
CHAPTER 10

Tailoring the Incredible Years Parent Programs according to Children's Developmental Needs and Family Risk Factors

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OPPOSITIONAL DEFIANT DISORDER (ODD) and conduct problems (CP) are the most common reasons that young children (aged 3 to 8 years) are taken to mental health clinics (Hinshaw & Anderson, 1996). Parents bring their children for treatment because of difficulties in managing their children's social, emotional, and behavioral problems. Approximately 50% of these children are comorbid for Attention-Deficit/Hyperactivity Disorder (ADHD; Campbell, Shaw, & Gilliom, 2000) and for language/learning and developmental delays. Many of these children are also comorbid for internalizing problems (e.g., anxiety or depression) and are suffering from somatic complaints (Webster-Stratton & Hammond, 1998). Frequently, internalizing symptoms are overlooked because of the immediacy of handling the children's aggressive and oppositional defiant behavior. These children also experience higher than normal rates of stressful family circumstances such as divorce, child abuse, or neglect that compound their behavioral or adjustment problems. In a sample of more than 450 families referred to the Parenting Clinic at the University of Washington for children's ODD or conduct problems, over 76% had additional family or child risk factors (see Table 10.1). Although these comorbid diagnoses and

Table 10.1
Children with Oppositional Defiant Disorder Who
Experienced Additional Family Risk Factors or
Comorbid Child Behavior Problems

Family Risk Factor	Percentage
Divorce	38
Child abuse/neglect report filed	16
Language delay	7
CBCL internalizing T score > 60	34
CBCL attention problems T score > 60	44

Note: $n = 450$; 33% of the sample reported one of the above risk factors, 28% reported two, and 15% experienced three or more in addition to the ODD diagnoses.

family circumstances often are not the presenting problem for a child with ODD, they convey additional risk in short- and long-term treatment outcomes and may be directly or indirectly contributing to the externalizing behavior problems (Webster-Stratton, 1985, 1990). Thus, treatments that target children's oppositional and aggressive behaviors, such as the *Incredible Years Parent Program*, must be flexible enough to meet the needs of children with complicated profiles. Since young children cannot easily communicate their feelings or worries and the reasons for their misbehavior, it is important for therapists to look beyond the aggressive symptoms to the underlying reasons for the misbehavior and address other, less obvious symptoms such as anxiety, fears, or depression. The skilled therapist will develop a working model for every child and their parents based on knowledge of the child's family background and parenting experiences, biological makeup, and functional analyses of the behavior problems (Webster-Stratton & Herbert, 1994).

The Incredible Years (IY) Parent Program is an evidence-based program that has been shown in over nine randomized control group trials to significantly reduce ODD and internalizing problems and to strengthen positive parent-child relationships. (For a review of these studies, see Webster-Stratton & Reid, 2003a.) Although the presenting problem for all children in our evaluation studies was ODD or conduct problems, these program evaluations represent treatment for families and children who struggled with many other complicated diagnoses and risk factors (see Table 10.1). To use the IY treatment model successfully, the therapist must understand how to tailor the manual's treatment protocol to fit each family's risk factors and each child's developmental needs and social and emotional goals. Therapists can achieve flexible applications of the manual when there is understanding of the treatment on multiple levels, including the treatment model, content, and methods as well as the ele-

ments involved in adapting or tailoring the treatment to the individual needs of each child and family. This chapter summarizes this treatment model with special attention to the way the model is tailored to meet the particular goals of each family in the parent group.

The leader's manual (Webster-Stratton, 1984, 2001) provides recommended protocols for offering the BASIC Parenting Program in 12 to 14 two-hour sessions with groups of 10 to 14 parents. These protocols are considered the minimal number of core sessions, vignettes, and content required to achieve results similar to those in the published literature. However, the length of the program, the number of vignettes shown, and the emphasis given to certain components of the program will vary according to the particular needs of the parents and children in each group. It is recommended that for diagnosed children with comorbid problems, it can be helpful to supplement the BASIC Parent Program with other IY parent programs such as the ADVANCE, School, or Interactive Reading and School Readiness Programs. The Incredible Years Training Series also includes a number of Child Training options. When working with children with diagnosed conduct problems and other emotional or developmental problems or stressful life circumstances, it is recommended that the *Child Dinosaur Small Group Treatment Program* be offered in conjunction with the Parent Program, as the strongest long-term follow-up results have been found when the parent and child programs are offered together (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2004). The child programs are described in detail elsewhere (Webster-Stratton & Reid, 2003b; Webster-Stratton, Reid, & Hammond, 2001). In addition, the child programs should be tailored to meet the particular needs of the children. The modifications are outlined in Webster-Stratton (Webster-Stratton & Reid, 2005a). This chapter summarizes the standard treatment model and objectives for children with ODD and then highlights the ways the model is adapted to meet the needs of specific groups of parents and children.

OVERVIEW OF THE BASIC PARENTING PROGRAM

For therapists to begin tailoring the program for children with comorbid diagnoses or family risk factors, it is extremely important to understand the core content of the program and the teaching methods and therapeutic process of the program delivery. This program is described in great detail in the program leader's manual, in a book for therapists (Webster-Stratton & Herbert, 1994), and in several summary chapters by Webster-Stratton and colleagues (Webster-Stratton, 1998, in press; Webster-Stratton & Hancock, 1998). Therapists with a thorough understanding of the program quickly see that it is designed to allow for

tailoring the learning process according to the individual goals and needs of the parents and children.

In the first group session, the therapist helps parents identify their goals for themselves and their children as well as understand how to apply child development and behavior management principles when working on individual behavior plans for their children. While therapists collaborate with parents to formulate plans for each individual family according to their needs and the children's temperament, they highlight common themes, concerns, and connections among all the parents in the group. In this way, the parents not only feel the program is tailored to their unique issues but find immense support from the other parents who may be addressing similar issues.

Originally, this parent program was developed for children diagnosed with ODD, and then it was adapted for use as a prevention program for high-risk children as well as for use with children who have other problems. First, I discuss the basic program and the parent program objectives that apply to children with conduct problems. I then describe the additional objectives for children with special needs such as ADHD, attachment problems, and internalizing problems, and for those experiencing family stress such as divorce.

CHILDREN WITH OPPOSITIONAL DEFIANT DISORDER, CONDUCT PROBLEMS, AND EMOTIONAL REGULATION OR ANGER MANAGEMENT DIFFICULTIES

Children with conduct problems are often difficult to parent because they are noncompliant and oppositional to parents' requests. When children refuse to do as they are told, parents cannot socialize or teach them. Often parents respond to defiant behavior by criticizing, yelling, or hitting disobedient children. Other parents, fearing escalation of their defiance, give in to their children's demands. Many times, parents argue and fight with each other over how to discipline their children, resulting in inconsistent responses or a lack of follow-through. These responses not only model aggressive behavior, but give the children's oppositional behavior powerful emotional attention, thereby reinforcing its occurrence. Children who are oppositional with adults are usually aggressive with peers and have few friends because of being uncooperative, bossy, and critical of other children's ideas and suggestions. These negative responses and subsequent rejections by peers compound the children's problems and result in social isolation, giving them even fewer opportunities to learn how to make friends.

RECOMMENDED IY PROGRAMS

For parents of children with diagnosed ODD or conduct problems, the BASIC Parent Programs (early childhood or school-age versions) and the ADVANCE Parent Programs 5 to 7 are recommended; they take 20 to 24 weeks to complete. While the parents are in the parent group, it is recommended that the small group child treatment program (Dinosaur Program) be offered to their children to promote their social, emotional, and problem-solving skills. This program also takes 20 to 24 weeks to complete.

ALTERNATIVE TEACHER TRAINING PROGRAM

Instead of offering the Dinosaur Program, the teacher classroom management training program may be offered. This program takes 35 to 42 hours to complete, preferably on 5 to 6 separate days spread over several months. Training teachers will promote consistency in management approaches from home to school (see Tables 10.2 and 10.3 for description of programs by age group and type of child problem).

OBJECTIVES OF THE IY PARENTING PROGRAM

Strengthen Parent-Child Relationships and Bonding

- Increase parents' understanding, empathy, and acceptance of the needs of children with conduct problems.
- Increase parents' positive attributions of their child and decrease their negative attributions. Encourage parents' understanding of their children's temperament.
- Teach parents how to do social, emotional, and academic coaching during child-directed play interactions with their children.
- Encourage parents to give more effective praise and encouragement for targeted prosocial behaviors and for their children's efforts to self-regulate and stay calm.
- Strengthen positive parent-child relationships and attachment.

Promote Effective Limit Setting, Nonpunitive Discipline, and Systematic Behavior Plans

- Help parents set up behavior plans and develop salient rewards for targeted prosocial behaviors.
- Help parents use nonpunitive and less harsh discipline approaches for misbehavior.
- Teach parents anger management skills so they can stay calm and controlled when disciplining their children.
- Teach parents how to do compliance training with their children.

