conditions are also welcomed, as are descriptions of current integration efforts at the local, state, or federal level. Submissions that address care integration in settings outside the United States are also encouraged.

Benjamin G. Druss, M.D., M.P.H., is the editor of the Integrated Care column. Prospective authors should contact Dr. Druss to discuss possible submissions (bdruss@emory.edu). Column submissions, including a 100-word abstract and references, should be no more than 2,400 words.