Chapter 1
Introduction and Overview of the Course

COPEing with Toddler Behaviour was developed by Dr. Alison Niccols and her colleagues in the Infant-Parent Program, an infant development program in Hamilton-Wentworth. The course was designed for parents of toddlers at risk of developing disruptive behaviour disorders, such as conduct disorder and oppositional defiant disorder. It is appropriate for any parent, however, not just high risk parents, so it is used as a population-based parenting course. The course content is based on theory and research on early child development, developmental pathways for disruptive behaviour disorders, parent-child interaction, behaviour modification, parenting style, and parenting strategies. Below we provide a rationale for early intervention to prevent disruptive behaviour disorders and briefly overview the relevant research. The format for the course is then described, with reference to research studies on the most effective methods.

WHY IS EARLY INTERVENTION IMPORTANT TO PREVENT DISRUPTIVE BEHAVIOUR DISORDERS?

Disruptive behaviour disorders (e.g., conduct disorder, oppositional defiant disorder) are major mental health problems that are difficult to treat, and there is a direct cost to society in terms of suffering, violence, and damaged property (Reid, 1993). The most common reason for referral to children's mental health services involve disruptive, acting-out, or aggressive behaviours (Offord, Boyle, & Szatmari, 1987), which are quite stable from toddlerhood (e.g., O'Leary, Slep, & Reid, 1999; Rose, Rose, & Feldman, 1989). Disruptive behaviour disorders in childhood are powerful predictors of later psychiatric, academic, and social impairment, as well as delinquency and criminal behaviour (e.g., Loeber, 1990).

WHAT ROLE CAN PARENT TRAINING IN TODDLERHOOD PLAY?

While difficult behaviour in early childhood is a strong predictor of later disruptive behaviour disorders, harsh parental discipline and unresponsiveness are also strong predictors (e.g., Farrington, 1991; Shaw, Keenan, & Vondra, 1994). Interventions that are successful in decreasing disruptive behaviours focus on training parents to modify their interactions with their children (e.g., Frick, 2001; Patterson, Chamberlain, & Reid, 1984). The effectiveness of these approaches for school-age children has been demonstrated in many studies, however there have been difficulties with regard to parental participation, the magnitude and maintenance of

treatment effects, and generalization to other settings (e.g., Frick, 2001; Kazdin, 1997).

With regard to young (3- to 7-year-old) oppositional children, Webster-Stratton and her colleagues (e.g., Webster-Stratton, 1998; Webster-Stratton & Hammond, 1997) found that parent training interventions can have consistent, persistent positive effects. Perhaps with very young children, where the family and home are central, parent training has the potential for more of an impact on children's social milieu. Interventions initiated in early childhood have a relatively higher probability of success than those implemented later, because child and parent behaviour are less entrenched, parenting style may be less impacted by child behaviour, and child behaviour control is emerging during this developmental period (Dishion & Patterson, 1992; Frick, 2001; Keenan & Wakschlag, 2000; O'Leary et al., 1999; Reid, 1993). For example, one study suggested that better outcomes of parent training are achieved with younger children (who tended to have less severe behaviour problems) than older children (Ruma, Burke, & Thompson, 1996).

Interventions typically used with parents of older children (3- to 12-year-olds) may not be appropriate for parents of toddlers. That is, behaviour management strategies that are appropriate for preschool and school-age children (e.g., "when-then" and point systems) may not be appropriate for toddlers, and parenting strategies that are appropriate for toddlers (e.g., distraction and redirection) may not be appropriate for older children. In their systematic review of 4000 early intervention studies in the English language, Mrazek and Brown (2002) found no other evidence-based interventions specifically targeting toddlers.

COPEING WITH TODDLER BEHAVIOUR

This section summarizes the rationale for the group format and the specific type of group used in *COPEing with Toddler Behaviour*, the general format of the sessions, and the curriculum of the course.

WHY GROUPS?