Table 10.2
Recommended IY Programs for Preschool Children (Aged 3–5)

	Children With				
	Externalizing Problems	ADHD	Attachment Disorder	Divorcing Parents	Internalizing Problems
<i>Parent Programs</i>					
Play Program 1	X	X	X	X	X
Child-Directed Play	X	X	X	X	X
Interactive Reading	Optional	X			
Praise and Incentives Program 2	X	X	X	X	X
Limit Setting Handling Misbehavior Programs 3 and 4	X	X	X	X	X
ADVANCE Programs 6–7	X	5–6 optional 7 recommended		X	7 recommended
<i>Other</i>					
Dina Dinosaur Treatment Program or Teacher Training	Both	Both	Optional	Optional	Optional

- Teach parents how to help their children self-regulate, manage their anger and problem solve.
- Help parents learn how to provide children with joyful and happy experiences and memories and reduce exposure to violent TV, computer games, and a diet of fear or depression.

Strengthen Parents' Interpersonal Skills and Supportive Networks

- Teach parents coping skills, such as depression and anger management, effective communication skills, and problem-solving strategies.
- Teach parents ways to work with teachers to develop home-school behavior plans.
- Teach parents how to give and get support to enhance supportive networks.

10.3**Recommended IY Programs for Early School-Age Children (Aged 6–8)**

	Children With				
	Externalizing Problems	ADHD	Attachment Disorder	Divorcing Parents	Internalizing Problems
<i>Parent Programs</i>					
Play Program 1 or Child-Directed Play*	X	X	X	X	Optional
Promoting Positive Behaviors Program 9	X	X	X	X	X
Reducing Inappropriate Behaviors Program 10	X	X	X	X	X
Education Program 8	X	X			
ADVANCE Program 5–7	X	X		X	7 recommended
<i>Other</i>					
Dina Dinosaur Treatment Program or Teacher Training	Both	Both	Either optional	Dina program	Dina program

* Either of these programs provides added emphasis on relationship building.

**FOCUS—STRENGTHENING PARENT-CHILD RELATIONSHIPS
AND ENCOURAGING CHILD COOPERATION
(PARENT BASIC PROGRAM 1: 3 TO 8 YEARS)**

No matter whether the preschool or school-age version of the BASIC parenting program is being used, the entire BASIC Play Program 1 should be shown first. This emphasis on teaching parents child-directed play concepts is important for parents in helping their children learn to be more compliant and to encourage their social skills. Often parents of these children have responded to their defiance and disrespect by becoming more controlling and oppositional, thereby compounding their problems. Instead, parents learn how to coach their children's compliant and prosocial behaviors while ignoring their inappropriate behaviors. During play, parents model compliance to their children's requests as long as they are behaving appropriately. Parents learn the value of

noncompetitive and child-directed play skills. This parent social coaching helps the children learn basic friendship skills such as how to take turns, wait, share during play, accept a friend's ideas, and give a compliment. Not only will this child-directed play help children to learn valuable social skills, but it will also promote a more positive attachment or stronger bonds between the parent and child. Often, parents of such children are feeling angry with them because of their disruptive behavior, and they have experienced very few positive times together. These playtimes will begin to build up the positive bank account between the parent and child.

FOCUS—INCREASING PARENTS' NURTURING AND POSITIVE PARENTING SKILLS (PARENT BASIC PROGRAM 2: 3 TO 6 YEARS, OR BASIC PROGRAM 9: 6 TO 8 YEARS)

Children with conduct problems usually get less praise and encouragement from adults than other children. When they do get praise, they are likely to reject it because of their oppositional responses. For some children, this oppositional response to praise and encouragement is actually a bid to get more attention and to keep the adult focusing on them longer. Parents can help these children by giving the praise frequently and then ignoring the protests that follow. Over time with consistent encouragement, the children will become more comfortable with this positive view of themselves.

Sticker charts and incentive programs to encourage compliance to requests and rules are the first priority, because once compliance is increased, it is easier to teach other social behaviors. Therefore, parents learn to set up behavior plans and charts for the targeted positive behaviors that they would like to see more of.

FOCUS—PARENTS LEARNING EFFECTIVE LIMIT SETTING AND ESTABLISHING CLEAR HOUSEHOLD RULES (PARENT BASIC PROGRAM 3: 3 TO 6 YEARS, AND PROGRAM 10: 6 TO 8 YEARS)

Children with conduct problems refuse to do what they are asked to do by parents or teachers 70% to 100% of the time (whereas the normal child obeys approximately 65% of the time). This has occurred because the refusal has resulted in a lot of adult attention and power. Parents have learned to expect this noncompliance and oppositional behavior and may have responded by avoiding giving commands or making requests, by repeating the same command over and over (because they don't expect compliance), or by escalating their hostile responses because of anticipating

their child's defiance. Therefore, the first step in this program is to help the parents set clear limits, predictable routines and household rules and to stay calm. Parents will then learn to reduce excessive and unnecessary commands and to give necessary commands clearly, politely, and without fear of their children's responses.

Once this has been accomplished, parents are taught a compliance training procedure in which they follow through with a brief time-out if children don't comply with commands.

FOCUS—NONVIOLENT DISCIPLINE STRATEGIES AND WAYS
TO TEACH CHILDREN SELF-REGULATION SKILLS (PARENT BASIC
PROGRAM 4: 3 TO 6 YEARS, AND PROGRAM 10: 6 TO 8 YEARS)

Next, parents learn how to successfully ignore many of the annoying defiant behaviors that children with conduct problems exhibit such as tantrums, whining, arguing, sarcastic backtalk, and swearing. They also are trained to use a "Time-Out for Calming Down" procedure, which is really an extended ignore procedure. When they initially explain time-out to their children, parents talk about the location of time-out and how long it will last and rehearse with their children (when their children are calm) how to go to time-out. The children practice going to time-out, taking three deep breaths and telling themselves, *"I can calm down, I can do it, I can try again."* Once the children have been taught time-out, then parents reserve its use for physically aggressive behavior or extreme oppositional behavior.

Other discipline strategies that work well for other kinds of behavior problems are consequences that are immediately tied to their misbehavior, such as loss of a privilege or loss of the object involved in the conflict for a brief period. In addition to discipline strategies, parents learn how to help their children self-regulate and control anger as well as how to teach them problem-solving strategies. Parents learn how to help their children identify that they have a problem and then to use a self-regulation skill such as expressing their feelings with words, using a calm-down strategy, taking a personal time-out or taking three breaths, thinking a happy thought or imagining their happy place. Once children have learned these calming strategies, then they can be prompted by parents to think of other prosocial solutions such as waiting, sharing, asking, trading, and apologizing. It is important to give these angry children the tools to calm down before engaging them in problem-solving discussions. It is also important not to do the problem solving at the very time children are behaving aggressively, or the misbehavior will be reinforced with parental attention.

FOCUS—PARENTS PROMOTING CHILDREN'S ACADEMIC COMPETENCE
(SUPPORTING EDUCATION PROGRAM 8)

Because children with conduct problems may have had less instruction and positive feedback at school from teachers, and because they may have reading, learning, and academic delays as well, it is recommended that Program 8: Supporting Your Child at School be shown as a supplement to the BASIC Parent Program for children aged 6 to 10 years. In this program, parents learn how to set up predictable homework schedules, to coach their children successfully in their academic skills, and to have productive parent-teacher conferences where behavior plans are shared. For children aged 3 to 5 years, the Interactive Reading Program is recommended as a supplement because it emphasizes how interactive reading skills can promote children's social, emotional, and academic competence. It takes three to four extra sessions to complete the Education program and two to three sessions for the Interactive Reading programs, which are offered later in the Basic Series.

FOCUS—PROMOTING POSITIVE FAMILY COMMUNICATION AND SUPPORT
(ADVANCE PROGRAMS 5 AND 6)

Families of children with conduct problems often experience parental depression, marital conflict, high levels of stress, anger-management problems, and sense of isolation or stigma because of their children's behavior problems as well as the lack of family, school, or community support. Therefore, the ADVANCE Parent Program is an essential part of the therapy for the parents of children with conduct problems. This program focuses on helping parents learn effective communication skills with partners and with teachers, ways to cope with discouraging and depressive thoughts, anger management strategies, ways to give and get support from family members and other parents, and effective problem-solving strategies. The ADVANCE program is offered after the BASIC program has been completed and takes another eight sessions. It is especially important to include this program when working with multiply stressed families who have interpersonal issues.

FOCUS—TRAINING CHILDREN IN ANGER MANAGEMENT
AND SOCIAL SKILLS (DINOSAUR SCHOOL)

The BASIC Parent Program focuses on helping parents coach peer play, which will help children learn social skills. However, it is also recommended that children with conduct problems attend the Dinosaur Small Group Treatment Program where they can get specific practice with other children learning social and self-regulation skills. In this child training program, chil-

dren practice behaviors needed to be successful at school, build a rich vocabulary for expressing emotions, learn how to identify their own and others' emotions, and practice anger management, problem solving, and effective communication skills. Our studies indicate that combining this training with parent training enhances children's outcomes in terms of better peer relationships and classroom behavior with peers and teachers (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2004).

