Isabel Filipa Simões Silva

THERAPEUTIC PARENTS:

EVALUATION OF THE ADEQUACY OF THE INCREDIBLE YEARS BASIC PARENT PROGRAMME IN THE PROMOTION OF PROFESSIONAL SKILLS AND REDUCTION OF BEHAVIOURAL PROBLEMS OF CHILDREN IN RESIDENTIAL CARE

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Isabel Filipa Simões Silva

Therapeutic Parents:

Evaluation of the Adequacy of the *Incredible Years Basic Parent Programme* in the Promotion of Professional Skills and Reduction of Behavioural Problems of Children in Residential Care

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RESUMO

O estudo apresentado nesta tese foi elaborado com o objetivo final de procurar compreender se um programa de intervenção parental, neste caso, o *Incredible Years Basic Parent Programme* (Webster-Stratton, 2005a, 2005b) é uma resposta adequada para melhorar as práticas educativas usadas pelos cuidadores em centros de acolhimento residencial de crianças e jovens em risco.

Apesar de as preocupações comportamentais e emocionais, sobre as crianças, serem prevalentes nestes profissionais, e frequentemente serem alvo de discussão entre a equipa de cuidadores, pouco tem sido feito para implementar conhecimento e competências sobre gestão comportamental baseadas em evidência, aos cuidadores de acolhimento em Portugal. A avaliação a curto e a longo prazo dos resultados dos cuidadores e das crianças, após a implementação do programa *Incredible Years Basic Parent* (IY), deu o ímpeto a esta investigação. Adicionalmente, também se pretendeu avaliar a satisfação dos participantes relativamente a esta resposta de intervenção.

Este estudo é de cariz exploratório, uma vez que não utilizamos nenhum tipo de aletorização ou de emparelhamento. Quatro Centros de Acolhimento Temporários para Crianças e Jovens em Risco, que acolhem crianças dos 0 aos 12 anos de idade participaram neste estudo. Dois dos centros receberam a intervenção no programa *Incredible Years Basic* (Anos Incríveis Básico) e foram avaliados na linha de base, aos 6 meses e aos 12 meses. Os outros dois centros não receberam qualquer tipo de intervenção, e os dados foram recolhidos apenas na linha de base e aos 6 meses.

Para avaliar o impacto do programa nas varíaveis dos cuidadores e das crianças foram usados modelos estatísticos não-paramétricos (Kruskal-Wallis; Chi-square; Wilcoxon; Friedman tests) devido ao número reduzido de participantes em cada grupo.

Os resultados a curto prazo sugerem que os cuidadores ganharam algum conhecimento e competência relacionadas com a empatia, parentalidade positiva e afeto, depois de participarem no programa de intervenção parental (IY); as crianças demonstraram um decréscimo nos comportamentos de desobediência. Ao longo do tempo, estes resultados não se mantiveram, tal como indicaram os dados obtidos no follow-up (12 meses), sugerindo a necessidade de existir mais intervenção, ao longo do tempo, para consolidar e dar sustentabilidade aos efeitos positivos adquiridos logo a seguir à intervenção.

Relativamente à satisfação dos participantes, os nossos dados permitem-nos afirmar que existe uma elevada satisfação com as sessões semanais e com o programa na sua totalidade (i.e., conteúdos, formato de ensino, líderes do grupo, utilidade das técnicas educacionais).

Apesar das limitações amostrais, os resultados modestos e a experiência reportada pelos participantes e facilitadores foi positiva. O programa pode ser visto como ponto de partida para a introdução de outras intervenções baseadas em evidência, que promovam o desenvolvimento dos profissionais de acolhimento e a disseminação de novas práticas de cuidar.

É recomendado que estudos futuros com o programa Incredible Years ou outros programas semelhantes que permitam o treino de competências sejam realizados, com uma amostra maior de cuidadores e crianças, juntamente com sessões contínuas de manutenção, com o objetivo de se perceber a eficácia da sua aplicação nestes contextos residenciais.

Palavras-Chave: Acolhimento Residencial, Crianças Acolhidas, Programa Anos Incríveis Básico, Treino de Cuidadores

ABSTRACT

The research presented in this thesis was conducted with the ultimate goal of understanding if a parenting training programme, in this particular case the *Incredible Years Basic Parent Programme* (Webster-Stratton, 2005a, 2005b), is an adequate answer to improve the educative practices used by direct carers in alternative care.

Although behavioural and emotional concerns with the children in care are prevalent in these professionals, and frequently is the focus for staff teams' discussions, little has been done to deliver evidenced-based knowledge and skills in managing challenging behaviour to the Portuguese residential staff carers.

The prospect of understanding the short and longer-term outcomes of the staff carers' and children's after implementing the *Incredible Years Basic Parent Programme* (IY) provided the compelling impetus for this research. In addition, it was considered important to make an assessment of the participants' satisfaction with the training.

This research used a non-randomized exploratory design. Four Portuguese short-term residential child care centres (Centros de Acolhimento Temporário para Crianças e Jovens em Risco) for children from 0 to 12 age range participated in this study. Two centres received the *Incredible Years* Basic (*Anos Incríveis Básico*) intervention and data were collected at baseline, 6 months and 12 months follow-up. The other two centres did not receive any intervention, and the data were collected only at baseline and 6 months.

Impact assessment was done using nonparametric statistical models (Kruskal-Wallis; Chi-square; Wilcoxon; Friedman tests) due to the small sample size of each group.

Short-term results suggest that the staff carers gained some knowledge and skills related to empathy, positive parenting and affection, after participating in the parenting intervention programme (IY); and the children displayed less deviant and noncompliant behaviour. Over time, in the follow-up (12 months), those results were not sustained, suggesting that support and training may need to be provided to caregivers on a regular and ongoing basis.

Consideration of participants' satisfaction results revealed high levels of carer positive feedback about the weekly sessions and the overall programme (i.e., contents, teaching format, group leaders and usefulness of educational techniques).

Although the sample had limitations, the modest results and experience self-reported by the staff carers and facilitators were positive. The programme can perhaps provide a basic framework or starting point for the introduction of evidence-based interventions that promote the staff carers' development and the dissemination of new care practices.

It is recommended that future studies with the Incredible Years or other similar child care skills training programmes need to be conducted with a large sample of staff carers and children along with support sessions after, in order to develop a clearer understanding of the efficacy and suitability of such training models in the residential child care context.

Keywords: Residential Child Care, Looked after Children, *Incredible Years Basic Parent Programme*, Staff Training

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A period of working in a short-term residential child care centre as well as observing the struggle of the workers (including myself) in dealing with the emotional and behavioural needs of the resident children, led to the question of what could be done to improve residential group teams practices in the best interest of those we cared for.

A brief contact with the *Webster-Stratton's Incredible Years Basic Parent Programme* seemed to offer part of the answer to this question, and as a result the present study was undertaken.

The research on which this study draws was achieved on the basis of the goodwill and co-operation of many people. Above all, I would like to thank the young residents who participated in this study. They are the reason why all the practitioners in the child welfare care system should strive to achieve higher professional development, to better respond to their emotional, psychological and social needs. May all their dreams and goals come true in the years ahead.

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INTRODUCTION

> "Childhood needs to be viewed as a social challenge and not just as a cluster of private problems. The public needs to be educated so that there is a feeling of collective responsibility towards children in residential settings."
>
> Jorge Fernández Del Valle and Ferran Casas (2002, p.126)

There will always be children who, for a variety of reasons, are unable to be cared for at home with their biological families. This ultimately results in the child being placed in a form of substitute, or "out-of-home" care. So whether we like it or not, residential care plays a relevant part in the continuum of services to the children in need (Hellinckx, 2002; Hicks, Gibbs, Weatherly, & Byford, 2007). In Portugal, this kind of protection response has been struggling with a number of difficulties. Problems with lack of funds, disorder and lack of training have been documented (Martins, 2004; Rodrigues, Barbosa-Ducharne, & Del Valle, 2013; Santos, Calheiros, Ramos, & Gamito, 2011). Residential placements are often struggling for stability, owing to the frequent comings and goings of children and staff. High levels of staff turnover add to the difficulty of creating a culture of congruence in placements where most residents stay only for a short period of time (Anglin, 2002). Poor management, deficient employment practices and the underdevelopment of professional training and knowledge to deal with difficult situations on a daily basis in the life-space of young people can be a considerable challenge, and limit the effectiveness of intervention programmes (Jones, 2006; Whipp, Kirkpatrick, & Kitchener, 2005).

Despite these difficulties it is hard to imagine a world that does not use residential care as a resource to protect and develop young people (Hicks et al., 2007). We must agree with Anglin and Knorth when they counter anti-residential care

sentiments and state that "for many young people…good residential care is not a last resort, but rather a preferred and positive choice when their developmental challenges indicate the need for it" (2004, p. 141). Furthermore, Anglin's (2002, 2012) research indicates that former residents attested to the life-changing impact of well-functioning group homes on their lives, indicating that residential care can be a positive alternative.

Despite sometimes being regarded as a residual and unwelcome activity by the wider society, with "low status" job functions carried out by groups of workers, normally women, who intuitively take care of "poor and abandoned" children, Portuguese short-term residential child care facilities are much more complex and important than that. In brief, they have the following vital functions to address: present a high quality standard of care that is responsive and empathic to the individual needs of children; be organized, stable and secure; establish rules, set limits and daily routines that protect the children from unpredictability that generates anxiety; be congruent and consistent in communication and actions; promote a context of positive expression of feelings, well-being, and festive situations; give a confident focus on learning through activities and opportunities to unlock the potential of the youngsters through discovery and adventure; establish an environment that supports children to reach their fullest potential; have child-centered practice, planning and decision making approaches; promote the racial, cultural and religious backgrounds of children; have competent residential care staff, with proper training who are sensitive to the needs and pre-placement experiences of children; give therapeutic and psychological support for children; try to develop a partnership approach with children, birth families, carers, health services, psychological and social work, education and therapist colleagues working together in the best interest of the child (Calheiros et al., 2013; Fernandes &

Silva, 1996; Gomes, 2010; Leandro, 2005; Martins, 2004; Trigo & Alberto, 2010). This work requires appropriate knowledge and skill, and staff intuition is not enough.

Residential Child Care Staff

Residential direct child care staff are the group of carers within the placement that, ideally: establish relationships with the children and between themselves; shape the daily living environment; represent the most influential form of discipline and are the ones primarily engaged in the behavioural management of the residents; often help to carry out a specific intervention programme, promoting evidence-based care principles in daily practice; and are important agents of positive change providing the children an alternative internal working model of attachment that promotes emotional security (Bastiaanssen et al., 2012; Holden et al., 2010; Jones, 2006; Knorth, Harder, Huygen, Kalverboer, & Zandberg, 2010; Petrie, Boddy, Cameron, Wigfall, & Simon, 2006).

The social interactions in the residential context (e.g. sharing meals, bedtimes, playing, chatting; other activities) are usually initiated by the children or the adults, as stated by Fahlberg (1991). Fahlberg presents the concept of *positive interaction cycle*, as an exchange of interactions between the child and the caregiver, where the child will feel beloved and worthwhile, allowing them to build trustful and strong attachments - important components of self-worth and self-esteem (Figure 1).

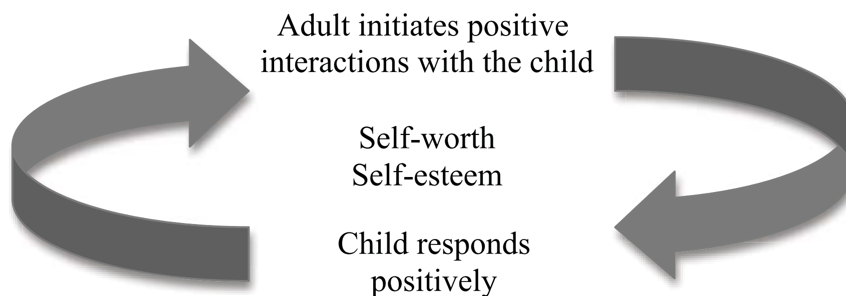

Figure 1. The positive interaction cycle (Fahlberg, 1991)

According to Shealy (1995) the group of staff carers performs tasks that are partly similar to the tasks of parents (e.g., provide supervision and teach life skills to children and youth) and partly therapeutic (e.g., develop and evaluate treatment plans and provide counseling); he calls them the "therapeutic parents". In brief, Shealy states the rationale of therapeutic parent model: "Because many of the clients within child and youth care facilities are the product, at least in part, of disturbed or disturbing parental and familial behaviour, it stands to reason that child and youth care workers should not exhibit similar harmful conduct or characteristics" (p. 567).

In the same line of thinking, Moses (2000) refers that the multifaceted work that the residential staff integrates, including parental, therapeutic, and social functions. The author also highlights that the quality of staff-youth relationships is the primary agent of therapeutic benefit. Anglin (2002) also points out that residential staff carers should strive to provide some characteristics of a "home like" environment where the children can develop a sense of normality.

These researchers managed to link the staff carers' work inside a residential child care centre to aspects of parenting inside a family. Therefore, it would seen appropriate and reasonable to consider residential staff carers' interventions in the light of current literature on parental child rearing and parent-child relationships (Bastiaanssen et al., 2012; Boone, 2012; Petrie et al., 2006).

It is evident that the characteristics of caregivers affect the organization and security of children's attachment relationships with them (Holden, 2009). Sensitive, responsive parenting and parental ability to reflect on the infant's own thoughts and feelings are associated with secure attachments in children. Caregivers should be assessed on their capacity to tolerate difficult behaviour and remain sensitive and responsive to the needs of children (Pereira & Silva, 2011).

Support and training should be provided to caregivers on a frequent and regular basis to ensure that they are able to maintain their capacity to be reflective about children rather than reactive to their behaviour (Furnivall, 2011).

If the children are to be removed from parental care due to suspected or proven maltreatment, then surely we have a duty of care to ensure that the substitute care they are provided is less (not more) damaging. In Portugal, residential child care continues to be one of the most used protection measures, and working in that environment of recurrent or constant crisis, severely constrains the ability of staff to constructively confront problems, engage in complex problem solving, and be involved at all levels of the staff in decision making processes.

The Profile of Resident Children: Challenging Behaviour

Nowadays, the short-term care placements welcome a diverse population with complex histories, behavioural, psychological and emotional issues at a very young age (Axford, 2008; Boone, 2012; Hamilton-Giachritsis & Browne, 2012; Institute of Social Security [ISS], 2012). Previous experiences of poor parenting practices (lack of parental involvement, poor monitoring and supervision, harsh and inconsistent discipline, neglect and inconsistency, past trauma or abuse) represent some of the most robust risk factors of conduct problems in childhood and adolescence (Webster-Stratton & Taylor, 2001). Accordingly, the most effective interventions for conduct problems are those that modify such practices (Brestan & Eyberg, 1998). Staff competence in the application of behavioural techniques (e.g., role modelling, boundaries structure, rewarding positive behaviour, setting limits, and consistency) is critical to improve quality of life for resident children with behaviour and emotional difficulties (Boone, 2012). Development of efficient staff carer training programmes is therefore of great importance and a cornerstone of the child care work.

The Problem

Currently, in most residential child care settings for children in the Portugal there is a lack of a clear, consistent, comprehensive and coherent model for delivering quality care practices (Martins, 2004). Many of the resident children were previously exposed to deviant models and traumatic experiences, including neglect, as stated earlier. In the new setting of a residential placement, they are tense and hyper-aroused with a compromised ability to manage distressing emotions. Breaches of trust that are a result of failed previous interpersonal relationships lead to problems with trusting or constructively collaborating with new adult figures (Bloom, 2005). As the situation feels increasingly out of control, a residential group care team can become more controlling, instituting ever more punitive measures in an attempt to forestall chaos.

When faced with complexity it is important to have some kind of cohesive positive framework that helps structure the formulation of an action plan for change. In a residential child care setting, it is critical that staff members, managers and, when relevant, board members, agree on basic assumptions and beliefs about their shared mission, desired outcomes, and methods for achieving their goals. It is through participation in work groups, teams, meetings and training sessions that routine behavioural and emotional management can be facilitated within residential settings.

Quality of Care and Evidenced-Based Practice

In the last decade, calls for evidence-based work with vulnerable children and families in Europe have proliferated (Grietens, 2010). The United Nations Convention on the Rights of the Child established the turning point in seeking to ensure that children matter and to guarantee that their basic needs of safety, protection, provision and participation were responded to. Alternative forms of discipline were promoted.

The development and fulfillment of children should be a priority across the European countries as well as globally. Quality care guidelines have also been developed to improve the care situation, particularly in out-of-home care (e.g. Quality4Children Standards for Out-of-Home Child Care: www.quality4children.info). Quality criteria principles in child welfare services, in training and professionalization of staff, decision-making processes, treatment plans and care trajectories/practices should be a concern of national and local governments to achieve "good enough" care for the children living in alternative care (Council of Europe, 2009).

This context of promoting best practices to improve child and family well-being and evaluating them, led to the increase of evidence-based interventions, which recently have been expanding considerably (Axford, Lehtonen, Kaoukji, Tobin, & Berry, 2012b; Axford & Morpeth, 2012). According to Axford, Elliot and Little (2012a) an intervention "is 'evidence-based' when it has been evaluated robustly, typically by randomized controlled trial (RCT) or quasi-experimental design (QED), and found unequivocally to have a positive effect on one or more relevant child outcomes" (p. 205). Examples include parenting programmes such as the *Incredible Years Basic Parent Programme* that pursues the improvement of family interactions and the prevention of early and persistent anti-social behaviour in children aged 2-10 years (cf. www.cebc4cw.org). Applied in numerous mental health agencies, public health centres and schools in the USA, UK, Ireland, Norway, Germany, Denmark, Netherlands, Norway, Portugal and Sweden, it as shown in RCT assessments consistent outcomes in increasing positive parenting, reducing harsh and inconsistent discipline, and reducing deviant and non-compliant behaviour in children (Axford et al., 2012a).

The Incredible Years Training Series

Brief Description: Goals and Contents

The Incredible Years® Training Series (www. incredibleyears.com) is a set of comprehensive, multifaceted, and developmentally evidence-based group training programs for parents, children and teachers (Barth et al., 2005; Webster-Stratton, 2011).

Professor Carolyn Webster-Stratton, University of Washington, Seattle (Webster-Stratton, 1981), developed and researched the programmes over the last 30 years, updated them, and they are now recognized as an evidence-based programme in the prevention and treatment of conduct disorder and violence in children and young people from 0 to 12 years old (Webster-Stratton, 1998b, 2011; Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2001, 2004). The National Registry of Evidence-based Programs selected the IY programme and practices (NREPP, www.nrepp.samhsa.gov) as an evidence-based model to support mental health promotion, and substance abuse prevention. The Office of Juvenile Justice Delinquency Prevention also selected the IY programme as an effective intervention that can make a difference in the lives of children and communities (www.ojjdp.gov).

Young children with high rates of aggressive behavioural problems have been shown to be at great risk for developing substance abuse problems, becoming involved with deviant peer groups, dropping out of school, and engaging in delinquency and violence (Hutchings, Bywater, Davies, & Whitaker, 2006; Webster-Stratton & Taylor, 2001). Ultimately, the broad aims of the IY programme are to: strengthen parenting competence, especially the use of nonviolent discipline approaches; increase positive family support networks and school involvement; and promote child social competence; and decrease child conduct problems. In a long-term, the goals include prevention of

conduct problems, delinquency, violence, and drug abuse (Webster-Stratton & Reid, 2007).

The main programme **targets** are: a) high-risk socioeconomically disadvantaged families; b) child protective service-referred families and foster parents; children with conduct problems (defined as high rates of aggression, defiance, oppositional and impulsive behaviours); c) children with attention deficit disorders and internalizing problems (Webster-Stratton, 2011).

Specifically the *Incredible Years BASIC parenting programmes* targeting parents of high-risk children and/or those displaying behaviour problems include 4 different curricula designed for different age groups: Baby Program (9-12 sessions), Toddler Program (12 sessions), Preschool Program (18-20 sessions, updated version after 2008) and School-Age Program (12-16+ sessions). Additionally, the parenting components are: the ADVANCED programme that focuses on parent interpersonal skills such as: effective communication skills, anger management, problem-solving between adults, and ways to give and get support; the SUPPORTING YOUR CHILD'S EDUCATION programme (known as School Readiness) that focuses on parenting approaches designed to promote children's academic skills such as: reading skills, parental involvement in setting up predictable homework routines, and building collaborative relationships with teachers (Webster-Stratton, 2011).

Regarding the **theoretical background**, and according to the programmes' author (Webster-Stratton, 2011), the IY parenting programmes are strongly influenced by: a) Bandura's modelling and self-efficacy theories (Bandura, 1977); b) cognitive social learning theory, and in particular Patterson's coercion hypothesis of negative reinforcement developing and maintaining deviant behaviour (Patterson, Reid, & Dishion, 1992); c) Piaget's developmental cognitive learning stages and interactive

learning method (Piaget & Inhelder, 1962); and d) attachment and relationship theories (Ainsworth, Bell, & Stayton, 1974; Bowlby, 1980).

The Teaching Pyramid

The IY **philosophy** is based on a pyramid of parenting principles that serves as a framework plan to describe the programme content and structure (see Parenting Pyramid and Content Table in Chapter 4). The training with the parents begins in the bottom of the pyramid with a focus on play. Facilitators discuss with parents the importance of play and present effective ways of playing with children; as well as the importance of regular daily parent-child playtimes to form the foundation for children's emotional, social, and academic learning. Moving further up the pyramid, parents are taught other skills or tools including behaviour-specific praise, reward programs and celebrations for use when goals are achieved, and to bring out the best in child. As parents continue to move up the pyramid, other parenting tools are presented to reduce specific targeted behaviours. The next layer of the pyramid includes the use of predictable routines, rules, and respectful and effective limit setting. Parent competences such as ignoring of inappropriate behaviours, distraction and redirection are developed. Finally, at the very top of the pyramid are more intrusive discipline tools such as Time Out for aggressive behaviours and natural and logical consequences.

After the top of the pyramid if reached, the last part of the training focuses on how parents can come back down to the base of the pyramid. This refocuses parents on positive and proactive strategies for teaching children to problem-solve, self regulate, and manage conflict. At the end of the programme parents have all the necessary tools to navigate some of the uncomfortable, but inevitable, aspects of their interactions with their children (Webster-Stratton, 2001, 2005a, 2010, 2011).

All of the training programmes include DVDs, detailed manuals for facilitators,

parent books and CDs, home activities and refrigerator notes, utilize a collaborative training process of group discussion facilitated by trained facilitators (Webster-Stratton, 2001; www.incredibleyears.com).

Methods and Process

Several methods are used by two trained group facilitators in IY to improve basic parenting skills (Webster-Stratton & Herbert, 1994; Webster-Stratton, 1998a; Webster-Stratton & Hancock, 1998):

❖ **Video modelling** of parenting skills are shown to facilitate group discussion and problem solving. As suggested by Bandura's (1977 cit. in Webster-Stratton & Hancok, 1998) modelling theory of learning parents can improve their parenting skills by watching video examples of parents interacting with their children in ways that promote prosocial behaviour and decreased inappropriate behaviours. In the IY sessions parents are shown interacting with their children in natural situations, such as during mealtimes, getting children dressed, toilet training, handling disobedience, and playing together. Scenes show effective and ineffective ways of handling these situations and provide the framework for group discussions on how to handle common problems (Webster-Stratton, 2011).

❖ **Role plays** and **rehearsals** during the sessions are set up to practice newly acquired parenting skills and has been shown to be quite effective in producing behavioural changes. Role plays help parents anticipate situations more clearly, dramatizing possible sequences of children behaviour, as well as their own.

❖ **Weekly assignments** are given to promote goal setting and self-reflection, and help to transfer what is talked about in group discussions to real life at home. Parents are also provided with the Incredible Years book, as part of the training materials (Webster-Stratton, 2005a; 2010). Each week they are asked to read a chapter

to prepare for the next session. Along with the reading assignment, homework usually involves asking parents to do some observing of behaviour or recording of thoughts at home and trying out a particular parenting strategy. At the start of every group session, the facilitator asks parents to share their experience with the home assignment and reading for the week. This enables the facilitator to see how well the parents are integrating the material into their daily lives. Facilitators review assignments each week and give parents personal written feedback as well as surprise stickers in their folder to applaud a particular parent's achievement.

- **Weekly evaluations** are completed at the end of each group session by the participants. This gives the facilitators immediate feedback about how each parent is responding to the facilitator's style, the group discussions, and the content presented in the session. When a parent misses a session, the facilitator gives an opportunity to help the parent make up the session and do the assignment before the next session.

Sessions are promoted in an active and collaborative process rather than a didactic expert leadership style (Webster-Stratton & Herbert, 1994). The facilitator helps the parents to generate solutions based on their experience with their child using active strategies such as role play, video analysis and brainstorming of different topics. The essential goal of the collaborative intervention is to "empower" parents so that they feel confident about their parenting skills and about their ability to respond to new situations that may arise when the facilitator is not there to help them. In adition, the group format of the sessions provides high engagement with the programme, and an empowerment environment that gives new sources of support to the parents.

Fidelity and the Facilitators' role

Group facilitators may come from several disciplines (e.g. nursing, social work, education, psychology, and psychiatry). With the goal of achieving maximum quality in

the dissemination of the IY programme, the programme developer designed a process where facilitator's certification is required to deliver the training to parent groups with fidelity to the original model (Webster-Stratton, 2011). This means that the programme must be offered with adherence to core programme features, including the content and dosage, facilitator skill, clinical methods and processes, and the quality and amount of training and consultation received by facilitators (Webster-Stratton, 2004, 2006; Webster-Stratton, Hurlburt, Reid, & Marsenich, 2013; www.incredibleyears.com).

In the group sessions the facilitators assume a reflective and non-judgmental role trying to understand what the parents are saying through empathy, and help problem-solve and do not command, instruct, or tell the parent how to parent. They explain **behavioural principles** and provide a clear rationale for them, to challenge parents to see new perspectives, to elicit the strengths of the parent group, and to provide clear limit setting within the group when necessary. In the group sessions the role of the facilitators includes (Webster-Stratton & Hancock, 1998; Webster-Stratton, 2011): a) **Identify the goals of the group** regarding the parents personal experience with their children. Target behaviours (e.g., go to bed at 9:30 p.m.; clean the bedroom) become the focus of group discussion and brainstorming. This promotes ongoing group cohesion, as well as attention to individual goals, thereby increasing parent's commitment to the programme; b) **Ensure group safety and sufficient structure** generating rules in the first session that would help the members feel safe, comfortable, and accepted in the group to prevent the group experience from becoming negative. These rules are kept posted during weekly session (e.g., only one person may talk at a time; confidentiality within the room); c) **Provide rationales and theories** important for the parents to see the connection with the stated goals (i.e., when supplying the rationale for child-directed play interactions, the facilitator explains how this approach fosters the child's self-

esteem, social competence, and success in school, while at the same time decreasing his or her need to obtain the parent's attention by negative behaviours); d) **Reframe** parent's emotional and/or conceptual viewpoint of an experience to promote change in their behaviours; e) **Generalize contents** through the enhancement of the principles generated by the group members in the sessions that can be applied in many family life situations outside the sessions (i.e., Ana's principle: Positive behaviours that receive attention occur more often); f) **Prepare the end of the programme and predict relapses**, by doing brainstorms and reviewing the techniques; g) **Prepare the long term**, reminding the parents of the benefits of helping a child to become a self-confident, creative, nonviolent, and happy individual.

For the research developed and presented in the actual dissertation, steps were taken to ensure that the programme was delivered with integrity by following the training manual for each session, methods (e.g., role plays, coaching, brainstorms, homework) and processes (e.g., nurturing relationship, reframing, collaboration, modelling) of the programme. The facilitators had: a) qualification in psychology and experience in the area; b) completed the IY 3-day training workshop with an international certified trainer; c) previously conducted parent groups; d) group sessions were videotaped for feedback and review by the national certified mentor for the programme; e) kept detailed weekly checklists of group process, intervention content completed, weekly residential staff carers' attendance, and reactions. Only small adaptations here done recognizing the programme's application with care staff participants (cf. Chapter 4).

Incredible Years in Portugal: Basic Parent Programme

In Portugal the investigation, implementation and dissemination of the Incredible Years Training Series is coordinated by two Professors and researcher's at the Faculty of Psychology and Educational Sciences, University of Coimbra: Maria Filomena Gaspar and Maria João Seabra-Santos. Since 2004, several tasks have been undertaken to translate materials (including: manual; handouts; IY book; DVD's with Portuguese subtitles), adapt and implement the Incredible Years programme in Portugal (e.g. see Webster-Stratton, Gaspar, & Seabra-Santos, 2012 for review). Therefore, the Basic Parent programme was the first in the IY series to be transportable and launched in Portugal, so the original version that has been used in several studies, including for the research we are presenting in this dissertation, is prior to the version updated in 2008, which used 12 to 14 weekly sessions, in two hours group session (Webster-Stratton, 2001). In the context of the application of the IY Programme, the first larger study was carried out between 2008-2009 included in a project "An Adventure in the World of the Family: A prevention/intervention project for families at risk", supported by the Drug Dependency Institute of the Ministry of Health (I.D.T.). This study involved 11 parent groups of Incredible Years. The results revealed a statistically significant change in positive parenting practices, an increase in the empathy to the child's needs, as well as a reduction in the stress associated to the evaluation of parental competence. Additionally, it found that the results were sustained at 6 months follow-up, but no changes were found in the parents' perceptions of their children's behaviour (Cabral et al., 2009/2010).

Since 2009 and still ongoing, the project entitled "Early prevention/intervention in disruptive behaviour disorders: Efficacy of parents' and teachers' programmes",

financed by the FEDER-COMPETE programme and by the Foundation for Science and Technology (FCT), has been undertaken to assess the efficacy of the IY programmes for parents and kindergarten teachers (also previously studied by Vale (2011), who studied for the first time in Portugal the IY- Teaching Classroom Management Programme) for the prevention/early intervention of externalizing behaviour problems in preschool children (ages 3-6 years), using a randomized control group trial. From this project two PhD research studies were undertaken, also supported by FCT.

Azevedo and collaborators focused on evaluating the effectiveness of the IY basic parent training with hyperactive and inattentive behaviours of Portuguese pre-schoolers. From the two studies that already have been published by the author, one of them shows that the IY Basic parent training does make a difference in improving the AD/HD symptoms in clinical preschool children, compared to the one's on the waiting list, as well as finding short-term significant effects on positive parenting and coaching of the participants that received the programme (Azevedo, Seabra-Santos, Gaspar, & Homem, 2013a); while the other study reports the evaluation of the efficacy of the IY programme at 12-months revealing a decrease in self-reported dysfunctional parenting practices, and an improved sense of competence and observed positive parenting, as well as a sustained reduction in the AD/HD behaviours of the children, which supports the long-term benefits of IY (Azevedo, Seabra-Santos, Gaspar, & Homem, 2013b).

In the other study, Homem and collaborators concentrated on the oppositional/defiant symptoms, which short and medium intervention results suggest results in a decrease in the pre-schoolers oppositional problems and an increase of the pro-social competences in the group of parents that participated in the IY programme, in comparison with the waiting list (Homem, Gaspar, Seabra-Santos, & Azevedo, submitted for publication). Overall, preliminary results concerning this major project

suggest that the IY parental programme is effective in reducing externalized behaviour problems in pre-school children (Seabra-Santos, Gaspar, Azevedo, Homem, & Leitão, 2012), and a high level of retention and satisfaction of the participants was reported (Azevedo et al., 2013a; Seabra-Santos, Gaspar, Azevedo, Homem, & Pimentel, 2011).

Moving forward, other PhD projects (Webster-Stratton, Gaspar, & Seabra-Santos, 2012) have been designed to adapt and implement the IY Toddler's Programme for the parents with children of 1-2 years of age, referenced by the Commissions for Child and Youth Protection, and another will focus in the assessment of the efficacy of the Teaching Classroom Management (TCM) programme in the primary school context. All projects are still in progress.

