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## THE INCREDIBLE YEARS: USE OF PLAY INTERVENTIONS AND COACHING FOR CHILDREN WITH EXTERNALIZING DIFFICULTIES

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Children derive unique benefits when their parents and teachers give them undivided, focused, regular, and responsive attention during child-directed play interactions. During adult-child play, the child develops a trusting emotional bond and important physical, cognitive, social, and language skills. Attentive playtimes also play a critical role in shaping the way children think, learn, react to challenges, and develop relationships throughout their lives (Raver & Knitzer, 2002). Children who are not supported to develop these prosocial and emotional regulation skills are more likely to continue to exhibit immature behaviors typically seen in toddlers, such as aggression, oppositional behaviors, and tantrums (Tremblay et al., 1999). Such children with “early-onset” conduct problems or oppositional defiant disorder (ODD) are subsequently at high risk for recurring conduct disorders, underachievement, school dropout, violence, and eventual delinquency (Loeber et al., 1993). Thus, early intervention efforts designed to assist parents, teachers, and child

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therapists with the strategies to promote children's optimal social, emotional, and problem-solving competencies can help lay a positive foundation for optimal brain development.

## RATIONALE AND DESCRIPTION OF THE INCREDIBLE YEARS PARENT, TEACHER, AND CHILD PROGRAMS

The Incredible Years (IY) Parents, Teachers and Children's Series is a set of three separate, but interlocking, evidence-based programs designed to promote social and emotional competence in young children and to prevent and treat conduct problems. First is the IY BASIC parenting series, which consists of five curricula versions designed for different age groups (infant–12 years). These programs are offered weekly for nine to 20 sessions (program length varies by target age) to groups of eight to 12 parents; they emphasize developmentally age-appropriate parenting skills that help children accomplish key developmental milestones. The primary goals of these programs are to strengthen parent–child attachment through nurturing relationships, increasing positive discipline (i.e., rules, predictable routines, effective limit-setting, problem solving), decreasing critical or harsh parenting (i.e., logical consequences), and building relationships with day care providers and teachers. The foundation of the IY program Parenting Pyramid rests on parents' ongoing investment of their attention and time in the use of child-directed play and coaching strategies to strengthen their attachment with their children. Through child-directed play interactions, parents learn how to coach their children's social, emotional, and language growth, and, for early school-age children, how to build their academic readiness and beginning problem-solving steps.

The second program is the IY teacher training series, a 6-day training program for teachers, school counselors, and psychologists who work with children aged 3 to 8 years. This training is offered monthly to groups of 10 to 15 teachers who complete classroom assignments between training sessions. The foundation of this IY program Teaching Pyramid is also to promote positive teacher classroom management skills and relationships with students through social, emotional, academic, and persistence coaching. In addition, topics for teachers include praise, incentives, proactive discipline, behavior planning, and development of partnerships with parents.

The third program in the series is the IY Dina Dinosaur's social skills, emotion, and problem-solving curriculum (also known as Dinosaur School). Both a classroom prevention version of this curriculum and a treatment pull-out small-group version are available. The treatment version is offered for 20 weeks in 2-hour sessions to groups of six children with conduct or social

problems, or attention-deficit/hyperactivity disorder (ADHD), usually in conjunction with the IY parent program. The prevention classroom version of the program is offered twice weekly to the whole class throughout the school year. Topics include teaching children social skills and ways to talk with peers, understanding and expressing feelings, managing anger, and problem solving. Material is taught to the children during circle time lessons, small group experiential activities, and free play, and through the use of large puppets.

All three programs (parent, teacher, and child) rely heavily on relationship building; performance training methods, including presentation of video vignettes; observational learning through video or live modeling; active experiential role-plays and practices; assigned home and classroom practice activities; and live feedback and coaching from trained group leaders and group participants. (For further information and a description of these programs, please see the following articles: Webster-Stratton, 1999, 2012b, 2012c, 2013; Webster-Stratton & Reid, 2010).

## THEORETICAL UNDERPINNINGS

The use of child-directed play and coaching strategies with children draws from underlying theories of social learning, modeling, and relational theories, such as attachment and psychodynamic theories. In addition, extensive research regarding children's social, emotional, and cognitive development has provided interventions with a developmental framework of empirically based models of normal and pathological child development.

### **Contributions From Social Learning Theory**

IY child training philosophy has its roots in applied behavior analysis, models of operant behavior (Baer, Wolf, & Risley, 1968), and cognitive social learning theory (Bandura, 1989). A key assumption is that children's behaviors are learned from their interactions with significant people in their lives, particularly their parents, teachers, and peers. Child problem behaviors—whether internalizing or externalizing problems—are believed to be maintained by environmental reinforcers. The focus of training from this perspective is on changing maladaptive child behaviors by changing the environmental contingencies that maintain these problem behaviors.

