



# ***THE INCREDIBLE YEARS®*** ***Parents, Teachers*** ***and Children Series***



## ***School Age Basic Workshop Manual***

### ***1-day group leader Supplemental workshop***

(covers Incredible Years® School Age Basic Program with parents of children ages 9-12)

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## IY Summary of Content of Incredible Years® Parent Programs

<b>Content Components For IY Parent Programs</b>	<b>Basic Toddler Sessions</b>	<b>Basic Preschool Sessions</b>	<b>Basic School Age Sessions</b>	<b>Advance Sessions (post-Preschool &amp; School Age)</b>
Building Parent Support Networks	All	All	All	All
Child-directed Play, Positive Attention, Special Time – Building Positive Relationships	1, 2	1, 2	1, 2	
Promoting Language Development	2, 3	3, 4		
Pre-academic Coaching	3	3, 4		
Social and Emotional Coaching	4, 5	5, 6	3, 4	
Promoting Reading Skills and Parent School Involvement	3	3, 4	13, 16	
Academic and Persistence Coaching		3, 4	3, 4	
Art of Praise and Encouragement	6	7, 8	5	
Spontaneous and Planned Incentives	7	8, 9	6	
Managing Separations and Reunions	8	10		
Consistent Rules and Predictable Routines		10, 11	7	
Responsibilities and Household Chores		10, 11	7	
Clear Limit Setting	8	12, 13		
Positive Discipline: Distractions, Redirection, Ignoring	9, 10, 11, 12	12, 13	9	
Time Out to Calm Down, Logical Consequences		14, 15, 16	10, 11, 12	
Teaching Children and Parents Self-Regulation and Calm Down Skills		14, 15	9	
Talking about drugs, alcohol, and screen Time			7	
Teaching Children and Parents Problem Solving		17,18	12	
Parents Partnering with Teachers			16	
Coaching Children’s Homework			14, 16	
Active Listening and Speaking Up				1, 2

Effective Communication to Self and Others				3
Giving and Getting Support				4
Adult Problem Solving Meetings (4-12 year olds)				5
Problem Solving with Teachers (4-12 year olds)				6
Teaching Children to Problem Solve (6-12 year olds)				7
Family Meetings (8-12 year olds)				8, 9

**NOTE:** Numbers reflect session number protocols in different manuals. However, these session protocols may take more than one session to complete. The pacing of the amount of content covered depends on the educational background and risk level of the parents as well as the children's developmental difficulties and diagnoses.

## ***Part 5***

### ***Agendas and Checklists for Each Session***



**NOTE:** For groups of parents with children with behavior problems it will take 12–13 sessions to complete Programs 9 & 10. Sessions #3, 5, 9 and 10 will likely need additional time to complete.



**NOTE:** Vignettes marked with \* are especially relevant for 9–12-year-olds. However, vignettes without \* also have important principles for 9–12-year-olds and many of these should be shown. For children 6–8 years, you may want to omit the older age vignettes. (We recommend splitting your groups up for parents of children 6-8 and parents of children 9-12, so they receive the most developmentally appropriate information)



## ***Tailoring the Incredible Years® School Age Parenting Program to the Parent Population***

The nature of the parent population will determine the length of the program and number of vignettes shown.

### ***Prevention Program***

For group leaders who are offering the Incredible Years® School Age Basic parenting program as a prevention program, it is recommended that you follow the protocols as outlined here for a minimum of 12, 2-hour, weekly sessions. The vignettes shown in these protocols are applicable for parents of children ages 6-12 years. We do recommend, if possible, you further divide your groups so that you offer the program to parents of children 6-8 and a separate group for parents of children 9-12.

Depending on whether the group leader is offering the program as a “universal” program to all parents regardless of risk status, or, as a “selected prevention” program, (that is, parents who are at higher risk for having children with problems either due to socio-economic disadvantage or other family risk factors), minor adjustments in the vignettes shown will need to be made according to the following criteria:

- Parents of typically developing children who readily grasp the parental attention and child-directed play concepts will be able to complete these programs as outlined in the session protocols. If children do not have significant behavior problems more time may be spent on logical and natural consequences and less time on Time Out for noncompliance.
- For parents whom child-directed play, coaching, and play concepts are new and unfamiliar, it is recommended that group leaders spend 2-3 additional sessions practicing these skills in small groups.
- For parents who have children with some oppositional defiant behavior problems the group leader will most certainly want to include the session on Time Out for noncompliance. Highly oppositional children cannot be socialized unless the parents can get some compliance first and this is the cornerstone of many behavior problems. For parents who usually resort to spanking and hitting, or, who have difficulty with the notion of Time Out, it may be necessary to add 1 or 2 sessions to cover the discipline material adequately.

**Note: Tailor the number of sessions you offer according to the needs of your parent groups. A minimum of 12 sessions is required but more sessions may be added for groups with translators or with limited baseline knowledge level of child development and parenting principles. There are a total of 16 checklists, but we note that you may run up to 20 sessions in order to cover all the material and ensure parent understanding.**



## ***Treatment Program***

If the group leader is offering the program as a treatment program to parents of diagnosed children with Oppositional Defiant Disorder (ODD), Conduct Disorder or Attention Hyperactivity Deficit Disorder (ADHD), it is recommended that more time be spent on the relationship-building, child-directed play, coaching, praise, and incentive programs. Additionally the SCHOOL program (Program 8) should be offered as well as the ADVANCE program . Program 8 adds content related to reading, setting up a homework routine and working collaboratively with teachers. This will add an additional 4-6 sessions to the total number of sessions offered to parents.

For parents who are experiencing anger management problems, depression or marital conflict it will be beneficial to offer the ADVANCE program in addition to the BASIC program. This will make the entire treatment for BASIC and ADVANCE 20-22 sessions in total. Please see the protocols for the order of presenting these programs.

## ***Making Programs More Ethnically Diverse***

We recommend that where possible group leaders represent the ethnicity of the parents in the group. However, most groups will be culturally diverse with parents of differing ethnicities, cultural and language backgrounds. Diversity can be enhanced by training translators from these groups to translate the groups so that parents of differing languages can communicate with each other in the same groups. The individual parent goal-setting and collaborative process will strengthen the cultural sensitivity of the program.

Working with a translator in your group will add to the time it takes to complete the sessions. It will take 4-6 more sessions to complete the content.

## ***Agendas and Checklists for Each Session***

The content covered in each session needs to be paced according to each parent groups' particular needs for discussion and content, level of participation, and prior familiarity with the parenting concepts. In general we suggest that you try to cover 8-10 vignettes per two-hour session. You do not need to complete one entire tape of a topic in one session. Rather, pace yourself according to questions and interest in group. The subsequent session is used to troubleshoot any questions or problems and show the remaining vignettes on that topic as a review.