Despite its potential for effective and cost-efficient parent education and support, group-based parent training is infrequently used in toddler mental health programs and/or clinics. Traditionally, parent training has been used successfully with different populations (i.e., with parents of older children), for different purposes, and in an individual format. *COPEing with Toddler Behaviour* takes advantage of some potentially powerful mechanisms that may be afforded by parent groups, and has been shown to decrease parental distress, dysfunctional parent-child interaction, and difficult toddler behaviour, and significantly increase parental

knowledge of toddler parenting issues (Niccols, submitted; Niccols, 2005).

Opportunities for social networking with other parents. Social support is an important contributor to family and child outcomes (Crnic & Stormshak, 1997; Dunst, Trivette, & Jodry, 1997) and social isolation can adversely influence parenting (Dumas, 1986). In parent groups, parents may receive empathy, acceptance, support, and practical suggestions for strategies that have worked for other parents with a high degree of social comfort. Group approaches may be particularly well suited for parents of at-risk toddlers as these parents may have unique experiences (i.e., high-level caregiving demands, child-rearing challenges, and feelings of anger, guilt, and depression) that they may share with group members.

Therapeutic group processes. The processes and dynamics that operate in a group format can contribute to their effectiveness. For example, the power of group self regulation (e.g., intolerance of extreme deviance, group participants' motivation for conformity) can positively influence parents as they attempt to make changes in their parenting skills.

Parental empowerment. Parent groups offer opportunities for parents to build confidence through the altruistic act of helping others (Seligman, 1993). Parents may also become more confident as they recognize that others struggle with the same issues they do, hence, normalizing the challenges of parenting.

Access. High-risk parents (e.g., economically disadvantaged, socially isolated, depressed) are least likely to enroll in or complete traditional individual treatment programs (Kazdin, Mazurik, & Bass, 1993), whereas community-based groups may reduce psychological and logistic barriers to access. For example, Cunningham and his colleagues (1995) found that their community parent education program was accessed more readily than individual clinic-based services by high-risk parents (e.g., those with low educational levels and poor family functioning).

Cost. Individual treatment can be at least 250% more expensive than community group-based interventions (Cunningham et al., 1995; Niccols, 2004), thereby potentially restricting its availability.

WHY THIS KIND OF GROUP? THE COPING MODELING PROBLEM SOLVING APPROACH AS A FACILITATIVE GROUP-BASED INTERVENTION

Parent groups may improve skills, but many programs involve lectures and reading materials. This type of didactic approach may (a) increase knowledge but result in behaviour changes that are not sustained (Gardner, 1972), (b) produce high levels of participant noncompliance thereby paradoxically increasing resistance to learning

new skills (Patterson & Forgatch, 1985), (c) result in parents achieving less than optimal understanding of the complex principles involved in parent-child relationships due to the lack of exploration of the consequences of both positive and negative approaches to parent-child interaction (Cunningham, Davis, Bremner, Dunn, & Rzasa, 1993), and (d) produce little attitude change and commitment or feelings of personal competence and control (Meichenbaum & Turk, 1987).

Coping modeling (Masters, Burish, Hollon, & Rimm, 1987) represents an alternative to more didactic approaches to parent training. In contrast to traditional parent training in which correct skills are demonstrated, coping models confront difficulties, make errors, but eventually arrive at an appropriate solution (Masters et al., 1987). Coping modeling has proven more effective than didactic parent training in the management of anxiety disorders (e.g., Kazdin, 1974). A variant of coping modeling is the Coping Modeling Problem Solving approach, an active learning approach in which participants identify common parenting errors depicted by videotaped models, discuss their consequences, suggest alternatives, and formulate supporting rationales by identifying the advantages of the alternative approaches (Cunningham et al., 1995).

Clinical trials conducted on large group, community-based parent training using this approach have shown that it is more effective in terms of availability, utilization, cost, and outcome than clinic-based individual training for parents of children with disruptive behaviour disorders (Cunningham et al., 1995). In our pilot study of *Right from the Start,* we found it effective in terms of cost, outcome, and follow-up service utilization (Niccols & Mohamed,2000), and in our pilot study of *COPEing with Toddler Behaviour*, we found it decreased parental distress, dysfunctional parent-child interaction, and difficult toddler behaviour, and significantly increased parental knowledge of toddler parenting issues (Niccols, 2005). A group-based approach to train parents of toddlers in effective parenting skills takes advantage of the benefits of this model in terms of its effectiveness as a method of parent education, and as a means of providing peer support and opportunities for social networking and parental empowerment.