Cognitive social learning theory (Bandura, 1977) posits that behavior is learned not only by experiencing the direct consequences of those behaviors but also by children's observing similar behavior and its consequences. The IY programs incorporate modeling theory by emphasizing the importance of parents, teachers, and therapists modeling of appropriate social interactions,

emotional regulation, and appropriate expression of emotions for children. In accordance with a cognitive social learning model, then, each of the three intervention programs in the series is aimed at identifying children's prosocial (or appropriate) and maladaptive (or inappropriate) behaviors, emotions, and thoughts, and changing the reinforcement contingencies by prompting and reinforcing positive opposite behaviors and ignoring or instituting brief consequences for negative behavior.

### **Contributions From Relational Theories**

The IY programs also draw from relational approaches of attachment and psychoanalytic theory (Ainsworth, Bell, & Stayton, 1974; Belsky & de Haan, 2011; Cicchetti, Rogosch, & Toth, 2006; Sroufe, Carlson, Levy, & Egeland, 1999) because of their central concern with emotion, affective processes, and the quality of relationships. Social learning and behavioral theory suggests that a more positive child relationship will occur when parents and teachers use child-directed and coaching skills with children because their use of attentive and sensitive responding, and praise, makes them more reinforcing. However, it is the developer's hypotheses that these coaching strategies with children also influence the affective and relational aspects of adult-child interactions, as separate from behavioral management. Within a relational focus as espoused by Axline (1969), child-directed play is seen as a way to promote positive parenting and adult-child bonding or attachment and is a goal in itself. Therefore, the IY programs emphasize the importance of the adult's increased expression and communication of positive affect, including love, affection, acceptance, enjoyment, and empathy during play interactions. Another therapy component that grows out of relational theory is training parents, teachers, and therapists to label, encourage, and respond to children's expression of emotions, including a focus on teaching adults and children to process and manage strong emotions. This renewed interest in affective processes reflects a growing recognition that a parent or teacher's emotional expression and self-regulation ability are likely to affect the quality of children's emotional expression, which, in turn, affects the quality of their social relationships and ability to self-regulate in the face of conflict.

### **Developmental Theory**

The IY programs also draw heavily on developmental cognitive learning stages and research in regard to brain development (Belsky & de Haan, 2011; Piaget & Inhelder, 1962). Children must be developmentally ready to learn from specific training approaches. The IY program addresses the major

developmental milestones for toddlers versus preschoolers versus school-age children.

## RESEARCH EVIDENCE SUPPORTING IY PROGRAMS

All the IY programs (parent, teacher, and child) have been evaluated extensively in multiple randomized controlled trials (RCTs) by the developer and by independent investigators. Separate evaluations of each program have been done for the treatment versions of the programs (i.e., for children with diagnosed problems) and for the prevention versions of the programs (i.e., for high-risk populations). These RCTs have included families from socio-economically and ethnically diverse populations. A detailed review of the specific outcomes of each of these evaluations can be found in the library of the IY website (Webster-Stratton, 2012a).

Briefly, the parenting intervention has been shown to improve parental attitudes and parent–child interactions and reduce harsh discipline and child conduct problems compared with waitlist control groups. The results were consistent for early childhood and school-age versions of the programs, and were sustained at 1 year to 3 years postintervention (Webster-Stratton, 1990) and in a 10-year follow-up (Webster-Stratton, Rinaldi, & Reid, 2011).

The teacher intervention showed that teachers who received the intervention used more proactive classroom management strategies, praised their students more, used fewer coercive or critical discipline strategies, and placed more focus on helping students to problem solve than teachers who had not received this training. Intervention classrooms were rated as having a more positive classroom atmosphere, increases in child social competence and school readiness skills, and lower levels of aggressive behavior. Prevention and treatment studies have suggested there is an added effect when the IY teacher classroom management program is combined with the child Dinosaur School treatment program and/or IY parent program in terms of peer relationship improvements, school readiness outcomes, and reduction of aggressive behaviors in the classroom (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Beauchaine, 2013; Webster-Stratton, Reid, & Hammond, 2004).

The child intervention, when offered alone, led to improvements in children's problem-solving and conflict management skills with peers compared with those who did not receive the intervention. At the 1-year follow up, combining child training with parent training led to the most improvement (compared with either training in isolation). The classroom prevention version of the child program with Head Start families and primary

grade classrooms indicated significant improvements in school readiness, emotional regulation, and social skills, and reductions in behavior problems in the classroom (Webster-Stratton, Reid, & Stoolmiller, 2008).