The following outline is a suggested guideline for completing the entire program in 12, 2-to 2½-hour weekly sessions. Do not omit any of the vignettes listed below. If you do not complete all the required vignettes in a session, you can continue showing them in the next session. For large or very talkative groups you will find it takes longer to complete the program.

If you are combining the Program 8 with Basic Series, show it after Program 9 and 10 (or Basic Program 1 through 4). Show Advance Programs after Program 8.



**REMEMBER:** The curriculum topics have a program number written after in parentheses. When the programs were originally developed, these program numbers were associated with them. We keep them there now for clarity (for those who have been using the programs for many years) and also for labeling the DVDs.

In general, the main focus should be on the actual topic name rather than the program numbers (for instance, in this manual, program 8 comes after programs 9 and 10).



## *Leader Agenda Protocols and Checklists*

### *12-20 Session 2-hour Group Format*

The following outline is a suggested guideline for completing the entire program in 12–20, 2-hour weekly sessions. You may select vignettes according to whether your group consists of primarily 6–8 year olds or 9–12 year olds. Session protocols with an asterisk indicate vignettes that pertain to children ages 9–12 and are not relevant for 6–8 year olds. However, many of the scenes of 6–8 year olds will also be appropriate for 9–12 year olds because of the principles being covered. If you do not complete all the required vignettes in a session, you can continue showing them in the next session.

### ***Promoting Positive Behavior (Program 9) and Reducing Inappropriate Behavior (Program 10)***

- Session One:**      **Welcome & Introduction to Program Parents' Goals**  
Importance of Parental Attention and Special Time  
Program 9: Part 1: Vignettes 1-9
- Session Two:**      **Importance of Parental Attention and Special Time**  
(continued)  
Program 9, Part 1: Vignettes 10-19
- Session Three:**    **Social, Emotion and Persistence Coaching**  
Program 9, Part 2: Vignettes 20-27
- Session Four:**    **Social, Emotion and Persistence Coaching**  
Program 9, Part 2: Vignettes 28-41
- Session Five:**    **Effective Praise and Encouragement**  
Program 9, Part 3: Vignettes 42-58
- Session Six:**      **Using Tangible Reward Programs to Motivate Your Child**  
Program 9, Part 4: Vignettes 59-67
- Session Seven:**   **Rules, Responsibilities and Routines**  
Program 10, Part 1: Vignette 1-12
- Session Eight:**   **Predictable Learning Routines and Clear Limit Setting**  
Program 10, Part 2: Vignettes 13-33
- Session Nine:**    **Ignoring Misbehavior**  
Program 10, Part 3: Vignettes 34-43
- Session Ten:**      **Time Out To Calm Down**  
Program 10, Part 4: Vignettes 44-55E
- Session Eleven:**   **Time Out to Calm Down**  
Program 10, Part 4: Vignettes 44-55E
- Session Twelve:**   **Other Consequences**  
Program 10, Part 5: Vignettes 56-70
- Session Thirteen:** **Review and Celebration**

**Note: Supporting Your Child's Education (Program 8) is optional. It should be considered for children with reading and academic difficulties and offered after session 12, prior to the final review.**



## ***Supporting Your Child's Success in School (Program 8)***

- Session One (13):**            **Promoting Reading Skills**  
Program 8, Part 1: Vignettes 1-9
- Session Two (14):**        **Dealing with Children's Discouragement**  
Program 8, Part 2: Vignettes 10-15
- Session Three (15):**      **Fostering Good Learning Habits and Routines**  
Program 8, Part 3: Vignettes 16-22
- Session Four (16):**       **Parents Showing Interest in School**  
Program 8, Part 4: Vignettes 23-33



**Note: Continue with the Advanced Parenting Program (purchased separately) for higher risk families with more interpersonal problems or children with conduct problems.**

### **School Age Program – Alternative Method for Incorporating “Supporting Your Child’s Education” Content (Program 8) Earlier in Program Delivery**

The School Age Basic Parenting program is sequenced such that if the program is started at the beginning of the school year, all units will be completed during the fall and winter. If groups are started later in the school year, group leaders will want to integrate the last program, called *Supporting Your Child’s Education, earlier in the programs*. Otherwise the units on how to do homework with children will occur late during the school year or in the summer. To be most effective these topics should be covered at a time when parents can actually practice these strategies with their children. Here is what we suggest if starting the program later in the school year:

**After Session 2** (Parental Attention and Special Time) add another session using the vignettes from program 8 called Promoting Reading Skills. (save vignette 13 & 14 from session 2 to be shown in reading session)

**After Session 5** (Effective Praise and Encouragement) add another session using the vignettes from program 8 called *Parents Showing Interest in School and Homework*.

**After Session 6** (Using Tangible Reward Programs to Motivate Your Child) add another session using vignettes from program 8 called *Dealing with Children’s Discouragement*.

**After Session 8** (Predictable Learning Routines and Clear Limit Setting) add another session using vignettes from program 8 called *Fostering Good Learning Habits*.





## Promoting Positive Behavior (Program 9) Outline—Session One

### Introductions, Goals, & Importance of Parental Attention & Special Time

#### I. Welcome

Greet each parent.

Leaders introduce themselves.

Establish yourself as part of “team” collaborating with parents.

#### II. Introductions

Find out group members’ names, ages of children, and personal goals.

Write parents’ goals on board or poster so you and group can refer back to them.

Complete “Parents Thinking Like Scientists” goal sheet.

#### III. Ground Rules

Ask for parent ideas on group rules and why they think they are important (confidentiality, respect for others, being positive, right to pass, equal time to talk).

Adopt rules for group.

Post rules each week.

#### IV. Program Goals and Topics

Give an overview of the program, its general goals, topics and format.

Refer to the pyramid poster or the parent handout.

Give one book (The Incredible Years) and a magnet to each family. Offer CDs.

#### V. Topic of Day: The Importance of Parental Attention & Special Time

A. Brainstorm benefits to “special time” with younger children and with older children.

B. Vignettes: Program 9 Part 1: 1—9

#### Key Concepts

- Value of showing interest and spending time with children as a way of increasing positive relationships
- Respecting children’s ideas
- Parents modeling compliance & following the child’s lead
- Balancing power between parents and children
- Appreciating children’s perspective and developmental abilities
- Value of “descriptive commenting” to promote language skills
- The “attention rule”—the principles of attending to positive behavior and ignoring negative behavior results in increased positive social behaviors in child
- The “ignoring” skill—not giving eye contact or verbal attention to annoying behaviors, a deliberate action for certain misbehaviors
- The modeling principle—by parents avoiding the use of critical statements and demands and substituting positive polite language, children learn more positive communication and to be respectful

C. Brainstorm or “Buzz” Activities Parents Can Do with Children (6-12 years)

D. Role Plays

Role play (leader [as child] and parent) that demonstrates parent following child’s lead. First do “everything wrong,” then replay using new principles.