CHILDREN WITH ATTENTION-DEFICIT / HYPERACTIVITY DISORDER

Children with ODD are difficult to parent but those who are comorbid with Attention Deficit Disorder (ADD) with or without Hyperactivity (ADHD) are even more difficult to parent because they are impulsive, inattentive, distractible, and hyperactive. They have difficulty attending to, hearing, or remembering parental requests and anticipating consequences, and therefore don't seem to be cooperative or to learn from negative consequences. Because of their distractibility, they have difficulty completing schoolwork, homework, chores, or other activities that require sustained concentration. If this lack of cooperation is given a lot of attention or criticism by parents, it may be inadvertently reinforced, especially if little parental attention is given for the child's prosocial behaviors. Children with attention difficulties also are so distracted they miss their parents' praise and may seem unresponsive to parental encouragement as well as their limit-setting efforts.

Many children with ADD/ADHD have trouble making friends (Coie, Dodge, & Kupersmidt, 1990). Because of their impulsivity, it is hard for them to wait for a turn when playing, or to concentrate long enough to complete a puzzle or game. They are likely to grab things away from other children or to disrupt a carefully built tower or puzzle because of their activity level and lack of patience. In fact, research has shown that these children are delayed in their play and social skills (Barkley, 1996). A 6-year-old with ADHD plays more like a 4-year-old and has difficulty with sharing, waiting, taking turns, and focusing on a play activity for more than a few minutes; the child is more likely to be engaged in solitary play (Webster-Stratton & Lindsay, 1999). Because these children are annoying to play with, they have few friends, and other children frequently reject them. They are usually the children who are not invited to birthday parties or playdates—a problem that further compounds their social difficulties and affects their self-esteem.

About 40% to 50% of children with ODD also have ADD/ADHD and other problems such as language delays and learning disabilities. Academic and developmental problems are intertwined with social and

emotional problems. Poor attention, hyperactivity, and language or reading difficulties limit children's ability to engage in learning and result in less encouragement and instruction from teachers as well as parents. This negative feedback and lack of instruction makes their problems worse. Thus, a cycle is created whereby one problem exacerbates the other.

RECOMMENDED IY PARENT PROGRAMS

For parents of children with ADD/ADHD, recommended programs are the BASIC Parent Programs (early childhood and school-age versions) and Supporting Your Child's Education Program (for children aged 6 to 8 years) or Child Directed Play and Interactive Reading Programs (for children aged 3 to 6 years) that focus on helping parents to promote their children's academic competence. The ADVANCE Program 7, which focuses on children's problem-solving skills, is also recommended. The ADVANCE Programs 5 and 6, which focus on communication and family meetings, are optional but may be helpful for somewhat older children. It will take 22 to 26 weeks to complete these programs.

COMBINING PARENT PROGRAM WITH IY CHILD DINOSAUR TREATMENT PROGRAM OR TEACHER CLASSROOM MANAGEMENT PROGRAM

The child training program (Dinosaur School) will help children with ADHD to learn play and social skills, to make good friends, and to practice problem-solving and anger-management strategies. Instead of offering the Dinosaur Program for the children, an optional approach is to provide the teacher classroom management training program for the teachers of these children. This program takes teachers 28 to 42 hours to complete, preferably on 4 to 6 separate days spread over several months. When teachers are trained, they are reinforcing the same behaviors as parents, and there is more consistency from home to school in management approaches. Our research suggests that offering either the child or the teacher training program will enhance outcomes in terms of improvements in children's classroom behavior and peer relationships (Webster-Stratton, Reid, & Hammond, 2004).

Additional Objectives for Parent Program for Children with ADD/ADHD

- Increase parents' understanding and knowledge about the parenting needs of children with ADD/ADHD.
- Teach parents how to do academic, persistence, social, and peer coaching.

- Encourage parents to give more effective praise and encouragement for targeted prosocial and academic behaviors.
- Help parents set up behavior plans and develop salient rewards for targeted prosocial and academic behaviors.
- Teach parents ways to work with teachers to coordinate home-school behavior plans.
- Help parents understand how they can support their children's academic learning at home.
- Enhance parents' support networks.

Additional Objectives for Children

- Increase children's social skills, such as group entry skills, cooperative play skills, and friendship skills (e.g., teamwork, sharing, taking turns, complimenting).
- Increase children's emotional self-regulation skills, such as waiting, concentrating, using stop-think-check, and calming down with deep breathing, positive self-talk, or happy images.
- Increase children's coping skills, such as problem solving, generation of positive solutions for conflict situations, and ability to think ahead to consequences of particular behaviors.
- Decrease children's disruptive behaviors, such as blurting out, interrupting, and noncompliance.
- Increase children's academic skills, such as putting up a quiet hand, listening to their teacher, and concentrating on work (e.g., stop, think, look, check).

FOCUS—PARENTS LEARNING HOW TO COACH THEIR CHILDREN'S FRIENDSHIP SKILLS AND HELP SUSTAIN THEIR ATTENTION ON PLAY ACTIVITIES (PARENT BASIC PROGRAM 1: 3 TO 8 YEARS)

No matter whether the preschool or school age version of the BASIC parenting program is being used, the entire BASIC Play Program (including all the vignettes) should be covered first. This program emphasizes parents learning child-directed play concepts so that they can help their children develop friendship skills. It is critical that parents of children with ODD + ADD/ADHD become highly skilled as academic, persistence, social, and emotional coaches. First, the academic and persistence coaching during parent-child play interactions helps the parents scaffold their children's play so that they can sustain their play activities for longer periods. During *persistence coaching*, the parent is commenting on the child's attention to the task. A parent might say to his child who is working with blocks, "*You are really concentrating on building that tower;*

you are really staying patient; you are trying again and really focusing on getting it as high as you can; you are staying so calm; you are focused; there, you did it all by yourself." With this persistence coaching, the child begins to be aware of his internal state when he or she is calm, focused, and persisting with an activity. Next, the parents learn how to do *emotion and social coaching* during child-directed play. During social coaching, the parents describe the children when they take turns, wait, share, make a suggestion, follow another's ideas, or give a compliment. Parents begin practicing this during dyadic play with their children; they model appropriate social skills and prompt their children's use of those skills. Later, they are encouraged to arrange playdates with other children at their home and to provide peer coaching during these visits to further their children's social learning experiences. The added child-directed peer play vignettes and extra practice coaching several children not only will enhance children's social skills, but also will help parents understand and accept developmental, temperamental, and biological differences in their children such as variation in distractibility, impulsiveness, and hyperactivity.

FOCUS—PARENTS LEARNING TO INCREASE THE SALIENCY OF THEIR PRAISE AND TANGIBLE REWARDS (PARENT BASIC PROGRAM 2: 3 TO 6 YEARS, OR BASIC PROGRAM 9: 6 TO 8 YEARS)

Children with ODD + ADHD get less praise and encouragement from adults than less active or less disruptive children. When such children do get praise, however, they are even less likely to notice or comprehend that they were praised. In fact, parents of these children frequently remark that their children are unresponsive to their praise and encouragement. Because of their inattentiveness, distractibility, and failure to read non-verbal facial cues, children with ADD/ADHD need praise that is highly pronounced and combined with visual and tactile cues. Before giving praise to a distractible child, the parent needs to move close and establish eye contact and a connection to capture attention. Next, the parent must give the praise with a genuine smile, lots of emotional enthusiasm, and a pat on the back or hug. Finally, the parent describes the social behavior that is being encouraged. For these children, behaviors targeted for praise may include concentrating hard on an activity, waiting a turn, problem solving, asking for something (rather than grabbing), staying calm, and politely asking to be part of a game. Because it is not normal to praise in such an exaggerated way, parents of these children need extra training in these skills as well as extra encouragement to keep praising even when their children don't seem to be responsive to their praise.

It is also hard for children with ADD/ADHD to evaluate their own progress in the social arena since self-reflection is difficult for them. Sticker charts and behavior plans with clearly established behavioral goals and incentives can help children remember the behaviors they are working on and also serve as concrete markers depicting their success. Incentive systems provide more salient and immediate rewards as well as a visual reminder to the children of their accomplishments and a continual reminder of the positive consequences of working toward their goal. Behavior charts and incentive programs are covered in detail when working with parents of children with ADHD and are refined over time so that parents can continually motivate and challenge their children in novel ways. Charts also offer structure and positive scaffolding that provide a sense of safety and security for distractible children.

FOCUS—PARENTS LEARNING ABOUT CLEAR LIMIT SETTING AND PREDICTABLE SCHEDULES (PARENT BASIC PROGRAM 3: 3 TO 6 YEARS, AND PROGRAM 10: 6 TO 8 YEARS)

Just as children with ADD/ADHD frequently fail to hear vague praise statements, they also fail to focus on or remember parental instructions. They may not comprehend the parental request if it is unclear, negatively stated, embedded in a great deal of distracting verbal content and negative emotion, or if too many commands are strung together. Therefore, parents of such children need to learn how to make a positive request that is clear, calm, and specific. As when giving praise, parents must get their child's attention before making the request. Moreover, because children with ADD/ADHD live in the present moment and have difficulty thinking ahead to future consequences (positive or negative), they are not motivated by delayed consequences. Therefore, they need consequences that are immediate and as closely related to the misbehavior as possible. This means that child compliance to a parental request requires immediate praise, and noncompliance needs immediate follow-through.