IY Basic Parent Programme in Residential Child Care: Rationale

The Incredible Years Basic Parent Programme was selected for this research, as a way of increasing positive care practices and decrease child behaviour difficulties in the residential child care context for the following reasons:

- The extensive empirical support, and international recognition of the Incredible Years programme, as one of the most effective and evidenced-based psychosocial intervention programmes, for both the treatment and prevention of conduct disorder in children (3-8 years old) (Webster-Stratton, 2005b, 2011; Webster-Stratton & Reid, 2006; Webster-Stratton, Reid, & Hammond, 2004);
- The fact that the IY programme has been successfully transported to Portuguese reality with community samples (Abreu-Lima et al., 2010; Almeida et al., 2012; Azevedo et al., 2013a; Cabral et al., 2009/2010; Webster-Stratton, Gaspar, & Seabra-Santos, 2012); the availability of training and support in Portugal with IY-accredited trainers; extensive translated materials that facilitate the delivery of the

programme in real-world settings including session protocols, leader manuals (Webster-Stratton, 2001), DVDs of adult–child interactions, handouts, and a text book (Webster-Stratton, 2005, 2010).

- The programme was original designed to help parents deal with children's behaviour problems. Although IY Basic programme was not specifically designed for residential child care staff, it has already been explored with other alternative caregivers in foster care (Bywater et al., 2011; Hutchings & Bywater, 2013; Linares, Montalto, Li, & Oza, 2006; McDaniel, Braiden, Onyekwelu, Murphy, & Regan, 2011; Nilsen, 2007), nursery care (Bywater, Hutchings, Gridley, & Jones, 2011), and families in the child welfare system (Webster-Stratton & Reid, 2010, 2012).
- The theoretical models of the programme seem to fit with the residential care staff need to manage children's behaviour with positive discipline. Cognitive social learning theory and the coercion process operates in a similar fashion in schools and with teachers, as it does with parents (Webster-Stratton, 2011). Given the changes in the characteristics and needs of children in alternative care, the difficulties staff carers face have grown. These difficulties can, in turn, lead to levels of stress among staff carers that reduce their capacity to nurture the children in their care. Along this line of thinking, and recalling that the residential care staff also engage in parental functions, (i.e. the same similar interaction processes are undertaken in the residential setting), it was apparent that the IY could provide a promising answer to cope with these situations.
- The IY has been reported as a preventive intervention at in younger ages, which can have a positive impact on the children's development trajectories and prevention of future behaviour problems (Webster-Stratton, 2011).

- It will add literature to the field and address a gap in the residential care context in Portugal, testing the adequacy of a structured and evidence-based programme, validated in other countries, than can provide a quality tool with economic benefits, as it is delivered in a group format.
- The project can enhance the integration of the Incredible Years programme within the wider child welfare sector in Portugal, and further expand the development of research in this area.

Along this line of thinking, and taking into account that residential child care interventions can make connection points with the parental child rearing practices, it is hoped that this modest study may contribute to better understanding of the adequacy and potential of a parenting programme delivered in a residential child care context. Like parents, caregivers can receive training and participate actively as change agents in behaviour modification programmes (O' Reilly, 2005).

As presented in Figure 2, addressing and improving the relationship between staff carers and resident children is a step toward improving the quality of care in residential centres.

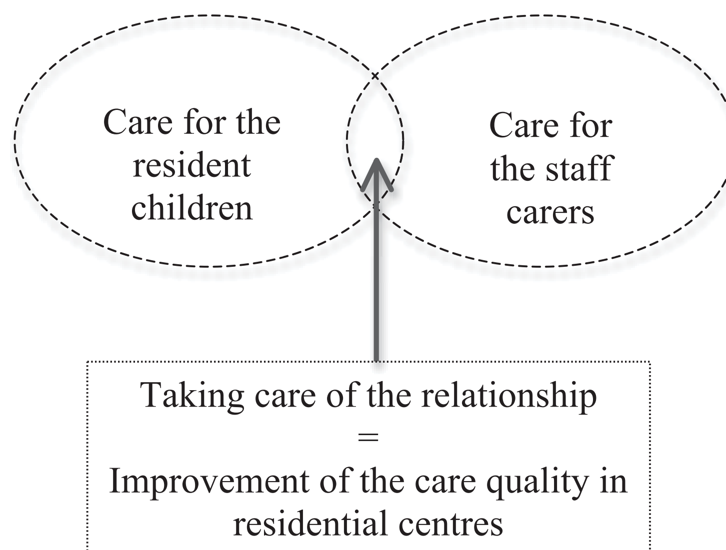

Figure 2. The outline of the central dimension of professional child care work

Research Aims

The first broad aim of this research was to explore the adequacy of the *Incredible Years Basic Parent Programme* (Webster-Stratton, 2001, 2005a, 2005b) while attempting to support residential child carers in substitute care to understand and cope with resident children's challenging behaviour. This exploration is intended add to our understanding of how to improve Portuguese residential care practices. As the first study of its kind in this country, this research presents a unique contribution to the residential care field in Portugal; it involves the application of an evidenced-based programme originally designed for parents, to be delivered in the context of residential care with staff teams.

Specifically, this research study examined both processes associated with first-time use of an evidence-based programme in the Portuguese residential child care context and assessment of staff carers and resident children variables, as well as satisfaction outcomes with the involvement in the Incredible Years programme. The data for this study were collected between April 2010 and May 2012 (see Table 1) in four short-term residential child care centres (see Table 2).

Structure of Thesis

This thesis is structured in five chapters, fours of which are written in a paper format and follow a logical sequence: a literature review paper (Chapter 1), followed by three empirically based papers (Chapters 2 to 4) that evaluate the adequacy and acceptability of the *Incredible Years Basic Parent Programme* for residential child carers; and ends with a final overall discussion (Chapter 5).

In **Chapter 1**, a brief overview of the residential child care situation in Portugal and relevant research and practice literature on staff training will be described, as an

introduction to **Chapter 2** where the design, the implementation of the study and the staff carers' 6 and 12-months outcomes are reported. In **Chapter 3,** the analysis and interpretation of the data, regarding children's variables, again at 6 and 12 months are presented. The satisfaction of the staff carers with the Incredible Years programme is examined in **Chapter 4**. Finally, in **Chapter 5** a general discussion summarizes the findings from each study and overall recommendations are delineated. A pocketbook designed to support the Portuguese staff carers' daily practices, based on this study's results, is presented as an **Appendix B.**, as a contribution to the improvements in the field of residential child care.

Table 1. *Study design*

	Time of Assessment in Each Group and Instruments			
Residential Child Care Centres	**M1: Assessment Prior to the intervention**	**Incredible Years Basic Parent Intervention: 13 weekly sessions; 2 hours**	**M2: Assessment after the intervention (6-months after M1)**	**M3: Assessment at 12-months after M1**
Intervention Group 1 (IG1)	April 2010	May/July 2010	October 2010	April 2011
Intervention Group 2 (IG2)	December 2010	January/March 2011	June 2011	December 2011
Non-Intervention Group 1 (CG1)	October/December 2010		April/May 2011	
Non-Intervention Group 2 (CG2)	November/December 2011		April/May 2012	
	Instruments			
	Adult-Adolescent Parenting Inventory- 2 (AAPI-2 –Form A; Bavolek & Keene, 2001)	IY - Weekly Satisfaction Questionnaire	Adult-Adolescent Parenting Inventory- 2 (AAPI-2 –Form B; Bavolek & Keene, 2001)	Adult-Adolescent Parenting Inventory- 2 (AAPI-2 –Form B; Bavolek & Keene, 2001)
	Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989)	IY- Final Satisfaction Questionnaire	Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989)	Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989)
	Beck Depression Inventory (BDI; Beck et al., 1961)		Beck Depression Inventory (BDI; Beck et al., 1961)	Beck Depression Inventory (BDI; Beck et al., 1961)
	Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)		Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)	Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)
	Dyadic Parent-child Interaction Coding System (DPICS; Robinson & Eyberg, 1981)		Dyadic Parent-child Interaction Coding System (DPICS; Robinson & Eyberg, 1981)	Dyadic Parent-child Interaction Coding System (DPICS; Robinson & Eyberg, 1981)

Table 2. *Profile of the short-term residential centres*

Identification	Size	Length of Stay	Location	Type	Residents
IG1	22 beds	6 months-12 months	Urban	IPSS[a]	Female and male, 0-12 years
IG2	15 beds	6 months-12 months	Small urban	IPSS	Female and male, 0-12 years
CG1	20 beds	6 months-12 months	Urban	IPSS	Female and male, 0-6 years
CG2	28 beds	6 months-12 months	Rural	IPSS	Female and male, 0-12 years

[a]Private social solidarity institution[Instituições Privadas de Solidariedade Social, IPSS]

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CHAPTER 1

Residential Child Care in Portugal: The Challenge for Improving Positive Staff Care Practices[1,2]

Abstract

Residential child care has to be a quality service for the children who are in placements. Positive professional care practices are crucial and, in Portugal little has been done to equip residential child care staff with effective child behaviour management strategies. This paper provides an overview of the state of the Portuguese residential child care context, the characteristics of the looked after children and of the care staff, and in particular, the need to work with these professionals to achieve better and safer caring practices. It also suggests the necessity of a proven evidence-based programme in Portuguese residential child care settings to help staff with little or no pre-service specific training, to better cope with the young residents' behaviour difficulties, to develop a skilled childcare workforce and to improve placement quality.

Keywords: Residential child care, Looked after children, Challenging behaviour, Staff training, Residential child care effectiveness

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Introduction

Each year in Portugal children and young people are removed temporarily or permanently from their families and are admitted to residential care. According to the recent report of the Portuguese Institute of Social Security [ISS] (2012), in 2011 there were 8938 children and young people placed in out-of-home care, and in 2012 there were 381 fewer in care. In an analysis of the years 2006 to 2012, the report revealed a decrease of 30.1% (3688) children and young people in residential care. The main reasons that may explain the global reduction of children welcomed into residential care include: the change in the Portuguese youth protection polices, that postpones the placement in temporary care as a last solution; the revision in 2008 of the Foster Family Care response legal aspects, as an alternative to residential care; and the major attention given to the fulfillment of the children rights. Another important measure is that the Portuguese government is striving support the families and communities, aiming to enhance their parental capacities and responsibilities through systemic approaches, and training programmes that provide all the opportunities for the children to remain in family (ISS, 2012; Commission for Child and Youth Protection [CNPCJR], 2012).

Defined as a form of alternative care for children and youth deprived of parental care, *residential care* specifically refers to a setting where children are placed with others in a group living arrangement, sometimes in the company of a sibling, but without their adult family members (Little, Kohm, & Thompson, 2005). There is provided 24-hour care by a group of staff carers and the primary goal is to ensure safety, education, developmental supports and to contribute actively to the child's family reintegration. Settings include places of safety for emergency care, and all other short and long-term residential care

facilities (Browne, 2009; Hurley, Ingram, Czyz, Juliano, & Wilson, 2006; UN Committee on the Rights of the Child's, 2009).

The Portuguese *Law For The Protection Of Children And Young People in Danger* (no. 147/99 of September 1st), Article 49º, defines *residential care* as the placement of a child or youngster "to the care of an agency that has facilities, equipment and permanently hosts a technical team that will ensure proper care of their needs and will provide conditions for their education, welfare and holistic development" [Lei de Proteção de Crianças e Jovens em Perigo, n.º 147/99 de 1 de Setembro].

The Portuguese child protection system organizes the placements according to the analysis of the situation: Emergency care [Acolhimento de emergência] is used when children and young people are in situations of real imminent danger, should be used no longer than 48 hours; Short-term care [Acolhimento temporário] provides temporary shelter to children and young people in danger, for a period which should be no longer than six months; for example, due to illness in the family or when the child may have been harmed or abused. It provides a safe place for a child to live until it is possible to reunite the child with the parents or to engage the child in another living situation. Long-term care [Acolhimento prolongado] provides shelter for more than 6 months to children and young people in danger situation deprived of their families or when the problems justify long-term placement outside the family environment. Long-term care should allow a child to grow up in a safe and supportive environment and maintain a relationship with their family (Alves, 2007; Martins, 2004). These placements are based on the implementation of the legal measures for promotion and protection of children and young people.

Caring for children in groups, away from their own families, has a long and inauspicious history (Gibson & Turtle, 1996). Particularly within the European Union, it is

assumed that this measure should be avoided as little as possible and be used as a last resort due to the association with negative consequences for children's development (Browne, 2009; Kendrick, 2006; Trede, 2008; Trigo & Alberto, 2010). Although residential care constitutes a right for children and young people, when recommended in their best interest, the positive and negative effects of placing children in residential care continues to be a subject discussed within the welfare system (Holden et al., 2010).

Major reports on children's matters have been making efforts to assemble strategies to achieve a more positive approach to residential child care and to guarantee quality standards and positive outcomes for children and young people without parental care. Recommendations highlight that facilities providing residential care should be small and organized around the rights and needs of the child, in a setting as close as possible to a family or small group situation, and inspection functions should include a component of training and capacity-building for care providers (Council of Europe, 2005; UN Committee on the Rights of the Child's, 2009).

In 2003, the Portuguese Social Security Institute produced a manual entitled - *A Good Practices Manual: A Guide for the Residential Child Care Placement's* [Manual de Boas Práticas: Um Guia para o Acolhimento Residencial das Crianças e Jovens] (ISS, 2003), in which guidelines were presented for the professionals working in long and short-term care placements, as well as useful advice about the home organization, the support to the children, the institutional patterns of communication, and other matters concerning the daily life in residential care. The report also pointed out that the caring for children in care should be relational and affective. More recently, in 2007, the same institute also edited the manual *Quality Management Manual: A Model of Evaluation of the Quality of Temporary Residential Care* [Gestão da Qualidade de Respostas Sociais: O

Modelo de Avaliação da Qualidade de Centro de Acolhimento Temporário] (ISS, 2007a), to ensure a quality life for children and young people living in residential care, in a European frame of social responsibility.

According to the Immediate Intervention Plan (ISS, 2007b) report there were 230 long-term residences for children and youth, 94 temporary residential care centres, and 3 emergency units in 2006. Although there are a number of services in the Portuguese formal child care system, our research goal is to focus on the temporary residential care centres, because of their small size, particular features similar to a family setting, and population of younger children. In addition, this is a response with great impact in the Portuguese society (Pinheiro, 2012). The minimum capacity of the temporary centres is 12 children, and the maximum is 30. They normally shelter children from 0 to 12 (Amaro, 2008). Comparative analysis of children sheltered in temporary residential care centres between 2004 and 2012, revealed an increase from 1361 to 2092 residents (ISS, 2012). Of all the residential services for children and youth, the temporary centres are the ones who register the highest levels of use: 91.5% in 2011 (Ministry of Labour and Social Solidarity [MTSS], 2011). This indicates an important concern of the government to reduce the long-term shelter services.

The *Law for the Protection of Children and Young People in Danger* establishes that the length of stay of the child/youth in such units is 6 months, but this time frame can be extended for justified reasons, such as when it is possible to return the child to the family or when the child's situation is being diagnosed for the proper referral. However, according to official sources, in 2012 the median period in residential care was two years (ISS, 2012). Although the government is making efforts to reduce the length of stay in care in this type of service there are still obstacles that include: a) lack of proper responses adequate to the children's needs especially in the cases of children with severe health problems; b) delays

in the Courts that prolong the decisions and the children's placements; c) deficiencies in the alignment between professionals and organizations; d) lack of training of the judges and other professionals; and e*)* inefficiencies within the Social Security services. It's well documented that the long length of stay in temporary centres has several external and inter-institutional reasons, which can lead to the average length of stay from 1-2 years to as much as 3 to 5 years (Cardoso, 2010; Department of Health, 1998; Ferreira, 2010; Martins, 2004). Regarding the length of stay impact, Suarez (1998) points to several risks of the extended length of stay from what is strictly needed. This situation will unnecessarily extended the dependence of the child/youth on the centre and staff, and can create an obstacle in the normalization of the children's lives. Zurita and Del Valle (1996) emphasize the necessity of the residential centres to have in mind the eventual risks for the children due to extended lengths of stay in institutions. Some conditions of the placement, namely the existence of many different adults, organized by shifts, the possible depersonalization characteristic of some institutions, can intensify: the loss of family identity; the absence of feelings of belonging; low self-esteem; deprivation of personal space and intimacy; overstimulation and understimulation of the children and youth; limitation of their possibilities of personal choice; the reduction of responsibilities of life in family; lack of participation in making decisions; and difficulties in the establishment of profound and stable affective relationships with significant adults. In Portugal there is a lack of research into these factors.

These short-term placement facilities are legally defined as private social solidarity institutions, financed by the Social Security Institute, and employ professional teams. One of the roles of these teams is to analyse children's life situations, regarding the several possibilities: return to their biological families, adoption, or placement in foster families

(Amaro, 2008; Pacheco, 2010). They work in an open regime, and according to the law, they should provide a "home-life environment", a personalized daily life and integration in the community, so as to ensure the physical, intellectual, moral and social development of the looked after children (Alves, 2007). Therefore, the responsible adults in these centres have a crucial role in pursuing that goal.

Ferreiro (2007) considers that these establishments play an important part in the Portuguese child protection system, mainly because of their social and educational strands. However, the direct care staff is usually inadequately trained and poorly supervised (Browne, 2009). This view is also shared by Golding (2003) "…residential care workers remain unsupported and with a relatively low levels of training" (p. 91). Golding also points out that the task of caring for looked after children is complex, sometimes rewarding, but also extremely difficult and emotionally draining.

Children in Alternative Care

The young residents are among some of the most defenceless and harmed people of our society (Stevens, 2004), presenting a great range of emotional, behavioural, social and educational problems (Golding, 2003). They usually have experienced extreme difficulties and problems in their family backgrounds, ending up in out-of-home care (Cameron & Maginn, 2008). Violence, neglect, abuse, and serious social disadvantage are some of the problems presented (Browne, 2009; Cameron & Maginn, 2009; Trede, 2008; Ward, 2006).

According to the Portuguese legislation, the status of poverty/material deprivation is not a sufficient reason for a child to be placed into care. It is, however, acknowledged that several of the objective reasons that ultimately lead a child to be taken into care are closely related to poverty and material deprivation. The stated reasons for the children coming in to

care include: physical mistreatment; psychological maltreatment (active rejection, threat, humiliation; corruption, social deprivation; indifference (passive); abusive exercises of authority), negligence (education or health); risky behaviours, lack of supervision or monitoring by the family, exposure to deviant parental or behaviour models); exposure to deviant behaviour models; drug addiction; alcoholism, sexual abuse, child labour, mendacity, delinquency, abandonment, orphanhood; absence of family support; war refugees (Eurochild, 2010). When a child is registered as being "at risk" or "in danger", the Commissions for Child and Youth Protection is notified. In 2012 this Commission reported that the children and young people registered came from families whose social environment was characterized by social problems. The most common social problems with more expression were: neglect, exposure to deviant behaviours, dangerous situations where the right to education was compromised, psychological maltreatment/emotional abuse, and physical mistreatments (CNPCJR, 2012).

The life paths of the youth population in alternative care are clearly marked by experiences of loss, rejection, inconsistent and neglectful parenting. If not reversed, these inadequate life trajectories seem to persist throughout the placement and beyond. The responsibility and challenge of residential staff carers, acting on behalf of the larger society, and assuming a "substitute parental role", is to provide supportive, positive and empowering everyday life experiences, to encourage well-being and social development, and to minimize the negative consequences of separation and of inadequate parenting of children and young people, who carry high levels of mental distress and anxiety, and whose future is often very unclear and unpredictable (Hill, 2000; Stevens 2004; Swanson & Schaefer, 1993; Ward, 2006; Whitaker, Archer, & Hicks, 1998).

Whitaker et al. (1998) maintain that members of residential staff are in children's homes to provide a caring growth-promoting environment within which each child can grow and develop, and recover as soon as possible from consequences of adverse previous experience. The day-to-day care and the relationship between children and residential staff is an important aspect that warrants a closer look in a consideration of the nature of children's homes.

In a country like Portugal, where residential care continues to have a strong presence (Carvalho & Manita, 2010), and where short-term care placements are significantly increasing (Cardoso, 2010; MTSS, 2009), there is still a lot to do to develop a more specialized approach to intervening with these sometimes hard-to-engage groups. To this end, it should be a priority to systematically improve the training of the staff, provide supervision, promptly correct irregularities, and promote best practices (Alves, 2007).

We begin our review with a brief characterization of the Portuguese residential staff carers and the challenges they have to face in the residential "life space". The nature of the young residents will be described, and the question of the need for proven programmes to help Portuguese residential staff to enhance their positive educative practices to better engage with the group of residents and to effectively manage their behaviour will be raised. Some relevant studies will also be explored.

Staff Carers: Qualifications and Training

For numerous reasons, including lack of resources, inadequate training and leadership, poor management, inappropriate settings, and unsuitable recruitment of staff (White, 2008), residential care has not provided the most qualified people to undertake the important and specific demands of working with children in alternative care.

The UN Committee on the Rights of the Child's (2009) provides Guidelines for the Alternative Care of Children, and especially recommends that "training should be provided to all carers on the rights of children without parental care and on the specific vulnerability of children, in particularly difficult situations, such as emergency placements or placements outside their area of habitual residence" (Article 114º, p.23), and also that "training in dealing appropriately with challenging behaviour, including conflict resolution techniques means to prevent acts of harm or self-harm, should be provided to all care staff employed by agencies and facilities" (Article 115º, p.24). The Committee also maintains that "States should ensure that there are sufficient carers in residential care settings to allow individualized attention and to give the child, where appropriate, the opportunity to bond with a specific carer. Carers should also be deployed within the care setting in such a way as to implement effectively its aims and objectives and ensure child protection" (Article 125º, p.25).

In several European countries, most of the work in residential care is done by "educateurs" or social pedagogues. In the UK, Ireland and Sweden they are identified as residential social workers. These countries in particular, as well as Germany, stand out because they have been investing to a significant degree in the growth of a professionalized workforce in child care (Hill, 2000; Madge, 1994).

For example, Scotland has been setting standards to ensure the quality of the child care workforce. Since 2002, the Scottish Social Services Council determines qualification standards that would apply to anyone seeking registration in the child care sector. According to the qualifications framework for residential child care in Scotland, care staff have to attain a National Vocational Qualification (NVQ) in Working with Children and Young People (a level 3 is the minimum qualification required for registration of all

residential care staff) (Nolan, 2007). Social workers are required to achieve a Diploma in Social Work (or equivalent) and managers are required to have a DipSW (or equivalent) and a specific management qualification (Milligan, 2003). Although, there is a moderate level of skepticism regarding the usefulness and relevance of the current NVQ 3 qualification, it was an important step to develop knowledge, values and skills in support of employment-based training to be delivered to residential child care workers (Campbell, 2006).

On the other hand, Portugal, Spain and Greece, are among the industrialized countries with lower levels of qualification and training in residential child care (Hellinckx & Colton, 1993, as cited in Martins, 2004).

Portugal and Greece do not have a specific job definition for what we know as child care. Spain, since the 1980s, defined a new job profile – educadores sociais ("social educators"), – for workers in residential and community settings (Del Valle, López & Bravo, 2007; Martins, 2004). The care worker constitutes the principal figure of reference for the child, the family and everyone else involved in the case. Their work is vital, in that they centralize the information of each case and assume direct responsibility for the child's upbringing, taking on the role of "surrogate parent" (Del Valle et al., 2007).

The majority of the care staff who work in residential units have little or no formal qualifications and receive low wages (Parker, 1988); have low status in the frame of social care (Madge, 1994); have unsatisfactory labour conditions especially for the professionals with higher qualifications (Madge, 1994); few opportunities for career progression are small; and are subject to high stress and burn-out (Del Valle et al., 2007). Only a minority of the workers is college graduate (Martins, 2004). These reasons could explain the high turnover, the low quality level of the services provided and the lack of stability, both their

own, and of the children. These elements can affect all the actors involved in the residential care system, lowering their morale and expectations (Martins, 2004). In fact, evidence suggest that the quality of the care services provided by the care units strongly relates with the morale of the workers (Berridge & Brodie, 1998), as well as the presence or absence of conflicts and the stability of the teams are important factors that influence the culture of the placement (Madge, 1994).

Martins (2004) conducted interviews that reveal the characteristics of Portuguese temporary centres: low wages; economic difficulties in these services; schedules inappropriate to the interests of the children; the uneven quality between the centres; lack supervision; and inadequate technical teams. The physical and psychological health of the teams is largely neglected. The direct care staff in these centres generally does not have specific qualification, which is a critical factor in the quality services.

Martins (2004) studied the work done in the short-term care facilities in Portugal, and tried to understand how they operate. The group staff is differentiated in function by their level of qualification, with implications for the role and functions they perform. We can identify two groups: the professional team and the paraprofessional team (i.e. staff in institutional settings with no formal qualifications).

The close and continuous work with the children is, generally, undertaken by unqualified direct care staff (paraprofessional team). They are mostly women, less than thirty years old; with elementary school education. About 39% have secondary education. The staff with higher education or other training represents only 4% but they have no specialized training in child care work. They generally perform maintenance tasks such as hygiene, provision of meals and other basic care services for the children. Managers often chose these workers based on informal interviews (Madge, 1994). Having parenting

experience and some common-sense knowledge of how to care for a child seems to be one of the selection criteria and this gives the wrong idea that everyone is an expert in childcare.

Indeed, staff qualifications is a critical issue in relation to the quality of the services provided and needs careful attention by the Portuguese welfare agencies and private institutions of social solidarity/welfare, in order to undertake efforts to develop an effective model of residential child care staff recruitment and selection.

In addition to the paraprofessional staff, most of the agency teams also include more specialized members such as psychologists, social workers, and educators. The psychologist and the social worker are the most widely represented in the technical/professional teams of the short-term care centres, followed by other professionals with a degree in education. In fact, considering the three technical assets as prescribed by law – Psychology, Social Work and Education – it turns out that about half (50.8%) of the short-term centres existing in Portugal do not comply with the legal provisions concerning the composition of the professional teams (Martins, 2004). On the other hand, frequently these institutions have other associated facilities with shared teams, forcing staff to take on a much more extensive set of tasks, not allowing them to adequately fulfill necessary interventions with the young residents.

Concerning the training of professionals, Martins (2004) found that this is a deficit area and a weakness in the system, and identifies that there is insufficient specific training in related subject areas (e.g., psychology); insufficient specialized training for staff workers, and that many of the facilities do not promote technical training and supervision.

Santos, Calheiros, Ramos, and Gamito (2011) also argue that there are some problems in the Portuguese residential response in child care, such as the lack of

professionals and the low concern for their professional/formal profile (specific skills and training), and point out the importance for training and specialization to be valorized.

Pereira (2009) considers that residential programs must be aware of the repercussions of their staff practices on the development of the young residents, and therefore argues for the need to build competent and professionalized teams.

The instability of the teams, both professional and paraprofessional, is another critical issue of the services provided by the residential child care centres. The literature states that frequent changes in the composition of teams, motivated by a wide range of factors (e.g. low pay, adult / child ratio), leads to a lack of identity references and to consequences in the children's behaviour, constituting disruptive factors of the alternative care system (Clough, Bullock, & Ward, 2006; Martins 2004; Williams & Lalor, 2001; Withaker et al., 1998).

The Staff Challenges with Children in the "Life Space"

Nowadays most young residents have serious developmental or emotional and behavioural problems, and the number of such children in care has grown over the last decade, placing significant stress on carers, and therefore creating the need to provide support to these professionals (Larmar & Clark, 2010).

This profile of needs constitutes a great challenge to residential staff (Hicks, 2008), and demands new forms of intervention (Bravo & Del Valle, 2009), as more residents display oppositional behaviour, poor impulse control, damage property, make physical and verbal threats, intimidate colleagues and staff or easily trigger into temper tantrums and non-compliance (Cameron & Maginn, 2009; Whitaker et al., 1998).

Most of the literature reviewed for this paper seemed to indicate that behavioural control is a meaningful issue and a problem that staff working with children and young people in care have to confront every day (Anglin, 2004; Stevens, 2004).

Axford (2008) notes that the problems presented by these children and young people are related to several factors, including poor family relations, emotional difficulties and a sense of abandonment and alienation. He also noted that for these children the positive relationship with staff and other residents is very important and must be appreciated and supported.

Kendrick (2006) states that the behaviour of children and young people is an important factor affecting staff morale and the management of day-to-day work in residential care. Regarding the challenging behaviour by young people towards staff, he outlines the need for individual and team training; building positive and trusting relationships between staff and young people; and deemphasizing negative behaviour by introducing positive reward systems.

Indeed, Jones, Landsverk, and Roberts (2007) have noted that the caregiving staff spends more time in direct contact with residents than the professional staff (e.g. psychologists and social workers), and thus their relationships are of great importance to residents. Staff carers engage primarily in the behavioural management of the child, and often help carry out speci c intervention programs. They are not just expected to ‘‘baby sit’’ the young residents, but are expected to make precise judgments about behaviour and intervene appropriately.

Other challenges to the staff workers are pointed out in Anglin’s (2002, 2004) study of group care residences in Canada. He showed that the ongoing struggle of a residential care facility takes place through three main psychosocial processes: the need to create an

'extrafamilial' living environment; the challenge of day to day recognizing and responding to 'pain and pain-based behaviour'; and 'developing a sense of normality' (Anglin, 2004, p.178-179). He determined that creating an environment which promotes the residents' best interests consists of consistently promoting the following eleven interactional dynamics: listening and responding with respect, communicating a framework for understanding, building rapport and relationships, offering emotional and developmental support, establishing structure, routine, and expectations, inspiring commitment, challenging thinking and action, sharing power and decision-making, respecting personal space and time, discovering and uncovering potential, and providing resources (Anglin, 2004, p. 180).

In a personal communication at the 2011 Scottish Institute for Residential Child Care [SIRCC] conference in Glasgow, Anglin expressed the need for responsive and relational practice by the carework staff towards the residents, and not reactive practice. In his book *Pain, Normality, and the Struggle for Congruence: Reinterpreting Residential Care for Children and Youth* (Anglin, 2002), the difference between the staff who responded from those who reacted in their interactions with the residents and their behaviour is explored. The more responsive workers are characterized as being *sensitive, respectful,* and *dialogical*, working with the young residents' inner sense of responsibility for their own behaviour. On the other hand, the reactive workers are described as being more *insensitive* and *disrespectful*, adopting a control approach, through the imposition of external demands and psychological coercion (p. 115).

Other authors (e.g. Groark, Muhamedrahimov, Palmov, Nikiforova, & McCall, 2005; Pereira, 2008) highlight the role of consistent, sensitive and responsive caring in the promotion of the further development of young residents.

Intervention Approaches and the Importance of Staff Training

Concerning the work with children in alternative care, a variety of theories and approaches have been developed in the USA, Canada and Europe, and a range of intervention programmes have been suggested.

Some working models are focused on a more "relational approach", and may draw on:

- Attachment Theory: Many young people in out-of-home care have suffered disruptions to attachments and experience profound loss. The challenge to residential care is to provide and support positive relationships and the development of a secure base (Graham, 2006).
- Trauma Theory: Provides a very useful framework for understanding behaviours and outcomes seen in young people with backgrounds of violence, abuse and neglect. A safe care environment in which trauma can be explicitly addressed is a core component when intervening with the young residents' (Macdonald, Millen, McCann, Roscoe, & Ewart-Boyle, 2012)

Other types of programmes are focused on behavioural strategies as a primary aspect of influencing change in the lives of the young residents that branch from:

- Social learning theory: Due to persistent relationship problems and patterns, care staff offering a good relationship may not be enough. There may be a need to actively identify abusive relating behaviours and encourage and model alternatives. Important principles such as: modeling; rewards (rather than punishments); and natural consequences and consistently applied limits need to be applied (Schmied, Brownhill, & Walsh, 2006).