Divide group into sets of 3. Within each small group, give each parent a 2-3 minute time to be the child, parent and the observer.

E. Summarize Key Points (Refrigerator Notes).

## **VI. Review Home Activities**

Pass out home practice forms.

Read aloud and make sure parents understand the home activities. Encourage each parent to practice and do the reading or listen to the CDs.

Let them know that you will be asking about their experiences at the beginning of the next session.

## **VII. Parent Evaluation**

Remind parents of the importance of parent feedback for the group leader and the entire program.

Collect evaluation forms before parents leave.

## **VIII. Closing**

Take this time to formally close the group. You may need to recap the learning.

Thank parents for coming; praise their willingness to explore and try new ways of parenting.

Remind them of any details they need to know for the next session.



# LEADER CHECKLIST

## Session One

**Topic: Introduction, Goals, & Importance of Parental Attention & Special Time**

**Vignettes: Program 9, Part 1: 1—9**

**SITE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LEADER NAMES:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**VIGNETTES COVERED: Part 1:**

Intro Narration<sup>†</sup>    1<sup>†</sup>    2<sup>\*†</sup>    3    4<sup>\*†</sup>    5\*    6\*    (7)\*    8<sup>†</sup>    9

(Circle vignettes shown.) \* = Vignettes for children ages 9–12. † = Core vignettes all ages.

<b>DID I</b>	<b>YES</b>	<b>NO</b>
1. Write the agenda on the board	_____	_____
2. Welcome and make introductions	_____	_____
3. Review parents' goals	_____	_____
4. Brainstorm group ground rules	_____	_____
5. Present program goals (pyramid)	_____	_____
6. Explain format for meetings	_____	_____
7. Brainstorm benefits for spending time with children	_____	_____
8. Role play/practice the child-directed play skills	_____	_____
9. Buzz/Brainstorm activities parents can do with 8-12-year-olds	_____	_____
10. Explain importance of home activities and reading assignments	_____	_____
11. Assign this week's home activities (self-monitoring checklist)	_____	_____

**Handout Pads:**

- Home Activities for the Week – Special Time
- Refrigerator Notes about Special Time with Your Child

**Xerox:**

- Record Sheet: Special Time
- Parents Thinking Like Scientists
- Brainstorm Personal Thoughts About Play and Special Time
- Checklist for Evaluating Special Time

**Self-Evaluation**

"Gems" of Session—Reminder of things to pursue next session

## Part 1: The Importance of Parental Attention and Special Time with Children

### Narration

One of the most important tasks for parents is to teach their children social behaviors as well as how to have meaningful and supportive relationships with their children. One of the best and easiest ways parents can begin to do this is by giving their children attention and spending time with them playing and enjoying them. During this time together parents will have opportunities to encourage their children's cooperative behavior and to foster their children's self-esteem and self-confidence. In this first vignette, watch how the father encourages his son's ideas and positive behaviors simply by showing interest and being a good audience to his play. Think about the benefits this child gets from having his father spend time with him.

### Parents Playing with Children

#### Vignette 1

**THE SCENE:** A father watches as his son plays with colored straws.

**Boy:** Four of them... I know what to do.... Put that down there... you put this green up there... we have it all done!

**Father:** What's that?

**Boy:** Somebody taking pictures.

**Father:** Somebody taking pictures with a camera?

**Boy:** Yeah, and you look through there, and ...

**Father:** Oh, and action, showing action...

**Boy:** Oops... the eye fell... That's supposed to be like that...

**Father:** What kind of an animal is that?

**Boy:** Tyrannosaurus Rex

**Father:** A what?

**Boy:** A Tyrannosaurus Rex.



### Questions to Facilitate Discussion

1. Is it necessary for parents or adults to actually take part in children's play in order for children to learn?
2. Is watching enough?
3. Does the father provide support for his son's play?



### Considerations

Discuss the impact an adult can have on a child's play by simply watching and attending to the activity. Note the creativity of the child's ideas in this vignette.



## **Narration**

Did you notice how the father quietly watched and waited while his son tried out several ideas? Even though the father wasn't actually playing himself, he was involved in the play by virtue of his focused attention. This supportive attention is a powerful way to promote his child's self esteem. The boy feels his activities and his ideas must be worthwhile because his father considers them worthy of his attention. When children feel this kind of support from their parents it builds a kind of positive bank account of caring between parents and children which results in children being motivated to please their parents rather than misbehaving to get attention. In the next vignette watch how the mother shows interest in her daughter's drawing and think about the benefits of this attention for their relationship.



### **The Value of Attention Vignette 2**

- Mother:** Alicion, you're working very...
- Alicion:** Good?
- Mother:** Very.
- Middle daughter:** Good.
- Alicion:** It's a pattern. Two patterns. One that celebrates the day and the leaves and the trees and nature and one that celebrates the darkness and the light of the stars.
- Mother:** You put a lot of thought into that picture.
- Mother:** Okay let's see. A-li-ci-on. Impressive. Block letters.
- Alicion:** The kind of block letters...
- Mother:** What kind of block letters is it?
- Alicion:** See? Instead of the A just being straight, I put a line right there, and all of them are kind of "poking".
- Mother:** Yeah, that's cool!



### **Questions to Facilitate Discussion**

1. How is this mother managing to give attention to all three of her children?
2. What is the value of the mother's comments about her daughter's picture?
3. What does the three-year-old learn from the mother's comments to the other child?
4. What behavior is this mother encouraging in her daughter?

## **Considerations**

Even though this mother is cuddling her baby and helping her three-year-old with an art project, she still manages to give attention to her older daughter's coloring. This allows her daughter to share more about what she has learned about this Hispanic celebratory picture. We also notice that the three-year-old has learned about praise when she completes the mother's praise sentence by saying "good" twice!





## How I am Incredible!



Child's Name and Age: \_\_\_\_\_

Adults that Support My Growing and Learning:

My Temperament (e.g., activity level, adaptability, physical sensitivity, intensity, distractibility, persistence, predictability, quiet, anxious, angry):

My Academic Level (e.g., reading or math difficulties or strengths, level of concentration and distraction, cooperative school projects easy or difficult, homework completed or not):

My Favorite Activities (e.g., reading, group sports, games, art activities, drama play, using puppets, individual sports, science projects, music):

Social, Emotional, & Language Level (e.g., withdrawn, anxious or confident & curious, level of aggression and/or impulsivity, problem solving easy or difficult, socially friendly or has few friends, ability to use calm down methods, communicates easily or with difficulty):

Goals for Me: (e.g., learning social skills, improving language communication, math or reading skills, making friends, learning to problem solve, being more confident, increasing cooperation with parents and teachers, reducing aggressive behavior, improving focus and concentration):

## HOME ACTIVITIES FOR THE WEEK



### *To Do:*

- **DO SPECIAL TIME** (e.g., read, play a game, cook together, do a puzzle etc.) with your child for a minimum of 10 to 15 minutes every day. Keep track of these times on the Record Sheet: Special Times handout.
- **READ** the handouts.