Because these children are frequently disruptive and don't seem to respond to commands, adults are more likely to speak loudly and to repeat many commands. Parents need help reducing their commands to those that are the most important, giving them in a positive and clear manner, and then being prepared to follow through if the command is not obeyed. Children then will learn that when a parent makes a request, they are expected to comply and will be helped to do so.

Another way to help children follow the rules and to limit the number of commands given is to have clearly articulated schedules for the children. Therapists help parents set up a predictable after-school

routine such as hanging up their coat, having a snack, doing their homework activity, having a play activity, and dinner; or a predictable morning routine (and bedtime routine) such as getting dressed, making the bed, eating breakfast, brushing teeth, washing face and hands, and getting their book bag and lunch. Group leaders work out these schedules with parents and then help them use picture cues for each activity on laminated boards (or magnets for the refrigerator) so children can move each activity to the "done" side of the board. These visual cues and schedules help children know what is required of them during these difficult transition times. The difficulty for young children with ADHD is that they get distracted easily and forget what they are to do next. These schedule boards with pictures describing each step, which can be moved or checked by the child, help them to remember what to do, thereby increasing their independence and reducing parents' need to remind them. Parents can also add chores to these picture boards contributing to their children's sense of responsibility in the family.

FOCUS—PARENTS LEARNING ABOUT IMMEDIACY OF CONSEQUENCES
(PARENT BASIC PROGRAM 4: 3 TO 6 YEARS, AND PROGRAM 10:
6 TO 8 YEARS)

Children with ADD/ADHD need immediate consequences for their misbehavior. Having children on medication or with a diagnosis of ADD/ADHD should not be an excuse to avoid holding them accountable for their actions. However, parents need to have developmentally appropriate expectations for their children's behavior. Since children with ADD/ADHD are delayed about 30% in their social and emotional competence, the 5-year-old with ADHD cannot be expected to wait easily for a turn, or sit still at a table for any extended period, or concentrate on a complex puzzle or LEGO set. Parents will need to plan for activities that are developmentally appropriate for their child's abilities and learn to ignore distractible, hyperactive, fidgety, and noisy behaviors as long as they are not hurtful to others. Parents also learn the value of redirecting distractible children to another task to keep them from losing their interest or from disrupting others. However, aggressive and oppositional behavior requires time-out so that the children do not get reinforced for the misbehavior. Parents learn the entire compliance training regime to help their children be more cooperative. Before doing this training, several sessions in Program 3 (Limit Setting) will be spent on reducing commands to those that are most necessary. Other discipline strategies that work well for children with ADD/ADHD are consequences that are immediately tied to the misbehavior. Scissors are re-

moved for a brief period if the children are using them inappropriately, or children must clean up the floor because they made a mess with the paint, and so forth.

In addition to focusing on helping parents understand developmentally appropriate discipline strategies such as ignoring and redirecting, using logical and natural consequences, and time-out for aggression, parents also learn how to teach their children problem-solving strategies and to practice more appropriate solutions. The school-age version of BASIC, Parent Program 10, helps parents learn how to teach their children to identify a problem and how to stop and think about the best choice or solution to the problem. Parents help young children learn and practice prosocial and self-regulating solutions (e.g., trade, ask first, get parent, take a deep breath, share, help one another, apologize, use words, tell self to calm down, ignore) using a children's problem-solving book. For older children, parents help them learn how to make the best choice and to evaluate the outcome of their solutions.

FOCUS—PARENTS LEARNING HOW TO COACH HOMEWORK AND PROMOTE THEIR CHILDREN'S READING SKILLS

Because about 30% of children with ADD/ADHD often have reading, learning, and academic delays, we recommend that Program 8: Supporting Your Child's Education at School be shown as a supplement to the BASIC Parent Program. In this program, parents are helped to set up predictable homework schedules, coach children successfully with their homework, have productive parent-teacher conferences, and practice interactive reading skills with their children. It takes two to four extra sessions to complete this program, which is offered at the end of the BASIC Series. For children aged 3 to 5 years, the Interactive Reading Program is recommended.

FOCUS—CHILD TRAINING IN FRIENDSHIP SKILLS, PROBLEM SOLVING, AND POSITIVE PEER PLAY SKILLS (CHILD DINOSAUR TREATMENT PROGRAM)

The BASIC Parent Program focuses on training parents to coach peer play, which will help their children learn social and problem-solving skills. It is also helpful if children attend the Dinosaur Treatment Program where they get specific practice with other children learning social and self-regulation skills. In this child program, children practice behaviors needed to be successful at school such as putting up a quiet hand, waiting a turn, ignoring distractions, staying focused on an activity, and following teacher's directions. In addition they learn a vocabulary for expressing a range of positive and negative emotions, learn how to identify another's

emotions, and are taught anger management, problem solving, and effective communication skills. The children learn how to play appropriately with other children through modeling and many guided practice experiences with one and then two children. Three studies have indicated that combining this child training with parent training enhances children's outcomes in terms of better peer relationships and classroom behavior (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2001, 2004).

CHILDREN WITH ATTACHMENT PROBLEMS

Children with ODD may also have ambivalent or avoidant attachment patterns with their biological, foster, or adoptive parents (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 may also occur because parent or caregiver responses have been unpredictable, inconsistent, harsh, and dismissive of children's emotional needs. Parents with these parenting difficulties may have attachment difficulties due to their own childhood experiences. They may be preoccupied with their own feelings, needs, and life stressors including the stress of poverty. Such parents may be only sporadically emotionally available to their children. They are often characterized as chaotic, neglectful, emotionally unavailable, and disorganized. Children who have experienced such stressful and inconsistent parenting learn not to trust the world or their relationships with other adults. Their insecure attachment, in turn, affects how they process information, solve problems, and behave with others. Some children with insecure attachment may be angry with adults and oppositional, suspicious, or rejecting of caregiver attention or attempts to nurture them. Other children may have an insatiable need for adult attention and be resentful and clingy whenever adult attention is given to someone other than themselves. These children may have difficulty separating from their parent or caregiver for fear of abandonment, or they may sulk and cry whenever attention is given to another child. Still other children with insecure attachment may be frightened of adults and become emotionally absent or disassociated to escape their fears. They may appear independent and grown up when in fact, this is masking their intense need for nurturing and support.

Children's attachment classifications are not permanent and may become more secure by parenting interactions and caregiver relationships that are predictable and consistent, sensitive to their cues, comforting when they are hurt or frightened, calming and nurturing when they are distressed, and accepting of their emotions (Van Ijzendoorn, 1995).

RECOMMENDED IY PARENT PROGRAMS

For parents of children with attachment disorders, the BASIC Parent Program (early childhood and school age versions) is recommended and will take 16 to 18 weeks to complete because of the added emphasis on child-directed play and social and emotional coaching. These programs may be offered to the biological parents, adoptive parents, or foster parents of these children.

COMBINED PARENT PROGRAM WITH IY CHILD DINOSAUR TREATMENT PROGRAM

While the parents are in the parent group, it is recommended that the small group child treatment program (18 to 22 sessions) be offered to their children. This program will help these children learn to make friends, to build their self-esteem, to express their emotions in more appropriate ways, and to learn ways to solve some of their problems. See Tables 10.2 and 10.3 for descriptions of recommended programs by age and nature of child problems.

Additional Objectives for Biological, Foster, or Adoptive Parents

- Increase parents' empathy for the child and understanding of why insecure attachment is affecting their child's behavior and relationships.
- Encourage parents to understand ways to promote a secure attachment.
- Encourage parents to participate in pretend and fantasy play with their children.
- Teach parents how to do social and emotional coaching during child-directed play interactions with children.
- Encourage parents to provide consistent and calm comforting for children when they are hurt, frightened, ill, or lonely.
- Encourage parents to give love, attention, praise, and encouragement whenever possible for prosocial behaviors.
- Encourage parents to have consistent rules and clear limit setting, to be honest about where they are going and when they will be back, and to provide predictable, nonpunitive, and nonrejecting discipline responses for misbehavior.
- Help parents learn ways to give their children a sense of trust in the world and the people in it.
- Encourage parents to focus on joyful memories and positive emotions, as well as family traditions.

Additional Objectives for Children

- Promote secure attachment with parents or caregivers.
- Promote children's positive self-esteem, self-confidence, and sense of security.
- Increase children's ability to regulate their emotional responses.
- Increase children's ability to identify and talk about their own feelings (positive and negative).