- Cognitive-Behavioural Theory: Helps young people to identify and change dysfunctional beliefs, thoughts, and patterns of behaviour that contribute to their problems. According to Stevens' (2004) review of the literature on cognitive behavioural interventions in residential care, there is some evidence that some cognitive interventions are effective. These interventions include social skills training, assertiveness training, self-control and self-instruction.

Like biological parents, residential care staff members also exercise a parental role, using their own relational skills and parental models, and are responsible to establish and build a positive relationship and for reinforcing or shaping the behaviour exhibited by the young residents. But as Hills and Child (2000) argue, the residential staff need more than "normal" parental skills to respond properly to the needs of the young resident, they need more advanced or "professional" skills.

In addition to the several working theories and approaches, to achieve the best interest of the residents in care, it also becomes important to delineate some objective goals that guide the staff carers' practices, preparing them for successful interventions (Pereira, 2009).

The importance of trained staff and the development of their skills as outlined above is one of the key features in achieving more positive practices towards the young residents; a high quality of service provision and a reduction of behavioural problems (Browne & Lynch, 1999; Dench, 2005; Golding, 2004; Lowe et al., 2007; Willems, Embregts, Stams, & Moonen, 2010). The following studies emphasized some examples.

Tierney, Quinlan, and Hastings (2007) evaluated whether a typical "challenging behaviour" staff training course had an effect on staff feelings of efficacy, their negative emotional reactions to challenging behaviour, and their causal beliefs. Forty-eight staff

attending a 3-day training course on understanding challenging behaviour and managing stress were assessed at pre-training and at a 3-month follow-up. They noted that perceived self-ef cacy in dealing with challenging behaviours increased signi cantly from pre- to post-training. There was a sizeable impact on staff con dence and efficacy after a 3-day training course.

A literature review conducted by Duff, Redhead, Paxton, Iceton, and Rochester (2006) on management of challenging behaviour in mental health services and its impact on direct care staff, highlighted the signi cance of care staff's behaviour in the development, and particularly maintenance, of residents' challenging behaviours (e.g., Lucas, Collins, & Langdon, 2009; McGill, Bradshaw, & Hughes, 2007). They draw attention to the fact that residents' challenging behaviours are maintained by a variety of underlying behavioural processes, including socially mediated positive reinforcement (e.g., attention from staff), and negative reinforcement (e.g., escape from unwanted demands). They came to the conclusion that educating direct care staff about the underlying psychological principles and training them in implementing behavioural interventions may help to increase the effectiveness of the intervention.

In another study of the training of paraprofessional staff, Jones, Menditto, Geeson, Larson, and Sadewhite (2001) found that these workers spend the most time with clients, and had the potential to have a pervasive and substantial impact on client functioning and skill acquisition. They found that the direct care staff is "the backbone of differential reinforcement interventions" (p.168) and without training in reinforcement procedures, paraprofessionals were found to be inconsistent in the reinforcement of client behaviour. Therefore, staff must be trained in the consistent and timely delivery of reinforcement in response to specific behavioural targets, progressive shaping procedures, and fading for

generalization techniques, all applied in a natural and supportive manner. Furthermore, staff must be able to differentiate specified maladaptive behaviours for which extinction or response-cost techniques are employed. In their study of the outcome of a 7-week training programme, which taught staff how to understand and apply social learning programmes, they found a substantial improvement in the application of these programmes, still seen at a 3-month follow-up.

The Office for Standards in Education, Children's Services and Skills (2011) report analysed how a sample of 12 children's homes achieved and sustained outstanding status over a period of three years. They conclude that these units focus on:

- Ensuring that all the staff received the same training so that consistency is maintained in terms of how they worked with the residents.
- Staff acting as role models for the young people's behaviours. Recognition that they could be a positive influence on the way the young people saw and related to adults, by whom they had often been let down before.
- Having a clear, consistent approach to managing behaviour. The approach relied primarily on reinforcing positive behaviour (e.g., time with staff doing extra activities, verbal praise or rewards), actively managing and dealing with conflict, and using sanctions (e.g., loss of an activity, delay of pocket money, restricted use of the internet or paying for damage caused) only as a last resort. When sanctions were used, they were proportionate and relevant to the misbehaviour, and often discussed openly with the young people involved.

Swanson and Richard (1993) also emphasize that staff workers are faced with the task of ensuring the young residents' daily needs are met (e.g., mealtime, bedtime), but also to provide a therapeutic environment 24 hours a day. To achieve the goal of maintaining

discipline and behaviour control, these authors point out the training on principles of social learning theory and behaviour therapy has been effective in working with both emotionally disturbed and "normal" populations of children (e.g., using praise; using rewards to model positive behaviours; using ignoring; redirecting; time-out; loss of privilege to decrease negative behaviour).

Research evidence has highlighted not only the need for additional training and support for residential care staff but also for other professionals and volunteers working with looked after children and young people within the residential life space (e.g. foster carers, social workers, psychologists, therapists, teachers, youth workers, mentors) (Everson-Hock et. al., 2011; Walton, 2009), but future research is clearly needed to examine the impact of training durations and intensity on short–medium and longer-term outcomes of looked after children of different ages.

If appropriate staff development and training is of the right duration and type, and well-matched to the ages and needs of the children and carers it may be a valid response to the identified staff difficulties and dilemmas. Nevertheless, staff behaviour is also likely to be in uenced by multiple individual, organizational, and cultural factors (Whittington & Burns, 2005)

Given the number of child and youth care and social educator education and training programmes internationally, it is perhaps surprising that the authors could not locate any substantive empirical studies linking training to more effective child or programme outcomes in residential child care. One reference (Cameron & Boddy, 2008) indicates that "lower rates of pregnancies among under-19s were reported in institutions where staff interviewed had higher rates of in-service training" (p. 222), but the primary text reporting on this cross-national study (Petrie, Boddy, Cameron, Wigfall, & Simon, 2006) states:

...we initially sought to associate level of education among residential staff with outcome indicators for young people. However, this analysis was attempted with a data set where almost all Danish workers had degree level qualifications in pedagogy, the majority of German workers had mid-level qualification, and almost no English workers had relevant degrees [...] Level of qualification acted as an almost perfect proxy for country, making it impossible to determine whether, for example, the relatively better outcomes seen among Danish young people were associated with their staff's pedagogy degrees, or with other characteristics of Denmark as a country.

This example illustrates the challenges involved in undertaking such complex studies across nations, systems and cultures. What do exist are books and articles lamenting the lack of trained staff in this field and proposing frameworks, curricula and mechanisms for staff training (e.g.; Amir & Lane, 1993; Beker & Eisikovits, 1991; Ward & McMahon, 1998). It seems there is a strong belief that staff education and training can enhance staff performance and, thus, positive outcomes for the young residents in residential care, however there is as yet little evidence to support this claim.

Research on What Works in Portugal: Establishing New Directions

One of the aspects that has been a recent concern in the Portuguese residential care frame, and a problem to be solved, has to do with the growth of behavioural problems in children and young people in care and the lack of specialization of the residential placements to deal with these situations (Alves, 2007). Additionally, there is a certain minority group over-represented in alternative care, namely, children belonging to families from former Portuguese colonies in Africa (PALOP). Official reports also mention that the number of children from foreign nationalities is increasing (CNPCJR, 2012; Eurochild,

2010). In this regard, the lack of cultural diversity training in Portuguese residential care is also an unfortunate reality, in contrast to other international countries (Moleiro, Marques, & Pacheco, 2011; Pacheco, 2009).

For the first time, in 2009, the Portuguese Social Security Institute analysed the predominance of particular characteristics, including behaviour problems, associated with the children and young people in residential care. These were defined as "a persistent pattern of behaviours in which there were violated the basic rights of third people or important social norms proper of the young person's age" (ISS, 2010, p. 22).

As shown by the report (ISS, 2010) a high prevalence (13%) of behaviour problems were identified in children and young people in care. The findings also showed that these problems already start to appear in an expressive way between the ages of 6-9 years, and are even more pronounced in the age range 15-17. Although the behavioural problems presented by younger children may not be identical to those of a 15 year old (in degree of severity and frequency), it is nonetheless significant that the residential care centres have identified these situations from as early as 6 years of age.

The recent CASA report (ISS, 2011) registered a higher prevalence of behaviour problems (18%), in 2011, especially in the 15-17 age range. This report also points out some of the reasons for the continued growth of this phenomenon, such as: the pattern of behaviour problems wasn't properly worked on in the previous years of placement; the lack of cultural cohesion by the staff teams (the behaviour problems can be a reaction to difficulties or struggles in the organization and in the alignment of the working teams); and an insufficient capacity to intervene (ISS, 2011).

These data confirm a significant change in the nature of the profile and difficulties of children and young people in care. They also draw attention to the clear challenge to the

response capacity of the residential care system and its professionals towards more complex and demanding situations of increasingly young residents who express their discomfort in an aggressive way or by engaging in anti-social behaviours.

The diversity of diagnoses has been increasing in the Portuguese residential settings (ISS, 2012). The heterogeneous nature of the children and young people in care is displayed in: behaviour problems; drug addiction; mental health problems, and mental and physical disability. Specifically, behaviour problems are most prevalent amongst all the categories, and are generally evident in disruptive events that characterize the life trajectories of the looked-after-children. Furthermore, the instability that usually attends the care that is given to them, marked by the successive ruptures in significant relationships and for unacceptable care practices – a factor of high emotional risk (Parker, Ward, Jackson, Aldgate, & Wedge, 1991). There are known the behaviour patterns exhibit in children with history of residential care (Cóias & Simões, 1995; Strecht, 1998): Low tolerance to frustration, expressed in the need of immediate gratification and in the desresponsabilization face to the consequences of the actions; Low sense of responsibility, with expression at the school an social level; Inadequate interpersonal relationships; Deviant conducts that externalize depressive feelings; Low self-concept and self-image; Poor control of the impulses, traduce in aggressive and destructive conducts; High anxiety; Emotional instability; Low motivation; Relational and affective disturbances (Calheiros, Seabra, & Fornelos, 1993), with patterns of insecure bonding (Whitaker et al., 1998); Cognitive deficits and at the socio-moral reasoning. The trends of the children problems has been changing throughout the years defining a new profile, that demands not only the satisfaction of basic needs, but also therapeutically work due to the serious emotional damages and distorted affective relationships (Martins, 2004).

In Scotland, the use of structured programmes, staff training and the evaluation of delivered programmes are the main focus of several residential care placements (Stevens, 2004). In Portugal, although the research in the field of residential child care, is essentially of a qualitative and descriptive nature, describing the residents, the organization and function of the residential units (Martins, 2004), there is a growing interest concerning the subjects of intervention and quality of caregiver-children interactions in residential care (e.g., Pereira, 2008; Pereira et al., 2010; Silva, 2011). In addition to the annual official reports of the Institute of Social Security that provide information about the reality and conditions of residential child care in Portugal, some studies regarding the life trajectories, and post-institutional contexts of children, have also been conducted (Alves, 2007; Quintãns, 2009; Santos, 2010; Santa Casa da Misericórdia de Lisboa [SCML], 2004); the development and validation of an instrument to assess the needs of youth in residential care as been reported (Calheiros, Lopes, & Patrício, 2011); the training of child care workers in cultural diversity competencies as been addressed (Moleiro et al., 2011); an overview describing the quality of the residential care in Portugal in comparison with Spain was been target of reflection (Rodrigues, Barbosa-Ducharne, & Del Valle, 2013); studies that concern the point of view of the youth in care have still a small representation (Calheiros, Patricio, & Bernardes, 2013; Carvalho & Manita, 2010; Mortágua, 2011).

With regard to intervention, Santos et al. (2011) present the *Stimulation of Development Programme* [Programa de Estimulação do Desenvolvimento – PED] developed to be used by staff carers who work with children in the 0 to 2 age range in residential care, to promote their global development. Outcomes of the changes with the programme have not yet been published.

In another study Pereira (2009) implemented a programme *Develop Smiling* [Desenvolver a Sorrir] with the purpose to intervene in the caregiver-children interactions on short-term care placements. The programme was originally designed to be used for parents with children at risk from 0 to 3 years of age, with the following goals: promote the involvement in the parents-children interactions; sensitize the parents to the importance of the interactions in the children's development; model educative and relational strategies, and to promote the parental knowledge about the needs and behaviours of the children. The results showed that the group of carers who received the intervention demonstrated more positive interactions; used more strategies to promote development; and were more sensitive and responsive to the signals of the resident children, unlike the group of carers who had not received the intervention.

The increase of complex needs and challenging behaviour of Portuguese children in residential care is putting strenuous demands on residential staff. One small step to support the child care workforce can be to develop and deliver programmes that provide a quality intervention in the interactions with carers and children, shaping positive practices, as has been discussed earlier.

Martins (2004) found that the four training areas regarded by the temporary centres as the most important to be developed are: the development and education of the children and youth (93.5%); communication (82.3%); behaviour management techniques (77.4%); and polices for the youth protection and children's legislation (51.6%). The author also found that in many centres there is a lack of theoretical models of work and intervention, which reveals fragility in a definition of an action plan to provide quality activities and interactions.

The children and youth in care need to learn to communicate and assert themselves positively, and not through negative behaviours. This is a challenge in the residential child care system where the technical and educative capacity to help the youngsters to identify and read the meaning, and feelings underlying their behaviours becomes essential to invert cycles that otherwise enter a negative spiral for them and others.

Parenting Training Resources

The parent training programmes, because of their potential, in modifying parenting practices and children's behaviour, could play an important part in promoting positive staff care practices, thus making a bridge with the "positive parenting" practices pointed to by research, as staff carers fulfil a parental role in the residential setting (e.g., teaching life skills, providing supervision), but also a therapeutic role (e.g., delivering and evaluating interventions programmes, providing counselling).

As demonstrated by a number of studies, conducted over the past few years, in several countries, parenting programmes can have a positive impact on a range of outcomes, including improved child behaviour, increased parental self-esteem and relationship adjustment, improved parental - child interaction and knowledge, and decreased parental depression and stress (Bunting, 2004; Letarte, Normandeau, & Allard, 2010).

Drawn to our attention by its effective outcomes in different countries, including Portugal (Abreu-Lima et al., 2010; Gaspar, 2010; see Webster-Stratton, Gaspar, & Seabra-Santos, 2012 for a review), is the *Incredible Years Basic Parent Programme* (cf. www.incredibleyears.com), an evidence-based parenting training programme, originally

designed by Professor Carolyn Webster-Stratton (University of Washington, Seattle), for use with children ages 3 to 8 years old. The theoretical rationale of the programme includes social learning theory (and in particular Patterson's coercion hypothesis); Bandura's modeling theory and relational and attachment theories. The central aim of the programme is to help parents (and other carers) to promote a positive relationship with the children and young people through the reinforcement of respectful and nonviolent discipline techniques. This programme has been proven to reduce harsh parenting, increase positive communication and nurturing parenting, reduce negative behaviours and noncompliance, and improve children's social competence, in intact families (Webster-Stratton, Reid, & Hammond, 2001); in families referred to child welfare for maltreatment and neglect and where the children have been removed from the home (Webster-Stratton & Herman, 2010; Webster-Stratton & Reid, 2010); for foster parents (Bywater et al., 2011; Linares, Montalto, Li, & Oza, 2006); and more recently in supporting nursery staff (Bywater, Hutchings, Gridley, & Jones, 2011). In Portugal the implementation of the Incredible Years basic parent programme has already been evaluated in a community sample of socio-economically disadvantaged families, showing significant changes in parenting practices and an increase in parents' empathy and availability regarding the child's needs (Cabral et al., 2009/2010). A cross-cultural replication of the basic Incredible Years with a larger sample of preschoolers with disruptive behaviours is being completed, and preliminary results revealed that it is both effective in reducing children's disruptive problems and in increasing positive parenting skills (Seabra-Santos, Gaspar, Azevedo, Homem, & Leitão, 2012). Short-term results evaluating the effectiveness of the basic Incredible Years in hyperactive and inattentive behaviours of Portuguese preschoolers show effects on positive parenting and coaching and in the improvement of children AD/HD clinical symptoms (Azevedo, Seabra-

Santos, Gaspar, & Homem, 2013a). Additionally, 12-month follow-up also show reduction in children reported AD/HD behaviours and decrease of dysfunctional parenting practices, and an improved sense of competence and observed positive parenting (Azevedo, Seabra-Santos, Gaspar, & Homem, 2013b).

Acknowledging the fact that conduct problems are increasing, especially in short-term care placements (CAT), and in younger residents (6-8 age range), it is very important to offer interventions in the early years so as to prevent the development of conduct disorders and keep those children who show early signs of aggression off the track of delinquency (Webster-Stratton, 1999). Research evidence suggests that early intervention (prior to age 8) may be bene cial and can mitigate the escalation of child behaviour problems (Bauer & Webster-Stratton, 2006) underlining the importance of a parenting programme, like the *Incredible Years*, to teach carework staff effective educative skills known to promote children's social competence and reduce behaviour problems. In structured curricula, four important components can be worked with by the care staff in the residential care setting: how to play with children and build a positive relationship; praise and rewards; effective limit setting; and strategies to handle misbehaviour (Bunting, 2004).

Conclusion

Taking on the role of caring for highly demanding, frequently distressed and difficult children and young people, the carework staff sometime has to cope with verbal and physical mistreatment. These situations can leave carers to feeling inadequate, lacking caring/professional satisfaction, and with a sense of not accomplishing anything (Golding, 2003).

This research review has provided evidence that, as well as the biological parents, other group carers such as foster parents, nursery staff and in particular, residential child care staff, can benefit from specific training to better achieve positive practices in the management of children's behaviour difficulties, and in establishing positive interactions. It is important that residential staff have a good understanding of child cognitive, emotional and behavioural development, and especially of attachment, trauma, cognitive-behavioural and social learning principles in order to implement the interventions effectively. The importance of an adequate staff recruitment process and regular supervision of residential care practice, are other issues that the Portuguese child welfare system should address, in order to attend to the best interests of the young residents.

This review also highlighted that children in residential care tend to have complex needs, and more than ever, we can see the increase of behaviour problems. This fact raises the question concerning the importance of staff training and support to achieve positive outcomes when applying attachment; trauma; cognitive-behavioural; social learning; parenting programmes or other kinds of intervention. Berryman, Kemp and other writers (in Stevens, 2004) reported more positive outcomes for clients if staff were trained to understand the basis of cognitive-behavioural techniques. If they have not had the training or if it's insufficient, they probably have no alternative but to revert to their 'natural inclinations', and adopt the educational model received in their own childhood (Bazon & Biasoli-Alves, 2000; Stevens, 2004), that experience often shows us can result in having more aggressive, critical and harsh attitudes towards the children. Furthermore, the young residents will be exposed to a variety of inconsistent practices from many different professionals that enter and leave the residential unit.

We recognize that changing the way staff works is a challenge, especially because it requires new ways of thinking and behaving and, often, new attitudes towards the residents. Training is an important part of any change programme. For new models of practice to work effectively, staff normally needs additional knowledge and skills, as well as an organizational context that supports change. Training is therefore a key aspect for putting programmes into practice.

Finally, and equally important, this review also shows that a specific programme, namely the Incredible Years Programme, has been evaluated as a treatment programme for children and young people referred for behaviour problems. The research studies also showed results in improving caring attitudes and caregiver-child interaction, and decreasing carers' use of harsh or violent forms of discipline. It is proposed that this programme can be helpful when delivered to Portuguese residential staff, to cope with children from a very early age, who come into the child care and child protection system.

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CHAPTER 2

Supporting Portuguese Residential Child Care Staff: An Exploratory Study with the Incredible Years Basic Parent Programme[3,4]

Abstract

Children in residential care placements have experienced high levels of social, emotional and behavioural difficulties. Behaviour control is a concerning issue and the change for more positive staff care practices is needed. The aim of this study was to evaluate the adequacy of a parenting intervention, *Incredible Years Basic Parent Programme* (IY), delivered in Portuguese short-term residential child care centres. **Methods:** In a non-randomized control trial two groups of staff carers (27 carers) received the IY programme. Other two groups of carers (20 carers) didn't receive any kind of intervention. Self-report measures were used to assess carers' child rearing practices, sense of competency, and depression levels. Measures were administered at baseline, 6-month and at 12-month follow-up. **Results:** Non-parametric statistical analyses showed differences between the four groups at baseline. So, analyses were conducted separately for each group. Results achieved at baseline, 6 months and 12 months follow-up will be presented. The main positive finding was the improvement of empathic attitudes in the participants that received

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the IY programme. **Conclusions:** The incorporation of a training programme like the IY in child care placements can be a valuable intervention to improve staff attitudes, but further studies are needed.

Keywords: looked after children, residential child care, *Incredible Years Basic Parent* programme, adequacy

1. Introduction

According to the recent Portuguese *Annual Characterization of the Situation of Children and Young People in Residential Care* report (Institute of Social Security [ISS], 2012), that provides an overview of the situation of Portuguese children and young people in out-of-home care, the severity of the behaviour and emotional difficulties of children in residential placements is a growing problem, increasingly appearing at younger ages, and putting significant strains on the staff carers.

The residential care workers are the most influential part of the young person's environment in residential care. In addition to overseeing daily routines and leisure activities, the care workers interact on an ongoing basis with the children and young people and have the opportunity to create positive experiences to help them to achieve developmental and therapeutic goals (Anglin, 2002). The quality of relationships and interactions between the care workers and the children determines whether the atmosphere is one of caring or one of stress, and is the key factor for the success of a residential placement (Holden, 2009).

According to the literature, several predominant theoretical orientations have grounded different group homes and residential care therapeutic models/programmes (James, 2011). These approaches include: social psychology (e.g. Positive Peer Culture

Model: Quigley, 2004); behavioural theory (e.g. Teaching Family Model: Bernfeld, Blase, & Fixsen, 2006); trauma theory (e.g. Sanctuary Model: Bloom, 2005); environmental, and community-based theories (e.g. Stop-Gap Model: McCurdy & McIntyre, 2004); the ecological competence approach (e.g. Re-ED Model: Hobbs, 1966); and the principle-based approach (i.e. developmentally-appropriate, family-informed, relationship-based, competence-centred, trauma-informed, ecologically-oriented) (e.g. CARE Model: Holden, 2009).

Over the past decade, the research on parenting management training models has also flourished, and has highlighted the importance of this type of programme to assist the biological parents (e.g. Incredible Years Training Series: Webster-Stratton, 2000; Triple P: Sanders, 1999) but also other caregivers that fulfil the childrearing role (e.g. Multidimensional Treatment Foster Care – MTFC: Fisher & Chamberlain, 2000; Keeping Foster Parents Trained and Supported – KEEP: Chamberlain, Price, Reid, & Landsverk, 2008). We have learned from the evaluation of early intervention programmes, that parent-focused programmes show evidence that both parents and children can benefit in terms of an increased sense of competence, enhanced parent child-interactions, positive effects on parenting attitudes and reinforced developmental gains for the child (Eckenrode, Izzo, & Campa-Muller, 2003).

Several authors have closely linked parent and residential child care staff functions, suggesting the plausibility that parenting intervention programmes can potentially enhance staff carers' competences (Anglin, 2002; Bastiaanssen et al., 2012; Moses, 2000; Petrie, Boddy, Cameron, Wigfall, & Simon, 2006; Shealy, 1995). The struggle to achieve a higher degree of skill, quality and a therapeutic milieu in residential child care is a reality in other contexts (Anglin, 2002), as well as in Portugal (Rodrigues, Barbosa-Ducharne & Del Valle,

2013), where both teams that usually exist in the centres: professional (i.e., psychologist, educators, social workers) and para-professional (i.e., direct carers), have little or no specialized training in residential child care issues to successfully fulfill their functions, especially the therapeutic ones (Gomes, 2010; Martins, 2004; Santos, Calheiros, Ramos, & Gamito, 2011).

In the Portuguese context, the growing interest in family intervention has allowed the Webster-Stratton's evidenced-based Incredible Years parent training series (grounded in cognitive social learning, modelling, self-efficacy, attachment and child development theories) to start to be disseminated in Portugal through the provision of training, consultation, and support since 2003 (see Webster-Stratton, Gaspar, & Seabra-Santos, 2012 for review). Selected outcomes found in independent replications of the IY parent programme in Portugal include (Azevedo, Seabra-Santos, Gaspar, & Homem, 2013a; Azevedo, Seabra-Santos, Gaspar, & Homem, 2013b; Cabral et al., 2009/2010; Homem, Gaspar, Seabra-Santos, & Azevedo, submitted for publication; Seabra-Santos, Gaspar, Azevedo, Homem, & Leitão, 2012; Webster-Stratton et al., 2012): reduction in children's antisocial and hyperactive behaviour; conduct problems; parental stress and depression, and improvements in parenting competencies, compared to control parents. A change was also observed in parent-mediated change in child problem behaviours; and parents reported high satisfaction with the programme. These studies are consistent and follow the same trend as the international studies with the IY interventions (Gardner, Burton, & Klimes, 2006; Hutchings et al., 2007; Jones, Daley, Hutchings, Bywater, & Eames, 2007; Larsson et al., 2008; Posthumus, Raaijmakers, Maassen, Engeland, & Matthys, 2011). The study being reported on in this article is the first to explore the adequacy of the Incredible Years Basic Parent programme as a potentially useful response to the needs of professionals in

residential child care centres, addressing their parental functions, and their therapeutic engagement in the life of the young residents.

The specific questions that provided the impetus for this study were: are there any changes in the "parenting" competence of the staff carers after the intervention with the *Incredible Years* Basic Parent programme?; are there any changes in staff carers' mood or attitudes?

In two forthcoming papers, other issues are addressed. In the first, changes in the children's behaviour as perceived by their carers, and changes in carer-child interaction, following intervention revealed an increase in positive carer behaviour (positive affect and positive parenting), as well as a decrease in their negative practices (negative commands; total commands; critical statements and total critical), as well as improvements in children's behaviour. These results were, partially reinforced by the staff carers' reports of children's perceived difficulties (Silva & Gaspar, submitted for publication). The second study examined the satisfaction of staff carers with the IY programme as a tool for improving the interaction they have with the children in their care, and the results a high satisfaction with the overall programme (Silva, Gaspar, & Anglin, submitted for publication).

2. Method

2.1. The intervention: *Incredible Years* (IY) Basic Parent Programme

Participants in the intervention group received 13 weeks (2-hour sessions) of training with the IY Basic Parent Programme (Webster-Stratton, 2000). The training involved facilitator-led group discussion, videotape modelling and rehearsal of intervention strategies. The programme was delivered in a group format with up to 12-15 staff carers,

from the same residential centre, and two facilitators, on the day and time best suited for the group. The Programme focuses on strengthening ‘parenting’ skills, with the intention of preventing, reducing and/or treating conduct problems among children aged 3 - 8 years whilst increasing their social competence. The first sessions emphasize the importance of play and special time activities, as a key ingredient to establish a more positive adult-child relationship and set the foundation for later success with the discipline components of the programme. It moves on to cover coaching children in academics, persistence, emotional regulation and social skills. Sessions follow on effective praise, use of rewards and incentives focusing on behaviour that adults wish to establish. The second half of the programme focuses on strategies to reduce unwanted behaviour including limit-setting, giving clear instructions and following through, ignoring, redirecting and distracting, time-out and consequences for problem behaviour. Detailed programme manuals for the group facilitators and for the participants were used that specified the meeting topics and contained accompanying materials to be covered in each session. The programme is well established and has been extensively researched (Gardner et al., 2006; Hutchings et al., 2007).

2.1.1. Delivery with Fidelity

The facilitators were IY trained and also had previously delivered the programme to parent groups. Group facilitators received regular supervision by an IY certified leader and peer-coach to ensure the programme was delivered as it was designed to be, and received feedback on videotapes of their sessions at supervision meetings.

2.2. Study Design and Procedure

This was a longitudinal (12 months) exploratory study employing a non-controlled non-randomized sample of staff carers, with two conditions: intervention and non-intervention (comparison group). In each condition two residential centres were involved. Data was collected at three points in time: M1- before delivering the intervention programme to the group; M2 – after the implementation of the programme (6 months after M1) and M3 – 6 months after implementation of intervention measures (6 months after M2, 12 months after M1). The evaluation of 6 months (M2) occurred two months after all the sessions of the programme were delivered (see Table 1). In this paper the results achieved at M1, M2 and M3 will be presented.

Table 1

Study design

Residential Child Care Centres	M1: Assessment Prior to the intervention	Incredible Years Basic Parent Intervention: 13 weekly sessions; 2 hours	M2: Assessment after the intervention (6 months after M1)	M3: Assessment at 12months after M1
Intervention Group 1 (IG1)	April 2010	May/July 2010	October 2010	April 2011
Intervention Group 2 (IG2)	December 2010	January/March 2011	June 2011	December 2011
Non-Intervention Group 1 (CG1)	October/December 2010		April/May 2011	
Non-Intervention Group 2 (CG2)	November/December 2011		April/May 2012	

Preliminary contacts with the residential centres where done by e-mail and telephone, followed by face-to-face meetings with the centre's director, psychologist and group home staff. A brief time frame and the activities of the research process were

presented to the group staff. From the beginning, all the care settings responded positively and gave written consent to take part of the study. The intervention was run in two group centres (IG1 and IG2) between baseline (M1) and post-assessment (M2). The two comparisons centre groups (CG1 and CG2) were offered a short version of the IY programme after the post-assessment (M2) in recognition of their interest in IY and for ethical fairness reasons, but this intervention was not assessed at M3.

Inclusion criteria for the study relating to the children were: a) the age range, between 3 to 8 years old and b) the children having no diagnosed developmental disorder.

2.3. Participants

At baseline, 47 staff carers were involved in the study; there weren't any formal entry criteria and their participation was on a voluntary basis. The intervention was applied to 15 carers in the IG1 and 12 in the IG2; the comparison sample comprised 11 staff members in CG1 and 9 in the CG2. At follow-up assessment (M3) three carers were lost in IG1 and one in IG2, due to reasons related with job change.

Descriptive analyses concerning the mean age of the staff carers in the four groups, the average time of a member working in the centres, the education level of the staff participants, and the specific training for the performance of job tasks are presented in Table 2. Groups statistically differ on the length of time at work and in training received for the performance job tasks variables. At baseline IG2 and CG1 had staff with the longest working time in the care centres; the CG1 and IG1 groups had received less training than the other centres. Overall, most of the staff carers don't have any kind of basic training or graduate training in child and youth care work.

Twenty-five children included at baseline participated in the study: IG1 (n=6); IG2 (n=6); CG1 (n=4); and CG2 (n=9) (also see Table 2). The main reasons for them to enter in alternative care were: neglect (52%), followed by abuse (28%) and exposure to parents' deviant behaviours (28%); abandonment (12%); lack of parenting skills (12%); parents' drug addiction (12%); parents' alcoholism (8%); low social economic conditions (8%); exposure of the child to domestic violence (4%) and family dysfunction (4%). Twelve children were admitted into these short-term care centres for more than one reason.

Table 2

Demographic information for staff carers and resident children at baseline

Variables	Intervention		Non-Intervention		Test [a, b] (χ^2)	Sig (p)*
Staff Carers	IG1 (n=15)	IG2 (n=12)	CG1 (n=11)	CG2 (n=9)		
Age (M±SD)	35.73±9.57	38.83±10.52	42.00±8.58	37.11±9.52	3.34	.342
Time of work (M±SD)	4.47±3.60	7.08±3.40	9.27±6.70	2.78±0.67	15.81	.001
Education Level (%)					9.48	.149
Elementary School	5 (27.8%)	3 (16.7%)	8 (44.4%)	2 (11.1%)		
High School	5 (27.8%)	7 (38.9%)	2 (11.1%)	4 (22.2%)		
University degree	5 (45.5%)	2 (18.2%)	1 (9.1%)	3 (27.3%)		
Training (%)					17.36	.008
None	8 (40.0%)	3 (15.0%)	9 (45.0%)	-		
Previous not graduate training (e.g. information sessions, workshops, brief courses)	5(23.8%)	7 (33.3%)	1 (4.8%)	8 (38.1%)		
Previous graduate training	2(33.3%)	2 (33.3%)	1 (16.7%)	1 (16.7%)		
	Intervention		Non-Intervention			
Resident Children	IG1 (n=6)	IG2 (n=6)	CG1 (n=4)	CG2 (n=9)		
Age Range 3-8 (M±SD)	4.83±1.17	5.00±2.28	4.00±1.16	5.55±1.42	2.46	.482
Gender (%)					1.85	.604
Male	3 (18.8%)	5 (31.2%)	2 (12.5%)	6 (37.5%)		
Female	3 (33.3%)	1 (11.1%)	2 (22.2%)	3 (33.3%)		

Notes: a. Kruskal-Wallis Test. b. Chi-Square Test. *p<.05.

