

CHAPTER
2

The Incredible Years

Evidence-Based Parenting and Child Programs for Families Involved in the Child Welfare System

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The Incredible Years (IY) Parent and Child Series are evidence-based programs relevant for use with maltreating families with young children (C. Webster-Stratton, 2005; C. Webster-Stratton, 2009; C. Webster-Stratton & Reid, 2003; C. Webster-Stratton & Reid, 2010). It is embedded in a comprehensive service plan that addresses parenting training, family interpersonal and support needs, and children's problems with attachment, emotional regulation, social skills and cognitive development.

The IY program has several distinctive aspects. Being a group-based program, it aims to be less costly than individual treatment, to build family-support networks, and to decrease the isolation and sense of alienation commonly found among parents in child welfare. In accordance with modeling and self-efficacy theories of learning, IY makes extensive use of video modeling methods, showing vignettes of families from different cultural and socioeconomic backgrounds with a variety of parenting styles and child temperaments, so that participants will perceive at least some of the models as similar to themselves and will therefore accept the vignettes as relevant.

The program is delivered in a collaborative and interactive discussion format. Families are helped to focus on their personal goals and strengths rather than their deficits, and an emphasis is placed on group members' self-management. We believe that this approach empowers these parents in that it gives back dignity, respect, and self-control to parents who

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are often seeking help at a time of low self-confidence and intense feelings of guilt and self-blame (C. Webster-Stratton, 1996b). This collaborative approach aims to enhance parent participation, motivation, and attendance. The program's group process and methods focus on cognitive restructuring, emotional regulation strategies, behavioral practice, and live modeling methods of learning rather than didactic lectures. The goals of this approach are to provide a variety of learning methods: visual, verbal, and performance; to be low-cost because of the group format; and easily disseminated because of the extensive videos and manuals.

The IY program is comprised of a parent program and a therapeutic child treatment group. The child treatment group will be described later in this chapter, after we discuss the parent program. The IY Parent Program offers both a basic component (focus on parenting strategies) and an advanced component (focusing on parental mood, coping with stress, and interpersonal problem solving). Because families involved with child welfare services often experience multiple stressors that go beyond parenting issues, it is highly recommended that they are offered both the basic and the advanced programs. (The IY program also serves families that are not involved in the child welfare system, and those families may be less likely to need the advanced program.) In keeping with the purpose of this book, this chapter will pertain to the IY program for child welfare involved families, only. However, to avoid confusion, especially for readers who might be familiar with IY services for families that are not involved in the child welfare system, Table 2.1 is provided to show how the Core IY Program is adapted for the child welfare population.

Table 2.1 Adapting the IY Program for the Child Welfare Population

Core IY Components	IY Adaptations for Child Welfare
Standard Topics and Protocols for each of four Basic Parenting Programs according to age group targeted (2008 versions)	Cover standard topics and protocols; increase focus in key areas: parent-child attachment, emotion and social coaching, parental attributions and positive self-talk, proactive discipline, monitoring, self-care.
Vignette Protocols	Use all core vignettes and add additional vignettes if parents in the group are not mastering material or if baseline knowledge level is low.
Program Dosage (18–20 sessions)	May need more sessions to cover core program if groups take longer to understand and master material.
Key Group Teaching/Learning Methods (behavioral practice, principle building, values exercises, tailoring to meet cultural and developmental issues, home activities)	Increased parent practice and role-plays in sessions, develop scripts for language skills and cognitions, more explicit teaching about developmentally appropriate parenting practices, adapt home activities for families without children in the home, and plan for visitations with children.
Alliance building techniques (collaborative learning, buddy calls, weekly leader support calls, praise to parents, incentives for parents)	All standard alliance building techniques apply to this population; may need increased efforts to engage families (more praise, more incentives, and spending longer to build a trusting relationship between parents and leaders).
Food, transportation, daycare	No adaptations needed, but essential to offer these.
Core model does not offer home visits	Add a minimum of four home visits to coach parent-child interactions using coach home visit manuals.
Core model does not address collaboration with case workers or planning for visitation with children	Train and coordinate with case workers to plan for parent-child visitations. Case workers must understand the core IY topics and parenting strategies to coach families during these visits.
Core model suggests use of IY Advance and Child Programs for children with diagnoses or very high risk families	Use additional IY programs: <ul style="list-style-type: none"> • Advance Program to teach anger and depression management and problem-solving steps. • Child Social, Emotional and Problem-Solving Skills Small Group Therapy Program (Dinosaur School) offered with parent program.

The Basic Parent Program

The Basic Parent Program has four separate versions, each of which is geared to parents of children in the following different age groups:

- Infants (0–1 year)
- Toddlers (1–3 years)
- Preschoolers (3–5 years)
- School age (6–8 and 9–12 years)

Since the Basic Parenting programs focus on helping parents adapt their parenting practices to the developmental level and temperament of their child, it is recommended that groups are comprised of parents who have children in roughly the same developmental stage/age groups. It is difficult for parents with histories of abuse and neglect to generalize parenting skills and behavior management principles for one age group to another age group.