## PLAY AND COACHING: FOUNDATIONAL COMPONENTS OF ALL THREE PROGRAMS

One of the key therapeutic aspects of all three IY programs in the series is training in child-directed play interactions using academic, persistence, social, and emotional coaching skills, and training in using imaginary play to teach children's self-regulation and problem-solving skills. These coached child-directed play components compose at least half of all the intervention program's content and the time spent training, although the specific play coaching methods on which the program focuses vary according to the child's developmental stage. These play coaching skills form the foundation for building children's relationships with their parents, teachers, and peers. The IY program research summarized earlier was evaluated as a complete intervention that includes the play and coaching skills in combination with the limit-setting and positive discipline components. No research has evaluated individual components of the program in isolation. It is the developer's belief that teaching the play relationship-building and coaching components before training in the discipline components is essential to the therapeutic behavior change model; however, the positive discipline is also believed to be a core component of the program. It is not recommended that the program be shortened to deliver parts of the program separately. The origins of parent-child interaction therapy (PCIT) developed by Sheila Eyberg, are theoretically compatible with those of the IY program, and PCIT also has had positive outcomes in randomized trials (Eyberg et al., 2001; Funderburk et al., 1998).

The remainder of this chapter focuses primarily on describing the child-directed play interaction, coaching strategies, and problem-solving components of each of the three IY series. It describes their rationale, theories, practical uses, and how the approaches are tailored to meet the particular developmental needs of each child and family circumstances. More information on the full program, including the praise, incentives, and discipline sections, can be found in other chapters and articles (see Webster-Stratton, 2006a, 2012b; Webster-Stratton & Herbert, 1994).

### **Child-Directed Play**

All three IY series start by building a foundation of positive adult-child relationships through child-directed play interactions. This style of

interacting during play means that parents, teachers, and therapists avoid giving unnecessary commands, corrections, or instructions, or asking questions during play. Instead, these adults follow the children's lead and ideas, enter with the children into their imaginary and pretend world, express their joy and playfulness in being with the children, and help the children feel special by being an appreciative audience to their play. Because one of the major developmental tasks for young children is to become more autonomous, program participants come to understand how their time spent playing with children in child-directed ways is a valuable way to help them feel some independence and develop an individual sense of self. In addition, a second major developmental task for young children is to form secure attachments with parents and teachers. Child-directed play strategies help build safe and secure relationships that eventually lead to fewer difficulties for children separating from their parents and easier transitions to school settings.

### **Descriptive Language Coaching**

Parents, teachers, and therapists are taught how to coach children during child-directed playtimes using *descriptive language coaching* (Hanf & Kling, 1973). Descriptive commenting is a running commentary during play that describes the children's behaviors and activities. Descriptive commenting indicates to the child how focused and responsive the parent, teacher, or therapist is on what the child is doing, which further strengthens their relationship bond. It is also an invaluable teaching tool that encourages language development because this approach bathes the child in language by providing direct, important verbal information about behavior and actions or the names of objects. It also provides positive attention (and reinforcement) to whatever aspect of the play that the commenting is focused on, which encourages children's exploration and sense of discovery. In this kind of coaching, sometimes called *academic readiness coaching*, parents and teachers focus their comments on academic concepts, including the names of objects, shapes, colors, sizes, numbers, textures, and position (e.g., on, under, inside, beside, next to). For example, when the parent or teacher says, "You have three yellow rectangles on top of the red fire truck," the child is learning about shape, colors and numbers, and the language to describe these concepts. Thus, descriptive language coaching can be delivered strategically and can be tailored to meet a number of relationship, language, and learning goals, according to children's needs and developmental levels.

### **Persistence Coaching**

*Persistence coaching* is when the adult comments on the child's cognitive and behavioral states while the child is playing. For example, a teacher

interacting with a student working on a project will comment on the child's being focused, or concentrating well, or trying hard, or persisting and staying patient, even though the activity is difficult. Recognizing the child's internal state of mind and the physical behaviors that go along with that state is especially important for children who are inattentive, easily frustrated, impulsive, or hyperactive. Labeling the times a child is focused and persisting patiently and calmly with a difficult task helps the child to recognize that internal state, what it feels like, and to put a word to it. Attention and coaching help the child to stick with the task longer than he or she might have otherwise, and builds confidence by teaching that, with patience and persistence, the child will be able to eventually navigate a difficult situation.

### Emotion Coaching

A major developmental task for young children (ages 3–6 years) is the development of emotional self-regulation skills, such as the recognition and expression of emotions, ability to wait and accept limits, development of empathy, and self-control over aggression. *Emotion coaching*, that is, labeling feelings as children experience them, helps children link a word to a feeling-state, which helps them develop a vocabulary for recognizing and expressing emotions. Once children are emotionally literate, they will be able to express their feelings to others and more easily regulate their emotional responses. In addition, they will begin to recognize emotions in others—the first step toward empathy.