### *To Read:*

Handouts and Chapter 1 – *How to Play With Your Child in The Incredible Years.*

### ***General Guidelines***

*Some adults find it helpful to do their special time at the same time every day. Another useful strategy is to turn your phone off so children know that the time you are spending together is important.*



## HOME ACTIVITIES FOR THE WEEK



### *To Do:*

- **DO SPECIAL TIME** ( e.g., read, play a game, cook together, do a puzzle etc.) with your child for a minimum of 10 to 15 minutes every day. Keep track of these times on the Record Sheet: Special Times handout.
- **PLAN** a longer term project with your child
- **READ** the handouts.



### *To Read:*

Handouts and Chapter 1 – *How to Play With Your Child in The Incredible Years.*

### ***General Guidelines***

*Some adults find it helpful to do their special time at the same time every day. Another useful strategy is to turn your phone off so children know that the time you are spending together is important.*

## HOME ACTIVITIES FOR THE WEEK



### *To Do:*

- **CONTINUE** “Special Time” with your child.
- **SPEND AT LEAST** 10 minutes each day either discussing your child’s assignments and projects he or she is working on at school, doing homework, reading, or doing a learning activity together (e.g., painting, planning school project, etc.).
- **DURING THE NEXT MONTH** get involved in at least one school activity — such as: going on a field trip, attending a school meeting, offering to read or help out in class, or familiarizing yourself with your child’s curriculum and routine.
- **CALL** your buddy to share ideas about school homework routines.



### *To Read:*

Handouts and review Chapter Two, *Positive Attention, Encouragement, and Praise* in *The Incredible Years* book.

*Examples of behaviors to reward with stars and stickers:*

Arriving at home promptly after school  
 Sharing with others  
 Reading for 10 minutes  
 Watching only 1 hour of TV  
 Writing a letter or in a journal  
 Reading to a younger sibling  
 Letting parents know where you are

Complying with a request  
 Doing homework before dinner  
 Turning off the TV  
 Setting the table  
 Listening to a story or a CD  
 Getting a good teacher report



# Brainstorm

Rewrite the following ineffective commands into positive, clear, respectful commands.



Ineffective Commands	Rewrite
<ul style="list-style-type: none"> <li>• Shut up</li> <li>• Quit shouting</li> <li>• Stop running</li> <li>• Watch it</li> <li>• Why don't we go to bed?</li> <li>• Let's clean up the living room</li> <li>• Cut it out</li> <li>• What is your coat doing there?</li> <li>• Why are your shoes in the living room?</li> <li>• Don't shove salad in your mouth like a pig</li> <li>• Why is your bike still in the driveway?</li> <li>• You look like a slob</li> <li>• Stop bugging your sister</li> <li>• You are never ready in the morning</li> <li>• Why do you leave homework until the last minute?</li> <li>• Your clothes are filthy</li> <li>• You never put the garbage out</li> <li>• Your room is a mess</li> <li>• Don't speak to me like that</li> <li>• Why can't you wear something better than that?</li> <li>• You are late getting home again You are impossible</li> </ul>	

## ***REFRIGERATOR NOTES***

### ***Promoting Children's Healthy Life Style and Well Being***

- Help your children understand the health benefits of being physically active every day. During child directed play, offer options of playing tag or Frisbee, jumping rope, swimming, dancing, playing soccer or taking a walk to the park with you.
- Avoid making comments about weight (your own or your child's). Instead, use language that focuses on healthy choices and strong bodies that allow you to be active (walk, play, climb, dance, etc.).
- Limit your child's total screen time to no more than 1 hour a day. Avoid screen time for children under 2 years of age.
- Provide healthy snacks: for example fruit or vegetables to dip in yogurt or hummus. Avoid continuous snacking, and instead, offer food at predictable meal and snack times. Limit high-fat, high-sugar, or salty snacks.
- In the context of otherwise healthy eating, offer moderate amounts of "treat" foods to help children learn to regulate their intake of sweets.
- At mealtimes provide a variety of health foods; fruits and vegetables, whole grains, lean meats; avoid foods high in trans fats and/or saturated fats.
- Allow your child to serve him/herself. Do not require children to clean their plates and do allow them to have more of anything healthy that is being served. This will help them learn to pay attention to their own hunger signals.
- Do not put your child on a weight reduction diet unless your physician supervises. For most young children, the focus is maintaining current weight, while growing in height.
- Offer children water or low/non-fat milk. Limit soda and juice intake.
- Have predictable family meals together where you have time to talk and enjoy the meal together. Establish dinner as a "no screen" time.
- Involve children in food planning, shopping, and meals preparation.
- Check that your child care providers are encouraging healthy eating and limiting junk food.
- One of the most powerful ways your children learn to be healthy is by observing you. Therefore, model being physically active, buy and eat healthy foods, express your enjoyment of food and family meals, and model positive talk about your family's healthy bodies.





## **REFRIGERATOR NOTES**

### **Homework Brain Training**

#### **For Preadolescent Children (8-12 years)**

- Communicate with your child’s teacher (via phone, text, or email) to find out school expectations for homework. Work with the teacher to set realistic homework goals for your child if the school expectations do not match your child’s needs.
- Have a family meeting with your child to plan a predictable homework schedule (see sample homework checklist). Establish when and where this homework will occur. Remember a daily predictable homework routine trains the brain to work and increases your child’s attention focus.
- Help your child build up brain stamina for homework by starting with short periods of time and gradually increasing the workout time and level of difficulty. Use a timer.
- Keep the homework training environment free of distractions such as TV, I-phones, texts, games, siblings and chaos. Be nearby to help support or encourage your child.
- Help your child make a homework plan each day with goals for how long to work on each subject. Alternate harder and easier tasks, and set a manageable time limit for harder brain tasks. Provide extra encouragement and persistence coaching for harder tasks.
- Help your child develop an organizational habit of recording homework completed and plan for bigger projects by establishing a calendar planner with due dates and plan for completing the task. Help your child break large tasks into manageable parts. Reward the child’s use of the planner with fun stamps or stickers. This also helps you track their progress.
- Set up daily incentive to reward your child’s good study habits. Avoid a big incentive system for end of term grades, and instead give small daily rewards and praise. Do not remove points for negative behaviors during homework time.
- Ask your child to show you completed work and praise all efforts.
- Find out how you can track whether completed homework is turned in. Most schools have a way to check this on the web.
- Be sure to regulate your own emotions and be a positive role model. Use active listening to try to understand why doing homework is difficult or upsetting.
- Set limits and calmly enforce consequences for not doing homework (e.g., loss of screen time for evening)
- Be sure you are giving your child “special time” to build up positive feelings being together. This time should happen regardless of whether homework time is successful.
- Consult your child’s teacher and build a partnership to help support your child’s school performance. If homework is a continual struggle, work with the school to modify expectations or reduce barriers.