FOCUS—PARENTS LEARNING EMOTIONAL COACHING AND WAYS TO STRENGTHEN ATTACHMENT (PARENT BASIC PROGRAM 1: 3 TO 8 YEARS; AND PROMOTING CHILDREN'S SOCIAL, EMOTIONAL, PROBLEM-SOLVING, AND ACADEMIC SKILLS THROUGH CHILD-DIRECTED PLAY)

All the vignettes from the two programs focused on child-directed play are shown to parents, and parents are provided with many practice experiences. Instead of taking two to three sessions to cover this material, it may take four to five sessions. These programs teach parents how to provide emotional and social coaching during their playtimes with their children to strengthen their attachment and positive relationships. Parents learn to provide consistent, positive attention for prosocial behaviors. To promote empathy for their children's needs, they learn to see the world from the perspective of a child. Parents learn about their children's developmental needs for contingent attention, predictable responses, and positive emotional experiences. Moreover, this undivided parental attention results in children feeling valued and respected and leads to increased self-esteem.

Parents are taught to be "emotion coaches" for their children. They are asked to play at home and to participate in pretend play so as to encourage their children's imaginary worlds. When parents encourage fantasy during play, children have opportunities to express their anxious feelings, frustration, and anger in legitimate and nonhurtful ways. Some children may explore aggressive themes in their play, such as adults hitting each other, violent car crashes, or death scenes. Other children may regress to more baby roles and want to be fed and cuddled. Often they will enact the same play theme repeatedly. When children act out these upsetting or fearful emotions symbolically through fantasy play, they are gaining mastery and control over the emotional situation. Still other children may seem unable to initiate any play at all and find it difficult to engage in fantasy. Encouraging parents' sustained child-directed play approaches even when their children's play is boring, repetitive, babyish, and unimaginative is critical, for it helps children to feel safe and to begin to form a bond with the parent before they risk sharing their inner world

with an adult. This is particularly likely if their experience in the past has been with an adult who has neglected, abandoned, or abused them. Parents need reassurance that the children will not always remain in these stages of play.

In addition to encouraging fantasy play, emotion coaching also involves parents naming the children's feelings and providing support for expression of positive emotions such as joy, love, happiness, curiosity, and calmness, as well as negative emotions. This emotion coaching will help children recognize and express a wide range of emotions and begin to understand others' emotions. Some of these children may be reluctant to share feelings at all until the parent-child play interactions have increased their feelings of security or attachment in their relationship. Understanding that this takes time will help parents become more sensitive and patient when interacting with their child.

FOCUS—PARENTS PROMOTING CHILDREN'S SELF-CONFIDENCE
AND JOYFUL TIMES THROUGH PRAISE AND CONSISTENT LOVE
(PARENT BASIC PROGRAM 2: 3 TO 6 YEARS, OR BASIC
PROGRAM 9: 6 TO 8 YEARS)

Children with attachment problems who have been blamed or abused in the past may be suspicious of praise and uncomfortable with physical touch. They may respond by rejecting it, getting overexcited, or misbehaving (e.g., the child tears up his math report when his parent praises him, or the child who goes out of her way to be disruptive after her teacher has praised her for being helpful). These children are uncomfortable with a positive self-image and seem to want to convince the adult they are not really worthy of this praise. Their self-concept is that they are worthless, and they are more comfortable with this negative image than with the new positive image being presented to them. This rejection of praise, attempts at encouragement, or resistance to being physically touched could cause parents or caregivers to stop giving praise or hugs to avoid the negative response. In fact, these children need *much more* praise, encouragement, and physical warmth than typical children. In this program, parents and caregivers are helped to understand why children might reject praise and are encouraged to keep providing praise and physical comfort so that the child will accept a more positive self-image. Instead of giving exuberant praise, parents may provide it in quiet, personal moments or with physical signals, such as a thumbs-up; and any rejection or arguments from the child are ignored. Instead of big hugs, caregivers may start with small pats on the arm combined with a smile, thumbs-up, or high five and gradually increase the length of time the

physical contact lasts. Some of the targeted behaviors that may get praise include staying calm when the parent leaves, doing independent work, appearing confident about an activity, verbalizing feelings, or recognizing another's feelings and being friendly to someone else.

Children who have experienced many negative and traumatizing events will also be helped by their caregivers to develop their happy thoughts and positive emotional memory banks. Parents or caregivers are encouraged to talk with their children about a favorite place they lived, or pleasurable experience, or fun person they spent time with. Likewise parents share with their children positive memories of when they were born, or special events. Over time, these joyful memories can be referred to, written down as stories, and recounted until they become alive as family traditions.

Sticker charts and behavior plans with clearly established behavioral goals and incentives can be very helpful for these children. In fact, sometimes children with attachment problems respond more readily in the beginning to tangible incentives and sticker charts than to parent or caregiver praise and encouragement, which can be frightening to them. Setting up a sticker and reward program helps the children to experience its predictability and see that they can safely trust the plan. It can serve as a structure to help them with their behaviors while the parents and caregivers are working on strengthening their emotional relationship and their child's attachment status and self-esteem through praise and physical touch.

In addition to praise, encouragement, and incentive programs, parents are encouraged to show unconditional love and commitment to their children. The message behind this love is that no matter what happens or how the child behaves, the parent or caregiver is there for the child. Communications such as "I'm going to send you to another foster home," or, "I should never have adopted you. You ruined my life and caused my divorce," or, "You are just like your delinquent father," are harmful to the child. Instead, messages should recognize their children's positive behaviors and unique qualities and share expressions of concern, as well as loving and caring feelings. The positive messages include "I care about you and will help you learn to make better choices," or, "You will be able to do it next time," or, "I am sure you can succeed," or, "I will always care about you," and "I am frustrated about this, but I still care about you, and we will work this out together."

FOCUS—PARENTS LEARNING HOW TO HELP THEIR CHILDREN FEEL SAFE THROUGH PREDICTABLE SCHEDULES, LIMITS, AND SEPARATION AND REUNION RITUALS (PARENT BASIC PROGRAM 3: 3 TO 6 YEARS, AND PROGRAM 10: 6 TO 8 YEARS)

Children with insecure attachment classifications need to learn the family household rules and experience their predictability. Knowledge of

rules and expectations for their behavior will help them to feel safe and more secure in their relationship. Parents are encouraged to be aware of and set limits on exposure to aggressive and tragic events on television, aggressive computer games, and exposure to parental conflict.

Parents learn the importance of being honest with their children about where they are going and when they will be back—even though the children may tantrum and cling when parents tell them they are leaving. Good-bye rituals are rehearsed, and parents are prepared for how to respond if their child tantrums at separations. They learn about the destructive effect of leaving in secretive ways or threatening to leave if their children don't comply with their requests. They are helped to understand and rehearse the importance of a joyful reunion when they are reunited. Other separation rituals such as bedtime rituals are also planned for. Once children experience the repeated predictability of their parents' return at the time when they said they would, their children's fears of abandonment eventually subside.

During the limit-setting program, parents learn how to give clear, positive commands and to follow through with their limits. Parents are taught the importance of providing a family schedule that is as predictable as possible (e.g., setting up a consistent routine after school, as well as for bedtime and getting up in the morning). For some parents, it will be helpful to map out the day and determine the sequence of events in a similar way as that described for children with ADHD.

FOCUS—STRENGTHENING PARENTS' POSITIVE DISCIPLINE STRATEGIES
(PARENT BASIC PROGRAM 4: 3 TO 6 YEARS, AND PROGRAM 10:
6 TO 8 YEARS)

Parents or caregivers first work hard over many sessions to establish a positive relationship and more secure attachment status with their child before starting the discipline program. Because children with attachment problems send out distorted signals to their parents, it can be hard for their parents to read their cues. They will need extra child-directed play sessions focused on emotional coaching and a great deal of positive feedback before starting to use the discipline strategies in this program. It is also important that the positive replacement behaviors (e.g., sharing, helping, cooperating with rules) have been taught to the children and that they have learned some vocabulary for expressing their emotions before parents begin the discipline program.

Parents learn to briefly ignore (with no eye contact or verbal or physical contact) the particular target negative behavior that they have identified as problematic or attention getting (e.g., whining, swearing, pouting, pestering, sulking, tantrumming). Parents are prepared for the

worsening of misbehavior as children test their parents' consistency. This ignoring is brief, however, and parents are ready to give back their attention as soon as their child calms down or is behaving appropriately. Children with insecure attachment status will want their parents' positive attention so desperately that they usually stop the misbehavior pretty quickly when it is ignored. For children with a history of neglect, it is particularly important that the ignoring strategy be used briefly for the target negative behavior and that parents consistently give heavy doses of positive attention whenever the children are behaving appropriately. In this program, parents learn about the value of combining ignoring with a redirect or distraction, which often works well to avoid giving attention to the misbehavior while diverting the child's attention to something else. This approach helps the children not to feel abandoned. It is important to help parents understand the difference between planned ignoring for a target negative behavior and emotionally withdrawing from them.