2.4. *Measures*

2.4.1. Adult-Adolescent Parenting Inventory - AAPI-2 (Bavolek & Keene, 2001; Portuguese version by Lopes & Brandão, 2005): the AAPI-2 is a 40 item self-report

inventory designed to assess the parenting and child rearing attitudes of adolescent and adult populations. Other potential uses of this survey are to design specific parenting interventions and to screen foster parent applicants and childcare staff (Conners, Whiteside-Mansell, Deere, Ledet, & Edwards, 2006). It has two forms: Form A and Form B. The Portuguese version was translated and adapted by Lopes and Brandão, 2005. In this study, Form A was administered prior to the programme's start and Form B was administered after the intervention (M2) and at follow-up (M3). Each inventory has 40 different items presented in a 5 point Likert scale from “Strongly Agree” to “Strongly Disagree”. For this research the term “parents” in the questionnaire was replaced by the term “carers”.

The instrument is composed of five sub-scales: (a) Inappropriate Expectations of Children (assesses the extent to which parents / caregivers had a realistic perception of development, capabilities and limitations of children); (b) Parental Lack of Empathy Toward Children’s Needs (assesses the extent to which parents are aware of the needs, feelings and state of the child in order to adapt their attitudes and behaviours); (c) Strong Belief in the Use of Corporal Punishment (assesses the extent to which parents value corporal punishment as a way to discipline and educate their children); (d) Parent-Child Role Reversal (assesses the extent to which parents' perceptions reflect situations of role reversal, especially when considering that children should be sensitive and responsible for the welfare of the parents); and (e) Oppressing Children’s Power and Independence (assesses the extent to which parents tend to overwhelm the growing needs for autonomy, independence and power that characterize the process of normal development of children).

The result of each subscale is obtained by summing the numerical values of their items. Raw scores for each subscale are converted into standard scores, by consulting the table’s standardization of AAPI-2, for the U.S. population. However, since the instrument

is not yet standardized to the Portuguese population, we used only the raw scores. Higher mean scores for the AAPI-2 subscales are indicative of less negative outcomes (i.e. more appropriate attitudes and behaviours). The internal consistency reported by the developers for all subscales met or exceed .80, reaching the highest values for the Lack of Empathy and Value of Corporal Punishment scales and the lowest value for Oppressing Children's Power and Independence (Bavolek & Keene, 2001). In a recent study that aimed to evaluate the reliability and validity of the AAPI-2 scale, alpha values ranged from 0.79 to 0.50 providing limited support to the factor structure suggested by the developers (Conners et al., 2006). In Portugal only the Lack of Empathy scale, the Value Corporal Punishment and the Role Reversal scale respectively, in AAPI-2 Form A and Form B, presented acceptable values (Abreu-Lima et. al, 2010): 0.71 and 0.77 for Lack of Empathy; 0.63 and 0.74 for Corporal Punishment; 0.63 and 0.60 for Role Reversal.

2.4.2. Parenting Sense of Competence - PSOC (Johnston & Mash, 1989; **Portuguese version by Seabra-Santos & Pimentel, 2007): PSOC** is a 17-item self-report questionnaire that assesses parents' self-esteem on two sub-scales related to satisfaction (e.g. "Even though being a carer could be rewarding, I am frustrated now while I'm caring for children at his/her present age") and efficacy (e.g. "The problems of taking care of children are easy to solve once I know how our actions affect the children, an understanding I have acquired"). As the measure was designed to use with parents we needed to adapt some words in order that it could be answered by staff carers. Items are rated on a six-point Likert scale ranging from strongly agree (1) to strongly disagree (6) with a maximum possible score of 96. Some items are reversed. Higher scores relate to greater satisfaction and parental/carer self-efficacy. Acceptable levels of internal

consistency (range 0.75 to 0.88) have been reported for the PSOC in a number of studies including Johnston and Mash (1989); Ohan, Leung, and Johnston (2000); and Lovejoy, Verda, and Hays (1997). In Portugal, PSOC has been used in some exploratory studies with community samples (Antunes, 2010; Martins, 2010) and clinical samples (Pimentel, 2008). In these studies the Cronbach values ranged from ranged from 0.73 and 0.78.

2.4.3. Beck Depression Inventory - BDI (Beck, Ward, Mendelson, Mock & Erbaugh, 1961; Portuguese version by Serra & Abreu, 1973): the BDI is a self-report inventory with 21 items that assess the presence of depressive symptoms in adolescents and adults. The subjects indicate the intensity of depressive symptoms on a scale of 0 (no symptoms, e.g. do not feel sad) to 3 (severe symptoms, e.g. I'm sad that I cannot stand), according to how they felt during the last week to yield a total score as the sum of all items (score ranging from 0 to 63). In addition to this overall score, the scoring of the instrument also allows the intensity of depressive symptomatology is categorized as follows: 1) without depressive symptoms: 0-13, 2) light depressive symptoms: 14-19, 3) moderate depressive symptoms: 20-28, and 4) severe depressive symptoms: overall score exceeding 29. According to the developers the scale possesses high levels of internal consistency 0.88 (Beck & Steer, 1984). The Portuguese existing standards refer to the 1961 BDI version, measured by Serra and Abreu (1973). In a Portuguese study (Abreu-Lima et. al, 2010), with a sample of 214 participants high values of internal consistency were presented (0.91).

Table 3

Measures: goals and application moment(s)

Measure	Goal	Moment(s) of application
Adult-Adolescent Parenting Inventory- 2 (AAPI-2; Bavolek & Keene, 2001)	Evaluates childrearing practices	AAPI-2 Form A (M1) AAPI-2 Form B (M2 and M3)
Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989)	Assess the parental competence of the caregivers	M1, M2, M3
Beck Depression Inventory (BDI; Beck et al., 1961)	Depressive symptoms	M1, M2, M3

2.5. Statistical Analysis

For the statistical analysis we used the IBM SPSS programme (version 20.0 for Windows). Due to the small sample size of each group, non-parametric tests were used. For testing for differences between groups at pre-test (assessing equivalence across groups), Kruskal-Wallis and Chi-Square tests were used for continuous and categorical variables, respectively. Wilcoxon Test and the Friedman Test were used to test for differences between pre and post-test and pre, post and follow-up assessment points, respectively (within factor comparisons) (Pestana & Gageiro, 2008). All differences are reported in the results section.

3. Results

3.1. The residential child care context

All of the settings were intended to safeguard the physical and psychological integrity of children without parental care. Their goal is to, welcome children from across the country, although they give preference to those in their district, and provide care in order to protect the children's legal, social, psychological, clinical and educational rights.

They are temporary settings that seek to help the residents achieve permanency in their lives (e.g. return to birth family, adoption or integration into permanent institution) within 6 months.

Each institution welcomed on average about 15 to 25 children. Their ages ranged from newborn to a maximum of 12 years old. One of the placements welcome children from 0 to 6 years and it was located in a maternity hospital in an urban centre (CG1). The other three facilities where located in an urban (IG1), small urban (IG2) and rural centres (CG2). There were between 15 to 20 employees, in each setting, providing direct care to children an all were female. Their schedules were rotating (55.3%) and fixed (44.7%). Ninety-one point five percent of the staff reported being satisfied with their schedule, and 8.5% reported being dissatisfied. The functions performed by these employees were fixed and specific shift. When asked on average how many minutes of the daily activity were dedicated individually to each child, 34 % of the carers mentioned "5 to 10 minutes", 59.6% refers "10 to15 minutes", 2.1% refers "15 to 20 minutes", and 4.3% "more than 20 minutes". In these time periods, the main activities identified were: primary care (89.4%), play (87.2%), and development intervention (6.4%).

It was found that all institutions had professionals from the areas of education, social work and psychology, although not always permanent. There were also established of meetings between management and care providers, as well as the provision of opportunities for participation of employees.

All centres, in addition to having dorms and rooms for leisure, had a playground outdoors that needed some improvements or were near public green spaces. Given the age of children in this study, the variety and quality of entertainment and educational materials were acceptable.

The operational functioning was somewhat different in each of the four centres, however all had relations with their external environments (e.g. through volunteers) and struggled with financial difficulties, drawing support from multiple resources (e.g. private donations).

Concerning professional training, 48.9% "agree moderately" and 48.9% "strongly agree" that they are prepared to perform their functions, but overall (95.8%) staff carer's express that it's very important to receive specific training (42.6% "agree moderately" and 53.2% "strongly agree"). Furthermore, the staff considers that they have available in the care centres the resources they need (48.9% "agree moderately" and 36.2% "strongly agree"); they "agree moderately" with the activities offered by the centre (61.7%), and 48.9% "strongly agree" they feel supported by their managers.

When asked in an open-ended question about the aspects to be improved in the centres, the main themes reported by the staff carers were: an increase in the number of staff members (31.9% of the comments); more ability to communicate as a team (6.4%); more activities with the children (17%); more congruence between the different professionals concerning the practices implemented with the children (4.3%); more training (14.9%); more infrastructure (12.8%); and more time to dedicate to the children (8.5%).

3.2. *Outcomes*

3.2.1. Group comparisons at baseline

Assessing equivalence between the four groups, Kruskal-Wallis tests revealed significant differences in the self-report measures at baseline (Table 4) therefore, we decided to analyze the four groups separately. In the AAPI-2 subscales the following statistically significant differences were found: in the Inappropriate Expectations subscale

CG1 presented the highest appropriate expectations towards the development of the children and IG1 the lowest; in the Lack of Empathy subscale IG2 reported the high understanding of the developmental children needs and IG1 the lowest; in the Corporal Punishment subscale the IG2 is the group who believes less in the use of corporal punishment; in the Role Reversal subscale CG1 presented a higher comprehension of children's needs; in the Oppressing child's independence subscale IG2 is the group who believes more in the empowerment of the children. Concerning the PSOC scale, differences were found in Efficacy subscale: IG2 presented the higher level of self-report parental efficacy, and IG1 the lower.

Table 4

Summary of self-report measures at baseline

	Intervention		**Non-Intervention**			
	IG1 (n=15)	IG2 (n=12)	CG1 (n=11)	CG2 (n=9)	Test [a] (χ^2)	Sig [*] (p)
AAPI-2						
Inappropriate expectations	21.07±3.53	23.25±3.44	27.45±3.08	22.22±4.12	15.92	.001
Lack of empathy	29.80±3.57	36.92±2.71	36.64±4.11	31.00±2.83	25.18	.000
Belief in corporal punishment	37.80±4.62	40.58±3.85	37.55±3.33	34.33±4.61	9.61	.022
Role reversal	24.33±4.37	28.00±4.39	30.00±1.95	27.11±3.76	12.81	.005
Oppressing child's independence	13.26±2.02	15.42±1.98	15.00±2.49	13.78±1.92	8.02	.046
PSOC						
Total	34.40±6.60	39.83±7.95	39.55±3.70	38.67±8.31	4.17	.244
Satisfaction	19.47±4.21	19.92±3.34	20.64±4.08	20.78±4.27	0.23	.972
Efficacy	14.93±3.22	19.92±5.14	18.91±3.51	17.89±6.31	8.32	.040
BDI Total	4.07±4.67	3.92±3.53	1.36±1.57	4.78±5.31	3.54	.316

Notes: a. Kruskal-Wallis Test. *p<.05

3.2.2. Groups Pre and Post Comparisons at 6 months

These findings are summarized in Table 5, where means and standard deviations for the four groups in pre and post assessment, and results of the Wilcoxon Test are reported. Only statistically significant differences will now be presented.

3.2.2.1. Adult- Adolescent Parenting Inventory-2 (AAPI-2)

Regarding the **Inappropriate Expectations** sub-scale scores from time 1 to time 2, in CG1 a significant decrease was noted (Z= - 1.99; p=.046). In the **Lack of Empathy** sub-scale scores in IG1 a significant improvement was found in the staff carer's empathy towards the children (Z= - 3.42; p=.001). CG2 also reported significant increases (Z= - 2.67; p=.008) from time 1 to time 2. Although data indicate that there was in fact a slight increase in IG2, however, this increase was not statistically significant (Z= - 1.87; p=.061). Considering the **Physical Punishment** subscale in IG1 (Z= - 2.14; p=.032) and CG1 (Z= - 2.50; p=.012) significant increases were found. Moreover, in the **Role Reversal** subscale there was a significant decrease (Z= - 2.66; p=.008) from time 1 to time 2 in CG1. Finally, in the **Oppressing Independence and Power** sub-scale there was a significant decrease (Z= - 2.78; p=.005) from time 1 to time 2 in IG1.

3.2.2.2 Parenting Sense of Competence (PSOC)

Only one group, a non-intervention one (CG2), showed a significant decrease between pre and post-test (Z= - 2.20; p=.028) in the **PSOC total** scale. In the **Efficacy** sub-scale an intervention group (IG1) showed a significant increase (Z= - 1.97; p=.049), and the other (IG2) a slight decrease (Z= - 2.50; p=.013).

3.2.2.3. Beck Depression Inventory (BDI)

The BDI scores decreased significantly from Time 1 to Time 2 only in IG2 (Z= - 2.54; p=.011) and CG1 (Z= - 1.98; p=.047).

3.3.1. Groups Pre, Post, and Follow-up Comparisons at 12 months

Table 6 shows means, standard deviations, and the results of Friedman Test used to analyse the differences in outcomes for the intervention groups over time. Again, only statistically significant differences will be presented.

3.3.1.1. Adult- Adolescent Parenting Inventory-2 (AAPI-2)

Across three time periods, the results of the Friedman test suggest that there are significant differences in the **Lack of Empathy** scores across the three time periods in IG1, as indicated by a significant level of p=.000 (χ^2 = 20.51). Comparing the ranks for the three sets of scores, there was a steady increase in Lack of Empathy scores over time. Staff carers who completed the programme were significantly more likely to respond empathetically to the children following the programme than at the programme's start. In IG2 there was also a slight increase in the scores, but it wasn´t statistically significant (χ^2 = 4.67; p =.097). Regarding the **Role Reversal** sub-scale, in IG2 there was a slight but significant increase (χ^2 = 6.61; p =.037) towards the comprehension of the children needs. In the **Oppressing Independence and Power** sub-scale, in IG1 some differences were identified (χ^2 = 7.22; p =.027). According to the mean rankings, the scores decrease from time 1 to time 2 and slightly increased from time 2 to time 3, suggesting the encouragement of the staff carers for the children to cooperate and solve problems.

Table 5

Groups Pre and Post Comparisons at 6 months

	Intervention								Non-Intervention							
	IG1 (n=15)				IG2 (n=12)				CG1 (n=11)				CG2 (n=9)			
	Pre (M±SD)	Post (M±SD)	Test [a] (Z)	Sig* (*p*)	Pre (M±SD)	Post (M±SD)	Test (Z)	Sig (*p*)	Pre (M±SD)	Post (M±SD)	Test (Z)	Sig (*p*)	Pre (M±SD)	Post (M±SD)	Test (Z)	Sig (*p*)
AAPI-2																
Inappropriate Expectations	21.07±3.53	21.67±1.63	-0.73	.468	23.25±3.44	22.75±3.28	-0.26	.798	27.45±3.08	23.72±4.69	-1.99	.046	22.22±4.12	24.22±3.11	-1.34	.181
Lack of Empathy	29.80±3.57	40.73±3.88	-3.42	.001	36.92±2.71	39.58±3.96	-1.87	.061	36.64±4.11	37.91±4.07	-0.72	.474	31.00±2.83	41.22±1.64	-2.67	.008
Physical Punishment	37.80±4.62	41.13±3.14	-2.14	.032	40.58±3.85	39.08±1.31	-1.25	.211	37.55±3.33	41.36±3.80	-2.50	.012	34.33±4.61	39.33±3.50	-1.85	.064
Role Reversal	24.33±4.37	25.07±3.67	-0.88	.377	28.00±4.39	28.25±3.11	-0.06	.952	30.00±1.95	26.73±4.03	-2.66	.008	27.11±3.76	27.44±2.40	-0.21	.833
Oppressing Children's Independence	13.27±2.02	11.47±1.60	-2.78	.005	15.42±1.98	14.00±2.73	-1.23	.219	15.00±2.49	16.55±2.38	-1.13	.259	13.78±1.92	11.78±1.39	-180	.072
PSOC																
Total	34.40±6.60	35.43±6.47	-0.89	.372	39.83±7.95	37.83±7.74	-1.07	.284	39.55±3.70	37.91±4.53	-1.49	.137	38.67±8.31	32.89±7.02	-2.20	.028
Satisfaction	19.47±4.21	19.00±4.47	-0.64	.523	19.92±3.34	21.17±4.76	-0.67	.504	20.64±4.08	18.91±3.94	-0.84	.398	20.78±4.27	18.11±4.17	-1.62	.105
Efficacy	14.93±3.22	16.43±3.32	-1.97	.049	19.92±5.14	16.67±5.51	-2.50	.013	18.91±3.51	19.00±3.82	-0.35	.726	17.89±6.32	14.78±4.35	-1.61	.106
BDI Total	4.07±4.67	2.33±3.74	-1.23	.220	3.92±3.53	1.50±2.07	-2.54	.011	1.36±1.56	0.55±1.29	-1.98	.047	4.78±5.31	3.00±5.45	-1.28	.202

Notes: a. Wilcoxon Test. *p<.05

3.3.1.2 Parenting Sense of Competence (PSOC)

In the **Efficacy sub-scale,** only in IG2 was a significant decrease of the perception of efficacy reported by the staff carers (χ^2 = 10.00; p =.007).

3.3.1.3 Beck Depression Inventory (BDI)

In IG2 there was a significant decrease in the BDI scores from time 1 to time 2, and an increase from time 2 to time three (χ^2 = 7.15; p =.028).

4. Discussion

This study aimed to contribute to the understanding of the adequacy of an intervention programme like the *Incredible Years* Basic Parent, in Portuguese residential childcare, considering the apparent need for staff training. Specifically, we sought to determine if there were any changes in the "parenting" competence, assessed with two self-report scales, AAPI-2 and PSOC, of the staff carers after delivering the *Incredible Years* Basic Parent programme, and any changes in staff carers' attitudes and symptoms associated with depression, assessed by BDI.

Our findings suggest that, in the short and longer-term, there was an improvement of empathic attitudes towards the resident children's needs and feelings in the groups that received the intervention (AAPI-2, Empathy subscale). Children who are exposed to empathic attitudes by their carers are more likely to be listened to, comforted, and supported when they feel inadequate, a cornerstone for their own empathic development (Eisenberg et al., 2005). The high scores in the Corporal Punishment subscale (indicating decrease in the belief in this strategy) at 6 months post-assessment, in IG1 may suggest the

staff carers were able to use alternative methods of discipline following the programme. In CG1 the improvements may be due to the fact they convey a more positive self-image of themselves to the research team, or it may simply be due to the change of other variables (e.g. children's behaviour).

The low scores in the Role Reversal subscale in CG2 indicate an inappropriately high expectation toward the children. One the other hand, the high scores in IG2 at 12 months may indicate that the staff carers realize the line between carer and child, and children are not expected to be "little adults", indicating there maybe an understanding and acceptance of the children's needs. In IG1 there was a decrease in the Oppressing Children's Independence subscale scores from time 1 to time 2 (suggesting that in residential child care centres there is a tendency to place a strong emphasis on obedience), and an increase in time 3 (perhaps indicating that staff carers are also able to empower the children and encourage them to solve problems and to cooperate). It must be emphasized that the interpretations made are based on AAPI-2 American direct results, and not using standardized results they do not exist for the Portuguese population.

In the scale of Parenting Sense of Competence (PSOC) there was an improvement in the Efficacy subscale in IG1 after attending the IY programme, which suggests that this staff carers felt more competent in handling children's problems. Additionally, contrary to our predictions, no significant differences were found in the Satisfaction subscale and in PSOC total scale for the groups that received the programme. In fact, in IG2 there was a slight decrease in the sense of self-efficacy in the parenting role following the programme that remained steady until time 3.

Table 6

Groups Pre, Post, and Follow-up Comparisons at 12 months

	Intervention									
	IG1 (n=12)					IG2 (n=11)				
	Pre (M±SD)	Post (M±SD)	Follow-up (M±SD)	Test[a] (χ^2)	Sig* (*p*)	Pre (M±SD)	Post (M±SD)	Follow-up (M±SD)	Test (χ^2)	Sig (*p*)
AAPI-2										
Inappropriate Expectations	21.83±3.38	21.75±1.76	21.67±2.02	0.05	.976	23.18±3.60	22.55±3.36	24.45±2.62	0.67	.717
Lack of Empathy	29.58±3.96	40.83±4.11	40.17±5.06	20.51	.000	36.72±2.76	39.09±3.75	39.55±2.73	4.67	.097
Physical Punishment	37.50±4.34	41.75±2.56	40.92±4.25	4.42	.110	40.09±3.62	39.09±1.38	41.64±4.15	3.76	.152
Role Reversal	25.08±4.50	25.75±3.77	25.08±4.40	1.96	.376	28.18±4.56	28.45±3.17	30.55±3.14	6.61	.037
Oppressing Children's Independence	13.08±2.19	11.25±1.71	12.75±1.91	7.22	.027	15.45±2.07	13.82±2.79	15.27±2.94	3.30	.192
PSOC										
Total	35.09±7.49	36.09±7.18	37.27±8.98	2.51	.285	40.27±8.19	38.09±8.07	35.90±5.72	2.91	.234
Satisfaction	20.09±4.59	19.18±5.08	20.36±5.68	0.16	.924	19.82±3.49	20.64±4.61	18.82±3.43	1.76	.414
Efficacy	15.00±3.77	16.91±3.59	16.91±4.97	2.51	.285	20.45±5.03	17.45±5.15	17.09±3.08	10.00	.007
BDI Total	4.75±4.92	2.67±4.07	2.92±5.76	2.28	.320	3.64±3.56	1.09±1.58	2.72±2.94	7.15	.028

Notes: a. Friedman Test. *p<.05.

The reason for this result remains unclear; one possible explanation is related to the smaller sample size that might have reduced the PSOC power to identify small effects. Furthermore, self-efficacy is a construct likely to vary in different contexts. Changes in the residential social environment due to the entrance and leaving of children can also delay the improvement in the perceived competence in the parenting role by the staff members. Children who are looked after often have large gaps in their family, educational and developmental histories. It can therefore be more difficult for staff carers to anticipate factors that may trigger negative behaviour and may make them feel less competent. This particular psychological dimension may change, and these aspects may not be immediately visible after an intervention (i.e. 'sleeper effects') (De Los Reyes & Kazdin, 2006).

Although widely used in research, the PSOC scale has been criticised for an unstable factor structure and lack of normative data (Gilmore & Cuskelly, 2008). In addition, PSOC data gathered in this study must also be carefully interpreted, due to the relative few exploratory studies in Portugal with this measure.

The Beck Depression Inventory (BDI) results showed low scores in the behavioural manifestations of depression for the four groups, which ranged within the normal patterns (scores below 5 points).

The findings of this exploratory study indicate that each short-term residential child care centre is a specific dynamic system and that the interventions didn't have the impact expected on some variables; as well the groups that didn't receive any intervention had some improvements on some variables. However, staff feedback revealed the important need for training, independent of any efficacy results, as the training is rated by workers as highly satisfactory (Silva, Gaspar, & Anglin, submitted for publication), suggesting that the

Incredible Years programme can be at least part of the answer in enhancing worker development.

5. Conclusions

This was a small-scale, non-randomized exploratory study to establish whether the IY programme is acceptable, and beneficial, to staff carers. We have demonstrated some positive short-term and longer-term effects for the staff carers, but the findings need to be interpreted with caution. The support needs of the staff carers are ongoing and, in addition to the initial contact with the IY programme, they often need ongoing structured support (that could be offered by extending the programme or booster sessions) in terms of dealing with the challenges presented by the children, and positive reinforcement from the managers to apply the principles learnt and change attitudes. Moreover, staff carers often spend considerable time engaging in social and emotional interactions with the children, which means that implementing the IY within the residential placements requires additional time and effort to consistently implement new skills, and that can be a struggle and a challenge, as instability is a common problem in such services.

Results suggest the need to create and validate measures more suitable and sensitive to do assessment in the Portuguese residential childcare context in future studies. For instances future research could benefit if the instrument were design to measure task-specific ("parenting") efficacy and competency in a residential context, instead of measuring general parenting efficacy and competency.

Our findings underline the need for Portuguese children's residential services and child welfare system to ensure that staff carers are given appropriate tools to address the emotional and behavioural needs and difficulties of their current and future looked-after

children. The IY group 'parent' programme has valuable principles that could be adapted and included in staff carers' initial training. This study was a first attempt to support staff carers in their role of managing challenging behaviour, accomplishing improvements in the staff carer's empathic attitudes and behaviours, but clearly future longitudinal randomised controlled studies with larger samples are necessary to achieve more definitive results.

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CHAPTER 3

Residential Carer-Child Interaction: Outcomes After a 13-Week Incredible Years Basic Parent Intervention (IY)[5,6]

Abstract

Background According to the current literature, quality service that ensures proper caring practices and promotes ongoing positive interactions in the Portuguese residential child care system is needed.

Objective Assess improvements in the carer-child interaction in Portuguese residential child care context with an evidenced-based training program.

Method In a non-randomized exploratory study, 27 residential staff carers of look after children (3-8 age range) in two residential centers, received the Incredible Years Basic Parent Program (IY), and 20 carers from two other residential centers, did not receive any kind of intervention. An observational procedure (DPICS) and a self-report behaviors measure (SDQ), undertaken at baseline, 6 and 12-month follow-up, were used to examine improvements in resident children's behaviors and carers-child interactions.

Results Our data show significant increases in both intervention groups in observed carers' positive behaviors after the intervention (positive affect, positive parenting) and significant

[5]Silva, I. S., & Gaspar, M. F. F. (2013). Residential Carer-Child Interaction: Outcomes After a 13-week Incredible Years Basic Parent Intervention (IY). *Manuscript submitted for publication to the Children and Youth Care Forum Journal on 5 of August 2013. Reviewers answer on 18 October 2013. Rewritten and re-submitted to the same journal on 10 December 2013. Awaiting reviewers' responses. The paper follows the authors' guidelines of the journal.*

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decrease in negative practices (negative commands; total commands; critical statements and total critical). Also, during the observational task children in both intervention groups had a significant decrease in negative behaviors. Those results are only partially reinforced by the staff carers reports of children's difficulties.

Conclusions This study suggests a need to rethink the practices in residential contexts and the importance of offering training to residential child carers with an evidence-based program. Further, Portuguese studies involving large randomized samples are proposed.

Keywords Children in substitute care · Residential staff carers · Incredible Years Basic Parent Program · Behavior observation

Introduction

When children and young people are removed from their problematic family environment and placed in alternative care, they have to live with new caregivers with whom they have to build new relationships (Gomes 2010). Those dyadic interactions influence the cognitive, emotional and social development of the children, and in this relationship the carer's educational models, are important in guiding them in their actions and in their response modes (Pereira 2009).

In Portugal, many short-term residential care centers (*Centros de Acolhimento Temporário*) experience a lack of funds, untrained caregivers, and low caregiver-children ratios, making it difficult to achieve congruent or coherent practices in the residential program (Gomes 2010; Martins 2004; Rodrigues et al. 2013). Most of the children introduced into residential care were exposed to ineffectual child rearing practices (including inconsistent forms of discipline and punishment, unclear and critical commands, reinforcement of inappropriate behaviors and lower attention to pro-social behaviors, lower

positive affect and emotional unavailability, fewer positive behaviors, and unresponsiveness) (Patterson et al. 1992; Webster-Stratton and Herbert 1994), which is known to play an important part in the development and maintenance of behavioral difficulties, aggravating child disobedience and disruptive behavior. The coercive behaviors/techniques learned by the child (e.g., temper tantrums, nagging, yelling, crying, hitting to produce desirable outcomes) in the family environment, developed into stable and general ways of responding in social interactions, making it harder for the residential staff teams to cope with those difficult and unresponsive behaviors. Most of these children showed less positive affect, may have experienced disruption in their sense of belonging (Smith et al. 2013), appeared depressed and experiencing significant psycho-emotional pain (Anglin 2002), and were likely to contribute to the aversive cycle of adult-child interactions with the new, and strange caregivers that enter their lives.

It is important that residential child care workers, in their 24-hour day service, have to ensure that a high level of care is provided across everyday practice, and that, the rights of the children are promoted (Milligan and Stevens 2006). Furthermore, they have to provide a form of care that includes nurturing, understanding, involvement, positive affect, consistency, and a focus on child development and growth (Anglin 1999; Anglin 2002). Fortunately, there are interventions which research has demonstrated can help caregivers (biological or not) to become more successful in this ongoing challenging task.

Parent Training (PT) interventions have been widely researched and have shown improvements in the prevention and treatment of children's behavior difficulties, enhancing parenting techniques and parent-child relationships (Kaminski et al. 2008; Taylor and Biglan 1998; Webster-Stratton and Taylor 1998). Furthermore, positive parenting techniques presented in PT programs teach parents/caregivers to identify and reward the

children's pro-social behaviors through praise, descriptive commenting and positive attention and affect and how to decrease inappropriate behaviors through ignoring, time-out, and logical consequences (Webster-Stratton and Herbert 1994). An example of a comprehensive and extensively evaluated PT is the Incredible Years Basic Parent Program (IY) developed by Webster-Stratton (1984). Because of its evidence-base and potential transferability to residential care settings, this program was selected for the present study.

Reviews of several clearinghouses and registries, for instances, the Substance Abuse and Mental Health Services Administration's (www.samhsa.gov); the California Evidenced-Based Clearinghouse for Child Welfare (www.cebc4cw.org); the National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov) have listed the IY as an evidence-based program with proven effectiveness through randomized controlled trials, producing significant changes in parents and children's behavior (Webster-Stratton et al. 2001a; Mihalic et al. 2002). Although, the IY has not yet been established as an evidence-based program specifically designed for the residential child care population, some evidence suggests it could be promising with the alternative care population. Adaptations of the IY have been studied with foster parents (Bywater et al. 2011; Linares et al. 2006; MacDaniel et al. 2011; Nilsen 2007). In a study by Linares et al. (2006) the IY was delivered to foster and birth parents pairs, and the data showed significant increases in attitudes about positive discipline and use of clear expectations. Some other studies with a child welfare population also reported improvements in child behavior and parent/caregivers practices (Letarte et al. 2010; Marcynyszyn et al. 2011; Webster-Stratton and Reid 2010, 2012).

In Portugal, the efficacy of the IY Basic Parent program was already been assessed in a community with a sample of socioeconomically-disadvantaged families (Cabral et al.

2009/2010), and with a randomized sample, which tested the effectiveness of the IY with Portuguese preschoolers at risk for disruptive behaviors (Azevedo et al. 2013; Seabra-Santos et al. 2012). Both studies suggest that the IY parenting program is a promising intervention for improving parenting practices and children's behavior and with a high level of acceptance by Portuguese parents.

To our knowledge, this is the first study to undertake both an implementation and outcome evaluation of an intervention like the IY within Portuguese short-term residential child care facilities (i.e. where the children usually remain six months to one year). Using an observational procedure and a self-report of behaviors measure with participant staff care workers, this assessment addressed the following research questions: Were there any improvements in the carer-child interactions, carer practices and children's behaviors over the course of the intervention?; Does participation in the IY lead to improvements in the perceptions of staff carers towards resident children's behaviors?