## REFRIGERATOR NOTES

### Promoting a Healthy Media Diet (6-12 years)



- Screen time including computer time, video games, I-pads, I-phones, Facebook, Twitter, YouTube and watching TV can become addictive. Research indicates that the average 8-10 year-old child spends nearly 8 hours a day outside of school with some form of screen time. Tweens and teens spend more than 11 hours a day using screens. Excessive screen time can interfere with children's friendships, impact their physical fitness, contribute to obesity and lack of sleep, and decrease interest in reading and motivation for school success. The American Academy of Pediatrics (AAP) recommends 1-2 hours of screen time per day. How can parents help children dial back screen use to meet these recommendations?
- Here are some tips for reducing screen time, making that time a positive experience, and minimizing the negative effects of screen time.
- Discuss with your children your household rules regarding the amount of screen time allowed each day. For children 6-12 years old, approximately 90 minutes per day, or less, is generally recommended.
- Plan when screen time will occur. Avoid screen time 1 hour before bed or during dinner.
- Don't put computers or TVs in your child's bedroom. Keep them in a public place where you can monitor their use. Have a rule that smartphones and handheld devices must also be used in public places, not in children's bedrooms.
- Help children understand that homework must be completed before screen time is allowed, unless screen time is related to research and homework assignments.
- Supervise and monitor the media content children are consuming. Know what type of computer games, videos, TV programs, and web sites they are using or watching. Decide which programs, games, or sites are healthy and which are off-limits. Websites such as Common Sense Media can be helpful to provide information about age appropriate media content: <https://www.commonsensemedia.org/>

**REFRIGERATOR NOTES (CONTINUED)**  
**Promoting a Healthy Media Diet (6-12 years)**

- Set up passwords so that children cannot download games without a parent password, and consider whether you want to set restrictions on website browsing on computers that children are using.
- Limit the amount of data you allow your child to have on devices. Explain to your child what programs use data (YouTube, streaming movies, sending video files) and discuss consequences for using more than allowed.
- Make a decision about when and how you want your child to have access to wifi. In this age group, it is recommended that children do not have access to the internet except on family computers.
- Take an active role in your children’s media education by watching TV programs, YouTube videos, and movies with them and participating in their computer games so you can mitigate their effects and enhance their use as a way to promote communication and connection. For example, for promoting your child’s social skills and empathy you can talk about movie characters who are sensitive, caring, and who are making good friendship choices. Some TV and social media programs can be a catalyst for a discussion about the effects of drinking, drugs, sexual activity, violence, prejudice, managing conflict and death. Discussions about the use of advertisements can help children understand messages about consumerism, food choices, gender roles, and other social issues.
- Teach your children the importance of being polite and having good media etiquette in all forms of social media. Discuss what kinds of things are okay to post on social media platforms; set guideline around posting pictures, videos, and status updates.
- Have rules that children do not share personal information on social media with anyone that they don’t know. Explain that once information or an image or video is posted on the internet, it is not possible to retrieve that image.
- Understand that children in this age range do not have good long term judgement and planning and will often not be able to think through the long-term consequences of impulsive social media decisions. Monitoring and limiting their screen use is the best prevention strategy for this age.
- Talk to your children about the consequences for breaking the family rules around screen use. Monitor or track your child’s screen time use. Praise and reward your child’s healthy viewing habits and following the screen time rules.
- If your child is a victim of cyberbullying, take action and attend to your child’s mental health needs. Stop the use of media platforms where the bullying is occurring, and report the incident to teachers or school counselors.

**REFRIGERATOR NOTES (CONTINUED)**  
**Promoting a Healthy Media Diet (6-12 years)**

- Model good screen use habits. Set some non-screen times for all family members, including parents. Dinner time, the hour prior to bedtime, and other times when family members are together are good times for this.
- Strive for balance between screen time activities and other activities involving social interactions, making friends, physical activity, reading, or other activities around the house. When children are “bored” and need to find other things to do, they often find creative ways to use their time. While screen devices have great benefits if used appropriately and as part of a healthy media diet, non-screen time is crucial for your child’s social, emotional, physical and learning development as well as relationships with family and friends.

See <https://www.healthychildren.org/English/media/Pages/default.aspx> for a tool developed by American Academy of Pediatrics to develop your own family media plan

# THE INCREDIBLE YEARS® SERIES: AN INTERNATIONALLY EVIDENCED MULTIMODAL APPROACH TO ENHANCING CHILD OUTCOMES

*Carolyn Webster-Stratton and Tracey Bywater*

This chapter provides an overview of theory and practice of The Incredible Years® series, reviewing research support for its efficacy, highlighting emerging developments in both the United States and internationally, using examples of research and application, and including cultural adaptations or accommodations to increase inclusivity. The Incredible Years series was developed in the late 1970s and 1980s in Seattle, Washington by the first author of this chapter, to address child behavioral and emotional difficulties and enhance positive life outcomes, and it comprises programs for parents, teachers and children (Webster-Stratton, 2016).

## CHILD BEHAVIORAL AND EMOTIONAL DIFFICULTIES

Rates of clinically significant behavioral and emotional difficulties are as high as 6% to 15% in 3- to 12-year-old children (Egger & Angold, 2006). These numbers are even higher for children from economically disadvantaged families (Webster-Stratton & Hammond, 1998) and higher still (50%) for children in foster care in the United States (Burns et al., 2004). Foster children in the United Kingdom have a ratio of 3.7:1 higher rates of disorder than children living in disadvantaged private households (defined as households in which the parents have either never worked or work in unskilled

occupations; Ford, Vostanis, Meltzer, & Goodman, 2007). Children with early-onset behavioral and emotional difficulties are at increased risk of developing severe adjustment difficulties, conduct disorders (CD), school dropout, violent behaviors, and substance abuse in adolescence and adulthood (Egger & Angold, 2006). However, interventions, when delivered early, can prevent and reduce the development of conduct problems and strengthen child protective factors such as social and emotional competence, well-being, and school success (Kazdin & Weisz, 2010).