The baby and young preschool children programs are especially important for the child welfare populations because the rate of maltreatment from birth to 1 year is approximately double the rate for children aged 4 to 7 years. Furthermore, more than three-quarters of all children who die due to abuse and neglect are younger than 4 years (U.S. Department of Health and Social Services Administration on Children Youth and Families, 2006). Ideally, high-risk parents would be offered the baby program as soon as their babies are born, followed by the toddler, preschool, and school age program as their children reach each age group. Disadvantaged families with histories of child welfare system involvement will need ongoing parent support and scaffolding for each stage of their children's developmental transition in order to be able to break the cycle of intergenerational transmission of abuse and neglect. A chronic condition is better treated with a repeated and ongoing dose of multifaceted intervention and is more likely to have sustainable outcomes and prevent future occurrence than a single dose model approach.

The core content components and topic objectives of the basic program for the child welfare population fall within two broad categories: (1) strengthening parent-child relationships and bonding; and (2) promoting predictable routines, effective limit setting, nonpunitive discipline, and problem solving. All these parenting topics are delivered within a framework that seeks to build parent competencies and increase their social support systems. The Basic program's specific aims within each of these two categories are listed in Figure 2.1.

Adaptations for Parents Referred by Child Welfare

The following section describes the rationale for providing enhanced parent focus and experiential practice for particular basic content areas as well as providing ongoing parent support at key child developmental stages when working with parents referred by child welfare.

Child-Directed Play and Coaching Skills—Strengthening Parent-Child Bonding and Building Children's Social and Emotional Competence The programs on child-directed

Figure 2.1 IY Parent Basic Program Objectives

Strengthen Parent-Child Relationships and Bonding

- Increase parents' empathy towards their children.
- Increase parent knowledge of normal child development and provide age appropriate expectations and sensitivity to individual differences in children.
- Promote consistent monitoring and predictable supervision to keep children safe.
- Increase parents' positive thoughts and decrease their negative attributions about their children.
- Encourage more effective praise and encouragement for targeted prosocial behaviors.
- Promote positive parent-child relationships and strengthen parent-child attachment.
- Increase child-directed play and parent enjoyment of parent-child interactions.
- Help parents to become social, emotion, persistence, and academic "coaches" for their children.

Promote Routines, Effective Limit Setting, Nonpunitive Discipline, and Problem Solving

- Promote understanding of the importance of predictable schedules, routines, and consistent responses, particularly in regard to separations and reunions with children.
 - Teach anger management strategies and affect regulation so parents can stay calm, controlled, and patient when disciplining their children.
 - Help parents set realistic goals for their children's social, emotional, and academic behavior.
 - Help parents set up behavior plans and develop salient rewards for targeted prosocial behaviors.
 - Reduce harsh and physical discipline and promote consistent, nonpunitive discipline.
 - Promote children's self-regulation skills by using brief time-outs to calm down.
 - Teach parents to help children manage anger through problem-solving and self-regulation strategies.
 - Promote joyful experiences and memories and reduce exposure to adult arguments, violent TV, computer games, and an atmosphere of fear or depression.
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play and academic, persistence, social, and emotion coaching are core components of the IY program and are an especially relevant topic for the child welfare population because of their focus on the parent-child relationship, bonding, and attachment. It is important not to move on to the discipline units until parents begin to understand the concept and language needed for child-directed play, coaching, praise, and incentives and have begun to form more positive relationships with their children. For this population it is recommended that most of the vignettes from the child-directed and coaching programs be shown (in groups with less challenging populations a subset of the total vignettes is suggested).

In addition, these parents are provided with many more intensive behavioral practice play experiences than a typical group. Parents take turns role-playing or practicing playing "parent" or "child." Leaders need to simplify skills and do repeated practices before moving on to more complex parenting. This not only provides practice with new parenting techniques but also gives parents an opportunity to see the world through the perspective of their children, which promotes feelings of empathy for their needs and developmental abilities. Parents also have daily home assignments to practice what they are learning. If children are in child care at the same location as the parenting group, it is ideal to allot some time at the end of each session for parents to practice the new play interaction and communication skills with their children, in the context of supportive coaching, support, and feedback from the group leader. Alternatively, parents can receive this coaching of their parenting skills during a home visit. A home visitor coach manual is available for use by home visitor coaches or case managers who will help parents practice the skills they are learning with their children.

Parents learn to provide consistent, positive attention for prosocial behaviors. They learn the value of child-directed play and having fun together for promoting their relationship, for teaching social skills, and improving school readiness skills. When viewing and discussing the video vignettes, parents also learn about children's normal developmental milestones and needs for contingent attention, predictable responses, and positive emotional experiences. They discover that this undivided, focused parental attention results in their children feeling valued and respected and leads to their increased self-esteem. They also learn about normal development differences in children's temperament, needs for attention, and social and emotional development. This helps them to be sensitive and responsive to the cues their children give that they are ready to learn or need extra support, teaching, and reassurance. Parents learn to watch, listen, observe, and enjoy their child's thinking process and to follow their child's lead in the play. They learn that children benefit from being in control of certain situations and may actually be more cooperative with their parents if they have the chance to explore their own ideas and wishes in play.

In addition to learning how to be an "appreciative audience" when interacting with their children, they learn how to communicate with them effectively by refraining from asking too many questions, giving commands, correcting or criticizing, or trying to teach the "right" way to play. Instead, as academic, persistence, and social coaches they learn to describe their children's activities, prosocial behaviors, and ability to stay focused on a difficult project. For many of these parents this is a foreign and difficult language to learn, which necessitates group leaders not only setting up a lot of practice exercises during group sessions, but also helping them write out their scripts, and encouraging their practice of this at home during daily play sessions.