FORMAT OF THE *COPEING WITH TODDLER BEHAVIOUR* SESSIONS

Each session follows a general format for presenting and practicing the specific content for the week. The following is an outline and rationale for the format of the sessions.

Brief Social Time. Each session begins with a social phase that encourages supportive contacts among parents. This facilitates later group discussion, as parents feel more comfortable with the other participants.

Opening the Session. At this time, the facilitators outline what will be covered in the session, in order to give the participants an idea of what they can expect.

Sub-grouping. Parents should be divided into 4- to 6-member subgroups, with each subgroup seated at a separate table. Having participants discuss the content in small groups promotes active participation within the context of a large group. The subgroups are asked to identify a subgroup leader who will be responsible for keeping members on task, encouraging participation, recording the subgroup's discussions, and reporting back to the large group. Members usually work in the same subgroups for the duration of the course, and this promotes cohesive working relationships.

Brief Review and Discussion of Home Practice Sheet. At the beginning of each session, the facilitators ask for volunteers to review the content from the previous week. Following the review, subgroups discuss their attempts to apply the new concepts over the past week. Subgroup members are encouraged to provide examples of what went well, and to discuss any challenges that arose. Following the subgroups' discussion, subgroup leaders summarize their group's examples for the larger group.

Videotaped Parenting Errors. According to the course's Coping Modeling Problem Solving protocol, parents formulate solutions to videotaped parent-child interaction errors. In their subgroups, parents are instructed to identify the errors and discuss the potential short- and long-term consequences if the parent consistently made the identified errors. Subgroup leaders summarize these discussions for the larger group. Each subgroup then formulates alternatives to the errors depicted on the tape, and considers the advantages of the alternatives they have generated. Subgroup leaders present their subgroup's conclusions to the larger group, and the facilitators summarize and integrate the subgroups' contributions.

Large Group Discussion. Each session typically involves one large group discussion about some aspect of the session's content. The large group format allows for increased input and feedback for the participants, as well as providing more opportunities for social support. Participating in a large group helps parents to see that others share their concerns, and that they are not alone.

15-minute Break. Halfway through the session, there is a short refreshment break. This provides opportunities for parents to look at the materials on the Community Resource Table, and speak informally with other participants or the facilitators.

Planning for Home Practice. Facilitators give instructions for completing the Home

Practice Sheets aimed at encouraging the implementation of the session's concepts and skills throughout the week. Parents are encouraged to post the Home Practice Sheet as a visual reminder, and discuss the new skills with non-attending spouses.

Closing the Session. In order to encourage participation, facilitators close sessions by discussing potential obstacles to participation (e.g., transportation), and having participants formulate possible solutions for problems that might interfere with attendance.

CURRICULUM OF *COPEING WITH TODDLER BEHAVIOUR*

The content of the group sessions focuses on how to foster a positive parent-child relationship, use an authoritative parenting style, have appropriate developmental expectations for toddler behaviour, prevent challenging behaviours (e.g., by planning ahead, using praise, modeling appropriate behaviour, giving choices, modifying the environment), and respond to challenging behaviours (e.g., by setting limits calmly and consistently, redirecting, ignoring inappropriate behaviour). The content of the sessions was developed from theory and research on early child development, developmental pathways for disruptive behaviour disorders, parent-child interaction, behaviour modification, parenting style, and parenting strategies (e.g., Baumrind, 1989; Coloroso, 2000; Darling & Steinberg, 1993; Eyberg & Matarazzo, 1980; Hanf, 1970; Loeber, 1985; Maccoby & Martin, 1983; Patterson, 1982; Wilms, 2002). The following is a brief description of the content for each session.

SESSION 1: Parenting Styles & Getting Connected: "I like being with you."
The introductory session focuses on the importance of healthy parenting to fostering mutually enjoyable parent-child interaction and optimal child development. Participants learn about parenting styles and their impact on child outcomes, and participate in activities to identify their parenting style [Jellyfish (Permissive), Brickwall (Authoritarian), or Backbone (Authoritative)]. Parents are asked to discuss the value and importance of having a healthy, positive relationship with their toddler, and a short video clip illustrating the importance of "getting connected." Participants are asked to discuss the potential benefits of participating in the course, and to practice "getting connected" with their toddler at home.