A variety of risk factors may contribute to early onset of behavioral and emotional difficulties, including ineffective parenting (e.g., harsh discipline, low parent involvement in school, neglect, low monitoring; Jaffee, Caspi, Moffitt, & Taylor, 2004); family risk factors (e.g., marital conflict, parental drug abuse, mental illness, criminal behavior; Knutson, DeGarmo, Koeppel, & Reid, 2005); child biological and developmental risk factors (e.g., attention deficit hyperactivity disorder [ADHD], learning disabilities, language delays); school risk factors (e.g., poor teacher classroom management, high levels of classroom aggression, large class sizes, poor school-home communication); and peer and community risk factors (e.g., poverty, gangs; Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). Three decades of research by prominent

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researchers such as Dishion and Piehler (2007) and Patterson and Fisher (2002) have consistently demonstrated the links among child, family, and school risk factors and the development of antisocial behaviors, and this research has informed intervention development and delivery. Effective interventions for preventing and reducing behavior problems should ideally be offered and delivered early, before delinquent and aggressive behaviors become entrenched and secondary risk factors such as family isolation, lack of support, academic failure, and the formation of deviant peer groups have developed. Moreover, interventions should be multimodal, in order to target multiple risk factors at the school/community, family, and individual levels, and they should be effectively targeted to ensure that those who need support actually receive it. Furthermore, group-based interventions are recommended, because they have been shown to improve child behavior problems, strengthen social support and parenting skills, and improve parental mental health (e.g., depression, marital conflict; Furlong et al., 2012).

The Incredible Years series was designed as a set of interlocking and comprehensive training programs to prevent and treat behavior difficulties from infancy and toddlerhood through middle childhood. Incredible Years is a multimodal program that can be utilized to intervene in multiple areas and settings through parent, teacher, and child training. The model's theory of change holds that improving protective factors such as responsive and positive parent-teacher-child interactions will lead to improved school readiness and success, emotion regulation, social competence, and socially acceptable behavior in young children, subsequently leading to longer term positive outcomes such as increased academic achievement and reduced school dropout, CD, and substance abuse problems in later life (see <http://incredibleyears.com/programs/> for the logic model).

The following sections will outline the underlying theoretical background for the Incredible Years Basic (baby, toddler, preschool, and school-age) parent programs, which are considered core and necessary components of the prevention model for young children. The Incredible Years adjunct

parent, teacher, and child programs, and how they are used to address family and school risk factors and children's developmental issues, will also be presented. Information regarding Incredible Years program content and delivery methods will be briefly described, as will ways to promote successful delivery of the programs. The international and U.S. evidence base for the Incredible Years programs will be highlighted, with a section on transportability of programs as well as adaptations and accommodations in different countries (see Figure 21.1).

## THEORETICAL BACKGROUND FOR INCREDIBLE YEARS PROGRAM CONTENT AND METHODS

The underlying theoretical background for Incredible Years parent, teacher, and child programs includes cognitive social learning theory, particularly Patterson, Reid, and Dishion's (1992) coercion hypothesis of negative reinforcement developing and maintaining deviant behavior; Bandura's (1986) modeling and self-efficacy theories; Piaget and Inhelder's (1962) developmental cognitive learning stages and interactive learning method; cognitive strategies for challenging angry, negative, and depressive self-talk and increasing parent self-esteem and self-confidence (e.g., Beck, 1979); and attachment and relationship theories (e.g., Ainsworth, 1974).

These theories inform the delivery method for all the Incredible Years programs. For example, the Incredible Years video vignettes portray parents or teachers from different cultural backgrounds using social and emotional coaching or positive discipline strategies, or children managing conflict with appropriate solutions. Video-based modeling, grounded in social learning and modeling theory (Bandura, 1977), supports the learning of new skills. Group leaders use the vignettes as tools to engage participants in group discussion, collaborative learning, and emotional support. Furthermore, participants identify key principles from the vignettes and apply them to their personal goals by practicing what they have learned in the group, home, or classroom. Participants have been shown to implement interventions with greater integrity when they receive coaching and feedback on their application



FIGURE 21.1. The international spread of The Incredible Years® in 26 countries across six continents. Adapted from “Implementation Examples,” by The Incredible Years®, 2018 (<http://www.incredibleyears.com/programs/implementation/implementation-examples/>). Copyright 2018 by The Incredible Years®. Adapted with permission.

of intervention strategies (Reinke, Stormont, Webster-Stratton, Newcomer, & Herman, 2012).

The group format is advantageous because it is more cost effective than individual intervention; addresses risk factors such as family isolation and stigmatization, teachers’ senses of frustration and blame, and children’s feelings of loneliness or peer rejection; and helps reduce resistance to intervention through sharing the collective group wisdom. When participants express beliefs counter to effective practices, the group leader draws on other group members to express alternative viewpoints. The group leader is thereby able to elicit discussion of change from the participants themselves, which makes it more likely that they will follow through on intended changes. Group leaders always operate within a collaborative context, sensitive to individual cultural differences and personal values. The collaborative therapy process is also provided in a text for group leaders, titled *Collaborating with Parents to Reduce Children’s Behavior Problems: A Book for Therapists Using the Incredible Years Programs* (Webster-Stratton, 2012b).

#### INCREDIBLE YEARS CORE PARENT PROGRAMS

The Incredible Years Basic (core) parent training programs consist of 4 different curricula to fit child developmental stages: the baby program (4 weeks to 9 months), the toddler program (1–3 years), the preschool program (3–5 years) and the school Age program (6–12 years). Each of these recently updated programs emphasizes developmentally appropriate parenting skills and includes age-appropriate video examples of culturally diverse families and children with varying temperaments and developmental issues. The programs run for 9 to 22 weeks, depending on the age of the child and the presenting issues of the parents and children in the group.

For all parent training programs, trained and—ideally—accredited Incredible Years group leaders/clinicians use video vignettes of modeled parenting skills (over 300 vignettes, each lasting approximately 1–3 minutes) which are shown to groups of eight to 12 parents. The vignettes demonstrate child development as well as parenting principles and serve

as the stimulus for focused discussions, self-reflection, problem-solving, practices, and collaborative learning. The programs support parents' understanding of typical child developmental milestones and varying temperaments, child safety and monitoring, and age-appropriate parenting responses. Participation in the group-based Incredible Years training program is preferable for the benefits of support and learning provided by other parents; however, a home-based coaching model for each parenting program exists. Home-based sessions can be offered to parents who cannot attend groups, or who do not feel ready to participate in a group, or to compensate when parents miss a group session, or to supplement the group program for very high-risk families.

Program goals are tailored to be developmentally appropriate and represented in The Incredible Years Parenting Pyramid® (Figure 21.2). The pyramid helps parents conceptualize effective parenting tools they can use to achieve their goals. The pyramid base depicts liberally used parenting tools, which are presented in the first half of the program and form the foundation for children's emotional, social, and academic learning. These include positive parent attention, communication, and child-directed play interactions designed to build secure and trusting relationships. Parents also learn how to use specific academic, persistence, social, and emotional coaching tools to help children learn to self-regulate and manage their feelings, persevere with learning despite obstacles, and develop friendships.