Parents, teachers, and therapists are encouraged to give more attention to positive emotions than negative emotions during play interactions. However, when children do exhibit negative or uncomfortable emotions, such as anger, fearfulness, or sadness, the adult playing with them will coach them by pairing the negative emotion with the positive coping response. For example, a teacher or parent might say to a child whose tower is knocked over, "You look frustrated about that, but you are staying calm and concentrating hard to try to solve the problem," or to a fearful child, "I could tell that you felt shy about asking her to play. It was really brave of you to try it!" In this way, the adult validates the angry or shy feeling without giving it too much attention, and also expresses faith that the child will be able to cope with the feeling to produce a positive outcome. Emotional and persistence coaching are combined, and this approach may even preempt an escalation of angry tantrum.

As children begin to recognize and express their feelings, parents and teachers can begin to teach them self-calming strategies. Because children are visual thinkers and love imaginary play, it is highly effective to use stories, puppets, pictures, and role-plays to help them practice calming thoughts, images, and words. For example, parents and teachers learn in the IY training

programs how to use Tiny Turtle's secret to calming down through deep breaths, positive self-talk, and happy visualizations. During playful interactions with the help of a calm-down thermometer and turtle puppet, children practice these cognitive strategies.

### **One-on-One Social Coaching**

Another major developmental task for young children is forming social and friendship skills that include beginning to share, helping others, initiating conversations, listening, and cooperating. *Social coaching* involves adults playing with children in a way that models, prompts, and reinforces these skills. The first step in social coaching is for the teacher, parent, or therapist to model and label appropriate social skills whenever they occur in the child. For example, a teacher or parent might model social skills during play interactions by saying, "I'm going to be your friend and share my truck with you." Next, the teacher can prompt a social behavior by asking for the child's help to find something or asking the child for a turn. If the child does share or help, then the teacher responds to this behavior by describing it and praising. For example, "Thank you! You found the blue block I was looking for. That was so helpful. You are a good friend!" On the other hand, if the child does not share or help when prompted, the adult models waiting and being respectful by saying, "I guess you are not ready to share. I am going to wait patiently for a turn and do something else right now." Through modeling, prompting, and scaffolding social skills with social coaching and praise during one-on-one playtimes, children are learning positive play social interactions.

There is a wide range of developmental variation in the development of children's social skills. Most toddlers and some preschoolers are in what is called *parallel play*. Parallel play is when children may be playing next to another child but are totally involved in their own exploration and discovery process and rarely, if ever, initiate interaction or seem aware of the child sitting next to them. Next, children begin to be interested in other children but lack the social skills to initiate and sustain these interactions on their own. At ages 4 to 5 years, children progress to some sustained interactions with peers but still need coaching to maintain these interactions in a positive way and to solve interpersonal peer issues during the play.

### **Peer Social Coaching**

For children who have moved beyond parallel play to peer interactions, parents, teachers, and therapists can do *social coaching* with several children playing together. This time the adult prompts, models, and describes the social skills that occur among the children, for example, commenting

on times the children share, wait, take turns, say thank you, help each other, ask before grabbing a toy, and give a friendly suggestion. They also encourage interactions among children by providing words for a child to use to ask for something he or she wants, or praising a child who is waiting patiently when another child is not ready to share, or prompting a child to praise another child. Individual or peer social coaching strengthens children's friendships and makes it clear what the desired social skills are. However, it is important to assess children's developmental readiness for social play with peers. Children who are primarily engaged in parallel play and do not initiate play with peers or seem interested in peers will benefit from individual practice with an adult before entering into situations with a peer. Then, when they do play with peers, intense scaffolding by adults will be necessary for them to be successful. Children who are interested and motivated to play with other children but who lack the impulse control or skill to do so successfully also will benefit from individual coaching because an adult can patiently help a child to practice and fine-tune social skills. Then, when playing with peers, the adult can continue to prompt and praise social behaviors as they happen. For example, the teacher might say, "You shared with Mary. That was so friendly! Look at how happy your friend seems now." Helping children make the connection between their positive social behavior and another child's feelings is important for them in developing empathy, as well as peer relationships.

### TEACHING CHILDREN TO PROBLEM SOLVE THROUGH PLAY INTERACTIONS

As children move from toddlerhood to the preschool and early school-age years, they are helped through play to learn how to express their feelings and begin to use calm-down self-regulation strategies, and to practice appropriate social behaviors, such as sharing, waiting, helping, and taking turns. These are the bedrock cognitive and behavioral skills needed for eventually solving problems. During the preoperational stage of cognitive development (ages 4–6 years), when children's imaginary play is exploding, parents, teachers, and therapists use puppet play and pretend scenarios during play interactions to teach children problem-solving strategies for managing conflicts through a five-step process.