Method

Procedures

From a sample of centers identified in 2010 and 2011, two Portuguese residential child care short-term centers were invited to participate in a study regarding the implementation of the Incredible Years program. The management of the centers approved the study and informed consent was obtained from all staff carer participants. At the same time, two other centers where invited to participate in the research as comparisons sites. Carer-child interactions and carer's perceptions about children's behavior were assessed at three different moments in time on the interventions groups (*pre, post and follow-up assessment*), and in two moments on the comparisons groups (*pre and post assessment*).

For ethical reasons, after the last assessment a short intervention of the IY, was offered to the staff of the comparisons groups. All four residential facilities were located within the central region of Portugal.

The staff carers were contacted directly in the short-term residential facilities. The participants were ensured that all data furnished would be kept confidential and anonymous. The participants in the intervention groups were also asked for their consent to record the group sessions, which were used by the leaders in supervisions sessions with a national peer-certificated leader, for weekly session's improvements.

In these settings, staff carers look after more than one child, so for this study each member of the staff was randomly assigned two children constituting carer-child dyads. Then the carers where required to answer a behaviors questionnaire (SDQ) related to the two children that have been assigned to them, and participated in the observational task (DPICS) that assessed the interaction between them. The carer-child dyads that didn't suffer losses (the child or the worker leaved) were surveyed at the three measurement moments of the study (pre, post and follow-up) for the groups that received the IY training, and at two moments for the groups that didn't received any training (pre and post-test).

Participants

Residential staff carer characteristics. A total of 47 staff care workers took part in the study: 27 carers received the IY program that was held within two different residential care facilities (IG1 *n*=15; IG2 *n*=12); and 20 carers in the non-intervention condition (CG1 *n*=11; CG2 *n*=9). On-site observations of the carer-child interactions and a self-report behaviors questionnaire assessment occurred prior to the start of the IY program (M1) and after its conclusion (M2). However, 12-months after the study began another assessment

(M3) was conducted, but only with the two intervention groups. At follow-up measurement point (M3) three carers were lost in IG1 and one in IG2. The reasons for loss to the study were associated with job mobility.

Child characteristics. Criteria for study entry were: (a) children between 3 and 8 years old; (b) children with no diagnosis of neurological or developmental disorder (e.g., autism) or severe developmental delay at baseline. At baseline (M1) 25 children participated in the study: IG1 (*n*=6); IG2 (*n*=6); CG1 (*n*=4); and CG2 (*n*=9). At post-test assessment (M2) one child was lost in IG2; three children in CG1 and three in CG2 also. In the follow-up moment (M3) the six baseline children remained in IG1, but in IG2 five children left, leaving only one remaining. The children left the center's due to reasons associated with the development of their life projects: return to biological families; adoption or kinship care.

Demographic characteristics for the four residential child care groups involved are presented in Table 1. Concerning the staff carers, the main statistical differences between the groups on the socio-demographic characteristics at baseline were in the variables concerning the length of time at work and in training received for the job being performed. At baseline, IG2 and CG1 had staff with the longest working time in the care centers; the CG1 and IG1 groups had received less training than the other centers. Overall, most of the staff carers don't have any form kind of basic training or formal education in child and youth care work. Children involved are equivalent in the four centers concerning age and gender.

Table 1 Demographic information for staff carers and resident children at baseline

Variables	Intervention		Non-Intervention			
	IG1 (*n*=15)	IG2 (*n*=12)	CG1 (*n*=11)	CG2 (*n*=9)	Test [a, b] (χ^2)	Sig (*p*)*
Staff Carers						
Age (M±SD)	35.73±9.57	38.83±10.52	42.00±8.58	37.11±9.52	3.34	.342
Time of work (M±SD)	4.47±3.60	7.08±3.40	9.27±6.70	2.78±0.67	15.81	.001
Education Level (%)					9.48	.149
Elementary School	5 (27.8%)	3 (16.7%)	8 (44.4%)	2 (11.1%)		
High School	5 (27.8%)	7 (38.9%)	2 (11.1%)	4 (22.2%)		
University degree	5 (45.5%)	2 (18.2%)	1 (9.1%)	3 (27.3%)		
Training (%)					17.36	.008
None	8 (40.0%)	3 (15.0%)	9 (45.0%)	-		
Previous not graduate training (e.g. information sessions, workshops, brief curses)	5(23.8%)	7 (33.3%)	1 (4.8%)	8 (38.1%)		
Previous graduate training	2(33.3%)	2 (33.3%)	1 (16.7%)	1 (16.7%)		
	Intervention		Non-Intervention		Test (χ^2)	Sig (*p*)
Resident Children	IG1 (*n*=6)	IG2 (*n*=6)	CG1 (*n*=4)	CG2 (*n*=9)		
Age Range 3-8 (M±SD)	4.83±1.17	5.00±2.28	4.00±1.16	5.55±1.42	2.46	.482
Gender (%)					1.85	.604
Male	3 (18.8%)	5 (31.2%)	2 (12.5%)	6 (37.5%)		
Female	3 (33.3%)	1 (11.1%)	2 (22.2%)	3 (33.3%)		

Notes: a. Kruskal Wallis Test. b. Chi-Square Test. *p<.05

Measures

Measures included in this study were observational indicators of adult and child behavior occurring during a task (DPICS) in-residential setting observations, and staff carers' self-report (SDQ) of resident children's perceived behavior.

Dyadic Parent-child Interaction Coding System (DPICS)

The DPICS (Robinson and Eyberg, 1981) is a widely researched observational measure used to record parent and child behaviors in the home. It was developed by Robinson & Eyberg, 1981 and revised by Webster-Stratton several times (1998-2000). The DPICS

includes behavior categories covering parent/caregiver and child behaviors, which are coded as present or absent for a number of 5-minute segments.

In the current study, each residential carer was observed with their randomized designated child in a separate room available within the residential setting for 25 minutes (i.e., 10 minutes of *Child Led Play*, 10 minutes of *Carer Led Play*, and 5 minutes of *Clean-Up*) while playing with a fixed set of toys, at baseline, post, and follow-up assessments points. On a basis of a review of the work of Eames et al. (2010); Eyberg et al. (2005); Hutchings et al. (2004); and Webster-Stratton (1998), in the current study included the following staff carers composite variables: *positive parenting* (which encompasses labelled and unlabelled praise, positive affect, physically positive behavior and problem-solving); *positive affect* (labelled praise, unlabelled praise, positive affect and physical positive); *total critical statements* (critical statements and negative commands); critical statements (critical statements); *negative commands* (negative commands); *total commands* (both indirect, direct commands, and negative commands). The two children summary variables assessed in this study included: *total child deviance and noncompliance* (comprise cry, whine, yell, physical negative, smart talk, destructive and noncompliance behavior), and *child pro-social behaviors* (nonverbal and verbal positive affect, and physical warmth). A trained independent observer, who was blind to the hypotheses of the study and the staff's intervention condition, coded the observations.

The DPICS has gone through extensive testing and development. Inter-rater reliability was reported by Robinson and Eyberg (1981) as .91 for parent behaviors and .92 for child behaviors. Webster-Stratton and colleagues have further demonstrated validity and reliability of this measure (Reid et al. 2004). An acceptable level of inter-rater agreement (76%) was also achieved in Portuguese studies (Azevedo et al. 2013).

Until now, the DPICS had not been tested in Portugal with residential child carers. However, as the parent behavioral categories of the DPICS matched the staff carer's behavioral practices within the residential child care setting, we selected it, considering its potential usefulness beyond family home settings.

Strengths and Difficulties Questionnaire (SDQ)

The SDQ (Goodman 1997; Portuguese version by Fleitlich et al. 2005) is a 25-item behavioral screening scale, which provides a child' total difficulties score (calculated by summing the scores of the 4 subscales of 5 items each: hyperactivity-inattention, conduct problems, emotional symptoms, and peer problems subscale) and pro-social score, according to staff carer's perceptions. Example items are "The child often ghts with other children or bullies them" and "The child often loses temper". Each item has to be scored on a 3-point scale with 0 = "not true", 1= "somewhat true", and 2 = "certainly true". The total difficulties score can range from 0 to 40. The scale has demonstrated good stability in international studies, judged by internal consistency (mean Cronbach's alpha: .73) (Goodman 2001; Jones et al. 2007; Muris et al. 2003). In Portugal, the questionnaire was translated and adapted by Fleitlich et al. (2005) and has been used in several studies with acceptable psychometric properties (Gaspar and Paiva 2003; Marzocchi et al. 2004).

In the present study we used the parent version for 3 (and 4) years, and 4-16 years, old, and we only examined the Total Difficulties score due to the small sample size and the exploratory study design. Also the internal consistency in Portuguese studies has always been higher on Total Difficulties scale (.78 for parents in Abreu-Lima et al. 2010), than on the four difficulties sub-scales.

The Intervention Program: Incredible Years Basic Parent (IY)

The Incredible Years Basic Parent Program (IY) was used for this study (Webster-Stratton 2005; Webster-Stratton 2011). It has strong empirical support as both a treatment and prevention program with parents and other caregivers of children aged 3 to 8 (Hutchings et al. 2007a; Hutchings et al. 2007b; Webster-Stratton et al. 2001b; Webster-Stratton and Reid 2010; Webster-Stratton et al. 2012). In our study the IY was applied during 13 weekly sessions for 2 hours each within the residential setting and schedule as most suitable for the team of staff carers. Using a collaborative approach, two trained leaders introduced a structured sequence of topics, following program guidelines, including playing and relationship building; increasing positive behaviors through praise and rewards; effective limit setting and ignoring; and strategies for managing non-compliance and aggression. The early sessions of the program focus on encouraging a positive relationship between carers and children, establishing a positive base upon which strategies to reduce inappropriate behavior can be built. Sessions included facilitator-led group discussions, viewing videotape examples that illustrate different strategies adults use to manage children, rehearsal of taught intervention techniques, weekly assignments, and provision of hand-outs and chapters of the Incredible Years book, translated and reviewed to Portuguese by Gaspar and Seabra-Santos (Webster-Stratton 2010).

Treatment Integrity and Fidelity

The facilitators who ran the intervention groups had previous experience in clinical child psychology; had attended three days of accredited IY training run by an English mentor; and had previously run parents groups. The weekly sessions were videotaped for self-evaluation and for supervision with a national IY accredited peer-coach. Also, in order

to ensure treatment fidelity and integrity, group leaders: carefully followed the IY protocol; provided standardized materials and translated hand-outs to all staff carers; completed leader checklists for each session, and weekly carers' satisfaction questionnaires. Only a minimal vocabulary adaptation was done: instead of the term "parents" we used the terms " carers"; and the word "child" instead of "son" or "daughter".

Data Analysis

Data analysis was conducted with IBM SPSS version 20.0, and included descriptive and inferential statistics. Nonparametric tests were used to analyse data because of the small sample size of each group. Further, the data didn't meet the stringent assumptions of the parametric techniques (Maroco 2007). First, baseline scores of the four groups were compared on all demographic variables, and outcome measures, using Kruskal-Wallis Test for continuous variables and Chi-Square analyses for categorical variables. In addition, Wilcoxon Test and the Friedman Test were performed to assess differences between pre and post-test and pre, post and follow-up moments, respectively (within factor comparisons). Statistically significant differences will be highlighted in the following section.

Results

Preliminary analyses (groups equivalence)

Results of Kruskal-Wallis tests indicated that no significant differences were found in statistical comparisons between the four groups at baseline in DPICS categories (see Table 2). The SDQ scale revealed the following statistical differences: in the SDQ total

difficulties, CG2 was the group presenting the highest overall children difficulties and CG1 the lowest (see Table 2).

Table 2 Equivalence of groups

Measures at baseline	Intervention		Non-Intervention			
	IG1 (*n*=15)	IG2 (*n*=12)	CG1 (*n*=11)	CG2 (*n*=9)	Test (χ^2) [a]	Sig (*p*)*
Observed behaviors: DPICS						
CHILD						
Child Deviancy	11.27±7.81	21.55±37.72	4.00±2.92	5.00±2.39	4.71	.195
Child Pro-social	9.67±6.10	6.50±6.08	5.00±4.85	3.62±3.93	7.45	.058
CARER						
Positive Affect	23.33±13.10	18.75±9.03	35.00±16.66	29.25±18.90	5.37	.147
Positive Parenting	23.53±13.17	18.83±9.09	35.00±16.66	29.88±19.52	5.33	.149
Negative Commands	6.13±3.85	3.33±4.03	2.80±1.30	5.63±4.87	5.21	.157
Total Commands	97.87±40.97	76.42±34.05	98.60±31.39	76.63±27.17	3.09	.379
Critical Statements	18.00±10.34	14.25±13.94	14.60±10.26	13.75±4.89	2.60	.457
Carer self-report: SDQ						
Total Difficulties	15.73±5.46	14.58±5.16	11.64±4.61	19.89±7.29	8.22	.042

Note: a. Kruskal-Wallis Test. *p<.05.

Groups Pre and Post Comparisons at 6 months

Observed Carer-Child Interaction Behaviors: DPICS

The post-test findings (see Table 3) indicate that the deviancy and noncompliance behaviors of children significantly diminished in IG1 (Z = -2.32; *p* = .020), IG2 (Z = -2.54; *p* = .011) and CG2 (Z = -2.39; *p* = .017) respectively. Pro-social behaviors increased (Z = -2.03; *p* = .042) in CG1. Regarding the staff carers categories: positive affect and positive parenting showed a significant increase in IG1 and IG2 (p < .05). The negative commands significantly diminished in IG1 (Z = -2.39; *p* = .017) and in IG2 (Z = -2.20; *p* = .027), as

well as the critical statements and total critical ($p < .05$). Furthermore, all four groups presented a significant decrease in the total commands scores from pre-test to post-test measurement points ($p < .05$).

Staff carers self-reported child behavior outcomes: SDQ

Wilcoxon Test indicate (see Table 3) that for the SDQ total difficulties, the mean scores on IG1 decreased significantly from baseline to post-test ($Z = -2.63$; $p = .009$). Scores also decreased for CG2 ($Z = -2.55$; $p = .011$) and increased for CG1 ($Z = -1.97$; $p = .049$). No significant decrease was found for IG2.

Groups Pre, Post, and Follow-up Comparisons at 12 months

Observed Carer-Child Interaction Behaviors: DPICS

At 12 months follow-up (see Table 4) the categories did not change significantly for the two groups (IG1 and IG2), with one exception: at IG1 child deviance skills reduced from M2 to M3 (difference only marginally significant). When we look in more detail we can confirm that: in both IG groups child deviance was much lower at M3 than at M1; child pro-social behaviors only increase from M1 to M2 at IG1, but this gain was lost at M3. Positive affect and positive parenting in both intervention groups were higher at M3 than at M1. Total commands, critical statements and total critical were lower at M3 compared to M1 in both groups. Only negative commands increased in both groups from M1 to M3.

Table 3 Groups Pre and Post Comparisons at 6 months

Variable	**Intervention**								**Non-Intervention**						
	IG1 (*n*=15)				IG2 (*n*=12)				CG1 (*n*=11)				CG2 (*n*=9)		
	Pre M±SD	Post M±SD	Test (Z) [a]	Sig (*p*)*	Pre M±SD	Post M±SD	Test (Z)	Sig (*p*)	Pre M±SD	Post M±SD	Test (Z)	Sig (*p*)	Pre M±SD	Post M±SD	Test (Z)
DPICS[b]															
CHILD															
Child Deviancy	11.27±7.81	5.67±5.08	-2.32	.020	21.55±37.72	5.42±6.83	-2.54	.011	4.00±2.92	5.80±8.07	-0.37	.715	5.00±2.39	2.57±2.23	-2.39
Child Pro-social	9.67±6.10	12.13±6.66	-0.60	.550	6.50±6.08	6.33±6.33	-0.22	.824	5.00±4.85	13.80±6.98	-2.03	.042	3.63±3.93	7.25±6.18	-1.90
CARER															
Positive Affect	23.33±13.10	42.40±15.22	-3.01	.003	18.75±9.03	53.42±31.59	-3.06	.002	35.00±16.66	20.80±6.46	-1.75	.080	29.25±18.90	34.88±28.07	-0.76
Positive Parenting	23.53±13.17	42.60±15.08	-2.95	.003	18.83±9.09	53.42±31.59	-3.06	.002	35.00±16.66	20.80±6.46	-1.75	.080	29.88±19.52	34.88±28.07	-0.59
Negative Commands	6.13±3.85	2.733±2.34	-2.39	.017	3.33±4.03	0.75±1.14	-2.20	.027	2.80±1.30	4.80±5.97	-0.82	.414	5.63±4.87	4.00±2.39	-0.91
Total Commands	97.87±40.97	68.53±27.68	-2.61	.009	76.42±34.05	42.17±22.39	-2.98	.003	98.60±31.39	70.60±28.78	-2.02	.043	76.63±27.17	53.88±15.04	-2.03
Critical Statements	18.00±10.34	10.13±7.68	-2.45	.014	14.25±13.94	5.50±6.10	-2.14	.033	14.60±10.26	17.00±9.30	-0.41	.680	13.75±4.89	11.50±8.26	-0.63
Total Critical	24.13±12.80	12.87±9.20	-2.64	.008	17.58±16.22	6.25±6.51	-2.59	.010	17.40±9.91	21.80±13.63	-0.74	.461	19.38±8.70	15.50±10.13	-0.91
SDQ															
Total Difficulties	15.73±5.46	10.93±4.04	-2.63	.009	14.58±5.16	13.17±4.43	-1.47	.141	11.64±4.61	14.64±4.48	-1.97	.049	19.89±7.29	12.33±3.50	-2.55

Note: a. Statistical test: Wilcoxon (for paired samples). b. Resident Children (3-8 age range): (IG1 Pre *n*=6; IG1 Post *n*=6); (IG2 Pre *n*=6; IG2 Post *n*=5); (CG1 Pre *n*=4; CG1 Post *n*=1); (CG2 Pre *n*=9; CG2 Post *n*=7). *p <.05

Staff carers self-reported child behavior outcomes: SDQ

Responses on the SDQ questionnaire analysed through Friedman Test (see Table 4) indicate a significant statistical result in the SDQ total difficulties ($\chi^2 = 6.44$; $p = .040$) for IG1 (decrease of the mean scores from M1 to M2, and an increase from M2 to M3). At IG2 there was not a significant statistical difference but results show a slight decrease from M1 to M2, and sustained at M3.

Discussion

As stated in the introduction, our main aim was to understand if a structured evidence-based program could improve, carer-child positive interactions. Overall, this first Portuguese exploratory study suggests that there is value to providing residential staff carers with parenting training such as the IY (Webster-Stratton 2001).

The results of the observational procedure (DPICS) reported significant changes within the composite categories from pre-test to post-test time points, specially in the groups that received the IY intervention (IG1 and IG2). Closer analyses show that children displayed less deviant and noncompliant behavior after the intervention and that these results are sustained at twelve-month follow-up.

Further analysis in staff carers' categories identified significant improvements in positive affect and positive parenting. This outcome is in line with previous research, as positive parenting has been identified as a core component of change after a parent training intervention (Eames et al. 2009; Gardner et al. 2010).

Table 4 Groups Pre, Post, and Follow-up Comparisons at 12 months

	Intervention									
Variable	IG1 (*n*=12)					IG2 (*n*=11)				
	Pre	Post	Follow-up	Test	Sig	Pre	Post	Follow-up	Test	Sig
	M±SD	M±SD	M±SD	(χ^2) [a]	(p)*	M±SD	M±SD	M±SD	(χ^2)	(p)
DPICS[b]										
CHILD										
Child Deviancy	10.73±7.09	6.64±5.61	5.91±5.05	4.91	.086	26.50±14.85	6.50±4.95	9.50±4.95	4.00	.135
Child Pro-social	9.27±5.73	13.18±6.88	9.27±5.10	1.48	.478	10.50±6.36	5.50±3.54	6.50±0.71	1.00	.607
CARER										
Positive Affect	23.64±15.10	39.09±15.23	28.36±14.62	3.82	.148	32.00±9.90	104.50±98.75	81.50±78.50	3.00	.223
Positive Parenting	23.91±15.19	39.36±15.11	28.82±14.74	3.40	.183	32.50±9.19	104.50±21.92	81.50±16.26	3.00	.223
Negative Commands	5.00±3.35	3.00±2.61	5.18±4.21	1.72	.423	2.00±0.00	1.50±2.12	5.00±1.41	3.00	.223
Total Commands	94.82±47.87	73.00±31.29	57.55±22.04	3.12	.211	88.50±23.33	50.00±21.21	50.00±9.90	3.00	.223
Critical Statements	17.55±9.61	12.18±7.95	12.18±7.03	1.29	.526	27.50±28.99	7.50±6.36	20.50±14.85	3.00	.223
Total Critical	22.55±11.45	15.18±9.77	17.36±8.04	2.91	.234	29.50±28.99	9.00±4.24	25.50±13.44	3.00	.223
SDQ										
Total Difficulties	17.08±4.81	11.75±3.65	15.67±4.31	6.44	.040	14.40±5.27	13.20±4.52	13.20±4.16	2.00	.368

Note: a. Frideman Test. b. Resident Children (3-8 age range): (IG1 Follow-up *n*=6); (IG2 Follow-up *n*=1). **p*<.05.

The use of critical statements in the interaction with the children decreased, as the staff carers used more positive affect, praise, and physically positive responses. Considering the negative commands a slight no significant improvement was found specifically at IG2.

As significant changes were not found at 12 months follow-up, these positive changes were not shown to be sustained over time. Nevertheless, the results from direct observation are very encouraging as staff carers and children's behavior can be objectively quantified, unlike the skills and attitudes reports that may not measure the actual change in the behavior. Further, as Nilsen (2007) notes, future research studies concerning intervention programs should include observations of carer-children interactions as an important part of the assessments.

Considering the SDQ questionnaire, the results indicate that the intervention condition was associated with a decrease in staff carers' reported levels of perceived children's total difficulties, as measured by SDQ, from baseline to post-test, only in one of the intervention groups (and in a group that did not received intervention). At 12 months, the change from M1 to M2 had a significant reduction for the same intervention group (IG1), however had increased perceived difficulties at the third assessment point. In the non-intervention groups, the improvements found in these dimensions at short-term assessment could be explained by social desirability: staff could want to present a positive image of themselves and create the impression for outside members of the residential group, that they can manage children's challenging behavior. As well, those results are less significant for future research and interventions because they are weaker than those provided by direct observation of the interaction.

Limitations

Findings of this study need to be considered with some degree of caution in light of some methodological limitations. These include: the small sample size of each center group, including both the staff carers and resident children that took part in the study; restricted detection of smaller effects that might have had an impact on our ability to discern more statistically significant differences between the pre, post and follow-up comparisons. In addition, staff carers were not randomly assigned in the study. Larger and randomized controlled samples would be needed in order to make use of more sensitive and powerful statistical tests, to ensure both effectiveness and ability to detect differences between groups.

This study relied in part on staff self-report, which could contain some social desirability bias, inherent in many pre-post test designs. Further, the impact of the intervention was not assessed on the other children in the home that did not participate in the study, because they were above the age range solicited.

While we found some significant differences in staff carers' and children's outcomes in the groups that received the intervention, without a normal distribution that allows us to make group comparisons we cannot definitively attribute a causal relationship between the IY program and the observed outcomes.

Study Implications

Results from this study shed light on the potential of the IY parenting program to significantly enhance the knowledge and skills of the residential child care staff, promoting the use of positive practices (praise and positive affect), and reducing the amount of negative practices (total commands and critical statements) with the resident population

which is highly consistent with the IY principles. Residential child carers equipped with intervention techniques for child management can better role model for the children. This was the first implementation of the evidence-based IY program with a residential child care population and in a Portuguese context, with associated organizational and personnel challenges. As Fixsen et al. (2005) note, implementation of an intervention in such complex contexts is a process that can take 4 to 6 years to fully develop. Residential carers require practice to master and sustain newly acquired skills. While this study did not include a randomized control trial design, these initial results are promising. A strength of this study was the use of an observational measure, and not relying only on self-reported results.

It is suggested that future studies focus on developing a model of ongoing support through the use of booster training sessions to better address the needs of the residential carers. As Smith et al. (2013) indicate, residential carers have the opportunity "to intervene proactively, responsively and relationally in daily living moments to help young people discover and learn new ways of being in the world" (p.11). Consequently, residential child care centers and children deserve intervention programs that are implementable, effective, and meaningful to participants, and that help them reach their full potential. The IY program appears to be flexible and adaptable in meeting the education and training needs of adults who care for children, including in residential care settings.

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CHAPTER 4

Webster-Stratton Incredible Years Basic Parent Programme (IY) in Child Care Placements: Residential Staff Carers' Satisfaction Results[7,8]

ABSTRACT

The aim of the present study was to investigate residential childcare staff satisfaction with their involvement in the Webster-Stratton Incredible Years Basic Parent Programme (IY). In an exploratory, not randomized study, 27 professionals from two different short-term Portuguese residential child care centres (IG1, n = 15; IG2; n = 12) completed weekly IY evaluations and an overall satisfaction questionnaire at the end of their participation in the IY intervention. The weekly level of satisfaction was assessed with regard to each of the programme's components (content, DVD's, group leaders, group discussion). At the last session they filled a questionnaire aimed to evaluate the levels of satisfaction regarding the programme overall, the teaching format, the group leader(s), and the usefulness of specific educational techniques they learned. Data indicated that staff carers were highly satisfied with the weekly sessions and with the overall usefulness of the intervention programme. Results are discussed in terms of implications and future research directions.

Keywords: care experiences, evidence-based practices, training, residential care

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1. INTRODUCTION

In many countries, Portugal included, there are few, if any, formal education and training programmes specifically designed for direct-care workers in residential care. This is both unfortunate and surprising as the literature frequently notes that these front-line workers are engaged in the most intensive and complex work within their agencies (Anglin 2002). There is still a mistaken impression on the part of some that this work is about "basic care" only, and that little skill or knowledge is required for these positions. However, there is strong and growing evidence about the developmental and therapeutic value and potential of this intensive "milieu" work for the children in care.

As far back as 1969, Trieschman, Whittaker & Brendtro in *The Other 23 Hours* articulated the elements and dynamics necessary to support young people in residential settings in order to take full advantage of the opportunities to support their growth and development. The session-based intervention of specialized therapists, while of benefit to many, is likely only about an hour a day (at most), while the direct-care workers are available to be with and work with the children for the other 23 hours. It is likely that some of the children in residential care require not only the developmental support characteristics of a good parent, but also a higher level of consistency and skill in order to deal with both individual needs and the group dynamics involved (Anglin 2002).

Thus, the lead author reviewed available parenting training programmes that offered the potential to enhance the knowledge and skills of residential care workers in responding effectively to the needs of the residents, and the Incredible Years programme appeared to offer an effective option worthy of systematic research.

Developed by Carolyn Webster-Stratton, the Incredible Years Basic Parent Programme is an effective evidence-based programme (Piescher *et al.* 2008) and has demonstrated in multiple randomized control group studies, in several different countries, power to reduce children's behaviour difficulties and to improve parenting skills (McIntyre 2008; Webster-Stratton 1998; Webster-Stratton & Reid 2010a).

Disseminated internationally, this programme was designed to be implemented with parents or other caregiver figures that assume childrearing/parental functions with children aged between 3 and 8 years old. With community samples, this programme is implemented over 12-14 weeks in meetings of two hours. Two trained leaders facilitate each group session. Over the course of the programme the parents/carers are introduced to a range of topics including how to play with young children, using praise and rewards effectively, coaching, setting appropriate limits, ignoring attention-seeking behaviour, using time-out, establishing logical consequences, and focusing on preventive strategies (as shown in Appendix A). Each session includes a review of the previous session, development of a new topic, presentation of videotaped scenes (situations of interaction between adults and children), group discussion, and practice of new strategies through role-play and homework activities (Webster-Stratton 2000; Webster-Stratton & Reid 2010a).

The skills to be developed with the group participants in the sessions are represented in a parenting pyramid that is intended to demonstrate the core principles of the programme: The building and strengthening of the relations between adults and children can be achieved using liberally strategies like play, positive attention, praise, and incentives as shown in the base of pyramid, and that will imply less reliance on disciplinary strategies, that must be used in a selective manner, which corresponds to the top sections of the pyramid (see Figure 1).

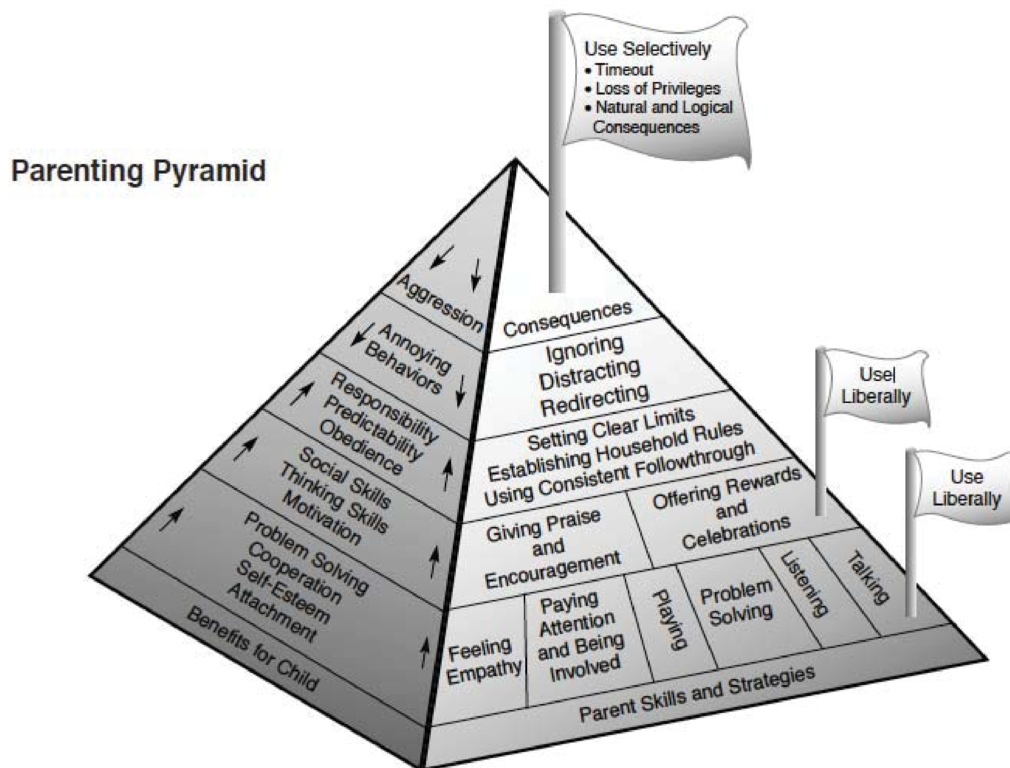

Figure 1 Incredible Years Parenting Pyramid (Webster-Stratton 2000)

1.1. The impact of the Incredible Years Basic Parent Programme (IY) on participants' satisfaction

The literature indicates that in general the assessment of the parents' satisfaction with the IY programme is rated as high and very positive (Ferguson *et al.* 2009; Larsson *et al.* 2009; Webster-Stratton 1998; Webster-Stratton & Reid 2010b). Similar results were found in Portuguese parents' samples regarding the level of adhesion and satisfaction (Cabral *et al.* 2009/2010; Seabra-Santos & Gaspar 2008; Seabra-Santos *et al.* 2011; Seabra-Santos *et al.* 2012).

Several reports on the evaluation of the IY programme provide feedback on the specific parenting techniques the participants learned in the programme and the satisfaction

ratings. Most of them rate between "useful" or "very useful" (Broderick & Carroll 2008; Himmeger 2008; Idzelis 2011; Richmond & Carroll 2009; Sabir & Chowdhary 2003).