Parents are encouraged to participate in pretend play during their play sessions in order to build their children's imaginary worlds. In addition to promoting fantasy play, parents are taught to be "emotion coaches" for their children. Emotion coaching involves naming the children's feelings and providing support for expression of positive emotions such as joy, love, happiness, curiosity, and calmness (e.g., "Wow! You look so proud that you built that dump truck." Or "I'm so pleased that you're staying calm while you build that difficult model. You've got great self-control").

Parents learn how to calmly label their children's negative emotions, while providing coping statements about these feelings (e.g., "I see that you're frustrated, but I think you're going to stay calm and try again," or "That was really hard to share but that was so friendly and see how happy that made your friend feel"). This emotion coaching helps children recognize their own emotions and gives them words to express them and also helps them begin to recognize and understand others' emotions. Frequently parents referred to child welfare may have a limited emotion vocabulary themselves, so this training and practice serves the double purpose of helping the parents themselves learn about appropriate expression of feelings. The net result of this added emphasis on child-directed play and emotion coaching is the strengthening of a more secure attachment between parents and children as well as more sensitive and responsive parenting and more parental understanding when reacting to their

children's behaviors. It also facilitates the strengthening of children's self-confidence; academic, social, and emotional competence; and language skills, which may have been delayed due to prior lack of adequate cognitive stimulation and parental language interactions.

Praise and Rewards—Increasing Positive Parenting Skills, Thoughts, and Communication With Others When parents are stressed and depressed, they are less likely to praise and encourage their children or even to notice positive behaviors when they occur. Moreover, they are more likely to be irritated, critical, or angry about minor annoying misbehaviors. At these times, parents need help to identify positive behaviors they want to encourage and to remember to praise these behaviors frequently. In the school age program sticker charts and incentive programs are used to encourage them to clearly identify, track, and reinforce positive behaviors. As with the play principle, parents are helped to understand the impact of praise and positive reinforcement on *all* relationships (partners, colleagues, family members, friendships, their children's teachers). Finally, in this program they begin to learn about the importance of positive self-talk or self-praise. They rehearse and record positive motivational statements they can use when they find themselves getting negative, such as: "I am a good parent; I'm doing my best; I can handle this; I will cope; I can stay calm; I can help her learn to control herself; I did a pretty good job talking to my case worker; No one is perfect—I can do this; I try hard." Learning to substitute these positive coping statements and self-praise for their negative self-defeating thoughts will be a recurring exercise for this population throughout all the parenting group sessions.

Positive Discipline—Increasing Children's Sense of Safety and Security Frequently, abusive parents have unrealistic expectations of their children's behavior. They do not understand that all toddlers are aggressive and noncompliant or that preschool children disobey about one-third of the time and all children whine, cry, tantrum, hit, and are defiant and oppositional at times. In this program, parents are helped to understand that these behaviors are normal and healthy expressions of self-confidence and a biological drive for independence and curiosity. They are also helped to identify the important rules for their family and to keep these to a minimum. They learn to reduce excessive and unnecessary commands and criticisms and to give necessary commands clearly, politely, and calmly without fear of their children's response. The message emphasized is the ability to state a command assertively and respectfully but without negative affect or hostility. Parents learn that yelling and excessive responses to child behaviors may inadvertently reinforce the child's misbehavior. This requires parents to use self-control strategies and regulate their own negative responses. Parents learn to identify the positive opposite behaviors that they want to see more of and to give praise, attention, and small incentives in order to increase those behaviors.

Parents also learn about the importance of predictable routines for their children at bedtime, in the morning, and during separations and reunions. They are given laminated schedules with picture cue cards and work to establish predictable routines at home.

Parents learn that having predictable household rules and routines results in children feeling safe and secure at home.

Handling Misbehavior—Strengthening Parents’ and Children’s Self-Regulation Skills Parents learn to ignore many of the annoying behaviors that children exhibit such as crying, tantruming, whining, arguing, and backtalk. The difference between briefly ignoring an inappropriate behavior and neglecting a child is emphasized. Developmental guidelines define what ignoring looks like and how to keep children safe while ignoring. The key to using ignoring successfully is that parents learn never to ignore the child, but instead, to briefly ignore an inappropriate behavior. Parents are taught to stay near the child during ignoring and that *the most important part of ignoring is to return positive attention to the child as soon as the inappropriate behavior stops*. Parents also discuss the fact that *planned ignoring* is only effective when the parent-child bond is strong. Thus, this topic comes in the last third of the program after 10 to 12 weeks spent building parent-child attachment and positive parenting and coaching strategies.

Parents are trained to use a *brief* time-out to calm down as a nonviolent and respectful consequence for aggressive behavior in children 3 to 8 years. Time-out is a brief (3 to 5 minutes) and well-monitored period where children learn to regulate their negative emotions. However, the group leader carefully considers parents’ readiness to implement time-out. It is important that parents are engaged in regular play times and have successfully learned to coach and praise prosocial behaviors before starting time-out. It is also important that parents have learned some self-calming strategies before using time-out. This may mean that they practice numerous time-out scenarios in the group before initiating this at home. Next, parents discuss appropriate ways to monitor their child’s safety during time-out. Finally, parents learn how to teach their children to calm down in time-out by practicing deep breathing and positive self-statements such as, “I can calm down; I can try again.” They teach their children how time-out is used as a place to calm down and practice this strategy with their children when the children are calm and receptive. Time-out is not intended as a humiliation experience for the child, nor is it framed as a naughty place, rather it is a time for the child (and parent) to reflect and to calm themselves. This is followed immediately by a new opportunity for the child to be successful and to receive positive parental attention.