One step up the pyramid depicts behavior-specific praise, incentive programs, and celebrations for when goals are achieved, followed by use of predictable routines and household rules to scaffold children's exploratory behaviors and their drive for autonomy. The top half of the pyramid presents tools used more sparingly to reduce specific targeted behaviors, such as ignoring of inappropriate behaviors, distraction and redirection, and discipline tools such as time out to calm down and logical consequences for aggressive behaviors. In addition, parents learn how to develop supportive partnerships with teachers by collaborating on behavior plans and supporting their children's school-related activities.

There are two basic premises of the model:

(a) a positive relationship foundation must precede

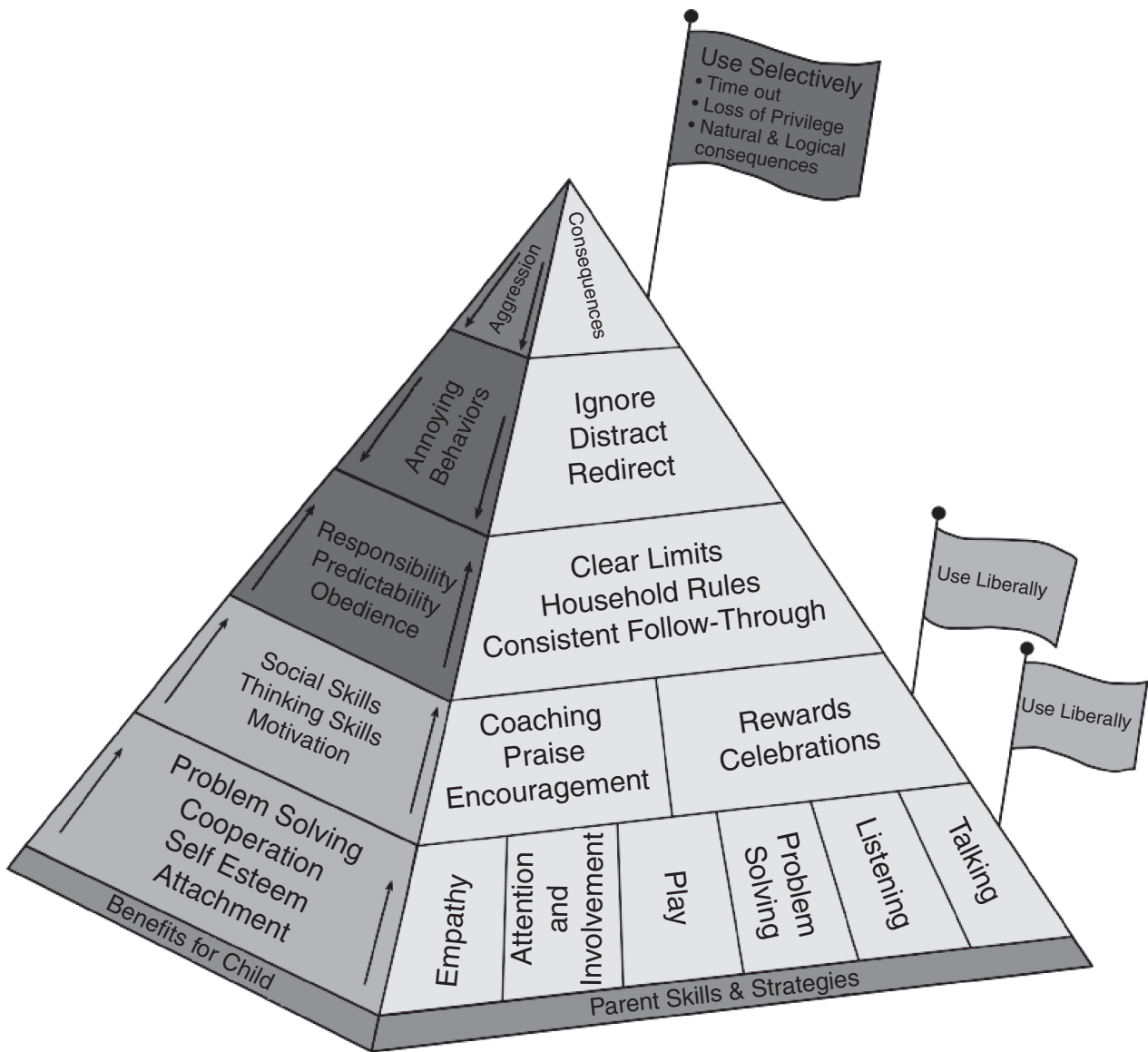
clear and predictable discipline strategies, and this sequence of delivery of content is critical to the program's success; and (b) attention to positive behavior, feelings, and cognitions should occur far more frequently than attention to negative behaviors, feelings, and cognitions. Tools from higher up on the pyramid only work when the positive foundation has been solidly constructed with secure scaffolding.

## INCREDIBLE YEARS ADJUNCTS TO PARENT PROGRAMS

Optional adjunct parenting programs can be used in combination with the Incredible Years Basic parenting programs outlined above, as follows:

1. The Incredible Years Advance parenting program, offered after the Basic preschool or school-age programs, was designed for selective high-risk and indicated populations and focuses on ways to reduce parents' interpersonal risk factors such as anger and depression, poor communication, lack of support, problem-solving difficulties between parents and with teachers, and children's poor self-regulation skills.
2. An adjunct to the preschool program is the school readiness program for parents of children ages 3 to 4 years, which is designed to help parents support their children's preliteracy and interactive reading readiness skills.
3. An adjunct for the toddler, preschool, and early school age programs is the attentive parenting program. This universal prevention program is designed to teach parents of children 2 to 6 years old (who do not have significant behavioral issues) social, emotional, persistence, and preacademic coaching methods as well as how to promote their children's reading, self-regulation, and problem-solving skills. It is also recommended in the form of booster sessions for indicated populations following Basic parenting program completion.
4. The autism program is for parents of children on the autism spectrum or whose children have language delays. It can be used independently or in conjunction with the Basic preschool program.





**The Incredible Years®**

FIGURE 21.2. The Incredible Years Parenting Pyramid®. Adapted from “Supplemental Materials,” by The Incredible Years®, 1984 (<http://www.incredibleyears.com/programs/parent/supplementals/>). Copyright 1984 by The Incredible Years®. Adapted with permission.