Axberg, Hansson & Broberg (2007) conducted a study to evaluate the effectiveness of IY in diverse clinical settings in Sweden. Concerning the parents' (*n*=115) satisfaction with the programme the authors found that 97% of the participants had "positive" (31%) or "very positive" (66%) overall ratings of the treatment programme for their child and family, and 98% would "recommend" (18%) or "strongly recommend" (80%) the programme to a friend or relative. Further, the parents experienced that "the major problems that had prompted them to begin the treatment for their child" had "improved" (40%) or "greatly improved" (44%) and felt that the approach used to change their child's behaviour problems in the programme was "appropriate" (33%) or "very appropriate" (55%). Additionally, the parents found the overall techniques "somewhat easy" (36%), "easy" (40%) or "extremely easy" (12%) to use, but nevertheless some parents found them "difficult" (1%) or "slightly difficult" (6%). Finally, just under one-half of the parents found the techniques "somewhat useful" (10%) or "useful" (36%).

In another experimental study of IY that included a diverse sample of foster and biological parents and had a co-parenting component (Linares *et al.* 2006), the consumer satisfaction questionnaire also revealed high levels of satisfaction with the programme.

Bywater *et al.* (2011b) provided some qualitative results concerning the use of the IY with foster carers. In general, the participants reported being satisfied with the programme, enjoyed the experience, and gave positive comments about the programme supporting their management and improvement of child behaviour. Suggestions to lengthen the programme to 14 weeks were made.

Bywater *et al.* (2011a) delivered the IY Toddlers Programme to nursery staff to manage the children's difficult behaviour in the nursery. The results demonstrated that the quality of their relationship with the toddlers in their care had "improved" or "greatly improved" (65.7%). Also, according to the authors, when participants were asked whether attendance in the programme had helped in other areas of their lives, 80% said that the course had "helped" or "greatly helped". Moreover, one hundred percent of the participants would recommend the IY course to others. In addition, 100% said that they felt more "confident" in their skills after attending the course, more "confident" in their future abilities, and more "positive" about achieving their goals with children in their care.

1.2. Satisfaction with the Incredible Years Basic Parent Programme in residential childcare context

The staff working in residential settings cannot take the place of parents, but as in other childrearing contexts, they also have "parenting" roles and caregiving responsibilities and tasks (Anglin 2002). As in the families, where "coercive interactions" (Patterson *et al.* 1992) may occur, and where a child can learn to escape or avoid parental criticism by escalating their negative behaviour, in residential settings these kinds of dynamics can also easily appear, and the care staff workers (with little or no specific training) may have difficulties in dealing with these troubling situations. The staff carers' behaviour must therefore be supported so that the resident children's social interactions can be more positive and effective.

The Incredible Years Basic Parent Programme (IY) proposes to strengthen positive parenting skills to reduce conduct problems in children's interactions with parents (and others), and increase positive communication and problem solving. With a similar purpose,

in the present research we delivered the IY programme to Portuguese residential child care workers to determine if this programme might also be suitable with staff carers to improve their educative skills and reduce resident children difficult behaviour. The staff carers' and children's outcomes were addressed in two other papers, which revealed that the participants that received the IY programme improved their empathic attitudes towards the resident children (Silva & Gaspar submitted for publication a); and positive carers behaviours were observed, as well a decrease of negative behaviours in children in a observational task (Silva & Gaspar submitted for publication b). In this paper we are focusing on analysing the residential child care staff members' satisfaction with the IY group experience. Specifically, we analysed the weekly session results as well as the overall satisfaction with the programme.

2. METHOD

Between May 2010 and July 2010, a first intervention group (IG1) was conducted with staff carers (n = 15) within the same residential child care centre. A second intervention group (IG2) was conducted between January and March 2011 in IG2 (n = 12) in another residential centre.

All staff carers were provided with 13 sessions of IY in their respective group setting within the residential childcare short-term centres. The intervention was delivered weekly in two-hour sessions that took place in each centre, at a suitable time for the staff group. The principal leader was the same in both groups. Co-leaders were different, but also had Incredible Years certified training. Facilitators had previously attended a 3-day training session conducted by a certified trainer affiliated with the IY programme, and had previously delivered the programme to parent groups. All had a professional background in

child mental health and psychology. A national coordinator of the IY, who also has an extensive background in conducting and supervising IY parenting groups, provided supervision. The intervention programme was delivered with fidelity according to the specifications in the Incredible Years Basic Parent manual. Taking into account the context where the programme was applied, it was necessary to make some adaptations concerning the language used, specifically replacing the term “parents” with the term “carers”; and “parenting” techniques with “educational” techniques.

The group programme provided a supportive and non-judgmental atmosphere where the staff carers could share their experiences and discuss their strengths and weaknesses. Videotape vignettes, modelling parenting skills, were shown to demonstrate the skills that were being targeted and in this way focused discussions on the skills were promoted. Participants were given homework activities to complete on specific topics or skills that were targeted by the session and then these homework activities were discussed at the start of the next session. In this way a collaborative style of learning was promoted, as caregivers were encouraged to share their experiences and learn from each other.

2.1. Participants

A total of 27 staff carers filled out the weekly and final satisfaction questionnaires. Each of the two short-term placement centres where the data were collected shelter, on average, 10 to 25 children, between 0 and 12 years of age. IG1 was located in an urban centre, and IG2 in a small urban centre. Staff carers ranged in age from 20 to 58, with a mean age of 37.1 years. There were no defined inclusion criteria for the carers: The programme was offered to all staff and participation was voluntary.

In IG1 and IG2 there were 6 children in each (total n = 12) with ages from 3 to 8, with the mean age of 4.92 years. More than half were boys. Placement reasons of the children in this centres were: Neglect (66.7%), followed by Exposure to parents' Deviant Behaviours (58.3%); Abuse (25%); Parents' Drug Addiction (25%); Abandonment (16.7%); Parents' Alcoholism (16.7%); Low Social Economic Conditions (8.3%); and Exposure of the child to domestic violence (8.3%). The only inclusion criterion for the resident children in this study was that they be between the ages of 3 and 8 years of age. Sample characteristics are presented in Table 1.

Table 1 Demographic information for staff carers and resident children

Variable		M ± SD	(n) %
Staff workers (N = 27)			
Age (M ± SD)		37.11 ± 9.93	
Working Time in the Centre (years)		5.63 ± 3.69	
Educational Level (%)			
	Elementary School		(8) 29.6%
	High School		(12) 44.4%
	University degree		(7) 25.9%
Resident Children (N = 12)			
Age Range 3 to 8 (M ± SD)		4.92 ± 1.73	
Sex			
	Male		(8) 66.7%
	Female		(4) 33.3%

2.2. Attendance & Uptake Rates

Staff carers attended a mean of 8.52 (SD = 3.25) of the 13 group sessions. When the participants missed a group session, individual recovering sessions were offered before the next session. The mean of individual recovering sessions was 3.48 (SD = 3.25).

2.3. Staff Carers' Incentives

To reinforce staff carers' attendance, a small gift was normally offered as a reward when they managed to practice a piece of homework in the residential setting with the children. These gifts were usually inexpensive items such as stickers and a piece of fruit at the end of each session. In the celebration session at the end of the programme, a cake was shared in recognition of the "Good Job" achieved in the Incredible Years journey; an individual small ornament gift was given, to recall the importance of the team being united by the same positive principles that they learned; a participation certificate was also delivered. But, even more important than the tangible rewards were the social rewards throughout the sessions (praises, encouragement of the leaders) directed to the carers when they achieved the goals of the programme.

2.4. Consumer Satisfaction Measures

Satisfaction data was gathered from the staff group using self-completed questionnaires. The following measures were collected: (a) weekly evaluations of the programme sessions; and (b) at the last group session, staff carers were asked to complete a Satisfaction Questionnaire that assessed overall views of the programme, usefulness of teaching methods, and usefulness of educative techniques.

These measures were developed by the original programme author, Carolyn Webster-Stratton (2001, see http://www.incredibleyears.com/Resources/PP.asp), to assess parents' satisfaction immediately following each group session and to assess the satisfaction with aspects of the IY training. For this study the word "parent" was also altered to "carer" and "parenting" to "educative" skills.

3. RESULTS

3.1. Staff Carers' Consumer Satisfaction

3.1.1. Weekly Evaluations

Carers were asked to evaluate the IY programme each weekly session. The weekly evaluation (originally developed by the programme's author) asked carers to rank the following programme elements as either "not helpful" = 1, "neutral" = 2, "helpful" = 3 or "very helpful" = 4:

1 the content of the session,

2 the videotaped examples,

3 the role-playing,

4 the group leaders' teaching, and

5 the group discussion.

The results show that staff carers rated each session highly, between helpful (3) and very helpful (4). Regarding the "content" the highest average (4.00 ± .00) rating was reported in sessions 7 to 11, regarding the learning of nonviolent discipline approaches. The "videotaped examples" that staff carers reported as more helpful were the ones addressing the sessions on praise, rewards, setting limits, and handling misbehaviour. According to the staff carers, the "role-playing" was more helpful in the first sessions, when the content of play was rehearsed, and in the last sessions when participants trained to use a Time Out to calm down as an immediate, non-violent and respectful consequence reserved for aggressive behaviour in resident children. The "group leaders' teaching" also proved to be very helpful to the staff carers in the overall topics of playing, praising, setting boundaries, and managing inappropriate behaviour. Finally, the "group discussion" also maintained the

same high levels of satisfaction in the topics concerning the increase of positive behaviours and the reduction of difficult ones.

The mean ratings and standard deviations for each of the four areas were: content 3.95 (SD = .10); videotape vignettes 3.85 (SD = .19), role-playing 3.68 (SD= .35); group leaders teaching 3.93 (SD = .12), and group discussion 3.80 (SD = .23).

In addition, the staff carers attending the IY sessions commented on the applicability of the IY key principles, and some of the comments are presented below:

- "I was amazed when at dinner time one of the children turned to another and said: 'Good job, you are eating all the fish! Very good!'" (*Modelling Principle*)
- "The children repeat the positive behaviour – if praised!" (*Praise Principle*)
- "We must give attention to positive behaviour, otherwise the children will call for our attention in a negative way, like doing a temper tantrum, for example!" *(The Attention Principle)*
- "We must give several chances for the children to succeed the first time we put a strategy into practice, because this will improve their self-esteem and self-confidence." *(Several Opportunities Principle)*
- "The Reward Programme it's working! The children can tighten their seat belts alone when we get into the van!" *(Principle of rewarding the daily success)*
- "It's important, that when we are applying a strategy we can count on our colleagues' support! We have to follow through on our directions 'til the end!" *(Consistency Principle)*
- "At meal time, the children started to imagine that they were in a restaurant; we followed their activity and ideas, we praised them, and the positive behaviours

repeated! It was a rewarding moment for both parties!" *(Principle of following the children's play and giving praised)*

- "They imitate our behaviour, either positive or negative. We must give to receive!" *(Give to Get Principle)*
- "We must be honest, clear, and positive when giving directions!" *(Principle of Honesty)*
- "We ignore the child's temper tantrums, and when he stayed calm we praised him!" *(Temper Tantrums Principle)*
- "I can deal with this; his behaviour will stop! When I'm calmer the situations turn out better! Now I have the tools to deal with them in another way!" *(Principle of staying calm and think positive)*

3.1.2. Final Evaluation

At the conclusion of the intervention, staff carers completed a satisfaction questionnaire in which they rated the overall program, the teaching format, the group leader(s), the group support, and the usefulness of specific educational techniques they learned. All the ratings were done on a 7-point scale, where a higher rating means a higher level of satisfaction. These findings are summarized below.

3.1.2.1. Overall Programme

For the Overall Programme sub-scale, when asked about the state of the problem(s) of the resident children, 77.8% responded "greatly improved" (11.1%) or "improved" (66.7%). Forty-four percent of the staff carers revealed being "satisfied" with the progress

of resident children, and 33.3% “greatly satisfied”. When asked to what degree the Incredible Years programme had helped with other personal, professional, or family problems not directly related with the resident children (e.g., your general, familial, or professional well-being), 92.5% responded that it “helped very much” (48.1%), “helped” (33.3%), “helped slightly” (11.1%), and 7.4% responded “neither helped or hindered”. Regarding the approach the programme used to enhance the resident children’s social behaviours, 51.9% of the participants responded that they are “greatly appropriate” and 48.1% “appropriate”. Moreover, almost all responded that they would “recommend” (25.9%) or “strongly recommend” (74.1%) the programme to a working colleague, a friend or relative.

Concerning the level of confidence in the ability to manage current behaviours 74.1% reported being “confident” and 22.2% “very confident”, and regarding future behaviour problems in the residential unit, using the learning achieved from this programme, 77.8% responded being “confident” and 18.5% “very confident”. The feelings towards the programme were “positive” (40.7%) or “very positive” (59.3%).

3.1.2.2. Teaching Format

With regard to the Teaching Format, 92.6% reported that the information content was “useful” (29.6%) or “extremely useful” (63%). Almost all the carers also responded “useful” (40.7%) or “extremely useful” (51.9%) when asked about demonstration of educative skills through the use of video vignettes (92.6%). Group discussions of educative skills (81.4%) were reported as “useful” (33.3%) or “extremely useful” (48.1%). The practices of skills learned in the programme at the placement with the resident children (88.9%) were referred as “useful” (51.9%) or “extremely useful” (37%). Other weekly

activities such as reading a chapter of the Incredible Years book and weekly handouts or filling record sheets (85.1%) were evaluated as "useful" (48.1%) and "extremely useful" (37%). Talking with a group colleague during the week was reported to be "useful" (40.7%), "extremely useful" (33.%), "somewhat useful" (22.2%) or neutral (3.7%). Role-Play in sessions was considered to be "useful" (40.7%) or "extremely useful" (29.6%) by 70.3% of the participants. Furthermore, 100% found the "dialogue/accompaniment from the group leaders" to be: "somewhat useful" (11.1%), "useful" (51.9%) or "extremely useful" (37%).

3.1.2.3. Educational Techniques

Nearly all staff carers (92.6%) responded that they found the overall group of specific educational techniques taught to be "useful" (37%) or "extremely useful" (55.6%). One hundred percent reported that using praise was "useful" (33.3%) or "extremely useful" (66.7%). Descriptive commenting (96.3%) and ignoring (92.6%) were also rated very high in the two top satisfaction responses ("useful" and "extremely useful"), followed by Play (88.9%) and Clear Commands (83.2%). Time out was rated by 77.7% as "somewhat useful" (22.2%), "useful" (29.6%) or "extremely useful" (48.1%).

3.1.2.4. Group Leaders

All staff carers rated the two group leaders positively in terms of their teaching skills (44.4% responded "high" and 55.6% "superior") and preparedness (63% responded "high" and 37% "superior"). The participants were also "extremely satisfied" (55.6%) and "satisfied" (44.4%) regarding the group leader's interest and concern in their situation and of the resident children. Moreover, the staff replied that their group leaders were

"extremely helpful" (85.2%), and the feelings towards them were "positive" (55.6%) and "very positive" (44.4%).

3.1.2.5. Group Support

When asked about the group support, 85.1% found their group to be "supportive" (48.1%) or "very supportive" (37%) and all expressed interest in continuing to reunite with their colleagues as a group.

3.2. Educational level and final satisfaction

Table 2 presents the distribution of the final satisfaction with the programme across the three categories of staff's educational level (elementary school; high school and university degree). The mean scores were similar, without statistically significant differences found (all *p's* < .05). As the satisfaction level with the overall programme is independent of the staff's educational level, this result suggests that a diversity of professionals can benefit from the programme.

Table 2 Mean total results: education level × final consumer satisfaction

	Educational Level (M ± SD)				
	Elementary School	High School	University Degree	Test (χ^2)	Sig (*p*)
Overall Programme	55.63 ± 4.44	56.58 ± 2.57	58.00 ± 3.06	1.95	.38
Method Usefulness	48.50 ± 6.23	50.75 ± 3.39	50.71 ± 3.25	1.27	.53
Strategies Usefulness	43.63 ± 4.37	45.50 ± 3.29	46.29 ± 4.11	2.23	.33
Group Leaders	32.63 ± 1.92	32.92 ± 1.73	33.71 ± 1.80	1.50	.47
Group Support	19.25 ± 1.58	20.00 ± 1.21	19.71 ± 1.80	1.26	.53

3.3. Open-ended comments

Staff carers were also asked at the end of the satisfaction questionnaire: "What was most helpful about The Incredible Years Programme?"

Staff carers responses, analysed using a traditional categories content analysis, indicate that learning educative strategies, such as praising, helped them the most (38.3% of comments were related to this aspect). Many carers simply stated everything about the programme was helpful (31.9% of comments). When asked about the benefits of participating in this programme, the carers include comments regarding learning more strategies (19.1%), the positive impact in the residential environment (6.4%), understanding the resident children better (23.4%), and improving relationships with the children (21.3%).

The following comments, taken from the Satisfaction Questionnaire, illustrate what some carers had to say about the programme as well as what they learned:

- "I have learned to apply new strategies, new ways to deal with the children's behaviour. The group training allows us to achieve some consensus in the way we all deal with the children."
- "For me it was important to improve the relationship with the children as a result of the improvement of my behaviour. Now, I think with a "cold head": I'm an adult, I have to stay calm."
- "I learned a lot with this programme. It's going to be very helpful to me at a professional and also a personal level."
- "With this programme I learned how to understand and cope with children's difficult behaviours."

4. DISCUSSION

The Incredible Years Basic Parent Programme (IY) has been widely used to teach effective child management skills to parents of children aged 3 to 8 years, and the programme was used in different countries and with many different types of participants, such as parents of children with conduct problems and attention deficit disorder, parents at risk for abuse or neglect, foster and adoptive parents and professionals working with children (e.g., psychologists, day care providers, social workers) (Webster-Stratton *et al.* 2012). The versatility of the programme and the results achieved support its use in numerous types of settings.

Our findings on the basis of this modest intervention with Portuguese staff carers in a residential situation are encouraging. The level of weekly and final satisfaction with the programme on the part of staff carers was high, and revealed that the residential centres and the participant carers received the programme positively. The mean averages are rated closer to four (maximum score) and none of the values is inferior to three.

The programme sessions evaluated as more useful by the participants were related with promoting positive behaviours and handling misbehaviour (sessions 5 to 11). This result was expected given the necessity of residential child care staff to cope with the difficult situations and challenging interactions on a daily basis. Furthermore, the video vignettes were also rated as very helpful which suggests that, although the content of the video examples are from a different culture (American families), the participants evaluated them very positively and felt emotionally connected to the different situations and the children's developmental issues presented. In addition, this video-based modelling training had the potential advantage of facilitating group discussion, collaborative learning, and emotional support, while stimulating the practice of the exercises within the residential

context with the children, which may have helped the staff to generalize the concepts and the principles learned (Webster-Stratton & Herbert 1994). Moreover, the role-play was rated as more useful in the first sessions when the increase of positive behaviour was addressed, but also in the last sessions that viewed the managing of aggressive behaviour and non-compliance. The first step in breaking the negative cycle of behaviours is to infuse positive feelings into the adult-child relationship through play. Staff carers were taught how to play with the child in a way that facilitated the development of self-esteem and learning, using descriptive comments, praise, and coaching techniques. Group discussion was also reported as a useful strategy involving self-reflection, problem solving, sharing and discussion of ideas, and reactions of the participants. The group leader's role supporting the staff carers by teaching, leading, discussing, and role-playing within the residential centre was also highly rated.

These findings suggest that IY, in the form it was delivered in this study was sensitive to the residential culture and group staff team, and was successfully transposed to this new context and specific population, independent of their educational or professional backgrounds. This is in line with Hutchings & Bywater research work with foster carers (2013), as they highlighted in their conclusions that the IY parent programme can address the needs of different populations.

5. LIMITATIONS

While these findings are promising, they are also subject to a number of important limitations. The sample was small and despite positive findings using a cautious approach to data analysis, the findings need to be disseminated with caution. However, while exploratory in nature, this study suggests that a larger randomized controlled trial analysis

would be useful, would yield more robust findings, and would be more informative to residential managers, services and policy-makers.

All carers found the content useful and welcomed the chance to discuss issues and problem solve with their colleagues in a collaborative environment. The benefits of extending the length of the programme on certain topics and periodic booster sessions could also be the target of evaluation. Allowing more time to explore relationship building and play, as many of the cared for children had not had the opportunity to form early social attachments through play, should also be addressed in future research, as well as the impact of changes in the climate of the organization.

It was evident to the researchers that the Incredible Years Basic Parent Programme requires a reasonably high level of personal commitment from its group members to attend all (or at least most) of the sessions and to practice ideas presented and discussed in the group between sessions. In a residential childcare environment this could be a real challenge. Due to the service characteristic of the short-term centres, variation in patterns of attendance (e.g., due to staff turnover or shift schedules) may affect the learning group process, which is an integral and crucial element of the effectiveness of these groups, and for the assimilation of the core principles of the IY programme.

One other observation relates to the nature of the needs of the children in care. It is likely that some of the children in residential care may have suffered significant losses or traumas in their lives that will require a more therapeutic approach. In the common Portuguese model of residential care, the direct carers are not seen as offering therapeutic support for the residents; this is left to specialists. However, recent brain research is demonstrating that responsive and relational care can offer important healing for such situations as well. In the words of neuro-psychiatrist Dr. Bruce Perry (Perry & Szalavitz

2006): “We learned that some of the most therapeutic experiences do not take place in ‘therapy’, but in naturally occurring healthy relationships” (p.79).

On the one hand, the IY programme has added knowledge to the carers’ toolkit for managing and reducing difficult behaviour and improving social competence in the resident children, in their current placement. On the other hand, the present findings are viewed as being preliminary to a larger and more representative evaluation of the efficacy and acceptability of IY programme in residential contexts in Portugal. Further research is also required to determine the impact of these enhanced skills and abilities on addressing the therapeutic needs of the children as well.

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APPENDIX A.

Contents and objectives of the Incredible Years Basic Parent Programme sessions in the residential child care context (children from 3 to 8 age range). Based in Webster-Stratton (2000), OJJDP.

	Contents	**Objectives**
Session 1	Welcome & Introduction to Programme; Staff Carers Goals	• Introduction of the running of each session. • Definition of the group basic rules.
Session 2	Part 1: How to play with a child; Importance of Adults Attention and Special Time	• Recognizing children's capabilities and needs. Providing positive support for children's play. • Helping children develop imaginative and creative play. • Building children's self-esteem and self-concept. • Avoiding power struggles with children. • Understanding the importance of adult attention.
Session 3 and Session 4	Part 2: Helping children learn	• Talking with children. • Understanding ways to create faster language development. • Building children's confidence in their learning ability. • Helping children learn to solve problems. • Helping children deal with frustration. • Avoiding the criticism trap. • Making learning enjoyable through play.
Session 5	Programme 2: Praise and Rewards Part 1: The Art of Effective Praise and Encouragement	• Understanding ways to praise more effectively. • Avoiding praise of perfection only. • Recognizing common traps. • Handling children who reject praise. • Providing physical warmth.

	Contents	Objectives
		• Recognizing child behaviours that need praise. • Understanding the effects of social rewards on children. • Doubling the impact of praise. • Building children's self-esteem.
Session 6 and Session 7	Part 2:Using Tangible Reward Programs to Motivate the Child	• Providing unexpected rewards. • Understanding the difference between rewards and bribes. • Recognizing when to use the "first-then" rule. • Providing ways to set up star and chart systems with children. • Recognizing ways to carry out point programs. • Understanding how to develop programs that are age appropriate. • Understanding ways to use tangible rewards for reducing or eliminating problems such as dawdling, not dressing, noncompliance, not sharing, fighting with siblings, picky eating, messy rooms, not going to bed.
Session 8	Programme 3: Effective Limit Setting Part 1: How to Set Predictable Learning Routines and Clear Limit Setting Part 2: Helping Children learn to accept limits	• Dealing with children who test the limits. • Understanding when to divert and distract children. • Avoiding arguments and "why games." • Recognizing traps children set for carers. • Ignoring inappropriate responses. • Following through with commands effectively. • Helping children to be more compliant.

	Contents	**Objectives**
Session 9	Programme 4: Handling Misbehaviour: Part 1: Avoiding and Ignoring Misbehaviour	• Anticipating and avoiding frustration. • Ignoring and distracting. • Handling noncompliance, screaming, arguing, pleading, and tantrums. • Handling crying, grabbing, not eating, and refusing to go to bed.
Session 10 and Session 11	Part 2: Time Out and Other Consequences	• Explaining timeout to a school-age child. • Using timeout for hitting behaviours. • Using the timeout chair with a toddler. • Explaining timeout to a toddler. • Using a timeout room with a toddler. • Using timeout to help stop sibling fights. • Following through when a child refuses to go to timeout. • Dealing with spitting. • Dealing with threats. • Understanding and establishing logical consequences. • Coping when discipline does not work. • Dealing with the TV syndrome.
Session 12	Part 3: Preventive Strategies	• Encouraging sharing and cooperation between children. • Talking and listening effectively. • Problem solving with children. • Reviewing points to remember when using timeouts.
Session 13	Final Celebration	• Reflection on how to deal with future child behaviour difficulties. • Recall the importance of group team consistence in the strategies delivered.

CHAPTER 5

Conclusions and Recommendations

> "Most staff in children's homes do not have appropriate training… At the moment the situation has been created in which the most disadvantaged and difficult children in our society are being cared for - and sometimes treated - by a group of care staff who overall have been given the least training of all."
>
> Norman Warner, 1992 (as cited in Hills & Child, 2000, p. 1)

The temporary residential child care centres for children at risk, due to the type of population they shelter, face multiple organizational, social, and educative challenges (Anglin, 2002). The professionals who act as direct carers of children and young people removed from their family environment must be the face of positive educative models that break with the negative experiences of neglect, mal-treatment, abandonment and violence from the past. It was in this context that this research took place, searching to give an answer to the need, identified in the literature and in the landscape of the Portuguese residential child care system, relative to the assessment and intervention near the residential staff carers.

This research was organized in five chapters that focused on staff carers and children's outcomes, satisfaction with the IY programme, and finally conclusions and recommendations, that together tried to give an answer to the following question: Is the Webster-Stratton *Incredible Years Basic Parent Programme* an adequate form of training for Portuguese residential child care?

As Maier (1990) notes, training in residential child care, before or on the job, is essential to develop a useful domain of new skills and competences. Furthermore, continuous learning and refinement of know-how should be required to improve staff carers' development. But in this process it is also very important that the staff carers are prepared to engage in new forms of interaction, and be supported by the managers in order to transmit this quality of care to the resident children (Maier, 1979).

The present exploratory study suggests that there is value to providing Portuguese residential child carers with a parenting training programme, and that it can be an initial contribution for changing the staff carers' practices and the dynamic of the organization. Overall, children's total difficulties, (measured by SDQ) and deviant and noncompliant behaviours (measured by DPICS), decreased in the proximal outcomes, particularly in the groups where the IY was delivered. Additionally, residential staff carers' empathy, observed positive parenting and affection, and critical parenting, as measured by AAPI-2 and DPICS, respectively, also indicated significant improvements. The increase of positive parenting, empathy, and praise suggests that the staff carers incorporated the principles of the programme. These results are in line with previous studies where the IY was delivered to parents' populations (e.g. Hutchings et al., 2007; Webster-Stratton, 1998; Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Beauchaine, 2011; Webster-Stratton, Reid, & Hammond, 2004), reinforcing the idea that the participation in such intervention programmes can improve the adult-child interactions. However, the longitudinal results of our study didn't indicate the existence of significative sustained changes.

This brief intervention might have started a positive process between the staff carers and the resident children, but it was not directly responsible for long-term outcomes,

suggesting it is just the beginning of a more intensive intervention and cannot be relied on in isolation from ongoing training opportunities (Britt & Myers, 1994). It is likely, a question worth researching, that an extension of the programme would might allow the programme principles and techniques to be transferred and consolidated in the daily practices, enhancing self-awareness and sense of mastery.

The IY programme showed a high level of staff acceptability, and participating staff carers reported satisfaction with the overall programme (i.e. teaching format, parenting techniques, group leaders, views on the group). Further, in the personal contact with the staff carers the need for training was one aspect they pointed out, which was similar to other studies that highlight the important investment in the staff carers' training (Bazon & Biosoli-Alves, 2000; Pereira, 2009). This particular result is encouraging, and indicates there is value to this type of intervention in the residential care setting.

Managing the routine events of daily life in child care context – mealtimes, bedtimes, recreation, etc. – has the potential to be beneficial and generally therapeutic to the children by providing daily experiences that give the children a sense of security and predictability, a model of positive behaviour, and above all offering consistent "looking after" by adults who care about them (Connelly & Milligan, 2012; Stevens & Furnivall, 2008; Trieschman, 1969).

As described earlier, the IY Basic Parent Programme is a well-evaluated programme involving several randomized control trials (Reid, Webster-Stratton, & Hammond, 2007). In Portugal, several studies with the IY programme are in ongoing development (Webster-Stratton, Gaspar, & Seabra-Santos, 2012), providing evidence of the transportability and effectiveness of this intervention to a different culture and different settings. Continued testing of the Incredible Years in the residential child care context may also be appropriate,

because the current Portuguese alternative care system doesn´t provide evidence-based training to residential staff carers, supporting them to function successfully. The IY Basic programme is based upon a common set of principles, which can be applied sensitively to different settings (e.g. child welfare population, foster parents, nursery care), which leads the way to this application in residential care. Predictability and some routine are important factors in creating the sense of normality and safety desired within the residential child care centres, and are some of the principles taught in the IY programme. However, consistency is not easy to achieve in residential settings (Furnivall, 2011) and the struggle to embrace this purpose must be embraced by all members of the staff team seeking to provide the best care to the resident children.

Portuguese child welfare reports (Institute of Social Security [ISS], 2011, 2012) indicate a high prevalence of behaviour problems in children and young people in residential care, and they are becoming more prevalent at younger ages (age range 3 to 6 years old). Intervention early in a child's time in residential care may help to change maladaptive developmental trajectories. Children's improved behaviour may also enhance stability in residential settings. Because behaviour problems are often the primary expression of frustration and emotional distress in children entering alternative care, a consistent approach among the residential staff team is essential to manage a group of children with multiple needs at one time. Reducing and preventing a child from pitting staff carers against each other are the key factors to minimizing behavioural outbursts, escalations and coercive interactions within the residential "life space". This study suggests that the IY training materials, role-playing, and ongoing support for staff development can be off value in promoting positive care practices. Furthermore, training should not be

treated as a rushed event undertaken simply to fulfill activity plans, but should be seen has an opportunity for individual and group learning and development.

The small sample size of each staff carer and children's groups, as well as the lack of a randomized control trial, point to the need for a larger and more complex efficacy trial. Constructing such a study will be challenging, given the residential referral processes and the need to place children in a timely manner when and where spaces exist, but needs to be the next step.

Recommendations and Future Directions

It is recommended that future research should continue to include observation of actual behaviour to reinforce the investigation of the effect of staff carers' behaviour on the behaviour of the resident children, and to improve the quality of the interactions. Moreover, an extended and, perhaps augmented version of the Incredible Years Basic parent training programme could be considered as an option. If the IY or a comparable evidence-based programme is used, the original content and videos of the programme should be maintained for integrity and fidelity of the programme delivery. On the basis of the experience of this study, additional materials that specifically address the issues of the residential child care (e.g. biological family involvement, effects of trauma on child's development, dealing with organizational issues) would likely enhance this intervention. An assessment of the quality of leadership in residential centres could also be addressed in future studies in order to understand the kind of support Portuguese managers give to the care staff team in order to consistently apply the intervention principles.

The recent developments in neuroscience have also made it clear that emotional trauma experienced by these children earlier in their lives has a direct impact on brain

functioning (Perry, 2009; Szalavitz & Perry, 2010). Residential child care workers need to be aware of the importance of their work in providing respectful compensatory experiences that address the children's development and assists with their recovery from the trauma (Connelly & Milligan, 2012; Petrie, Boddy, Cameron, Wigfall, & Simon, 2006). Perry's recent research (2009) and the work of others indicate that staff carers have a key role to play in the intervention process with the resident children, minimizing the risk of further psychosocial problems to arise in the future (Calheiros et al., 2013; Gomes, 2010; Silva, 2004).