Many of the parents have used spanking or hitting in the past as their primary form of discipline and have experienced physical discipline as children. They usually are unaware of how to use time-out appropriately or why ignoring strategies work to reduce misbehavior. Therefore, it can be difficult for them to give up spanking or hitting, especially as it often seems to work to get their child to obey in the short run. A variety of practice, discussion, and brainstorming strategies help parents to think about both the short- and long-term advantages of spanking and time-out. The goal is to have parents discover that in the short term, spanking may help control their child, but its use leads to long-term difficulties for their child in terms of escalating aggression and fear of parent. In contrast, time-out delivered in a respectful and calm way is difficult for the parent in the short term because so much self-control is required, but in the long

run results in more child self-regulation and healthier parent-child relationships. Discussions about spanking in the context of a group of parents who have been referred to the child welfare system will involve the reality that many of these parents are being carefully monitored. It is likely that spanking their children may result in additional consequences from the system. This provides an additional incentive to use other methods of discipline, but also may add to parents' resentment about being monitored and their helpless feelings if they feel they do not have other discipline strategies to manage misbehavior.

Providing parents with a chance to explore feelings of guilt, anger, inadequacy, fear of losing their children, and other emotions that occur during the use of physical discipline can help parents be more receptive to learning new coping strategies. In addition to learning nonviolent discipline approaches, parents learn ways to manage their own anger. These include: (a) recognizing early that anger is building up; (b) deep breathing and muscle relaxation exercises; (c) challenging negative self-talk and rewriting positive self-talk; (d) positive imagery, and (e) taking brief time-outs themselves. As part of this process, parents develop an "emergency" plan for times when they feel that they cannot handle a situation on their own without losing control. This may involve calling a buddy from the group or a friend, calling the group leader, or some other way of getting support to defuse a situation.

Teaching Children to Problem Solve The final program in the series is helping parents learn how to teach their children to problem solve in conflict situations. Parents help children learn solutions to try when feeling angry, sad, hurt, or disappointed. They are given books to read to their children about problems they can solve using puppets and make believe games (C. Webster-Stratton, 1998a, 1998b, 1998c, 1998d). Parents often find it difficult to teach their children problem-solving skills because they have their own difficulties with problem solving. For this reason, supplementing with the Advance Program (see description below) on adult problem solving is recommended before the program on teaching children to problem solve.

Monitoring, Safety, and Home Child-Proofing In order to parent in positive and consistent ways, parents must be monitoring their children. Particularly in the case of neglecting parents, monitoring is a key theme that is discussed in most sessions. Parents are given information about why they cannot leave children unattended and brainstorm what to do when they feel they have to leave their child. Options for appropriate and safe babysitters and child care are discussed, and problem solving occurs around barriers. Developmental expectations for monitoring different age children are also discussed. Parents discuss the value of appropriate continual monitoring for promoting their children's social and emotional development and sense of security. Parents are helped to see the potential negative outcomes of not monitoring, both for their children and themselves. Other safety issues are covered, with an emphasis on how these issues change for children of different ages and developmental levels. Lastly, the baby and toddler programs place a particular emphasis on home childproofing their environment.

They are asked to complete checklists of things to check in their home, and these are reviewed in detail in the sessions.

IY Group Process and Methods of Engaging Families

Earlier we discussed ways to tailor the program content to families involved in the child welfare system. In addition to the need for content adaptation or increased focus, other barriers often arise with this population. We now outline some of the group processes and methods that are used to overcome these barriers and are well suited to working with this population.

Collaborative Process The collaborative process is a core tenet of the IY program. In a collaborative relationship, the therapist (or group leader) works *with* parents by actively soliciting their ideas and feelings, understanding their cultural context, and involving them in the therapeutic process by inviting them to share their experiences, discuss their ideas, and engage in problem-solving. The therapist does not set him- or herself up as the “expert” dispensing advice or lectures to parents about how they *should* parent more effectively; rather, she or he invites parents to help write the “script” for the intervention program. The therapist’s role as collaborator, then, is to understand the parents’ perspectives, to clarify issues, to summarize important ideas and themes raised by the parents, to teach and interpret in a way that is culturally sensitive, and, finally, to teach and suggest possible alternative approaches or choices when parents request assistance and when misunderstandings occur. Eventually therapists help parents to incorporate a new cognitive and emotional framework of parenting. Collaboration implies a reciprocal relationship based on utilizing equally the therapist’s knowledge and the parents’ unique strengths and perspectives.

Parents involved in the child welfare system may be difficult to engage because they are angry about being required or mandated to participate in parent education. The IY parent program model, with its emphasis on collaboration rather than didactic prescriptions and its nonblaming focus on parent strengths instead of deficits, is designed to counteract parent resistance. Collaboration implies that parents are actively involved in setting their own goals for themselves and their children. Group leaders describe the group process as a partnership between the parents and themselves and emphasize that everyone in the group will be sharing ideas and learning from one another. Parents are assigned a buddy (another parent in the group) and are given specific assignments to contact the buddy between groups to share experiences. Group leaders also call parents each week to provide on-going support for their home practices. This approach builds a support system and diffuses parents’ anger and sense of stigmatization. Making new friends and sharing mutual experiences is motivating and supportive for these parents, who often feel isolated and blamed (Coohey, 1996; Roditti, 2005).