The first step is to help them define and recognize a problem by having a puppet present children with a common childhood problem (e.g., being teased) that is signaled by an uncomfortable feeling. Then children are asked to help the puppet come up with a solution to the problem by showing what the solution looks like (e.g., staying calm and ignoring). Next, the children are asked to help the puppet think of other solutions in case the first solution does not work. Each

time, the children demonstrate and practice one of these solutions with the puppet. As children move into the operational stage of cognitive development, they eventually are able to learn the fourth and fifth problem-solving steps of evaluating solutions and choosing the best solution. All of this problem-solving learning takes place in fun, imaginary, creative, and playful situations so that children can learn the language and emotional self-regulation behaviors before they are encouraged to use this approach in the midst of real-life conflict.

### ADDRESSING BARRIERS AND MEETING CHILDREN'S DEVELOPMENTAL NEEDS

When parents and occasionally some teachers are first trained in the child-directed play, coaching, and problem-solving methods, it can seem foreign to them—almost like learning a new language. Parents and teachers are used to asking children questions and telling them what to do, not describing their actions, cognitions, or feelings, and many parents believe in just the opposite approach: that children should be *parent-directed*, that is, obedient to and respectful of them. They may respond negatively to a child's bid for autonomy or curious exploration. Parents learn in the program about normal developmental milestones for children and about the *modeling and attention principles*; that is, behaviors parents model and give attention to are what their children learn. Understanding these principles helps parents to see the value of their positive child-directed play and coaching language for achieving their goals of a more cooperative relationship and increasing their children's social competence. Parents who speak a language other than English are encouraged to speak using their native language and to share and participate in role-play scenarios that represent their culture and childhood experiences. In doing so, such parents experience the joy of their children's happy responses and learn that they are helping their children to be more respectful and more attached to their family and culture.

Parents living in stressful environments due to poverty and unemployment may be overwhelmed and depressed with life stressors and find it difficult to find time to play with their children, perceiving it as a less important priority. In the parent programs, group facilitators acknowledge these barriers and problem solve creative ways in which parents can practice the play and coaching methods within their hectic schedules, such as during bath times, meals, or when they are doing laundry. Practices are set up for parents in groups with each other so they can learn the new language scripts for their play interactions. Moreover, the group-based approach to this learning helps parents build support networks and decrease their sense of isolation as they discover other families in similar situations.

In the remainder of this chapter, case examples are used to demonstrate the ways in which the child-directed play, coaching methods, and problem-solving puppet play are tailored to meet a particular child's goals and cognitive developmental stage. In all examples, parents received the IY parenting group specific to the age of their children while their children were in the 20-week Dinosaur School (i.e., the treatment model). School consultation and teacher training in coaching and problem-solving methods also was provided. In this way, the child's and family's goals were worked on by parents, therapists, and teachers in a coordinated effort.

### **Children With Oppositional Behavior**

Children with conduct problems are difficult because they are non-compliant and oppositional to adult's requests. When adults cannot get children to do what they want, they cannot socialize or teach them new behaviors. Sometimes parents, teachers, and other caregivers respond to this defiant behavior by criticizing, yelling, or hitting them to try to make them comply. Other times, the intensity of a child's defiant response causes adults to give in to the child's demands, resulting in inconsistent responses. These unpredictable responses lead to children's feeling insecure in their relationships. In addition, hitting or yelling at a child models aggressive and disrespectful behavior, and gives the children's oppositional behavior powerful emotional attention, thereby reinforcing its occurrence. In turn, parents of such defiant children feel helpless and do not want to play with their children because they find their interactions stressful.

Parents are helped to understand that child-directed play helps children who are oppositional to be more compliant because parents are modeling compliance and respect for their children's ideas and requests, thereby teaching them what this behavior looks like. This approach also gives the children some legitimate opportunities to exercise control and autonomy (as long as they are behaving appropriately), which is important because it is one of children's developmental tasks. Moreover, this child-directed play helps shift a coercive parent-child dynamic into a more nurturing relationship and promotes positive attachment. Often, parents are feeling angry with such defiant children because of their disruptive behavior, and they have experienced few positive times together. These regular, daily, child-directed coaching play-times will begin to build up the positive bank account in the relationship between the parent and child. When this bank account of positive feelings is full, then discipline is more likely to be effective.

Children who are oppositional with adults are usually aggressive with peers and have few friends. Other children do not like to play with them because they are uncooperative, bossy, and likely to criticize their ideas and

suggestions. These negative responses and rejection by peers further compound the oppositional child's problems and reinforce his or her negative reputation. The resulting social isolation results in even fewer opportunities to make friends and in low self-esteem and loneliness.

Teachers can use social coaching with oppositional children during play to help them use appropriate friendship skills with peers and to stay emotionally regulated. The teacher may comment on how the target child is sharing, being a good team member in play, or helping another. The teacher also can help the oppositional child to use coping strategies when the child is frustrated, which will help him or her solve peer problems in a more positive way. This teacher coaching and attention for the targeted prosocial child behaviors during unstructured playtimes or small group projects not only reinforces the appropriate social behavior for the child with behavior difficulties but also helps to change the child's negative reputation with his or her peers. As the teacher comments on the target child's friendly behaviors and points out how the child is working hard to help or share with others, peers will begin to see the child as more friendly.