While this study indicates that, with suitable modifications and follow-up supports added to the IY programme, it has the potential to improve the delivery of residential care for children in Portugal, it is also acknowledged that there have been other recent initiatives developed to support quality improvements in residential care that appear to be promising practices (e.g., Bloom, 2005; Holden, 2009). Bloom's Sanctuary and Holden's CARE programme models take a more comprehensive approach and seek to achieve broad organizational culture change in service of the children's best interests.

This study and the growing international evidence for the importance of staff and organizational development in the provision of quality residential child care points in the direction of the need to create in Portugal a "centre of excellence" to promote positive practice in residential care through research, evaluation and policy development. Centres that already exist, such as CELCIS in Scotland (www.celcis.org) and NCERCC in England (www.ncercc.org), could offer excellent models for possible replication and adaptation. Such a centre could assist in establishing national standards, qualifications and evidence-based training criteria for residential child care.

Alberto (2008) states that each residential child care centre is an unique case, a dynamic entity, as if it was a living being. In the same line of thinking, Silva (2004) also believes that each residential centre is specific, unique and should be operated so as to respond to the specific needs of the resident children.

Figure 1 (below) is an attempt to illustrate graphically the future of residential child care in Portugal that would strive for building positive, consistent and effective relationships with the children to enhance the care quality through structured evidence-based intervention, and to fulfill of the dreams of those children facing the world alone.

The work in residential child care is complex and faces multiple challenges, has strengths and weaknesses, opportunities and adversities, struggles and achievements…but most of all has the chance to change children's lives and to open the door to the dream of experiencing a future family where the children can be reborn with love and empathic care.

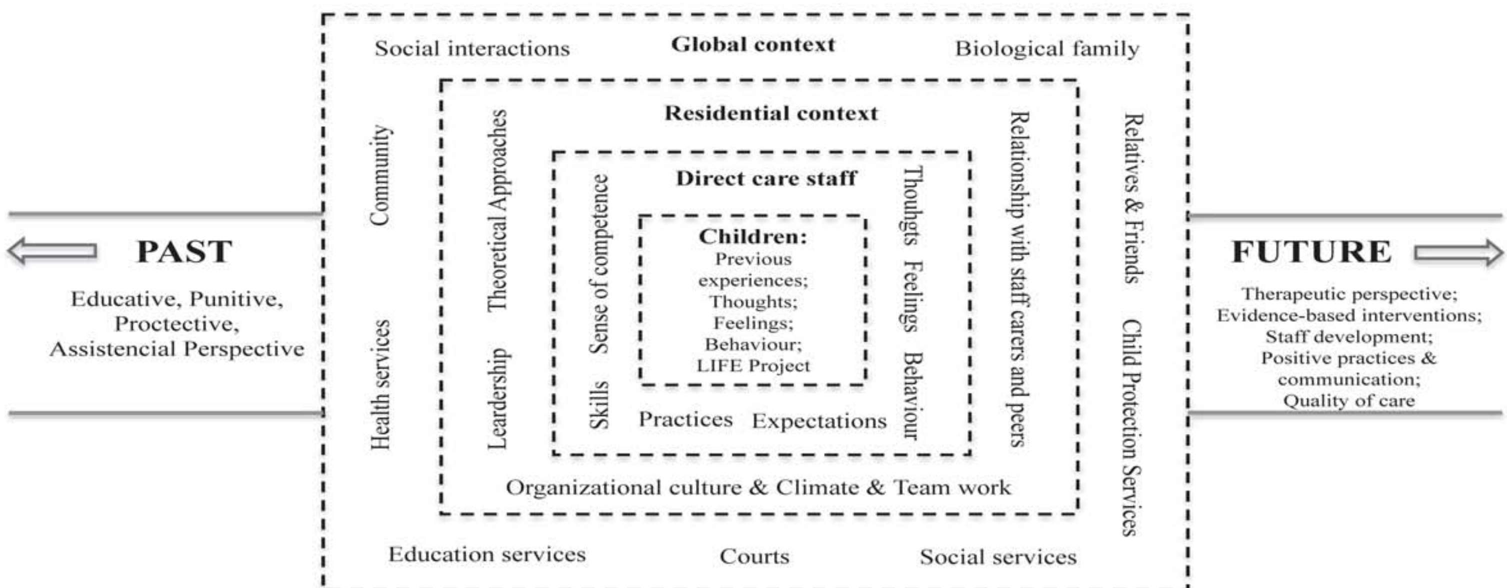

Figure 1. A schematic representation of a residential child centre as a dynamic entity towards an evidence-based spcecialized care model

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APPENDIX B.

[Livro de Bolso: Gestão de Comportamentos de Crianças dos 3 aos 8 anos de Idade para Cuidadores em Acolhimento Residencial]

LIVRO DE BOLSO

GESTÃO DE COMPORTAMENTOS DE CRIANÇAS DOS 3 AOS 8 ANOS DE IDADE PARA CUIDADORES EM ACOLHIMENTO RESIDENCIAL

Ferramentas e estratégias úteis para criar
um ambiente residencial calmo,
positivo e cooperativo

Isabel Simões Silva & Maria Filomena Gaspar

Coimbra, 2013

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I. INTRODUÇÃO

Ser cuidador/profissional num Centro de Acolhimento Residencial para Crianças em Risco é um desafio constante, diário, e ao qual muitas vezes não é atribuído o devido valor, quer pela administração das instituições quer pela sociedade em geral. A interação com crianças que vêm de diferentes ambientes familiares (muitos deles caracterizados por carências físicas, psicológicas e emocionais), e que se encontram em diferentes etapas de desenvolvimento (preparados para testar os limites de um contexto totalmente novo com pessoas novas, em situações tão comuns como: a hora da refeição, a hora de levantar e de adormecer, ver televisão, brincar, etc.), pode causar ansiedade a qualquer cuidador, principalmente aos que, por variadíssimos motivos, se sintam menos confiantes e confortáveis em lidar com dificuldades comportamentais que decorrem dessas interações.

Atualmente, a exigência passa pelas equipas de cuidadores/profissionais trabalharem de forma congruente, consistente, com vista a aumentar a qualidade do ambiente institucional, e proporcionar às crianças acolhidas experiências positivas, de segurança e afecto, modeladoras de comportamentos positivos, pro-sociais que as ajudem a desenvolverem-se.

O presente livro de bolso foi escrito, de forma simples e sucinta, com o objetivo de ajudar os cuidadores/profissionais de acolhimento no seu dia-a-dia, a reconhecerem e/ou a resolverem problemas na interação com as crianças acolhidas, com o recurso a abordagens educativas mais positivas e eficazes. Para a sua elaboração inspirámo-nos em outros autores e nas estratégias e ferramentas que criaram, adoptando-as, sempre que tal se revelou necessário, ao contexto do acolhimento residencial. Entre as fontes principais

encontra-se o Programa Anos Incríveis Básico de Carolyn Webster-Stratton, tal como se encontra quer no Manual (Webster-Stratton, 2001), quer no livro de apoio ao programa " Os Anos Incríveis: Guia de Resolução de Problemas para Pais de Crianças dos 2 aos 8 Anos de Idade" (Webster-Stratton, 2005, 2010). No âmbito do acolhimento residencial, o livro de Boone (2012) "Basic Training for Residential Child Care Workers: A Practical Guide for Imporving Service to Children" propõe elementos-chave (e.g. recompensa do comportamento positivo, estabelecer os limites, a consistência, entre outros), para melhorar as práticas e aumentar a eficácia dos cuidadores e reduzir a carga emocional e de stresse a que os profissionais estão sujeitos no dia-a-dia neste contexto, e foi por estes motivos também uma das nossas fontes privilegiadas.

Porquê gerir o comportamento?

Existem vários objetivos que os cuidadores em acolhimento devem procurar atingir. Entre estes encontram-se:

1. Criar um clima positivo onde a aprendizagem possa fluir;
2. Assegurar direitos de segurança, aprendizagem e respeito;
3. Estabelecer limites com os quais as crianças possam experienciar o sucesso;
4. Ensinar as crianças a fazerem escolhas sociais aceitáveis e apropriadas, disciplinando sem violência.

Para atingir estes objetivos de forma eficaz é importante considerar o estilo do cuidador. Cuidadores eficazes abordam os objetivos da gestão do comportamento com uma atitude positiva.

Abordagem positiva: a gestão do comportamento positiva significa que se está a trabalhar para criar interações que permitem ensinar às crianças comportamentos sociais apropriados, ao mesmo tempo que se protege a sua dignidade e auto-estima.

Caraterísticas-chave de uma atitude positiva são:

- Ênfase nas afirmações positivas em vez de nas negativas;
- Uso regular e coerente de elogios e recompensas;
- Ensinar as crianças as competências sociais que elas precisam para ter sucesso;
- Redirecionar as crianças para o sucesso em vez de apontar sistematicamente os seus erros/fracassos.

A abordagem positiva versus negativa: exemplos de afirmações dos cuidadores nos dois estilos

ESTILO POSITIVO	ESTILO NEGATIVO
Anda mais devagar.	Pára de correr.
Por favor, fala mais baixo. Obrigado.	Pára de gritar.
Segura no copo com as duas mãos.	Tem cuidado!
São horas de arrumares os brinquedos.	Vamos lá a arrumar os brinquedos.
Por favor, fecha a porta devagar. Queres que te mostre como se faz?	Não batas a porta com força! Vamos a não voltar a fazer isso.
Sei que estás triste.. queres um abraço para te sentires melhor?	Pára de atirar os brinquedos, senão ponho-os no lixo!
Queres vir por ti próprio ou precisas que te ajude!	Pela última vez, anda cá já!
Logo que acabes de comer, vamos ao parque…	Se não acabas de comer, não vais ao parque!

❖ As relações positivas são a chave!

Construir relações positivas com as crianças acolhidas está no centro de uma eficaz gestão de comportamentos. Uma relação forte liga-nos às crianças, e sem esta ligação a nossa capacidade para as influenciar e lidar diminui.

As relações podem ser melhoradas se:

- Receber e cumprimentar as crianças quando elas chegam ao centro de acolhimento;
- Mostrar genuíno interesse por elas enquanto indivíduos;
- Ouvir de forma empática o seu ponto de vista;
- Manter a sua dignidade e auto-estima mesmo quando as corrige;
- Tratá-las com o mesmo nível de respeito que acha que lhe é devido.

❖ Acerca de cuidadores eficazes...

Cuidadores que gerem bem o comportamento partilham as seguintes caraterísticas:

a) Usam uma vasta gama de competências e ferramentas;
b) Gerem bem as suas emoções;
c) Têm crenças/expectativas realistas;

a) Os cuidadores que são bem sucedidos procuram ter ao seus dispor várias opções de escolha. Ao longo das suas carreiras eles aprendem várias competências e estratégias que incorporam e utilizam no seu dia-a-dia sempre que necessário.
   - Uma boa metáfora é imaginar que utiliza uma **CAIXA DE FERRAMENTAS.** Quando precisa de alguma competência ou estratégia é só abrir a caixa e usar a ferramenta que necessita. Os cuidadores que têm mais

opções de escolha na sua caixa de ferramentas para interagir com as crianças acolhidas, diariamente, são os que permanecem mais calmos.

b) Gerir as próprias emoções…

É importante manter um equilíbrio emocional num ambiente de acolhimento que se caracteriza por ser confuso, onde muitas situações acontecem ao mesmo tempo, e despoletam stresse/tensão minuto a minuto. Os cuidadores podem sentir-se irritados, deprimidos, frustrados ou culpados por não conseguirem lidar com o difícil comportamento das crianças. É conveniente lembrar:

- Controlar a irritação e manter-se calmo é uma estratégia mais eficaz para enfrentar a situação;
- As suas emoções e as emoções da equipa de cuidadores influenciam significativamente o ambiente do centro de acolhimento;
- **EMOÇÕES, PENSAMENTOS, COMUNICAÇÃO POSITIVOS** contribuem para enfrentar as situações com êxito;
- A sua gestão emocional é um **MODELO** para as crianças acolhidas.

c) Crenças/Expectativas Realistas

Cuidadores eficazes vêm em todos em formas, tamanhos e personalidade diferentes. Eles compreendem que não podem controlar o comportamento das crianças. Em vez disso, procurar influenciar o comportamento das crianças de outras maneiras:

- Construir relações positivas com as crianças projetando imagens positivas do seu futuro e da sua capacidade para enfrentar com sucesso as situações que forem surgindo;
- Estabelecer regras claras;
- Manter expectativas realistas, ajudam as crianças a ganhar confiança e a aprender com os seus erros;
- Ser consistente.

O cuidador é mais **EFICAZ** quando foca a sua atenção e energia nas áreas em que tem mais influencia – antes de o comportamento acontecer **(ANTECEDENTES)**, construindo relações positivas através do brincar, elogiar, incentivos, e depois de o comportamento acontecer **(CONSEQUÊNCIAS),** utilizando de forma consistente de estratégias como o ignorar, tempo de pausa, consequências lógicas.

II. ESTILOS DE GESTÃO DE COMPORTAMENTO

Existem três estilos gerais de gestão do comportamento por parte dos cuidadores. Apesar de a maior parte dos cuidadores se identificar com todos os três estilos, são as características do estilo de cada um que contam.

A RELEMBRAR:

- O seu estilo afecta o clima das relações no espaço de acolhimento.

- O seu estilo modela comportamentos que as crianças imitam/copiam;

- As crenças que cada um tem determinam o seu estilo de abordagem.

Ao fazer a leitura sobre os estilos, pergunte a si mesmo, "Qual deles escolheria para as crianças acolhidas experienciarem na convivência diária consigo?"

HOSTIL e AGRESSIVA

Acredita que:

- As crianças devem ser controladas;
- Não sorrir para as crianças é uma boa estratégia;
- Os adultos merecem respeito automaticamente, as crianças devem esforçar-se para o ganhar;
- Se não os repreendermos eles safam-se sempre…
- Os confrontos diários são uma luta que os adultos devem sempre ganhar;

Estratégias:

- Dizer-lhes o que devem fazer;
- Ameaçá-los com punições/castigos;
- Remeter a criança para os outros colegas cuidarem;

Resultados:

- Pobre qualidade das relações;
- Stresse elevado;
- Aprendizagem, tomada de decisão e motivação estão significativamente prejudicadas.

A MELHOR AMIGA

Acredita que:

- A criança necessita de ser acarinhada constantemente;
- Ser simpática e amiga faz com que as crianças gostem dela;
- Planear um bom trabalho previne maus comportamentos;
- O centro de acolhimento é uma democracia onde a negociação é a chave.

Estratégias:

- Perguntar, negociar, debater seguido de um sentimento de frustração: "Quantas vezes já te disse para estares quieto?" (suspiro resignado); "Porque é que continuas a fazer isso?" (magoada); "Vai para o teu quarto. Estou farta de ti" (sobrecarga emocional).

Resultados:

- Incerteza leva à insegurança;
- Aprendizagem, tomada de decisão e motivação estão significativamente prejudicadas.

FIRME e ASSERTIVA

Acredita que:

- O trabalho de cuidador é estabelecer limites;
- O trabalho das crianças é testar os adultos;
- As crianças cometerem erros no seu comportamento é normal e saudável;
- As crianças devem ser ajudadas a experienciar o sucesso;
- Cuidar significa dizer **"NÃO"** no momento certo;
- A criança é mais do que os problemas que apresenta.

Estratégias:

- Trata o comportamento como uma escolha feita;
- Responsabiliza a criança pelas suas escolhas;
- Cria uma cultura de elogio e foca-se no que a criança faz de bem;
- Redireciona a criança para o sucesso;
- Aplica consequências se necessário sem ressentimentos;
- Procura ensinar à criança competências sociais que levam a melhores opções de escolha;

Resultados:

- As crianças aprendem os limites enquanto mantêm a sua dignidade;
- O cuidador é ao mesmo tempo líder e mentor;
- Aprendizagem, tomadas de decisão e motivação aumentam significativamente.

EXERCÍCIO DE REFLEXÃO EM EQUIPA...

Numa escala de 0-10 (sendo a pontuação 10 a mais positiva e eficaz e a pontuação 0 a tipo "hostil e agressiva"), até que ponto a suas práticas refletem as de uma cuidadora firme e assertiva?

* O que é que na sua prática enquanto cuidador tem sucesso? Quais as qualidades que possui que fazem de si um bom cuidador? Enumere 5.

* Classifique os elementos que se seguem utilizando uma escala de 1 a 3 (1- necessário treino adicional para ser bem sucedido; 2- está bem, mas pode ser melhorado; 3- elemento que já domino, mas gostaria de aprender a fazer ainda melhor): 1. Estabelecer

limites ____ ; 2. Elogiar e recompensar comportamentos positivos_____; 3. Ser um modelo positivo para as crianças _____; 4. Mostrar consistência nas minhas práticas _____.

* Resumindo, o que pode fazer para melhorar a sua prática, e torná-la mais positiva nas interações com as crianças acolhidas?

Notas

____

____

____

III. NA DIREÇÃO CERTA…!

Influenciar em vez de controlar…

LEMBRE-SE: Não pode controlar diretamente o comportamento das crianças.

Pode-se **SIM**, em equipa e de forma clara e consistente, controlar alguns dos antecedentes como:

- Onde e como se organizam as atividades para as crianças;
- Como cumprimentar as crianças;
- Como iniciar as conversas;
- Como estabelecer planos e rotinas;
- Como escolher responder emocionalmente aos comportamentos das crianças.

Ao controlar a sua resposta, pode influenciar o comportamento das crianças, mas não controlá-lo.

IMPÔR LIMITES

A mensagem mais importante é que **a punição física, censura, críticas, discussões não mudam o comportamento.**

- As **Consequências** ajustadas ao comportamento incorreto são aquelas que limitam o comportamento o tempo suficiente, para permitir recompensar o comportamento novo e desejável.

- Não é a severidade das consequências que faz com que elas se tornem eficazes; é a sua inevitabilidade – ou seja, a certeza de que as vai por em prática!

- As consequências são melhor organizadas em hierarquia, por exemplo:

* Prepare-se para ser testado pelas crianças;

* Controle a sua irritação e mantenha-se calmo;

* Faça avisos do tipo "se...então", que a crianças mais novas compreendem mais facilmente;

* Dê tempo à criança para fazer as suas opções;

* As consequências devem ser curtas, claras e precisas.

As consequências devem ser sempre aplicadas como uma escolha – "António, se não tens cuidado com a tesoura, tiro-ta." – e assim será aplicada uma consequência lógica da ação da criança.

EXERCÍCIO:

Pense numa situação em que teve que estabelecer limites a uma criança residente. Descreva o que aconteceu. Escreva dois aspectos que podia ter melhorado para lidar com a situação, utilizando as sugestões anteriormente oferecidas.

____

____

____

RECOMPENSAR

A mensagem mais importante é que as **recompensas modificam o comportamento.**

- O comportamento que gostaria de ver acontecer com mais frequência deve ser selecionado. Espere por esse comportamento correto para dar a recompensa. Os êxitos alcançados no dia-a-dia devem ser recompensados.
- *Feedback* emocional é a forma mais eficaz de recompensa – sorrisos, "obrigados", gestos especiais como o "polegar levantado".
- Recompensas tangíveis/reais (estrelas, autocolantes) não são eficazes a longo prazo se não estiverem associados ao *feedback* emocional.
- Uma vez dadas, as recompensas nunca devem ser retiradas à criança – se eles tiverem um comportamento inadequado depois de receberem a recompensa deve aplicar a consequência apropriada.
- Recompensas devem ser dadas de forma justa e não ser usadas como "subornos", antes do comportamento correto acontecer, sobretudo com as crianças mais problemáticas.
- Jovens de 12-15 anos respondem à entrega de autocolantes tão bem como crianças de 4-6 anos se lhes forem dados de uma forma apropriada à idade.

Começar e acabar o dia de forma positiva...!

As rotinas do início e do fim do dia são uma parte essencial da gestão eficaz de comportamentos. São os pontos principais onde se começa a estabelecer o tom social para resto do dia.

- Quando acordam, deve-se saudar as crianças com um sorriso;
- Diga algo de positivo a cada criança que passa por si;
- Promova uma comunicação positiva com os seus colegas de equipa, elogie-os à frente das crianças;
- Ao fim do dia, foque-se no que correu bem, faça elogios descritivos para comportamentos positivos específicos que gostou de ver nas crianças.

Estabelecer um ambiente de "boas maneiras"

As boas maneiras não custam nada e são a "cola social", que no dia-a-dia, forma grupos coesos.

A **EQUIPA** deve demonstrar através do seu comportamento, os comportamentos socialmente apropriados que esperamos das crianças. Exemplos simples:

- Dizer " Por favor" e "Obrigado";
- Abrir a porta para as crianças passarem;
- Saudar as crianças com um sorriso e dizer "Bom dia";
- Dizer "Obrigado" quando a criança abre uma porta para passarmos;
- Dizer "Com licença" quando pretendemos passar por entre duas crianças, por exemplo.

- Relembrar gentilmente às crianças quando elas esquecem as boas maneiras: " Ricardo, lembra-te de dizer "Por Favor" quando pedes alguma coisa emprestada a alguém".
- Se precisar de terminar um diálogo com uma criança, para lidar com o comportamento inapropriado de outra, diga gentilmente: "Desculpa, eu só preciso de dar uma palavrinha ao Nuno. Volto em seguida para falar contigo".

Investir para receber...!

Existe uma lei básica nas relações humana que postula: "Se queres receber alguma coisa é melhor dares primeiro". Este princípio aplica-se a todos os níveis na nossa interação com as crianças.

- Se mostrarmos respeito para com as crianças é mais provável sermos também tratados com respeito;
- Se escolhermos responder à criança de forma calma, é menos provável acontecerem situações de conflito;
- Se tirarmos tempo para compreender a criança enquanto pessoa, é mais provável que consigamos estabelecer boas relações com ela;
- Se demonstrarmos uma postura firme e justa para disciplinar é mais provável ter crianças que correspondam às nossas expectativas comportamentais;
- Se cumprimentarmos as crianças com um sorriso e um agradável "Bom dia" é mais provável ter uma resposta amigável do que o usual grunhido de má disposição.

IV. 8 PRINCÍPIOS ESSENCIAIS

Princípios porquê?

- A liderança eficaz é baseada numa abordagem centrada em princípios. Tomar decisões diárias sobre gestão do comportamento dentro de um modelo de trabalho de princípios ajuda-nos a permanecer mais positivos nas nossas práticas.
- Num centro de acolhimento cheio de crianças, a equipa tem de responder aos acontecimentos com rapidez. Enquadrar a resposta em princípios claros, aumenta a sua consistência e equidade.
- Os princípios trazem responsabilidade pessoal. Muitas vezes, atuamos apressadamente contra os nossos princípios, respondendo de forma mal-humorada/irritada às crianças. Quando procedemos desta forma, são os princípios que nos levam a restabelecer e a reparar relações.

Os oito princípios seguintes refletem uma prática positiva:

i. **Planear para o bom comportamento**

Este princípio pondera dois elementos importantes: a prevenção e a redução.

A forma mais eficaz de gestão do comportamento limita ativamente as oportunidades para a ocorrência de comportamentos inapropriados. Contudo, quando acontecem (e vão acontecer!), reduzir o atrito ou o potencial conflito é crucial. Para fazer isto de forma eficaz precisa de deliberadamente escolher uma estratégia da sua caixa de ferramentas, em vez de reagir de forma não planeada ou emocional.

PREVENÇÃO: Estratégias preventivas vão-lhe proporcionar um suporte eficaz na resolução dos problemas diários. Em conjunto com a sua equipa, pense nas estratégias que podem ser úteis. Mantenham uma lista bem visível, para todos os cuidadores a poderem ler e utilizar de forma a ajudarem a construir um clima calmo e de prevenção no centro de acolhimento.

REDUÇÃO: A gestão positiva do comportamento requer que o estado emocional "a quente" seja reduzido rapidamente e de forma eficaz. Reconhecer as estratégias disponíveis para lidar com as situações diárias, permite ter um pensamento claro e racional sobre a situação e responder de forma planeada, retirando as ferramentas que necessita da sua caixa. Dê o mínimo de atenção possível à criança que se comporta de forma inadequada. Faça isto direcionando a criança para o comportamento que quer ver acontecer, em vez de tentar parar o comportamento.

Exemplo:

- "Miguel, quero que estejas sentado à mesa até terminarmos a refeição. Obrigado", é uma ordem curta, clara, positiva e, por isso mais eficaz, do que dizer: "
- "Miguel, porque é que te estás sempre a levantar? Não se brinca, nem se anda a correr de um lado para o outro, na hora das refeições. Tens de ouvir aquilo que te digo."

Note que no primeiro exemplo a criança é redirecionada para o sucesso, em vez de o cuidador se focar nos erros da criança como acontece no segundo exemplo.

ii. Separar o comportamento (inapropriado) da criança

Quando lidamos com o comportamento inapropriado devemos sempre tornar claro que é o comportamento e não a pessoa que é sujeito a crítica.

Relembrar:

- O que eles fazem não é o mesmo que "quem é esta criança";

- Rotular a criança como "Má" muitas vezes confirma uma auto-imagem negativa que a criança já tem de si própria, resultado de experiências negativas no ambiente familiar anteriores ao acolhimento;

- As crianças vivem de acordo com a imagem que nós temos dela;

- As crianças precisam de esperança para modificar o seu comportamento;

A utilização de uma linguagem de escolha torna mais fácil para consolidar este princípio. Tratar os erros como escolhas inadequadas:

- Limita o erro a um contexto,

- Implica que o sucesso é possível (uma boa escolha) numa próxima vez.

O comportamento apropriado, contudo, deve ser sempre associado com a pessoa. Quando a criança faz boas escolhas sobre o seu comportamento, o nosso *feedback* deve carregar a seguinte mensagem, "és o género de pessoa que…"

Exemplo: "Incluir a Mariana no teu jogo mostra que és generosa, Ana. Obrigado" …

iii. Utilizar uma linguagem de escolha

Exercitar a escolha é uma das maiores forças motivacionais que o ser humano experiencia. Muita da tensão e conflito que ocorre nos centros de acolhimento resulta de lutas de poder entre a criança e o adulto.

Gerir o comportamento tem três fases:

- Dar à criança escolha sobre o seu comportamento dentro de regras justas;

- Influencia-los a fazer as escolhas apropriadas;

- Aplicar consequências das suas escolhas (recompensas e as sanções).

Ao início a linguagem de escolha pode parecer estranha. Deve-se praticar e personalizar até se tornar natural. Considere a diferença entre estas duas instruções:

- "Pedro, se não parares de correr vais para o quarto."

- "Pedro, se escolheres continuar a correr quando estou a falar contigo, em vez de parares para me ouvires, vais ter de ir para o teu quarto. Faz uma boa escolha. Obrigado."

- Na primeira opção é dito, "Se não fizeres aquilo que eu quero agora, vou obrigar-te a…" Isto é uma ameaça direta e um desafio a que muitas crianças não conseguem corresponder, principalmente num ambiente novo com pessoas desconhecidas.
- A segunda opção é dito, "Tu és responsável pelo teu comportamento. Eu quero que faças esta escolha, mas se não o fizeres terás escolhido uma consequência. Isto oferece um leque de escolhas, mas crucialmente oferece à criança a oportunidade para escolher um comportamento mais adequado, dizendo-lhe o que espera que ela faça.

iv. Focar no comportamento desejado

Existem comportamentos da criança que requerem a nossa intervenção, uma vez que dificultam o ambiente vivido no centro de acolhimento.

Muitas crianças quando são corrigidas ou chamadas à atenção que o seu comportamento não é o mais adequado, mostram comportamentos secundários.

Estas são formas da criança desviar a atenção dos erros que fizeram e permitindo-lhes sentirem-se melhores.

Quando reagimos a esses comportamentos secundários, muitas vezes desviamo-nos do comportamento principal e o porque de termos chamado a criança à atenção. Além disso, corremos o risco de entrar em lutas de poder e de sermos apanhado em contradição pela criança.

Existem dois tipos de comportamentos secundários: não-verbal e verbal.

Não-verbal

Normalmente, são os suspiros, expressões de "cara-feia", mexer no cabelo, gemidos, amuos, sobrancelhas levantadas, que as crianças fazem quando são corrigidas ou alvo de chamada de atenção.

Competências efetivas:

- Ignore completamente a linguagem corporal. Depois de algum tempo o comportamento pára!;
- Se necessário, deslocar a criança da situação de conflito para um local mais calmo;
- Ter uma postura relaxada (ajuda a acalmar);
- Reafirmar a sua mensagem calmamente, de forma clara e assertiva;
- Perguntar-lhe para escolherem uma opção de comportamento mais adequada;
- Redirecioná-los para outras tarefas.

Verbal

Muitas vezes, são justificações que a criança dá sobre o seu comportamento ou respostas que pretendem dividir o grupo de cuidadores.

"Eles também deixam os brinquedos por arrumar (porque é que me estás a chamar a atenção a mim!)"

"Quando está cá a Susana ela deixa-nos estar mais tempo (gostamos mais dela)"

Competências efetivas:

- Validar a percepção deles sobre os acontecimentos: "Talvez.."
- Redirecioná-los para o comportamento que quer ver acontecer: "mas mesmo assim quero que…"
- "Talvez os outros meninos sejam desarrumados, mas eu agora quero que tu arrumes os brinquedos. Obrigado."
- "Talvez a Susana tenha dado mais uns minutos, mas eu agora quero desliguem a televisão para irem para a cama. Obrigado."

É importante praticar estas competências de comunicação, de forma a tornarem-se mais espontâneas e naturais.

LEMBRE-SE:

- Estas competências evitam o conflito, parecendo concordar com a criança;
- Minimiza o potencial de começar a argumentar com a criança;
- Utiliza um tom de voz calmo;
- Elogie a criança pelo momento de obediência.

v. Construir ativamente confiança e apoio

Todas as relações sólidas entre adultos e crianças, têm na base da sua construção: a empatia, atenção e envolvimento, o escutar e conversar, o brincar. Seria um erro

assumir, que ser simplesmente agradável ou amigo com as crianças, se ganha de imediato a sua confiança. Tem de se demonstrar ao longo do tempo que se é digno de confiança, para assim ganhar a confiança das crianças acolhidas.

Existem várias formas de fazer isto:

- Estabelecer e reforçar limites claros;
- Ser consistente na abordagem e expectativas;
- Cumprir as promessas (mantê-las seguras, ajudá-los a aprender, manter o respeito, etc.)
- Ser sensível a cada uma, enquanto pessoa que tem os seus interesses e gostos.
- Prestar atenção aos detalhes (lembrar-se dos nomes, saudá-los, aniversários, etc..)

Interagir é a forma como estabelecemos relação com os outros. Estabelecer uma relação com a criança é a melhor forma de os conseguirmos influenciar de forma eficaz e positiva. Podemos construir uma interação positiva com a criança da seguinte forma:

- Utilizando linguagem não-verbal como um sorriso, um abraço ou beijo, uma palmada no braço ou no ombro e polegares levantados;
- Utilização elevada de elogios e comentários positivos;
- Mostrar que se está atento, que se compreende as suas preocupações, angústias, sofrimentos e os seus pontos de vista.

Exemplo:

- “ Estou muito orgulhosa de ti, conseguiste vestir-te sozinho. Fantástico!”
- “ Fico muito contente, quando brincas calmamente com os teus colegas!”