Although the collaborative and supportive relationship between parents and therapists is the underlying structure for the IY process of intervention, within this relationship the program’s incorporation of motivational concepts such as individual goal setting, self-monitoring, reinforcing motivational self-talk, examination of personal belief

systems via benefit and barriers exercises, peer buddy calls, and group leader coaching helps to empower parents and promote demoralized parents' active engagement with the program. Although space limits the discussion of all these methods, we describe a few that are particularly relevant for helping this population of parents to determine and accept responsibility for what they want to achieve within a supportive context.

Benefits and Barriers Brainstorms Each content area of the program is introduced with a benefits and barriers exercise. These brainstorms are used as a therapeutic technique to help parents articulate and examine their own beliefs about each new topic. This brainstorm also provides therapists with an overview about what parents know and believe. During the brainstorms, the therapist's role is to reflect, clarify, and extend the points that parents are making. For example, during a brainstorm on the benefits of playing with children a parent might say, "Play makes children happy." The therapist would respond: "That's a good observation: Parent play makes children happy. Why do you think children are so happy to have their parents play with them?" This discussion could continue to help parents in the group explore the idea that children value parental attention above all else; that to a child, the parent is the most important person in the world. This realization can be eye opening for parents who might have felt that their child's demands for attention were irritating and bothersome. Therapists might also ask parents to think about whether playing with children has any benefits for the parent. Frequently in the program, parents are encouraged to think about parent-child interactions from both points of view: the parent and the child. This increases empathy for the child as well as helping the parents to see the mutual benefits of a strong-parent child relationship.

After the group members have explored the benefits of a particular topic, they are encouraged to explore the barriers. During this brainstorm, the therapist listens to each barrier and acknowledges it. This is not a time to dispute the barrier or to try to convince parents that a strategy is worth trying, in spite of the barriers. For instance, a parent might say, "I just don't have the time to play, and when I do play, he just wants to play the same game over and over." The therapist might say, "So, you're mentioning two really common barriers here. First, it can be really hard to find the time to play when you have so many other things to do just to keep up with day to day life. And the second thing you mentioned is that sometimes children's play is a little boring for adults. It really can be hard to sit through 15 minutes of lining up the same cars in a row and then racing them around a track." By acknowledging and trying to understand the parents' barriers, the therapist can begin to address the resistance that often comes when a new strategy is introduced. In the barriers exercise, it is understood by the whole group that there are things within it or its environment that make the new strategies hard to implement. From here, the therapist moves the group on to the discussion of the content by summarizing the benefits and letting the group members know that they will work to find acceptable solutions to the barriers.

Self-Monitoring and Home Activities Incentives At the end of each session parents are given home activities to complete before the next session. For example, parents may be asked to play every day with their child for 10 minutes using the coaching strategies they

have learned in the session, to read a chapter or listen to it on CD in the *Incredible Years* toddler or parent book (C. Webster-Stratton, 2005; C. Webster-Stratton, 2011), and to call their buddy to share their favorite play activity with their child. Before leaving the group parents are asked to write down their commitment to whatever part of the assignment they feel is realistic for them to complete that week and what their goal will be for the week. This strategy helps parents to take ownership of the learning process and helps to reduce resistance to being told what they *must* do for homework. At the beginning of the following session, parents record whether they have achieved their goal. Therapists review these personal homework goals and achievements in each week, making encouraging comments and even putting stickers on them for goals completion. In addition, the group therapists ask the parents to share with their buddy or the whole group what home activities they have achieved and feel most proud of. This exercise helps them learn to praise themselves and each other. Therapists give out prizes to individuals for achieving particularly difficult goals, or even challenge the whole group to a particular reward (e.g., pizza party) if all group members manage to complete their home activities or make their buddy calls. During the week therapists phone (text or email if no one home) to see how parents are doing with their home activities and to support their progress.

Balancing Collaboration and Teaching Although therapists are collaborative, this does not mean that they passively let parents in the group take over the discussion or withdraw from involvement. A skilled therapist will alternate between providing parents with accurate information about child development, encouraging parents' efforts at home, gently challenging or confronting a parents' belief in a harsh or ineffective parenting strategy, and engaging and coaching them in practices of the new skills they are learning or to reenact difficulties they have encountered at home. Group leaders work to maintain fidelity to teaching the core behavior-management principles, while helping families reflect on how these principles are relevant for their own goals. The leader balances the need to present basic information that the parents might not know with acknowledging parental perspectives and knowledge level and helping parents to see that different parenting styles can be effective. In some child welfare parent groups, parents may need more basic teaching than in a group of parents with more baseline skills. However, because child welfare parents may be more resistant to the program, the group leader will also need considerable therapeutic skill to bond with parents, to highlight the skills that these parents do have, and to empower them to feel as if they can make changes that will benefit their children. In a sense, a group leader working with this population needs to be more directive, more collaborative, more culturally sensitive, and more therapeutically skilled. Thus, group leaders will need high levels of consultation and support when using this program.