Time-out is taught as a way of helping children self-regulate and helps parents avoid giving attention to aggressive behavior. Because parents or caregivers feel badly about the child's prior traumas, they may be inclined to give in to the aggression or hold a child who has been aggressive. Both of these approaches reinforce the misbehavior. Parents are helped to understand that time-out is not used to humiliate children or threaten loss of their love but rather to help them learn to self-regulate and become more independent. They are taught to use this procedure only for aggressive or destructive behavior or for compliance training if their child is oppositional and defiant. Parents decide what behavior (primarily aggressive behavior toward another person) will result in time-out. At a time when children are calm, parents explain what behaviors will result in a time-out, where time-out will take place, how long time-out will last, and how to calm down while in time-out. They rehearse this procedure with their children when they are calm by practicing going to time-out and saying to themselves *"I can calm down; I can take three deep breaths; I can do it; I can try again."* This teaching helps the children learn how to help themselves to self-regulate when they are angry. During group sessions, parents practice these steps and are prepared for all possible responses that their children may give them so that they can stay calm and predictable themselves. Parents also learn to take personal time-outs when they feel they are losing control and understand the importance of regulating their own emotional and negative responses with their children.

Children who attend the Dinosaur School program also have direct practice going to time-out and learning the breathing and self-talk strategies to help them calm down.

FOCUS—SUPPORTING CHILDREN'S ACADEMIC SKILLS (PROGRAM 8:
SUPPORTING YOUR CHILD'S EDUCATION—6 TO 8 YEARS, OR
INTERACTIVE READING PROGRAM—3 TO 6 YEARS)

Sometimes these children have experienced many moves and missed quite a bit of school. They may not have had much experience with adults reading to them or providing academic stimulation in the home. If this is true, parents or caregivers may need more information about working with teachers, setting up predictable homework routines, and providing interactive reading experiences. These two programs will be helpful to parents in providing this academic coaching at home and coordinating with teachers.

FOCUS—CHILD TRAINING IN FRIENDSHIP SKILLS, PROBLEM SOLVING,
AND EMOTION LANGUAGE (INCREDIBLE YEARS DINOSAUR
TREATMENT PROGRAM)

While the parents or caregivers are receiving the parent program, the children may be enrolled in the small group child treatment program. This program augments what the parents are learning by providing the children with direct coaching and small group experiences with building feelings literacy, learning anger management and problem-solving skills, and practicing friendship and communication skills. Throughout this training, children receive heavy doses of adult attention, praise, and acceptance to promote their self-esteem and self-confidence in their abilities, as well as their trust in adults who care about them.

CHILDREN WITH DIVORCING PARENTS

Children react to divorce in a variety of ways. Some children become aggressive and angry about the family disruption in routine and households; others become sad and anxious about being abandoned by one parent; others are confused about who to be loyal to; others feel lonely and different because of their family circumstances; and still others seem to show no feelings at all and act as if nothing has changed. Because children aged 3 to 8 years are still vacillating between fantasy and reality, most will have fantasies about their parents getting back together again and will have difficulty accepting the permanency of the divorce. Many children worry about whether they are partially to blame for the divorce. They may remember arguments concerning them that lead them to think they have caused their parents' divorce. In addition, they may fear that their parents will abandon them. (If it is possible for one parent to leave another parent, why not their child?) Therefore, most

children will feel insecure in their relationship with their parents, worried that their parent might not return, and concerned about when they will see him or her. If the divorcing parent moves away or lives with someone else, this can add complexity to the fears of abandonment or reasons for anger.

RECOMMENDED IY PARENT PROGRAMS

For parents who are divorcing, the BASIC Parent Program (Early childhood or school-age versions) is recommended as well as the Advance Parent program. In addition, it is recommended that the children attend the Dinosaur Program while the parents are in the parenting program. It will take 20 to 24 weeks to complete these programs.

Additional Objectives for Divorcing Parents

- Increase parents' understanding and awareness of their children's feelings concerning their divorce and encourage their children's appropriate expression.
- Teach parents how to provide emotional support, reassurance, and extra time through child-directed play interactions.
- Help parents to reassure their children that they are not responsible for the divorce and will not be abandoned.
- Encourage parents to give added praise and encouragement to increase their children's self-esteem and sense of security in their relationship.
- Help parents to provide predictable routines and visitation schedules that make children feel more secure.
- Help parents understand the importance of following through with promises and visit dates and times.
- Help parents set up consistent and regular communication and visits with their children.
- Help parents understand the importance of keeping their children out of the conflict between parents.

Additional Objectives for Children

- Increase children's accurate attributions for divorce.
- Increase adjustment to family changes.
- Decrease anxiety and divorce-related concerns.
- Increase problem-solving skills.

- Increase ability to talk about feelings, self-regulate, and cope with anger.
- Increase friendships and support.

FOCUS—PARENTS STRENGTHENING THEIR RELATIONSHIP WITH THEIR CHILDREN (CHILD-DIRECTED PLAY SKILLS, PARENT BASIC PROGRAM 1: 3 TO 8 YEARS)

Teaching parents child-directed play skills is a central component for parents who want to help their children cope with their divorce because it assures children that they are still cared for and are important to their parents. Because divorcing parents are preoccupied with the stress of the divorce, financial changes, legal issues, and new housing needs, they may be giving their children less attention than usual. Children may mistakenly attribute this lack of attention to their parents not loving them. Taking the time to engage in *daily* play can be one of the most reassuring things parents can do for their children because it lets them know how important they are in their lives. By using the child-directed play principles taught in this program, parents will provide emotional coaching, enter into their child's fantasy world, and discover what their children are thinking and feeling about their divorce. A child may act out her parents' fights with puppets, or indicate that the baby in her make-believe family is worried his parent won't ever come back. Other themes of fear of abandonment, or feelings of guilt or blame because the parents are divorcing, or lack of power may be symbolically revealed in parent-child play interactions. When this happens, parents can work to correct inaccurate attributions and to gently reassure their children that they will be cared for and loved no matter what happens. Also by using the emotion coaching principles taught in this program, parents will provide their children with ways to talk with them about their feelings.

In addition to helping children talk about their unhappy feelings during play, this is also a time when parents need to encourage their children's expression of positive feelings, such as allowing them to talk about things and times that make them feel confident, happy, calm, curious, and joyful. Parents should predict happier times for their family and be sure to share their own feelings of happiness about spending time with their children. It is important for parents to support their children's expression of a range of feelings, particularly during child-directed playtimes. During a time when children feel stressed and powerless and parents seem preoccupied, these intimate playtimes together can be the medicine that will help children cope successfully with their parents' divorce.

FOCUS—PARENTS GIVING EXTRA ENCOURAGEMENT AND ASSURING CHILDREN THEY ARE WANTED (PARENT BASIC PROGRAM 2: 3 TO 6 YEARS, OR BASIC PROGRAM 9: 6 TO 8 YEARS)

Giving extra encouragement and planning some fun family outings during these stressful times can be immensely reassuring to children. Divorce is naturally stressful to parents and results in parents' feelings of anger as well as depression and fear about the future. Children worry about their parents' unhappiness and emotional distance. Sometimes parents' anger and stress spill over into their parenting causing them to be more critical, impatient, and hostile toward their children. In this program, parents are encouraged to make an effort to notice their children's helpful behaviors and to praise their cooperation with changing routines. For children who are acting out with misbehavior, parents set up behavior plans with stickers and incentives for targeted positive behaviors.

Parents' guilt about their divorce also can lead them to give their children gifts, to comply with all their requests, and to avoid limit setting, perhaps as a way to get their children to like them better. These incentives are not encouraged and can result in children becoming manipulative and oppositional to get a payoff.

In some families, one parent may be less available or less involved in the children's lives. When children have infrequent and unpredictable contact with a parent, they tend to internalize a belief that they are bad or not lovable. Therefore, the primary parent needs to help the child know that the problem is not with the child's lovability but rather with the parent's own issues. Here the goals will be for the parent to provide praise, love, and nurturing to build the child's self-esteem.

FOCUS—PARENTS LEARNING THE IMPORTANCE OF CONSISTENT LIMIT SETTING, MONITORING, AND PREDICTABLE ROUTINES (PARENT BASIC PROGRAM 3: 3 TO 6 YEARS, AND PROGRAM 10: 6 TO 8 YEARS)

Because divorce results in changing routines, and perhaps children changing households each week, it is important that the custody plan be set up for young children in as predictable a routine as possible. It is important for parents to agree on a visitation or shared custody plan and, when necessary, set limits with the children to follow through with the plan. A child may resist going to one parent's house on the night that he is supposed to move home. The parent should avoid giving in to this non-compliance and calmly follow through with the plan letting the child know parents are in charge of the schedule and not the child.

Sometimes, because parents feel guilty about their divorce and the distress it is causing their children, they don't follow through with

household rules. Or, because they are stressed and depressed, they are inconsistent about enforcing the consequences for misbehavior. Thus, children learn they can manipulate the rules or get away with noncompliance. In this program, parents are helped to understand the long-term consequences of this inconsistency or failure to monitor rules. Moreover, they learn that by providing consistency in rules and limit setting, they are actually helping their children feel safer because the rules are predictable.

FOCUS—CONSISTENT DISCIPLINE (PARENT BASIC PROGRAM 4:
3 TO 6 YEARS, AND PROGRAM 10: 6 TO 8 YEARS)

For children who are reacting to divorce with misbehavior, it will be important for both parents to agree on a behavior management plan and decide which negative behaviors to target and the appropriate discipline strategy. This can be especially important if there is shared custody and children are changing homes frequently (e.g., an 8-year-old child may have lost his TV privileges that evening because he did not do his homework, but because he is going to the other parent's house that evening, it will be necessary for the second parent to carry out this consequence). When possible, coordination between parents on a behavior plan will help children improve their misbehaviors more quickly.