- "Obrigado por me ajudares a pôr a mesa para o jantar. Estás a fazer um óptimo trabalho!"

vi. Modelar o comportamento que queremos ver acontecer

Apesar de ser óbvio, é importante reforçar que o comportamento dos cuidadores e de todos os adultos que estão no centro de acolhimento, são a influência mais significativa para as crianças, no tempo em que estiverem acolhidos. As crianças encontram-se num processo de aquisição de competências sociais para fazerem escolhas de sucesso acerca do seu comportamento. Eles precisam dos adultos para servirem de modelos. Nós não temos de ser perfeitos no nosso comportamento. Ser um ser humano normal que também erra (e que pede desculpa pelos erros) é por si só um modelo poderoso. O mais importante é como se modela os comportamentos adequados a maior parte do tempo. A pior acusação que uma criança pode fazer quando está a ser corrigida é ela dizer, "Tu também fazes isto!"

Comportamento Chave	Exemplo
Manter a dignidade e respeito	Mesmo quando a criança se comporta inadequadamente
Resolver o conflito	Aplicar consequências sem rancor
Proteger com segurança (psicologicamente e fisicamente)	Evitar sarcasmos, críticas/comentários negativos e desafiar as crianças que os usam.
Cometer erros faz parte da aprendizagem	Lidar com os erros, com escolhas que não funcionaram
Gerir as emoções	Usar um tempo de pausa para reduzir a ansiedade

vii. **Repensar os nossos atos**

Nós enquanto cuidadores temos tomar muitas decisões ao longo do dia, e gerir o comportamento das crianças. Isso pode-se tornar uma tarefa exaustiva e criar um clima de stresse/tensão no centro de acolhimento. O aspecto crucial é tentar tomar decisões deliberadas acerca da sua forma de lidar com as situações.

- O que é que posso ignorar e durante quanto tempo?
- Qual é o melhor momento para lidar com determinada situação?
- Qual é a ferramenta menos intrusiva que posso utilizar para colocar tudo de volta nos eixos?

viii. **Restabelecer e reparar relações**

Nós só podemos influenciar o comportamento das crianças quando temos alguma relação com elas. Aplicar a sanção necessária como resultado da sua escolha de comportamento pode criar um ambiente de tensão e ressentimento. Devemos tentar restabelecer positivamente a relação com a criança, o mais cedo possível antes de a corrigirmos. Certamente, devemos sempre que possível ter uma conversa positiva antes deles saírem para ir para as aulas, por exemplo, mesmo que seja para sorrir ou dizer adeus. Restabelecer a relação com a criança, de forma geral não exige mais do que uma simples competência.

Nós podemos fazê-lo verbalmente ou não, por exemplo:

- Sorrir quando olhamos para eles, ou dizer "Como está a correr o trabalho que estás a fazer?", " Precisas de uma ajuda?"

LEMBRE-SE estas competências relacionam-se diretamente com a modelação de comportamentos positivos. Nós somos os adultos na relação, e somos nós que temos, durante o período, em que elas estão acolhidas de ensinar à criança comportamentos e competências apropriadas.

ATIVIDADE PARA REFLETIR EM EQUIPA …

Pense nos princípios e explore com a sua equipa as seguintes questões:

- O quê?
- Como?
- Porquê?

Exemplo: Separe o comportamento (inapropriado) da criança.

O que é que isto significa para si? O que é que entende sobre este princípio?

Como é que demonstra este princípio de uma forma consistente no seu trabalho?

Porque é que se deve preocupar em desenvolver este princípio? Porque é que ele lhe permitirá ser ainda mais eficaz?

____

____

____

V. 10 PASSOS IMPORTANTES!

Cada vez que lidar de forma calma e assertiva com o comportamento inapropriado das crianças residentes, acrescenta valor à sua capacidade de resolução de problemas e à sua liderança. Mas, muitas vezes é mais fácil dizer do que fazer!

O que realmente ajuda é sentirmo-nos confiantes com a nossa capacidade de responder positivamente e apropriadamente a um conjunto de comportamentos desafiantes que podem:

- Inicialmente não responder às nossas intervenções;
- Aumentar em termos de severidade.

Também é importante que toda a equipa de cuidadores seja o mais **CONSISTENTE** possível, nas suas práticas, de forma a evitar acusações das crianças de estarem a ser injustos.

Cuidadores eficazes mostram-se muito mais confiantes nas suas práticas. A sua confiança vem da equipa ter um plano claro e objetivo que lhe permite responder de forma calma ao mais pequeno ou ao mais sério dos incidentes que possam acontecer no centro de acolhimento.

Este capítulo proporciona um plano com dez passos que visa dar suporte aos cuidadores na sua forma de atuação. Não é uma resposta definitiva a todos os problemas. Em equipa, explore, refine e sobretudo personalize o plano para lhe proporcionar estrutura e apoio quando está a lidar com o grupo das crianças residentes.

Passo 1 – Apanhe a criança a portar-se bem!

Um ambiente de encorajamento e suporte precisa de ênfase nos comentários positivos.

- Sempre que possível, foque-se primeiro nas crianças que escolhem obedecer, em vez de se focar nas que têm um comportamento inapropriado/escolhem não obedecer.

- Publicamente/Perante todos **ELOGIE** a(s) criança(s) que estão a realizar tarefas (ex. brincar, ler um livro, estudar, pintar um desenho), enquanto **IGNORA** as crianças que não estão a realizar tarefas (ex. correr na sala, gritar). Seja **ESPECÍFICO** na forma de **ELOGIAR:** "Muito bem, gosto da forma como estás a trabalhar/ a ler o livro calmo e sentado na cadeira. Obrigado."

- Se a(s) criança(s) que não esta(m) a realizar tarefas voltam a sua atenção para elas, **ELOGIE**.

- Se há crianças que não se interessam totalmente pelas tarefas, redirecione a criança repetindo gentilmente as suas instruções.

Passo 2 – Use pistas positivas

As pistas positivas procuram usar o comportamento adequado da criança como modelo ou como lembrete, para aquelas que não o têm. Estabelece ligação com o passo 1 uma vez que:

- Está a apanhar crianças a portarem-se bem, e a dar reconhecimento;

- Está a redirecionar as crianças de volta ao comportamento apropriado.

Exemplo: Elogiar crianças que fazem boas escolhas ao pé de crianças que têm um comportamento mais desafiante. Digamos que o João não está a cumprir as ordens de arrumar os brinquedos para de seguida ir jantar e fica parado a olhar para si, mas a Diana, que está ao pé dele está a arrumar:

- Deve virar-se para a Diana e dizer: "Diana, obrigado por estares a arrumar os brinquedos dentro da caixa. Bom trabalho!!"

- O João, depois deste incentivo, começa também a arrumar os brinquedos e olha para si.

- Você reconhece esta mudança de comportamento sorri para a criança e diz: "Bom trabalho, João por ajudares a Diana a arrumar os brinquedos. Obrigado!"

Passo 3 – Use contacto físico

A sua capacidade para regular a proximidade física aos grupos e aos indivíduos é uma parte importante da sua "caixa de ferramentas".

Exemplo: Repara que o Hugo está desfocado da tarefa, então começa a circular por entre as outras crianças, aproximando-se gradualmente do Hugo, elogiando o comportamento das outras crianças que estão focadas na tarefa (ex. a comer a refeição).

- "Maria, obrigado por comeres tudo o que está no prato, sossegada na tua cadeira."

- Continue a aproximar-se do Hugo continuando a elogiar as outras crianças.

- "Vasco, (a uma cadeira de distância do Hugo) eu gosto da forma como já consegues pegar no garfo e na faca. Está a trabalhar muito bem!". Assim que se apercebe que o Hugo está na tarefa, foque a sua atenção nele e **ELOGIE-O**.

Passo 4 - Use questões para refocar

Aparentemente questões casuais podem ser uma forma poderosa de discretamente refocar a criança para a tarefa.

Exemplo: Gentilmente, aproxime-se de uma ou mais crianças e não preste atenção ao seu comportamento negativo.

- Simplesmente, faça uma pergunta redireccionada: "Como estão a correr os T.P.C? Precisam de alguma ajuda?"; "Pedro, precisas que verifique o que fizes-te até agora?"
- Depois deixe a criança refocada com a expectativa de que esta vai continuar a cumprir a tarefa: "Volto daqui a uns instantes para ver até onde chegas-te."

Passo 5- Repita instruções em privado

Dar em privado, breves orientações à criança e dar-lhe alguns segundo para que a criança refoque o seu comportamento, é particularmente eficaz com crianças que reagem mal a reprimendas públicas.

Exemplo: Reparou que a Marta parou de realizar as tarefas do T.P.C.

- Calmamente, coloca-se do lado dela e diz: "Marta, preciso que respondas as estas perguntas que faltam. Obrigado."
- Você não deve esperar obediência imediata, mas afaste-se um pouco para dar tempo à criança de modificar o seu comportamento.
- Quando a Marta voltar à tarefa reforce positivamente o seu comportamento.

Passo 6 – Reconhecer e Redirecionar

Em vez de se envolver em comportamentos argumentativos e secundários, cuidadores eficazes utilizam o reconhecimento seguido do redireccionamento.

Exemplo: Reparou que a Ana está a falar com a Filipa em vez de ir dormir.

- Aproxima-se da Ana e da Filipa e diz: "Ana e Filipa, eu quero que vocês se vão deitar. Obrigado!
- A Ana responde: "Eu só estava a falar com Filipa sobre as aulas que vamos ter segunda-feira."

- Você responde com: "Eu compreendo a tua necessidade de perguntar sobre as aulas de segunda-feira e sempre lhe podes perguntar amanhã que é fim-de-semana (reconhecimento) e agora quero que te vás deitar (redirecionar), obrigado (expectativa de obediência)."

Passo 7 – Dê uma regra clara como lembrança

Privados, e assertivos os lembretes das regras do centro podem ser muito eficazes, e uma estratégia não-confrontativa. Ao referir-se às regras como "as nossas regras", até um determinado ponto, despersonaliza /normaliza a transição para a disciplina. Retira o "porque eu disse" e dá à criança a oportunidade de terminar a tarefa.

Exemplo: "Leandro, lembra-te que a nossa regra para as refeições é estarmos sentados. Eu gostaria que fizesses isso, obrigado."

Passo 8 – Dê uma escolha clara

Articular consequências para escolhas inapropriadas coloca o locus de controlo e responsabilidade firmemente na criança. Igualmente, como no passo 7, reduz consideravelmente o momento "Porque eu disse".

Exemplo: Reparou que a Maria sai do seu lugar à refeição para falar com o Carlos.

- Dirije-se para ela, dizendo assertivamente e calmamente as consequências do contínuo comportamento inapropriado.

- "Maria, quero que escolhas ficar sentada no teu lugar. Se escolheres não o fazer, não vês TV. Volta para o teu lugar agora, obrigado."

Passo 9- Use consequências

Se a criança continuar a fazer escolhas inadequadas, pode aplicar as consequências acordadas, esperando obediência.

Exemplo: -"Maria, escolhes-te não ver televisão. Volta para o teu lugar, obrigado."

- Se a criança continuar a fazer escolhas inapropriadas ou recusar cooperar pode repetir calmamente os passos 8 e 9 trabalhando a hierarquia de consequências.
- Quando a criança obedece, repare as relações elogiando.

Passo 10- Use estratégias de retirada da situação

Se a criança continuar a perturbar as relações, é apropriado que seja retirada calmamente da situação.

- Em geral, uma retirada devia ser dada como escolha ("João, escolhes-te ser retirado do convívio com os colegas").
- Use estratégias de retirada calmamente e assertivamente, com uma mensagem clara de que a retirada foi utilizada porque a criança fez uma escolha inapropriada. ("João estás continuamente a escolher..)
- Acompanhe a retirada falando com a criança e planando melhores escolha a próxima vez.

Considerações sobre a retirada

Uma retirada é claramente a última das intervenções. Deve ser usada com descrição para reter o impacto. A única ocasião que a retirada da situação é aplicada de imediato, sem aplicar estratégia alternativas é se o comportamento da criança põe em risco a segurança do próprio e/ou dos colegas ou dos cuidadores.

LEMBRE-SE, usar a retirada não é sinal de ter falhado. É uma estratégia legítima e deve ser parte do plano disciplinar.

É importante que toda a equipa de cuidadores chegue a um consenso acerca deste processo:

- Quais são os comportamentos da criança que têm como consequência a retirada?
- Quais são os padrões de linguagem apropriados durante o processo de retirada?
- Como consegue retirar a criança da situação? (existem aspectos da idade e segurança a ter em atenção)
- E se a criança recusa ir?
- Com e onde pode o cuidador procurar apoio?
- Para onde a criança vai quando é retirada?
- O que lhe acontece?
- Qual é o papel do adulto que lida com a situação?
- Que registos devem ser elaborados?
- Quem deve ser informado?
- Que ações devem ser desencadeadas se esta situação ocorrer regularmente?

Depois de retirar a criança da situação de stresse/tensão deve falar com ela sobre:

- A escolha de melhores opções de comportamento;
- Demonstrar que não guarda rancor e da próxima vez é começar de novo;
- Ensinar à criança novas competências necessárias a permitirem-lhe fazer melhores opções;
- Restabelecer e reparar a relação.

VI. DESENVOLVIMENTO DA CAIXA DE FERRAMENTAS

Metáfora da Caixa de Ferramentas

A metáfora da caixa de ferramentas é muito apropriada para a gestão comportamentos em acolhimento residencial, bem como em outros contextos da nossa vida em que temos de gerir comportamentos. É uma forma de reconhecer de que não existe uma única solução ou abordagem fixa.

Uma máxima simples: Quando o que estamos a fazer não está a funcionar, pare e tente algo diferente. Cuidadores eficazes avaliam a natureza e o contexto da situação antes de procurarem na sua caixa de ferramentas e selecionarem a competência e a estratégia mais apropriada para usarem.

Melhorando as nossas ferramentas

Para se desenvolver como cuidador eficaz, não é suficiente ler uma lista de estratégias e lembrar-se delas. Tal como, as ferramentas verdadeiras que precisam de ser usadas, tem de praticar com elas para as adquirir, para as usar com destreza e tornar o processo de tomada de decisão mais fácil.

Tire tempo para:

- Refletir sobre as suas competências;
- Procurar *feedback* junto dos colegas e outros profissionais e continue a aprendizagem;
- Treinar a linguagem verbal e não-verbal até se tornaram genuínas;
- Dê crédito a si mesmo pelos seus sucessos e concretizações.

Expectativa de obediência

Todas as suas estratégias têm probabilidade de ser mais bem sucedidas se você acreditar que elas funcionam e que são adequadas.

É uma forma de demonstrar confiança e assertividade ao longo das suas interações com as crianças. Desta forma as crianças irão reconhecer quem é o líder da situação.

Pode transmitir expectativas através:

i. **Linguagem verbal**

- Utilize "Obrigado" no fim de uma instrução/ordem.

Exemplo: "Maria João, olha para mim quando estou a falar. Obrigado."

Ao terminar um transição disciplinar com "Obrigado" é eficaz dizer à criança: "Tenho a certeza que vais obedecer ao meu pedido e por isso estou a agradecer-te". "Obrigado" também desencadeia um sentido de obrigação e dá um elemento claro de fim do diálogo.

ii. **Linguagem corporal**

Depois de dada a instrução verbal positiva terminada em "Obrigado" é importante sobreviver à transição disciplinar. As seguintes ações são necessárias:

- Desviar o contacto visual da criança;
- Afastar-se e começar a interagir com outra criança;
- Dirigir-se para uma criança que esteja a trabalhar bem e passar mais tempo com ela dando-lhe elogios.

Ao fazer isto está eficazmente a enviar poderosas mensagens à criança:

- Eu estou confiante que terás o comportamento correto;
- Também confio em ti para fazer a escolha certa;

- Tenho a certeza que irás obedecer e que não tenho de permanecer ao pé de ti para ter a certeza;
- Ver como as crianças que são elogiadas recebem atenção positiva.

Dar conselhos antes dos avisos

Uma técnica simples e não-confrontativa é ajudar as crianças a corrigir as suas ações dando-lhes a informação sobre como o mundo funciona. Dar conselhos desta forma, especialmente para crianças pequenas, atua como avisos amigáveis, bem como a oportunidade de tomar responsabilidade antes recorrer a outros métodos mais diretos.

Exemplo:

- "Carlos, se bateres nos teus colegas, eles não querem brincar contigo";
- "Rita, as canetas de pintar desenhos secam se não colocares as tampas";
- "Jorge, se não arrumares os livros na estante os outros colegas não os conseguirão encontrar facilmente para ler".

Dê instruções curtas e claras/simples

Instruções curtas e simples que permitem à criança:

- Focar-se no comportamento-chave;
- Identificar o problema;
- Resolver o problema.

Exemplo:

Compare..

"João, esqueces-te outra vez que hoje era o teu dia de ajudar a pôr a mesa para o jantar. Se passasses menos tempo a correr pela casa e prestasses mais atenção ao que eu digo tudo corria melhor. Volta aqui e ajuda-me a terminar de pôr a mesa."

..com

"João. Eu quero que ponhas a mesa. Obrigado."

Descreva o problema de forma simples

Fazer uma descrição curta do problema sem reportar culpas é uma forma poderosa e não-confrontativa de tratar o comportamento inadequado como um simples erro que pode ser facilmente corrigido. Convide a criança a resolver o problema.

Exemplo:

- "Parecem ter ficado muitos brinquedos desarrumados no chão e precisamos de ter a sala de brincar arrumada para a próxima vez. Gostava que me ajudassem a resolver isto, obrigado."
- "Sérgio, parece que entornas-te o leite no chão. O que é que precisamos de fazer agora?"

Usar linguagem positiva

Utilizar **"FAZ"** em vez de **"NÃO FAÇAS"** na sua interação com as crianças.

Dizer às crianças o que queremos que elas façam será sempre mais eficaz do que lhes dizer o que queremos que elas parem de fazer, porque para o cérebro humano é mais fácil processar informação positiva do que negativa.

Exemplos:

- "Carla, eu quero que te sentes agora. Obrigado." tem mais probabilidade de ter sucesso do que dizer, "Carla, não andes a correr pela sala, por favor."
- "Fala mais baixo", terá mais sucesso do que dizer "Pára de gritar", especialmente se você modelar o comportamento falando mais baixo.

Use um aviso formal

Evite utilizar repetidos avisos formais uma vez que encorajam a criança a continuar com o comportamento inapropriado e a forçar limites – "Lucas, este é o terceiro aviso que te dou", não é eficaz!

Exemplo: O Daniel está constantemente a gritar na sala de brincar.

- Dirija-se ao Daniel e dê o seu aviso formal de forma clara: "Daniel continuas-te a gritar depois de eu te ter avisado para não o fazeres. A tua escolha fez com que logo à noite não possas ver televisão."

Permitir tempo para obedecer

Desde que não exista risco de se magoar a si ou aos outros, não insista na obediência imediata. Permitir um pequeno "tempo para obedecer", reduz o confronto.

Exemplo: Marco está constantemente levantado e está a perturbar as outras crianças durante a refeição.

- Você intervém dizendo "Marco, eu quero que te sentes na cadeira sossegado. Obrigado." O Marco faz caretas e revira os olhos.
- Você decide não reagir à sua postura e imediatamente muda a sua atenção para uma criança que está sentada corretamente à mesa.
- Alguns segundos mais tarde, o Marco volta a sentar-se no seu lugar e você reforça positivamente a sua boa escolha dizendo-lhe: "Obrigado por te sentares sossegado, Marco. Precisas de ajuda?"

Lidar em conformidade com o "Não me podes obrigar!"

Quando as crianças dizem "Não me podes obrigar, não és minha mãe!", muitos cuidadores sentem-se imediatamente desafiados e pensam para si próprios "Ai não posso!! Já vamos ver isso!!", e como resultado inevitável temos a confrontação.

A realidade é que não podemos obrigar as crianças a fazer alguma coisa. Podemos usar este facto a nosso favor, concordando com a criança e esperando que ela tenha um comportamento correto na mesma.

Exemplo: A Ana e os colegas não responderam a um aviso formal, e estão todos a falar em vez de irem para a cama.

- Dirige-se a eles e diz "Se escolherem não ir para a cama, amanhã não vêm televisão depois de jantar."
- E a Ana responde: " Tu não nos podes obrigar a ir para a cama."
- Você responde calmamente: "Tens razão Ana, não te posso obrigar a ir para a cama, mas gostaria que escolhesses fazê-lo dentro de 5 minutos. Obrigado". Depois afasta-se e dá-lhe até 5 minutos para obedecer.

A regra "Quando...então"

Esta regra simples do "Quando...então" descreve-se da seguinte forma: "Quando tiveres terminado de comer o peixe então podes comer a sobremesa". Esta frase condicional pode ser utilizada numa gama variada de situações em contexto de acolhimento.

Exemplo:

- -"Martim, quando tiveres terminado os trabalhos de casa, então podes ir andar de bicicleta."
- "Daniel, quando estiveres sentado, eu vejo o exercício de Matemática contigo."
- "Patrícia, quando tivermos ouvido ao que Luísa tem para dizer, então eu vou ouvir a tua versão da história."

Use mensagens do tipo "EU"

O uso do pronome pessoal **EU** adiciona relevância à eficácia de uma transição disciplinar. Uma mensagem EU reconhece que existe um problema e abre a oportunidade para uma solução sem culpa e conflito.

Uma mensagem EU tem quatro partes:

1. Uma breve descrição do comportamento;
2. O efeito desse comportamento;
3. Os sentimentos/ emoções geradas pelo comportamento;
4. O novo comportamento desejado.

Exemplo: Carla está a gritar para captar a sua atenção enquanto está ajudar o João a vestir-se.

- Interrompe de forma breve o que está a fazer e diz ao João: "Desculpa João, só tenho de dar uma palavra rápida à Carla."
- Dirige-se para a Carla e calmamente diz-lhe: "Carla, quando estás a gritar (comportamento) impedes-me de ajudar o João (efeito) e eu sinto-me frustrada (sentimento). Gostava que esperasses até eu ter terminado com o João e assim já poderei vir ajudar-te (novo comportamento desejado).

Use o tempo de pausa ou tempo para acalmar

Quando as crianças parecem estar a ter um dia difícil ou simplesmente não respondem a uma variedade de intervenções, utilizar o tempo de pausa é viável. O tempo de pausa proporciona um breve espaço de tempo afastado dos restantes colegas para sossegar e acalmar. É uma oportunidade para refletir e fazer melhores e escolhas e regressar ao grupo. Normalmente pode acontecer num corredor, ou numa sala calma não mais do que cinco minutos. Quando terminar o tempo verifique que a criança está atenta a fazer escolhas de comportamento mais apropriadas. Apanhe a criança a fazer essas escolhas o mais rápido possível e elogie-a.

EXERCÍCIOS:

A. Faça uma lista de 5 formas que pode utilizar para elogiar uma criança que não aceita, ou não está habituada ao elogio e que aumentem a probabilidade de ela o aceitar. Pode pensar numa criança em particular, ou simplesmente fazer uma lista generalizada que se aplique a várias crianças.

1.____

2.____

3.____

4.____

5.____

B. Em equipa pense e descreva, como se podem estabelecer programas de recompensas para as crianças acolhidas de forma eficaz.

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VII. UM QUADRO DE TRABALHO PARA SUSTENTAR A PRÁTICA

Para gerir um acolhimento residencial de crianças de forma eficaz, a equipa de cuidadores precisa de ter de forma clara na sua agenda as linhas orientadoras para as ajudar a fazerem escolhas de comportamento apropriadas.

Para tornar esse quadro de trabalho mais eficaz temos de ter em conta:

1. Direitos da criança – direitos básicos de segurança, aprendizagem;
2. Responsabilidades – crescimento emocional e social são fortalecidos com a responsabilidade;
3. Regras – descrever comportamento que protegem os direitos;
4. Rotinas – atividades acordadas que suportam o clima tranquilo da instituição.

Este quadro de trabalho inclui a relação crucial na qual escolhas comportamentais, positivas ou negativas, resultam em consequências (recompensas ou sanções).

1. DIREITOS DA CRIANÇA

Os direitos básicos dentro de um clima residencial de suporte, afecto e aprendizagem são (www.quality4children.info):

- Todas as crianças devem crescer num meio participativo, compreensivo, protetor e afectuoso. Permitir que a criança cresça num meio acolhedor cumpre estes critérios ambientais;

- No novo lugar de acolhimento, a criança tem a oportunidade de encetar uma relação estável com o cuidador e de manter o contacto com o seu meio social. A relação do cuidador com a criança está baseada na compreensão e no respeito;
- O cuidador presta uma atenção personalizada à criança e realiza um esforço consciente para lhe inspirar confiança e compreendê-la. O cuidador comunicará sempre com a criança de forma aberta, honesta e respeitosa;
- O novo lugar de acolhimento e o cuidador oferece à criança um espaço pessoal e cria um ambiente em que ela possa desenvolver um sentimento de apego e de pertença;
- Os direitos providenciam um racional claro para as suas respostas ao comportamento da criança.

2. RESPONSABILIDADES

As responsabilidades devem ser claras e ligadas aos direitos básicos.

O nosso foco deve ser persistentemente e manifestamente enfatizar a ligação entre proteger os direitos através da responsabilidade pessoal.

De forma simples, a mensagem é: “Como tens o direito de te sentires seguro, também tens a responsabilidade de te comportar adequadamente para que as outras crianças também se sintam seguras.”

❖ Escolhas

Como encorajar as crianças a aceitar a responsabilidade?

Cuidadores eficazes permitem que as crianças façam as suas escolhas sobre o seu comportamento. Obviamente, estas escolhas não são sempre conscientes mas é importante agir como se fossem escolhas conscientes.

Benefícios das escolhas:

- Dão autonomia;
- Enfatizam a responsabilidade;
- Reduzem conflito e tensão;
- São emocionalmente consistentes com as necessidades humanas;
- Proporcionam a linguagem para gerir o comportamento;

Dar escolhas à criança não garante que ela escolha a mais socialmente aceitável. Assim sendo, as escolhas ligam-se intimamente às consequências.

- ❖ **Consequências**

Boa escolha = consequência positiva (recompensa, elogios)

Má escolha = consequência negativa (retirada de privilégios)

Quando aplicamos uma recompensa ou uma consequência é crucial enfatizar explicitamente que a criança a está a receber como consequência direta da sua escolha.

O frequente *feedback* sobre as escolhas positivas da criança torna-se numa ferramenta importante para promover a auto-estima e desenvolver a autonomia pessoal.

3. REGRAS

Parece óbvio que as regras têm de fazer sentido para as crianças. As regras existem no centro de acolhimento, simplesmente para proteger os direitos básicos da criança. Neste

sentido são vistos como "justas" pelas crianças que consideram mais fácil suportar este conjunto de orientações.

É importante tirar tempo para explicar o pensamento por detrás das regras para as crianças terem domínio sobre esta questão. É importante estabelecer relação entre direitos e regras.

Revele as regras acordadas claramente, e referira-se a elas regularmente como lembretes de como ter sucesso.

As regras devem ser:

- Relacionadas com os direitos e a responsabilidade;
- Pequenas em número para que possam ser facilmente lembradas;
- Elaboradas positivamente;
- Relacionadas com comportamentos observáveis;
- Devem ser ensinadas à criança e reforçadas regularmente.

Proactivamente apanhar as crianças a seguir as regras, e elogiá-las ajuda a reforçar com sucesso comportamentos e manter um clima positivo no centro.

4. ROTINAS

As rotinas são as práticas regulares do dia-a-dia, que ajudam que tudo decorra de forma tranquila e eficaz.

É importante que as rotinas sejam ativamente ensinadas às crianças. Também terá de recordar frequentemente as rotinas às crianças.

Reforçar rotinas oferece a oportunidade para elogiar e reconhecer a contribuição positiva da maioria das crianças que consistentemente fazem o que lhes pedem.

Faça um esforço deliberado para apanhar o grupo das crianças a:

- Formar uma fila calmamente para irem lavar os dentes, por exemplo;
- Sentar-se calmamente na carpete de atividades para ouvir uma história;
- Partilhar os brinquedos.

Juntando todas as peças

Os padrões de linguagem oferecidos representam oportunidades regulares para lembrar, reforçar e reconhecer boas práticas. Estas oportunidades são a um nível micro e fazem parte das transições disciplinares que tem com as crianças dentro do centro de acolhimento. Para construir e desenvolver uma cultura de sucesso e responsabilidade, deve incorporar estas ferramentas nas interações diárias com as crianças.

Exemplos:

- "Que meninos tão crescidos, fico contente por todos terem conseguido colocar o cinto de segurança sozinhos quando entramos para a carrinha!"
- "Tratamo-nos a todos com respeito. Chama o teu colega pelo seu nome. Obrigado."
- "Sara, se escolheres não fazer o trabalho de casa, a consequência será fazê-lo no tempo destinado às atividades ao ar livre. Faz a melhor escolha. Obrigado."

Notas

____

____

VIII. EM RESUMO....

- Faça do comportamento apropriado a sua prioridade;

- Estabeleça com a sua equipa rotinas claras, previsíveis e use-as para gerir o centro de acolhimento;

- Ensine ativamente responsabilidades;

- Modele o comportamento e as atitudes que quer ver acontecer mais vezes;

- Mantenha o respeito básico intacto, mesmo quando o comportamento é inaceitável;

- Mantenha o foco em direção a resultados com sucesso;

- Apanhe as crianças a portarem-se bem;

- Dê comentários regulares, descritivos e positivos;

- Use conscientemente a linguagem corporal para transmitir autoridade e confiança;

- Use práticas não-confrontativas;

- Dê opções claras para encorajar a criança a dominar o próprio comportamento;

- Use estratégias menos intrusivas;

- Proteja a auto-estima das crianças;

- Separe o comportamento da criança;

- Dê à criança "tempo para obedecer";

- Restabeleça relações;

- Mantenha atenção nos comportamentos positivos;

- Evite usar a raiva frustração como base de julgamento;

- Acalme-se antes de acalmar os outros.

EXERCÍCIO:

No que diz respeito, a sermos modelos positivos para as crianças acolhidas, todos nós temos os nossos pontos fortes, bem como áreas onde podemos melhorar enquanto profissionais. Para este exercício, escreva três pontos fortes que tem como modelo e reflita sobre os benefícios para as crianças acolhidas. De seguida, pense em três pontos, no seu papel enquanto modelo, que gostaria de melhorar e descreva o seu plano para atingir esse objetivo. Para este exercício utilize o esquema "Pontos fortes e pontos a melhorar" que disponibilizamos, bem com o exemplo de ferramentas que pode utilizar para atingir os seus objetivos individualmente e em equipa.

Pontos Fortes	Benefícios
A melhorar..	**Plano**

Exemplo de ferramentas a utilizar:

LIMITES CLAROS

CONSEQUÊNCIAS ADEQUADAS

TEMPO DE PAUSA PARA ACALMAR

PENSAMENTOS POSITIVOS E CALMOS

ELOGIAR, INCENTIVAR

ATENÇÃO AOS COMPORTAMENTOS POSITIVOS

DAR TEMPO À CRIANÇA

IGNORAR, REDIRECIONAR

CONSISTÊNCIA NAS PRÁTICAS

PLANEAR E REFLECTIR EM EQUIPA

MENSAGEM DE PERSISTÊNCIA

Este "livro de bolso" é uma mensagem de persistência: uma ferramenta a que recorrer para o apoiar na sua função nobre de "normalizar positivamente" a vida das crianças acolhidas com quem trabalha. Muitos autores referem-se à função parental como a "profissão mais difícil do mundo e para a qual não temos qualquer formação". A sua função de cuidador é também ela uma das mais difíceis do mundo, mas tem o direito e o dever de a exercer com qualidade e eficácia. Desejamos que este livro o apoie nessa tarefa nobre mas extremamente exigente: as crianças merecem, precisam e desejam-no. **Bom trabalho e persista mesmo quando tudo parece não estar a funcionar!!!!!**

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APPENDIX C.

[Protocol of Measures and Consents for the "Therapeutic Parents: Evaluation of the Adequacy of the Incredible Years Basic Parent Programme in the Promotion of Professional Skills and Reduction of Behavioural Problems of Children in Residential Care" Study (cf. CD)]