Mediating Video Vignettes and Practices The video vignettes are a key part of the learning process in the group because they provide the group with a common visual experience to watch and discuss. Prior to showing a vignette, the therapist provides some information to the group about the vignette and may prompt the parents to watch for

something specific: "In this next vignette, see what you think about the pace of this mother's play with her child. In particular, I'm curious to hear what you think about how the child might be feeling." Therapists pause the vignettes periodically to find out what parents thought about a particular part of the interaction: "Before we go on, what feeling do you see in the child's face right there?" "Why do you think the child felt that way?" "What would you do next?" Parents are encouraged to notice and discuss effective parenting interactions, as well as less effective interactions. Experienced therapists understand that any reaction that a parent has to the vignette is important and can be used in the discussion and learning process. If parents believe that the interaction is effective, then the therapist helps to pull out a general principle from the parents' observations about the vignettes. "You know, I think I hear a principle there. You said that the mother was playing at a faster speed than the child could keep up with—let's call that the Pacing Principle. Often a child needs much more time to explore during their play than we do as adults." If parents are uncomfortable with the style of the interaction of the parent in the vignette, then the therapist helps the group to tailor the strategy to fit individual parent's style. "So, it sounds like you think that parent's voice is too sugary and you wouldn't be comfortable saying that. You know, there are so many different ways of letting your child know that you are enjoying them, and it's important to do this in a way that feels comfortable to you. What would it look like if you were going to let your daughter know that you were having fun with her?" Always, after parents have built up a list of effective parenting strategies, the therapist rounds out the learning by having parents in the group practice these strategies in a series of role-plays. This takes the learning from the cognitive level into active learning.

Building Supportive Relationships Another form of support is for the therapist to establish positive expectations for change. Parents are often skeptical about their ability to change, especially if they see in their behavior a family pattern, for patterns often seem fixed and irreversible. For example, one parent said, "My mother beat me, now I beat my children." In such a case, the therapist must express his or her confidence in the parent's ability to break the family cycle. The therapist can point out each small step toward change—even the step of coming to therapy in the first place—as evidence that the problem is *not* fixed or irreversible. These parents need to be reinforced through positive feedback for each success, however small, and for each change in their behavior, whether it results in improvement in their child's behavior. It can be helpful to cite examples of other parents in similar situations who have been successful in teaching their children to behave more appropriately. For example, the therapist might say, "You are working really hard to make a change in your parenting while your child is still young. This will help both of you avoid getting into a permanent rut of negative interactions but instead a more enjoyable relationship. Good for you for tackling this now. You will have a different relationship with your child than you did with your mother."

Childcare and Transportation Another barrier to attendance is addressed by providing practical assistance by offering dinner, child care, and transportation for the groups.

These are offered in all of our community-based groups, not just to families involved in child welfare and are rated highly as a strong motivator for families' ongoing participation. Over and over, when families are asked to list reasons for not attending a group, child care and transportation are among the top reasons listed.

Parents Who Have Lost Custody of Their Children Some parents have had their children removed to foster care, so they do not have children at home to practice the new parenting skills. In some cases, it may be feasible for biological parents and the foster parents of their children to attend the same parenting group. This kind of collaboration provides unique therapeutic challenges, but also potentially tremendous benefits for children. Regardless, parents who do not have custody will need extra coaching and practice during the group sessions. This can be accomplished by more frequent role-plays during the group or on-site practice with children who are in day care during the group. Home assignments should be modified depending on the parents' access to their children. Visitation times are an ideal time to practice the new skills, and parents can be helped to plan activities to do with their child during visitation and to anticipate their child's response to seeing them after a separation. It is recommended that the visitation supervisors be trained in the IY program so that their support will be consistent with what parents learn in the group. The focus for these parents will also be geared to helping them address some of their personal needs for confidence building and enhanced support networks. This is done by broadening their understanding of how the many parenting skills can be extended to other relationships.

IY Home Visitor Coaching and Model In addition to the IY basic group meetings, we recommend that a home visitor work individually with parents and children for a minimum of four visits to practice the skills taught in the groups. Case managers who are already visiting these families might be trained in IY to do in-home rehearsal and reinforcement of skills. A home visitor-coaching manual with session protocols is available, as well as workbooks for parents (C. Webster-Stratton, 2008). If parents cannot attend the group at all, the manual offers protocols for leaders to offer the entire 20-session program at home.

The Advanced Parent Program

As mentioned earlier, an advanced parent program is offered and is particularly applicable to families involved with child welfare services (in addition to the basic parent program) because those families often experience multiple stressors that make it difficult for them to focus solely on parenting issues. For example, such parents often have mental health issues (Burns et al., 2004), elevated rates of depression (U.S. Department of Health and Social Services Administration on Children Youth and Families, 2006), anger control difficulties (Ateah & Durrant, 2005), and conflictual relationships with partners and other family members that frequently escalate to domestic violence (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). The advanced

parent program component addresses many of these issues as they relate to parenting and also to parents' functioning in their adult family environment. Group leaders are also responsible for referring parents to other, more specialized treatment programs for substance abuse, domestic violence, or clinical levels depression.

Typically, the advanced program is offered after the basic program and takes another 8 to 9 sessions, for a total of 22 to 24 sessions. In the advanced program, parents learn effective communication skills, more ways to cope with discouraging and depressive thoughts, more practice with anger-management strategies, ways to give and get support, and effective problem-solving strategies. However, as we have seen, some of these advanced program themes are woven throughout the basic program. For instance, in every unit in the basic program, there is an emphasis on how the behavior management principles parents are learning can help them cope with their own emotions and their other adult relationships as well as with their child's behavior and emotions. If this is done skillfully and consistently, parents will have some experience with many of these concepts even if the advanced program is not offered after the basic program.