SESSION 2: Know Your Child: "Because I'm a toddler!"
Parents participate in activities to help them identify challenging behaviours that are common in toddlerhood, the developmental explanation and value of each, and what toddlers can and cannot do because of their stage of development (cognitive, physical, linguistic, and emotional). Parents are asked to consider parenting strategies as ways to balance helping their child learn about the world and develop

their own identity with helping their child learn appropriate behaviour. A video clip of a common parenting challenge illustrating the impact of toddler developmental limitations on parent-child interaction is used for small- and large-group problem solving. For practice at home, parents are asked to observe some of their toddler's challenging behaviours, and to identify potential reasons why their toddler may have behaved in that way.

SESSION 3: Know Your Child: "I am unique and so are you!"
Parents watch video clips illustrating three different toddler temperamental styles and are asked to discuss the potential impact on parent-child interaction and to identify appropriate parenting strategies. Parents participate in activities to help them identify general aspects of their own personality and that of their child, and to consider how this might impact on their interaction. For practice at home, parents are asked to identify characteristics of themselves and their child that make parenting difficult, to identify strategies for making interactions smoother, to try them and to evaluate the outcome.

SESSION 4: An Ounce of Prevention: "Plan ahead & catch me being good."
In this session, parents learn skills and strategies to prevent challenging behaviours in toddlers. The two specific prevention strategies targeted in this session are: using praise for appropriate behaviour ("Catch me being good"; while ignoring inappropriate behaviour), and planning ahead for challenging situations, including using transitional warnings ("let your child know about changes ahead of time"). Video clips of common, challenging parenting situations are used for small- and large-group problem solving. For practice at home, parents are asked to identify their own particularly challenging parenting situation, to identify a prevention strategy, try it and evaluate it.

SESSION 5: An Ounce of Prevention: "Model good behaviour & give me choices."
Parents continue to learn skills and strategies to prevent challenging behaviours in toddlers. The two specific prevention strategies targeted in this session are modeling the appropriate behaviour ("Model good behaviour") and giving simple, age-appropriate choices. Video clips of common challenges are used for small- and large-group problem solving. For practice at home, parents are asked to identify some of their own challenging parenting situations that could be prevented by modeling good behaviour and/or by giving their child simple choices, to try these strategies at home and evaluate them.

SESSION 6: Be Consistent & Solve Problems with PASTE: "I whine because it works."
In this session, parents learn skills and strategies for responding to challenging behaviours in toddlers. The two specific strategies for responding to parenting

challenges that are targeted in this session are consistent responding and using a systematic problem-solving strategy (the PASTE model: Pick one problem, consider Alternative solutions, Select the best strategy, Try it out, and Evaluate it). Video clips of common parenting challenges are used for small- and large-group problem solving. For practice at home, parents are asked to try problem-solving using the PASTE model.

SESSION 7: When All Else Fails... Responding to Challenging Behaviour:
"I need you to set limits calmly and give clear directions."
Parents continue to learn skills and strategies for responding to challenging behaviours in toddlers. The two specific strategies for responding to parenting challenges that are targeted in this session are 1) setting limits calmly using clear language and redirecting the child using clear directions and 2) taking "time out together." A video clip and a scenario involving common parenting challenges are used for small- and large-group problem solving. For practice at home, parents are asked to identify their own particularly challenging parenting situations, to try responding by setting limits calmly and giving clear directions, and to evaluate it.

SESSION 8: Stress:"Parents need support" and Summary.
In this last session, parents focus on their own needs as parents of toddlers. The specific strategies targeted in this session are modifying the environment ("Limiting conflict by making your home toddler-friendly") and getting support. Video clips of common parenting challenges are used for small- and large-group problem solving. Parents complete a "quiz" to evaluate their own learning in the course, and are encouraged to share their thoughts and feelings about the group and give feedback on their experience.