### *Case Example*

Dylan, age 5 years, is a bright, articulate child with ODD. At the onset of therapy, he was noncompliant with approximately 90% of parent or teacher requests, he had multiple tantrums each day at home and at school, and his parents felt as if they were "held hostage" by his manipulative behavior. He was aggressive with adults and peers. He was extremely volatile, easily irritated, and had dramatic mood swings during which here he became enraged with little provocation or warning. Teachers and parents reported that they walked on eggshells around Dylan because they were afraid of his extreme reactions.

Because almost all adult-child interactions with Dylan involved a power struggle, and because his negative behaviors had placed such great strain on the parent-child relationship, the first goal of therapy was to use child-directed play to begin to change the dynamic of this relationship. Dylan's parents were encouraged to let him orchestrate the play. Their job was to be an appreciative audience, follow his lead, comply with his ideas, and not to make demands as long as his behavior was appropriate. This style of play with Dylan was designed to give him some power in the relationship in an appropriate setting, to show him that his parents valued him, and to give his parents a time when they could just enjoy his creativity and playfulness without feeling as if they had to make him behave in a certain way. At first, Dylan's parents reported that he rejected even their attempts to play with him. They were encouraged to be persistent and to make regular attempts each day to engage with him in this way, and to use persistence and positive

emotion coaching. Gradually, Dylan became used to these interactions, first tolerating them, and then looking forward to this time with his parents. Dylan began to invite his parents into his play and seemed excited that they were willing to play on his terms. His parents reported that he seemed calmer after play sessions and that they had moments of feeling connected and appreciative of his strengths.

As part of the play interactions and at other times during the day, Dylan's parents learned to avoid giving attention to or commenting about his negative behaviors (e.g., angry outbursts, arguments) while strategically responding with positive attention when he was calm, happy, and patient. They modeled compliance to his requests when reasonable and gave him attention when he was compliant by praising his cooperation and helpfulness. As these playtimes and interactions became more enjoyable, they began to use some puppet scenarios to teach him calm-down strategies.

### **Children With ADHD**

Children with ADHD also have difficulty playing with peers and making friends (Coie, Dodge, & Kupersmidt, 1990). Because of their impulsivity and distractibility, it is hard for them to wait for a turn when playing or to concentrate long enough to complete a puzzle, game, or building project. They are more likely to grab things from another child or disrupt a carefully built tower or puzzle because of their activity level and lack of patience. Research has shown these children are significantly delayed in their play skills and social skills (Barkley, 1996; Webster-Stratton & Lindsay, 1999). For example, a 6-year-old with ADHD plays more like a 4-year-old and will have difficulty focusing on a play activity for more than a few minutes; sharing with peers; or even being aware of a peer's requests for help, suggestions, or feelings. Such children are more likely to be engaged in solitary or parallel play. Other typically developing 6-year-olds will find such children annoying to play with, so frequently these inattentive children experience peer rejection—a problem that further compounds their social difficulties and their self-esteem. For children with ADHD, persistence coaching is key to helping them sustain focus or attention for longer periods, emotion coaching is crucial in teaching them to regulate strong emotions, and social coaching helps to build their friendship skills. These coached play interactions not only enhance children's skills but also have the added advantage of helping parents and teachers understand and accept the developmental, temperament, and biological differences in these children, such as variation in their distractibility, impulsiveness, and hyperactivity. Previous research also has shown that teaching children how to play games that are developmentally appropriate has been effective

in successfully treating children with ADHD and with conduct problems (Reddy, Spencer, Hall, & Rubel, 2001; Reddy et al., 2005).

### *Case Example*

Kevin is an 8-year-old boy with ADHD. His primary difficulties occur at school and with his peers. Kevin is eager to please adults, but he is unable to wait for the teacher's attention, blurts out answers in school, has trouble sitting still in class, and is easily drawn into off-task behavior of others. With friends, Kevin is eager to play and has many friendly social skills in his repertoire. He knows how to share, ask, trade, and even make suggestions and negotiate with friends. However, he has difficulty sustaining play because of his impulsivity. For example, he inadvertently messes up the play with expansive body movements, has difficulty waiting for a turn, impulsively grabs toys, and sometimes cannot maintain attention long enough to listen and respond to peers ideas. He is also occasionally aggressive, usually in reaction to something another child says or does.

For Kevin, the first emphasis during child-directed play was on persistence and emotion regulation. Kevin's mother and teachers used focused coaching to comment when they saw Kevin being persistent, calm, or patient with an activity. For example, teachers commented when he was engaged in academic tasks (i.e., circle time and seat work): "Kevin, I know that you want a turn to talk. I'm proud of you for waiting until I call on you" and "I think that you're frustrated with that math problem, but you are staying so focused and you are trying to figure it out."