The Therapeutic Child Treatment Group

In addition to the parent group, the therapeutic child treatment group is provided because research has indicated that children who have been neglected or abused have more behavior problems, self-regulation and emotional difficulties, and other developmental, learning, and social difficulties than typical children (Crick & Dodge, 1994; Fantuzzo et al., 1991; Jaffee, Caspi, Moffitt, & Taylor, 2004; Knutson, DeGarmo, Koeppel, & Reid, 2005). The therapeutic child treatment group, which in the IY program is called the Dinosaur Treatment Program, promotes children's social, emotional, and problem-solving skills. The curriculum consists of 18 to 22 weekly 2-hour lessons. The therapists for this program use comprehensive manuals that outline every session's content, objectives, video vignettes, and descriptions of small group activities. Figure 2.2 lists the goals for each of the program units.

Methods of Presenting the Small Group Dinosaur Program

Methods and processes for teaching social skills to young children must fit with the children's learning styles, temperaments, and cognitive abilities. Within the 4-to 8-year-old age range, there are vast differences in children's developmental abilities. The Dinosaur Program provides relevant content areas for the preschool to early elementary school age group. A skilled therapist will use developmentally appropriate practices to present the material to the child in any given group according to the goals for that child. Each lesson uses a combination of structured circle time learning (with games, puppets, video vignettes, role-plays), small group practice activities, coached play, and social snack time (C. Webster-Stratton & Reid, 2008). Home practice activities are provided each week, and therapists work with teachers and parents or caregivers to develop individual behaviors plans targeting specific goals for each child. See the book, *How to Promote Children's Social and Emotional Competence*, for more details.

Figure 2.2 Dinosaur Treatment Group Goals

Making Friends and Learning School Rules and How to Do Your Best in School

- Increase children's compliance to adult requests and ability to follow basic rules such as raising hand, listening to teacher, keeping hands to self.
- Increase children's school readiness skills (e.g., concentration and persistence).

Understanding and Detecting Feelings

- Increase children's emotion vocabulary for both positive and negative feeling words.
- Build awareness of ways to identify feelings in self and others by attending to body language, facial expression, vocal tone, and behaviors.
- Be able to express feelings using words.
- Learn to cope with and manage uncomfortable feelings in ways that are productive and acceptable (talk about feelings, ask for help, learn to self-regulate, think of coping thoughts).

Detective Wally Teaches Problem-Solving Steps

- Learn that negative or uncomfortable feelings are a signal that there may be a problem.
- Learn a series of problem solving steps (identify feeling, identify problem, brainstorm solutions, try a solution, evaluate consequences).
- Understand and practice using many different prosocial solutions to common problems (share, help, take turns, ignore and walk away, get help, find something else to do).
- Move from practicing these solutions in hypothetical situations to real-life problem solving.

Detective Wally Teaches Anger Management Steps

- Learn that angry feelings make it difficult to problem solve.
- Practice stopping your body when you feel angry or frustrated.
- Practice behavioral (going into turtle shell) and cognitive (self-talk) strategies to manage anger and help to self-regulate emotions.

Molly Manners Teaches How to Be Friendly and How to Talk With Friends

- Conversational skills (making a suggestion, apologizing, agreeing, giving compliments).
- Increase repertoire of specific prosocial situations for common peer situations (entering group of children, compromising during conflict, being a good sport when losing).

Clinical Adaptations of the IY Child Program Content for the Child Welfare Population

All topics above are relevant to children in the child welfare system. In addition, below are listed topics of enhanced focus that are particularly important for these children.

Enhanced Focus: Strengthen Children's Sense of Safety and Trust in Their Environment

- Help children learn to cope with adult anger and understand what to do to stay safe.
- Children learn how to get help and where to go if they feel unsafe.
- Promote appropriate touch with adults and peers.
- Children experience and learn about predictable routines.
- Children learn to trust adults and build healthy relationships.
- Children practice how to separate and reunite with their parents or child givers.

Enhanced Focus: Emotional Literacy

- Children learn to feel safe in expression of feelings of sadness, anxiety, or anger regarding traumatizing events.
- Promotion of cognitive and behavioral coping strategies to manage uncomfortable emotions.

Adaptations for Children in the Child Welfare System

An additional challenge for this population is that children who have experienced abandonment, neglect, trauma, or abuse during their childhood years often develop insecure, ambivalent, or avoidant attachment patterns with their parents or caregivers (Bakermans-Kranenburg, Van Ijzendoorn, & Juffer, 2003). The child groups provide

children with a model of a secure and healthy adult-child relationships and also teach specific skills that will help the child to navigate other relationships in their lives.

Content for Children With Attachment Problems Children who have attachment problems may have experienced inconsistent rules and responses to their behaviors in different homes, so knowledge of rules and clear expectations for their behavior in Dinosaur School will help them to feel safe and more secure in their relationships. Children who have experienced negative and traumatizing events may experience anger, anxiety, depression, or sadness. In many cases, these feelings may have been ignored or invalidated by caregivers, and the children may be confused by these feelings. Consequently, children may not be able to label or discuss their feelings easily and may also believe that it is not safe to share these feelings with others. Such children often have difficulty managing emotions and frequently express sadness and fears by appearing angry and hostile towards others. For children with attachment problems, extra time is spent on labeling and identifying feeling words. It is important to help children understand that *any* feeling is okay to have, and to learn that it is how they react to that feeling that is important (e.g., it's okay to be very mad at someone, but it's not okay to hit). It is also important for the therapists to watch for times when children are having positive emotions and to label these emotions. Typically children's negative emotions receive much more attention from adults than the positive ones (e.g., "John, you look like you are feeling proud of your new backpack," or "Sally, I see a big smile on your face. I think you are happy to see Wally today"). As children begin to have a larger repertoire of feeling words, then they can begin to express emotion in new ways.