It is ideal if both parents can attend the parenting program so that there is consistency in responses to misbehavior from one home to another. In this part of the training program, parents are reminded of the importance of not fighting in front of the children and not saying disparaging remarks about the other parent.

FOCUS—HELPING DIVORCED PARENTS TO LEARN POSITIVE
COMMUNICATION AND EFFECTIVE PROBLEM-SOLVING SKILLS
(ADVANCE PARENT PROGRAM: 4 TO 8 YEARS)

For divorcing parents, it can be immensely helpful to include the Advance program after the BASIC program. Although the parents are divorcing each other, they are not divorcing the child and will still need to communicate and negotiate with each other regarding such things as parent-teacher meetings, parent care during holidays or work trips, changes in pickup and drop-off at houses, medical issues, sports events, and finances. The Advance program focuses on effective communication and problem-solving skills for adults as well as anger and depression management. This program can help divorcing couples have a structured format for discussing issues and making plans for their children.

FOCUS—CHILD TRAINING TO PROMOTE PEER SUPPORT,
COMMUNICATION, AND PROBLEM SOLVING
(CHILD DINOSAUR TREATMENT PROGRAM)

It can also be helpful, while divorcing parents are in a parent group, to offer their children the small group Dinosaur Treatment Program. Children make friends with other children who have similar experiences and have opportunities to share their feelings with each other. This group support normalizes the divorce experience and provides children with friends who can help them talk about their problems and can make them feel less lonely. During the first components of this program, children learn the *emotional vocabulary* to express a variety of feelings and are given opportunities to talk about how the divorce is affecting them. Puppets, games, and books engage the children and enable them to safely express feelings. These games and group discussions can help children understand that all feelings are acceptable as well as to clarify common misconceptions and loyalty conflicts. For example, the child who fears deep down that he is responsible for his parents' breakup will find comfort and relief from another child who expresses exactly the same feelings.

Another component of the program focuses on teaching the children problem-solving skills. These skills will help them learn how to cope with some of the issues that their parents' divorce is presenting them: *"Who will I spend my birthday with? What will I do when one of my parents doesn't call at the agreed upon time? Which house do I keep my bike or Nintendo at? How can I behave better so my parents will get back together? What do I do when I'm lonely and miss my parent? What do I do when my parents fight?"*

These discussions of problems often reveal children's fears or self-blame and magical thinking. An important aspect of solving these problems is for the therapist to clarify misconceptions about the cause of divorce ("divorce is a grown-up problem") and to increase the child's ability to separate adult responsibilities from child concerns. When discussions reveal that children have witnessed domestic violence, the group will focus on how to keep themselves safe and where to go for help if this should happen again. For many children, explaining a parent's absence and lack of involvement in their lives is a central issue. Therapists help these children understand that their parent's absence has nothing to do with their own fantasized unlovability but rather with the parent's problems or guilt. The goal here is to promote the self-esteem of these children.

The anger management component of this program helps the children learn how to calm down when they are frustrated, disappointed, or angry with their parent or family situation, so that they can think about possi-

ble ways to solve the problem. Because feeling powerless can lead to escalating anger, these calming strategies can help children with their capacity to cope. They are also helped to sort out “green light” problems that they can try to solve and “red light” problems that they cannot solve. This distinction is important in helping them disengage from interparental conflicts and from issues that they cannot resolve. Puppets are used to present some of these common divorce-related scenarios, and the children participate in teaching the puppet how to solve the problem (e.g., Wally the puppet tells the children he is lonely with his dad gone and asks them to help him with two things that will help him feel better).

Many children are embarrassed when they learn their parents are getting divorced and don’t know how to talk about it to their friends. By the time the children participate in the friendship and communication components of this program, they will have the communication and language skills to talk about their feelings and problems, not only with other children, but with their parents as well. The group format includes a great deal of role-playing and practice activities in friendly talk and asking for help so that children have opportunities for developing important coping skills.

CHILDREN WITH INTERNALIZING PROBLEMS SUCH AS FEARS AND DEPRESSION

In our studies of young children with conduct problems, we find over 60% of the children are also comorbid for internalizing problems (Webster-Stratton & Hammond, 1988, 1999; Webster-Stratton & Reid, 2005b). Internalizing problems encompass a wide variety of conditions such as fears, social or school phobia, separation anxiety, and depression. Young children may not recognize these feelings or be able to talk about them with others. Consequently, their anxieties may be expressed in symptoms that include crying, clinging behavior, stomachaches, headaches, irritability, and withdrawal. Depressed children may misbehave or even express their sadness in the form of aggression and anger in their interactions with others. The goal of the treatment is help the parents understand how they can help their children manage their distress by teaching them social skills, problem solving, and emotional vocabulary so that their children can recognize and cope successfully with their uncomfortable feelings.

RECOMMENDED IY PROGRAMS

For parents of children with internalizing problems, the BASIC Parent Program (early childhood and school-age versions) is recommended and will take 16 to 18 weeks to complete.

While the parents are in the parent group, it is also recommended that the small group child treatment program be offered to their children, which takes 18 to 22 weeks to complete. This program will help these children learn to make friends, to build their self-esteem, to express their emotions, and to learn ways to solve some of their problems.

Additional Objectives for Parents

- Educate parents on the nature and causes of social fears and anxieties.
- Encourage parents to understand ways to respond to children's expression of fear or depression.
- Teach parents how to do social and emotional coaching during child-directed play interactions with children so that children can express their emotions.
- Encourage parents to provide consistent and calm comforting for children but not to reinforce fears through modeling or undue attention.
- Encourage parents to give love, attention, praise, and encouragement whenever possible for prosocial behaviors.
- Encourage parents to have consistent rules and clear limit setting and not to reinforce their children's avoidance behaviors.
- Encourage parents to focus on joyful memories and positive emotions, as well as family traditions.

Additional Objectives for Children

- Promote children's positive self-esteem, self-confidence, and sense of security.
- Increase children's social competence and ability to make friends.
- Increase children's ability to cope with their emotional responses through problem solving.
- Increase children's ability to identify and talk about their own feelings (positive and negative).

FOCUS—PARENTS LEARNING HOW TO PROMOTE THEIR CHILDREN'S SELF-CONFIDENCE AND EXPRESSION OF EMOTION (CHILD-DIRECTED PLAY SKILLS, PARENT BASIC PROGRAM: 3 TO 8 YEARS, AND PROMOTING CHILDREN'S SOCIAL, EMOTIONAL, PROBLEM-SOLVING, AND ACADEMIC SKILLS THROUGH CHILD-DIRECTED PLAY)

These programs teach parents how to provide emotion and social coaching during their playtimes with their children that will strengthen their positive relationships and teach children the emotion language for expressing their feelings. Parents learn to provide consistent, positive attention for prosocial behaviors and to strengthen their children's self-esteem

and confidence in making friends and coping with peer problems. They are encouraged to set up playdates for their children and to coach these peer interactions when friends visit. This experience gives the children added practice in social interactions and builds their confidence in their friendship skills. In so doing their social phobia decreases.

Parents are encouraged to challenge their children's expression of negative emotions especially when they are unrealistic. Parents help their children understand that is normal sometimes not to be asked to join in a game or to be told that they can't play with a peer. They can help their children understand how to respond to this perceived rejection and encourage them to "be brave" and try again, either with the same group or a different friend. It is important that parents not encourage children's avoidant strategies or withdrawal from social activities. Instead, parents might say, "Those kids didn't mean to leave you out, they were already half way through the game, and it was difficult to add another player. You need to stay calm, wait, watch, and try again when they start the next game." This approach helps the parents challenge the child's negative thinking that she has no friends or is not liked. Parents make lists of the kinds of things their children worry about and talk about ways to help their children challenge those negative thoughts. In addition, they are encouraged to provide discussions of positive emotions by pointing out times when their friends seem to enjoy playing with them, or they seem happy, or they successfully stayed calm in a frustrating situation.

Research has indicated that rates of anxiety and depression are high in parents of anxious and depressed children. Therefore, parents learn about the *modeling principle* and how their own anxieties, sadness, and fears can be modeled for children. They are cautioned to keep control of their own anxious talk or negative expression of affect with their children. They are also helped to avoid giving undue attention to their children's expression of negative emotion, which inadvertently reinforces this expression (see ADVANCE portion of Parent Curriculum where parents learn how to manage their depression and anger with relaxation, self-talk, and problem-solving approaches).