In addition, his mother used persistence, social, and emotional coaching when he was playing with his sibling or peers. The key in these situations was to monitor carefully and notice when Kevin was beginning to become dysregulated. At these moments, Kevin's mother would intervene with reminders of how his body could stay calm: "Kevin, I see that you want to use that toy too. I think you can stop your body and take a deep breath." Then she would provide Kevin with words to use to facilitate the interaction. "Can you ask Bill if you can borrow it?" Kevin was responsive to this type of coaching. Because he already had many of the skills in his repertoire, these simple prompts were enough to keep his play on track. In addition, emphasis was on describing times when he was waiting, sharing with his brother, listening to a friend, playing calmly, and keeping his body slow and careful. Kevin continued to be quite impulsive and needed much structure in his school and play environments. However, with this coaching, his behaviors at school with peers and with his brother became more controlled and manageable. After a time, teachers and Kevin's mother were able to use more brief verbal reminders, and Kevin was able to respond to some non-verbal cues as a trigger for exerting impulse control in challenging situations.

## Children With Attachment Problems

Children with conduct problems and/or ADHD also may have ambivalent or avoidant attachment patterns with their biological, foster, or adoptive parents for a variety of reasons (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). Insecure attachment may develop because children have experienced abandonment, neglect, death of a parent, trauma, or physical abuse during their early childhood years. It also may occur because parents' responses have been unpredictable, inconsistent, harsh, neglectful, and dismissive of children's emotional needs. Children who have experienced such stressful, inconsistent, and nonnurturing parenting learn not to trust the world or their relationships with others. Their insecure attachment, in turn, affects how they process information, solve problems, and behave with others. For example, children with insecure attachment may be angry with adults and oppositional, suspicious, or rejecting of caregiver nurturing. Children also may experience sadness, anxiety, and withdrawal. In some cases, these feelings have been ignored or invalidated by caregivers and, consequently, children may be unable to label or discuss their feelings easily and may not believe that it is safe to share these feelings with others. Children may have an insatiable need for adult attention and be resentful and clingy whenever adult attention is given to someone other than themselves. Still other children with insecure attachment may be frightened of adults and become emotionally absent or dissociated as a way of escaping their fears. Children's attachment classifications are not permanent and may become more secure if parent and other adult relationships become more predictable and consistent, sensitive to their cues, calming and nurturing when they are distressed, and accepting of their emotions (van IJzendoorn, Juffer, & Duyvesteyn, 1995).

### *Case Example*

Michelle is a 4-year-old girl who lives with her single mother. Michelle's father left when she was 2 years old, and her mother is clinically depressed. She tries to meet Michelle's needs, and there are times when she lavishes attention on Michelle. However, she treats Michelle like a peer, engaging in activities that are age inappropriate (e.g., makeovers, adult music, watching adult movies, sharing personal aspects of her adult life). At other times, she does not have the energy to engage with Michelle at all. At the onset of treatment, Michelle had difficulty separating from her mother at the beginning of each Dinosaur School small group therapy session, and she was then clingy and almost inappropriately attached to the two child group therapists that she had just met. At times, she was withdrawn and sad, and at other times, she seemed angry, defiant, oppositional, and noncompliant. She was interested in other children and seemed to want

to make friends but was easily jealous of any attention that other children were getting from the therapists. She had little sense of appropriate physical boundaries and hugged and kissed therapists and other children without tuning in to their responses. She often was pouty or weepy when she did not get her way.

Therapy for this family involved using the parent group to help Michelle's mother to provide regular and predictable child-directed playtimes during which she consistently gave Michelle positive attention, consistent responses, and positive emotional coaching. The goal of providing this predictable, undivided, focused attention was to help Michelle feel valued, respected, and more secure in her relationship with her mother. Michelle's mother also was encouraged to let Michelle be a child and to follow Michelle's lead in imaginary play. This allowed Michelle's mother to develop empathy and learn to appreciate Michelle's ideas, feelings, fears, and a 4-year-old's point of view. It also provided a new and more age-appropriate way for Michelle and her mother to interact. As Michelle's mother continued parent group sessions, her confidence in her parenting skills began to increase. She was helped to develop more positive self-talk and how to provide herself with some pleasurable activities. She reported that, for the first time in her life, she believed that she had good things to offer Michelle. Although she still struggled with her own depression and with Michelle's behavior, she felt more hopeful about her ability to cope.

