Incredible Years Programs - Levels of Intervention Pyramid According to Population Risk (Ages 0-12 Years)

The Incredible Years Programs chosen for dissemination will depend on the characteristics of the population served by the agency or school. As seen in this figure, **Level 1** is the foundation of the pyramid and recommends a series of programs that could be offered universally to all parents of young children. This includes offering the baby program to new parents in the first year of their child's life (6 weeks to 1 year), the toddler programs for parents of children ages 1-3 years, and the school readiness program for parents of children 3-5 years. The baby program could be offered as expanded prenatal classes that most expecting parents are already invited to attend, or as part of well child health care visits. Nurses and other health care providers already have extensive contact with families in these contexts, so preparing them to deliver an evidence-based program like IY is a logical use of their valuable time. Similarly, the toddler program could be delivered in Head Start or day care settings by family consultants or teachers.

An additional advantage of the IY series is that many of the DVD programs have self-administered manuals so that parents can access the information through self-learning modules, instead of needing to attend groups. Parents could complete the selflearning modules through libraries, schools, or pediatrician offices. Self-administered IY is an appropriate universal level intervention for parents and families. This is a cost efficient way of disseminating information to large numbers of people as a strategy to optimize positive adult-child interactions and to strengthen children's social and emotional competence and school readiness sothat they are ready to start the next phase of their education. If young children do not have this kind of environment in the first three years, are neglected and not stimulated at home or day care, or are stressed by adult anger and shouting then the evidence suggests that they will arrive at school less able to communicate, follow directions or learn. Research has revealed the importance of early nurturing and responsiveness by parents and teachers, especially in the first three years of life in terms of optimal brain development and developing brain architecture necessary to develop positive relationships. By providing these early supportive contexts for all children, we reduce the number of children who will need additional supports later in life.

Level 2 also promotes universal prevention by offering appropriate IY programs to all parents and teachers of children ages 3 to 6 years. A 14-session protocol of the Basic early childhood program for parents is available for this lower risk population. Additionally, providing universal supports for all children at this young age includes enhancing the capacity of day care, preschool, and Head Start teachers to provide structured, warm, and predictable environments at school. Thus, level 2 also involves training all early childhood teachers in effective classroom management strategies using the IY Teacher Classroom Management Program.

After this training is completed and teachers accredited, teachers can also have the opportunity to receive training to deliver the classroom dinosaur social, emotional and problem solving curriculum as a universal social skills intervention. This includes three different sets of lesson plans for preschool, kindergarten and grades 1 and 2. Ideally children would receive this curriculum for three subsequent years, resulting in a strong emotional and social foundation by the time they are seven years old. This social and emotional competence is theorized to contribute to higher academic competence as children progress through school.

Level 3 is targeted at "selective" or high risk populations. These are populations that are socio-economically disadvantaged and highly stressed because of increased risk factors such as parental unemployment, low education, housing difficulties, single parenthood, poor nutrition, maternal depression, drug or alcohol addiction, child deprivation, new immigrant status, or lack of academic preparedness for school. These economically disadvantaged parents would benefit from the complete baby, toddler and early childhood parent program because of the support provided in the groups, the hope for change shown to them by group leaders, as well as their experiential learning that despite economic obstacles they can provide the best early years of emotional, social and cognitive parenting possible for their children. In addition, the teachers and care providers of these children could receive the classroom management training so that they are skilled at managing classroom behaviors problems which are exhibited at higher rates in this population. Lastly, children in these families would benefit from the classroom Dina social and emotional skills curriculum at least twice a week year round. This investment in building the social and emotional abilities in the first six years of life for these vulnerable children can help to break the intergenerational transmission of disadvantage. It promises hope for an environment early in life that ensures optimal brain development and school readiness, prevents children from falling behind academically and of entering a negative trajectory leading to later academic failure, crime and violence. In turn, reducing the contextual risks associated with poverty and promoting child well-being during these early years, decreases the likelihood these children will need more intensive and expensive interventions in the future.

Level 4 on the pyramid is targeted at "indicated populations", where children or parents are already showing symptoms of mental health problems. For example, parents referred to child protective services because of abuse or neglect, or foster parents caring for children who have been neglected and removed from their homes, or children who are highly aggressive but not yet diagnosed as having ODD or CD. As can be seen on the pyramid, this level of intervention is offered to fewer people and offers a longer and more intensive parenting program by a higher level of trained professionals. These parents or caregivers would complete the entire age appropriate BASIC parenting program followed by the ADVANCE program.

The ADVANCE program helps parents with their own interpersonal difficulties such as anger management, depression, communication skills, problem solving, ways to work collaboratively with teachers and ways to build attachment with children who have had deprived or abusive early experiences. The teachers of these children should receive the universal classroom management training and offer the Dina classroom social, emotional and problem solving skills curriculum. In addition to this Dina classroom curriculum, children with symptoms of externalizing or internalizing problems are targeted to be pulled out of class twice a week for the small group therapeutic Dinosaur Social Skills, Emotion and Problem Solving intervention delivered by school psychologists or counselors or specially trained social workers or special education teachers. These children will meet in small groups (4-6 children) to get extra coaching and practice with social skills, emotional regulation and literacy, and problem solving. This will reinforce the classroom learning of this program and will send these children back to a classroom where peers understand how to respond more positively to their special needs. In other words the whole classroom community has learned solutions to how to respond to a peer who may be aggressive or one who is sad or lonely.

Level 5 is the most comprehensive intervention, addressing multiple risk factors and is usually offered in mental health clinics by therapists with graduate level education in psychology, social work, or counseling. One of the goals of each of the prior levels is to maximize resources and minimize the number of children who will need these time and more cost intensive interventions at level 5. At a minimum the parents will receive the entire BASIC and ADVANCE curriculum for 24-28 weeks while the children attend 2-hour weekly therapeutic child Dina groups at the same time. Therapists dovetail these two curricula and keep parents and teachers fully informed of the skills

children are learning in their child groups so that they can reinforce these at home or in the classroom. Additionally, if parents need individual coaching in parent-child interactions this can be provided in the clinic setting or in supplemental home visits. Trained home visitor coaches also have IY protocols for working with parents one-on-one at home to reinforce the skills they are learning in their groups. Child and parent therapists work with parents to develop behavior problem plans and consult with teachers in partnerships to coordinate their plans, goals and helpful strategies. Successful interventions at this level are marked by an integrated team approach with clear communication among all the providers and adult caregivers in the various settings where these children spend their time. Ideally mental health agencies would embody these services within schools which allows for less stigmatization for parents, greater coordination with teachers regarding behavior plans and more frequently pull out groups for children. Moreover, parents are not required to transport their children and themselves to mental health agencies outside their community.

Summary. A multi-level program like this requires educational and mental health services and policy makers to take a long perspective in their investment dollars for working with children and families. The early costs incurred to ensure children's early social and emotional development will lead to later savings in terms of enhanced academic outcomes and reduced money spent on drug rehabilitation and mental health problems. While there may be some short term cost benefits in terms of change in children's behavior problems, many of the gains will not occur until adulthood when these children grow up and raise the next generation. However, we recognize that funding may not be available to offer all these interventions to all populations, or perhaps funding may come gradually as funders see the benefits of this approach over time. In this context, we believe priorities should include parent training for the indicated and selective populations and teacher classroom management training for all teachers. The more risk factors children face the greater the need for interventions that include parent, teacher and child programs.