FOCUS—PARENTS ENCOURAGING THEIR CHILDREN'S INDEPENDENCE
THROUGH PRAISE AND TANGIBLE REWARDS (PARENT BASIC PROGRAM 2:
3 TO 6 YEARS, OR PARENT BASIC PROGRAM 9: 6 TO 8 YEARS)

Children who are anxious or fearful are praised for their courage in trying to cope with their problems and working out peer relationship problems. In the first parent group session, parents make a list of target goals for themselves and for their children. They identify the target child behaviors they want to decrease (e.g., clinging to them when they leave or

resisting going to bed or withdrawing from social events) and the positive replacement behaviors (e.g., separating easily). Parents are asked to take a coaching role and are told that their job is to encourage their children's "growing up behaviors." This means giving them praise for taking a risk, or trying something new, or doing something independently. A parent might say, "I'm so proud of you for staying overnight at your friend's house; you are really growing up." Or, "You were scared to present your Show and Share toy at school, but you were brave and really showed how strong you are."

Incentive plans are also set up for children facing feared situations, such as sticker charts for staying in their bed all night, going to swimming lessons, or separating at school without a fuss. These behavior plans become the focus of group sessions and home assignments. Parents are also encouraged to work with teachers to set up a system at school whereby the withdrawn and fearful child is praised and reinforced for interacting with others or presenting at "Show and Tell." If a child is afraid of a particular situation or activity (e.g., dogs or swimming), parents learn how to set up gradual exposure in small doses. First the parent might read books about dogs with their child, then stop to watch other children pet a dog and make positive comments about the dog. Later they gradually get closer to a gentle dog while the parent models petting the dog. The child is praised for getting closer despite her fear.

FOCUS—ESTABLISHING CLEAR LIMITS (PARENT BASIC PROGRAM 3: 3 TO 6 YEARS, AND PROGRAM 10: 6 TO 8 YEARS)

If parents are anxious or depressed, they may lack the confidence or energy to set effective limits or to follow through with consequences for their children's misbehavior. Moreover, they may be more likely to find fault with their children and to respond negatively to misbehaviors than to their positive behaviors because of their own sadness. Consequently, in addition to practice looking for something positive in their children, parents are helped to clarify the important rules for their households and to be confident when they follow through with them. By establishing clear household rules and practicing how to state them clearly and positively, not only do they help their children feel less anxious, but the parents will find they spend less energy worrying about how they should respond.

For the child who has school phobia and uses somatic symptoms to avoid going to school, the parents are encouraged to have their child checked by a pediatrician to reassure themselves that there is no medical problem. After taking this step, parents learn to express their opti-

mism about their child's ability to return to school. They might say, "I know school is scary now, but I am sure you can be brave, and it will get easier every day. I bet you will make some nice friends." Parents learn that it is normal for children to react adversely with clinging and crying when they leave them at school, or with a babysitter, or when tucked in bed at night. They are encouraged to set up a predictable routine for leaving as follows:

- Express confidence and happiness about the experience the child is about to have.
- Let children know clearly they will be leaving (don't sneak away).
- Remind child of when they will return.
- Ignore child's protests and tantrums.

Similarly, parents are helped to set up a predictable routine for their reunion with their child:

- They return when they say they will.
- They look excited about seeing their child (leave worries about work behind).

FOCUS—PARENTS LEARNING EFFECTIVE DISCIPLINE TO PROMOTE
PERSISTENCE AND AVOIDANCE RESPONSES (PARENT BASIC PROGRAM 4:
3 TO 6 YEARS, AND PROGRAM 10: 6 TO 8 YEARS)

Parents learn a variety of strategies, including ignoring, redirecting, warning, logical and natural consequences, and problem solving. The approach taken will depend on the child's problems. If the child is not aggressive or noncompliant, the emphasis will be on what somatic behaviors can be ignored, such as excessive complaining. Parents learn when they should problem-solve with the children and why it is important to encourage children to keep trying, to go right back to cope with the situation. Of course, all somatic complaints need to be checked out by a physician before starting the program.

For children who have difficulty separating from their parents, it is important to get the right balance between being supportive and not giving expressions of fear too much attention. Parents are encouraged to confidently say good-bye with a hug, to explain when they will be back and to walk away and ignore the ensuing tantrum. Fear of going to bed can be handled in a similar way. After finishing the bedtime routine, parents say "good night" and express their belief that their child can be brave and stay in bed and then leave the room, ignoring any crying.

FOCUS—PARENTS MODELING POSITIVE COMMUNICATION AND
PROBLEM SOLVING (ADVANCE PARENTING PROGRAM 5, 6, AND 7)

This program can be helpful for these parents because it focuses on communication skills, depression and anger management, and ways to give and get support. It also teaches parents problem-solving strategies. With these skills, they will be better equipped to cope with their own anxieties and fears. Moreover, the parent group provides immense support and an ongoing network even after the program is completed.

FOCUS—CHILD TRAINING IN FEELINGS LANGUAGE AND PROBLEM
SOLVING (INCREDIBLE YEARS DINOSAUR TREATMENT PROGRAM)

One of the first components of the Dinosaur Program is focused on the children learning to recognize their own feelings and to put words to those feelings. Through the use of a relaxation thermometer, children identify what kinds of things make them tense, fearful, or sad and how their body reacts to these feelings. They draw body outlines and color in feelings in certain parts of the body. Using blue for sadness, they identify their feeling fingerprints—that is the places in their body that signal a happy or distressed feeling (e.g., racing heart, sweaty palms, stomachache). This helps children recognize when they are feeling tense. Once children recognize and have words for these feelings, they learn how to reduce their tenseness on the thermometer through relaxation exercises and bring their body temperature down into the “relaxed” zone. Large poster-size pictures of the thermometer with arrows marking the change in stress are used to help children visualize the concept of changing feelings and help them understand that all feelings are okay.

Some of the strategies that the children learn for coping with their stressful or problem feelings include taking three deep breaths, visualizing a happy place where they can go in their imaginations, tensing and relaxing their muscles, and challenging their negative self-talk with positive thoughts. Many games and small group activities are played to practice these self-soothing responses.

After the children develop a vocabulary for talking about feelings and some self-regulating skills, they learn a set of problem-solving steps. Beginning with the first step of recognizing their problem through their problem feelings, they learn to generate possible solutions to these problems and to evaluate the best solution. Many of the solutions for these children will include cognitive strategies such as “Compliment yourself,” “Tell yourself you can try again,” “Take a deep breath and blow your bad feelings out of your fingers,” “Use your teasing shield,” “Throw away bad

feelings," "Tell a parent how you feel," "Have a calming thought," "Be brave and keep going," "Do something that makes you feel happy," "Tell yourself to keep trying," and "Stop fearful thoughts." There are over 40 laminated solution cards that children learn and can use to cope with problems when they are feeling their stress build up on their worry thermometer. The children also learn how to evaluate their choices and how to give themselves praise for their efforts.

In addition to learning problem solving, another component of the program focuses on friendship skills and communication skills. Since many of these children are social phobic, they need help in making friends and knowing how to enter in play or to play cooperatively with another child. In the Dinosaur Program, children have weekly coached practice sessions in play interaction skills with the other children.

Active participants in the Dinosaur Program are large child-size puppets known as Wally Problem Solver, Molly Manners, and Freddy and Felicity Feelings. Children find these puppets easy to talk to and are more likely to talk with them than with therapists. These puppets are present at every session and disclose to the children their personal examples of stressful situations that are similar to the children's difficulties. The children help the puppets solve their problems by teaching them the skills of relaxing, staying calm, and coming up with solutions. The puppets, in turn, learn from the children and provide models for how they have successfully coped with their anxiety. Together with the puppets, the children engage in role-plays, imagery, and many practices of coping skills.

CONCLUSION

In this chapter, I have described how the Incredible Years Parenting Program focuses on teaching parents a common set of parenting and child-management principles and then applies these principles according to the parents' target goals for their children or themselves. Parents of children who are impulsive, hyperactive, and inattentive learn about temperament and how their children's biological makeup makes it more difficult for them to listen, follow directions, and play appropriately with other children. They learn the importance of clear limit setting and consistent follow-through and ways to help coach their children's academic and social skills during play with other children.

Adoptive or foster parents are more likely to be focused on helping their children develop trusting relationships with them. This means they will spend more time on child-directed play, emotional coaching, and building the relationship or attachment-building components of the curriculum.

Divorcing parents will be working on achieving consistency from one home to another, keeping their children out of their adult conflict, and providing them with consistent reassurance they are loved.

Parents with children who have somatic complaints will be sorting out which behaviors can be ignored and which ones need extra support or limit setting to keep the child from withdrawing from stressful situations.

In this discussion, I have provided examples of ways the program is tailored to help parents learn how to respond to children with differing needs. In some cases, I have recommended additional small group training for the child to augment the parents' efforts as well as teacher training to promote consistency from home to school. The value of parents working in groups together to address their children's varying problems cannot be overestimated. The group support helps normalize and destigmatize their situation. When single or divorcing parents befriend couples in the group who have similar difficulties, they realize it is not because they are single that their child has a problem. Or, foster parents may meet other foster parents and discover similar worries and issues in their attempts to parent a child who seems to reject their love. This sharing of similar experiences provides a supportive network that for some parent groups can last for years after the formal training. The therapists who have the privilege of facilitating these groups and their sharing will find this to be an ever-challenging process and a highly rewarding experience.

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