Therapists played with Michelle in ways that would model healthy relationships. Using puppets, therapists modeled setting boundaries on physical touch by teaching Michelle how to ask before hugging or touching someone else. They paid little attention to Michelle's sulky or pouty behavior, but continued to encourage her to engage in activities with other children. For example if Michelle was sulking, no direct attempts were made to cajole her out of her mood. Rather, therapists might say to another child, "John, I'm really enjoying working on this art project with you. I bet that when Michelle is ready to join us, she'll have some great ideas about what we should add to our drawing. She's a great artist." Puppets were an important part of Michelle's treatment plan. She seemed much more willing to share feelings and experiences with the puppets than directly with the therapists. Through puppet play, Michelle also began to establish close and healthy relationships with the therapists. Therapists also showed Michelle that they would continue to be positive and engage with her, even after she had rejected their attention or been oppositional. This attention was given strategically so that Michelle received little attention when her behaviors were negative but was quickly supported as soon as she was neutral or positive. Gradually, Michelle began to seem happier and more secure in the group.

## IMPLEMENTATION WITH FIDELITY

An important aspect of a program's efficacy is fidelity or delivery proficiency of implementation. Indeed, if the IY program protocol is not rigorously followed (e.g., if components are dispensed with, or if the parents, teachers, or therapists do not receive authorized training by accredited mentors), then the absence of effects may be attributed not to the inefficacy of the program but to a lack of fidelity in its implementation (Schoenwald, Sheidow, & Letourneau, 2004). Recent research with IY programs has shown that implementation with a high degree of fidelity not only preserves the anticipated behavior change mechanisms but is predictive of cognitive, emotional, and behavioral changes in parents, teachers, or therapists, which, in turn, are predictive of positive outcomes for children as a result of the treatment (Eames et al., 2009).

In the context of implementation with fidelity, the training, ongoing supervision, and accreditation of IY group facilitators all warrant great attention (Webster-Stratton, 2006b, 2012a; Webster-Stratton, Reinke, Herman, & Newcomer, 2011). Consequently, IY group facilitators initially receive 3 days of structured, active, experiential training workshops by accredited IY mentors before leading their first groups; they are then subject to ongoing supervision through video recordings of their sessions and to expert coaching and consultation. Considerable emphasis is on peer coaching through the joint viewing of the video recordings of their sessions and using self-reflection inventories to be filled in by the group facilitator or teacher and by the peer. The process of group facilitator accreditation is demanding; it involves the leadership of at least two sets of groups, peer review and supervision, a positive final video group assessment by an accredited trainer, and satisfactory completion of facilitator group session protocols and participant evaluations. A network of national and international accredited IY mentors and trainers carry out the entire process of coaching, consultation, and accreditation of new facilitators, which means the programs are readily transportable. A recent RCT showed that providing group facilitators with ongoing consultation and coaching following the 3-day workshop leads to increased facilitator proficiency, treatment adherence, and delivery fidelity compared with those who do not get ongoing coaching (Webster-Stratton, Reid, & Marsenich, 2014).

## SUMMARY AND CONCLUSIONS

This chapter has highlighted how the IY Parents, Teachers and Children's Series uses four types of coaching and problem-solving role plays—modeling, coaching, guided practice, and encouragement—during child-directed play as integral components in the prevention and treatment of behavior problems, and the promotion of children's social and emotional competence. These focused,

regular, child-directed play, coaching, and role-plays are thought to be necessary or critical ingredients to the IY's successful outcomes. They are theorized to result in building a more positive and loving relationship between the parent, teacher, therapist, and child and setting the foundation for later success with the discipline components of the program. In addition, these play interactions have the advantage of teaching children key social skills, such as how to take turns, wait, share, make a suggestion, give an apology or compliment, share a feeling, or learn to cooperate and compromise. The case examples showed how important it is that these play interventions be tailored to the particular developmental level of each child, target the specific goals for each child, and take into account the parents' or teacher's particular needs and home or classroom situation.

As with any therapy, there is no "magic moon dust," and changing feelings, thoughts, and behaviors is hard work for parents, teachers, therapists, and children. Progress is often measured in small steps, and participants are counseled to expect setbacks as well as improvements. At any time throughout the program, those working with children are encouraged to go back to the pyramid foundation of child-directed play and coaching methods when they are feeling stuck or frustrated with the progress that the child is making. Reconnecting through strengthening the adult-child relationship is often the key to making progress in difficult areas.

#### *Case Example*

A final case example: In the 19th week of therapy, Kevin approached another child who was building a complicated Lego model. He watched for a minute, and then said, "That's cool. Can I help?" The other child did not respond, and Kevin waited. He then asked again. For a child as impulsive as Kevin, this ability to pause and ask to join the play was a remarkable change in his behavior. Even more impressive was his next response. The child who was building the model said that he did not need help, and Kevin looked disappointed but turned to a therapist and asked, "Would you help me build a model just like that?" In this interaction, Kevin was able to use his social skills to initiate a positive social interaction and then stay calm and regulated when his overture was rejected. The ability to control his impulses in a difficult social interaction is a huge step for a child like Kevin and is the beginning of the kind of self-control and self-regulation that is necessary for successful school and life experiences.

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