Children with attachment problems also need help to develop coping strategies for managing anger and sadness. Depending on the age of the child, these strategies will be a combination of behavioral and cognitive techniques. For example, specific behaviors that children learn to manage anger are taking three deep breaths, counting to 10, and practicing making their bodies tense and relaxed. Cognitive strategies they learn range from simple statements such as, "I can do it, I can calm down" to more complex cognitions such as, "I'm feeling mad because my sister took my truck, but I'm going to be strong and ignore her. Then I won't get in trouble and I'll prove I can control my anger." Behavioral strategies for managing sadness include telling a safe adult that you feel sad, or to finding a fun activity to do. Cognitive strategies involve thinking of happy thoughts or places, giving a compliment to yourself, or telling yourself that feelings can change and even though you are sad now, you will feel better later.

It is important to discuss ways for the child to stay safe and to cope with an adult's anger. Depending on the child's current living situation, these discussions may focus on helping children understand that even when adults are angry, they still love their children or, for a child who is still in a potentially abusive situation, the emphasis should be on identifying when the adults around them are not safe and to have a plan for what to do when this happens. A discussion about the fact that sometimes, even though parents love their children, they act in ways that will hurt them can help children talk about these fearful times. Children learn that it is not okay for their parents to do this, and

that it means that their parents need some help learning how to calm down and how to take care of them.

Methods and Processes for Working With Children With Attachment Problems Since children with attachment difficulties may be mistrustful of adults, the puppets are a particularly important teaching method. Children will often open up to the puppets and talk about things that they would not talk about with an adult. The puppets are also useful tools for demonstrating appropriate touch. The puppets model that it is important to ask before touching someone (e.g., “Would you like a hug or a handshake?” “I’d rather not have a kiss on the lips, but I’d love it if you gave me a hug or a high-five”). Children who are suspicious and reluctant to receive adult hugs accept it from the puppet. Gradually the puppets will help the therapist to form a bond with a mistrustful child.

Children with attachment problems have difficulty with separations and reunions with their caregivers and other adults. These issues can be addressed by making sure that the puppets and therapists have routine greeting rituals and welcome each child in a personal and predictable way at each Dinosaur School session. Puppets and therapists say good-bye at the end of each session, and before the end of treatment, several weeks are spent talking about the fact that Dinosaur school will be ending. The children’s feelings about this are explored, and the therapists, children, and puppets discuss ways to cope with feeling sad and keeping in touch. The repeated predictability of greetings and reunions can help to increase children’s sense of security with adult relationships. The therapists also help to model these greetings and reunions for parents at the beginning and ending of each group session.

Children with attachment problems who have been blamed or abused by adults in the past may be suspicious of praise. They may respond by rejecting it, getting over-excited, or misbehaving. For example, a child tears up his art paper when his teacher praises him, or a child gets up and runs around the room the instant that the therapist gives her a token for sitting in her chair. It is important to be persistent and generous with praise and reinforcement for these children, even though sometimes children become more disruptive at first. These children are good at training adults to *stop* praising them, which only reinforces their idea that they are “bad” children. Therapists may experiment with the way in which praise is given. Instead of exuberant praise, the praise may be given in quiet, personal moments. The therapist may give it quickly, and then deflect attention from the child, so as not to put the child on the spot to accept the praise. Any rejection or arguments that result from the praise are ignored. Gradually children will learn to accept and internalize the praise if it is consistent and genuine.

Summary

We have discussed how to deliver IY parent and child care program principles and adapt the program with fidelity to meet the needs of intact families referred by child welfare as well as families where the children have been removed from the home. The IY interventions as well as other evidence-based parent programs (Chaffin et al., 2004; Lutzker, 1990; Lutzker & Bigelow, 2002) have demonstrated ability to improve parent-child

relationships and to build parents' own sense of competence and self-control as well as strengthen their supportive family and community networks. Although it is common for child welfare agencies to seek briefer interventions than the Incredible Years, these families are complex and in the highest risk category for re-abuse and maltreatment if not adequately trained and supported. Data in the parenting literature support the notion that parenting curricula need to be substantial to produce sustainable effects with challenging populations (Kazdin & Mazurick, 1994). Data from the IY programs have shown that the dosage of the intervention received and fidelity with which it is delivered are directly linked to changes in parenting and child behaviors (Baydar, Reid, & Webster-Stratton, 2003; Eames et al., 2009). Our standard treatment recommendation for child welfare families referred because of abuse and neglect is a minimum of 18 two-hour parent and child group sessions delivered by accredited IY group leaders who have high levels of support and consultation.

Parent participation in the full IY program is expected to accomplish the following: improve the parent-child relationship; increase parents' sense of competence and self-control; increase the use of positive discipline strategies, predictable schedules, and monitoring; and reduce the rates of harsh and physical discipline. Child participation in the full IY child program is expected to improve children's emotional regulation, social skills, and to strengthen problem-solving skills as well as attachment and trust with parents. In the long term, we expect that these improvements in parenting and parent-child relationships will lead to lower rates of re-abuse, fewer re-reports to child welfare services and more academically, emotionally, and socially competent children. In order to break the intergenerational cycle of parent-child violence and neglect and child conduct problems, it is also necessary to provide enough training and support to therapists to assure program fidelity with the goal of these children getting the best parenting possible.

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