## **INCREDIBLE YEARS TEACHER CLASSROOM MANAGEMENT PROGRAM**

The Incredible Years teacher classroom management (IY-TCM) program is a 6-day, group-based program delivered monthly by accredited group leaders in small workshops (including 14–16 teachers) throughout the school year. It is recommended that trained Incredible Years coaches support teachers between workshops by visiting their classrooms, helping refine behavior plans, and addressing teachers' goals. The goals of IY-TCM include (a) improving teachers' classroom management skills, including proactive teaching approaches and effective discipline; (b) increasing teachers' use of academic, persistence, social, and emotional coaching with students; (c) strengthening teacher–student bonding; (d) increasing teachers' ability to teach social skills, anger management, and problem-solving skills in the classroom; (e) improving home–school collaboration, behavior planning, and parent–teacher bonding; and (f) building teachers' support networks. The curriculum is described in the teachers' course book *Incredible Teachers: Nurturing Children's Social, Emotional and Academic Competence* (Webster-Stratton, 2012c; for more information on IY-TCM training and delivery, see Reinke et al., 2012 or Webster-Stratton & Herman, 2010).

### **Incredible Beginnings: Teacher and Child Care Provider Program**

This 6-day, group-based program is for day care providers and preschool teachers of children of ages 1 to 5 years. Topics include coping with toddlers' separation anxiety and promoting attachment with caregivers; collaborating with parents and promoting their involvement; promoting language development with gestures, imitation, modeling, songs, and narrated play; using puppets, visual prompts, books, and child-directed coaching methods to promote social and emotional development; and proactive behavior management approaches.

### **Helping Preschool Children With Autism: Teachers and Parents as Partners Program**

This program is designed as an add-on to the Incredible Years parent program for children on the autism spectrum and to the IY-TCM Program.

The program focuses on how to promote language development and communication with peers and helps providers to provide social and emotional coaching and teach children self-regulation skills.

## **INCREDIBLE YEARS CHILD PROGRAMS (DINOSAUR CURRICULA)**

Two versions of the Incredible Years child program have been developed: (a) in the universal prevention classroom version, teachers deliver 60+ social–emotional lessons and small group activities twice a week, with separate lesson plan sets for three grade levels (preschool through second grade); and (b) in the small group therapeutic treatment group, accredited Incredible Years group leaders work with groups of 4 to 6 children (ages 4–8 years) in 2-hour weekly therapy sessions. This program can be offered in a mental health setting (concurrent with the Basic parent program) or as a “pull-out” program in schools. Content is delivered using a selection of video programs (with over 180 vignettes) that teach children literacy, social skills, emotional self-regulation skills, and the importance of following school rules and problem-solving. Large puppets bring the material to life, and children are actively engaged in the material through role play, games, play, and activities. The content and structure of the child program reflects that of the parent training program and comprises seven components: (a) introduction and rules; (b) empathy and emotion; (c) problem-solving; (d) anger control; (e) friendship skills; (f) communication skills; and (g) school skills (for more information about the child programs, see Webster-Stratton & Reid, 2003, 2004).

## **CHOOSING PROGRAMS ACCORDING TO RISK LEVELS OF POPULATIONS**

The Basic parent programs (baby, toddler, preschool, or school-age versions) are considered mandatory or core components of the prevention intervention training series. The Advance program is offered in addition to the Basic program for selective populations such as parents characterized as depressed or those with considerable marital discord, child welfare-referred families, or families living in shelters. For indicated children with behavior problems

that are pervasive (i.e., apparent across settings both at home and at school) it is recommended that the child training program and/or one of the two teacher training programs be offered in conjunction with the parent training program to assure child behavior changes at school or day care. For indicated children whose parents cannot participate in the Basic program due to their own psychological problems, delivery of both the child and teacher program is optimal (Incredible Years Program Implementation, 2013).

As seen in Figure 21.3, Levels 1 and 2 are the foundation of the pyramid and involve a recommended series of programs that could be offered universally to all parents, day care providers, and teachers of young children (age 0–6 years). Level 3 is targeted at selective or high-risk populations. Level 4 is targeted at indicated populations, in which children or parents are already showing symptoms of mental health problems (e.g., parents referred to child protective services because of abuse or neglect, foster parents caring for children who have been neglected and removed from their homes, children who are highly aggressive but not yet diagnosed as having oppositional defiant disorder [ODD] or CD). This level of intervention is offered to fewer people and offers longer and more intensive programming by a higher level of trained professionals. Level 5 is offered as treatment and addresses multiple risk factors, with programs being delivered by therapists with graduate level education in psychology, social work, or counseling. Additional individual parent–child coaching can be provided in the clinic or home using home coaching protocols. Child and parent therapists work with parents to develop behavior problem plans and consult with teachers in partnerships to coordinate plans, goals and helpful strategies. One of the goals of each of the prior levels is to maximize resources and minimize the number of children who will need these more time- and cost-intensive interventions at Level 5.

## RESEARCH EVIDENCE FOR THE INCREDIBLE YEARS PARENT PROGRAMS

### Treatment and Indicated Populations

The efficacy of the Incredible Years Basic parent treatment program for children (ages 2–8 years) diagnosed with ODD and/or CD has been

demonstrated in eight published randomized control group trials (RCTs) by the program developer (Webster-Stratton, 2013). In addition, numerous replications by independent investigators have been conducted (for reviews, see Gardner, 2012; Menting, Orobio de Castro, & Matthys, 2013).

In the early U.S. studies conducted by the program developer, the Basic program improved parental confidence, increased positive parenting strategies, and reduced harsh and coercive discipline and child conduct problems compared with waitlist control groups. The results were consistent for toddler, preschool, and school age versions of the program. The first series of RCTs in the 1980s evaluated the most effective training methods of bringing about parent behavior change and established that group parent training was more effective than individual parent training, and that the most effective group model combined a trained facilitator with the use of video vignettes and group discussion. Research on the most effective program content demonstrated that the combination of the Basic parenting program with the Advance program showed greater improvements in terms of parents' marital interactions and children's prosocial solution generation. Therefore, the core treatment model for clinical populations over the last 2 decades has consisted of a facilitator-led group treatment model that combines the Basic plus Advance programs.

Independent studies have replicated the Basic program's results with treatment populations in mental health clinics and primary care settings with families of children diagnosed with conduct problems or high levels of behavior problems (e.g., Drugli & Larsson, 2006; Gardner, Burton, & Klimes, 2006; Perrin, Sheldrick, McMenemy, Henson, & Carter, 2014; Scott, Spender, Doolan, Jacobs, & Aspland, 2001). A recent Incredible Years parent program meta-analysis including 50 studies with 4745 participants from 2472 intervention families showed the program to be effective for disruptive and prosocial child behavior as measured by teacher and parent report and independent observations across a diverse range of families (Menting et al., 2013).

Two long-term studies from the United States and United Kingdom followed up with children diagnosed with conduct problems whose parents

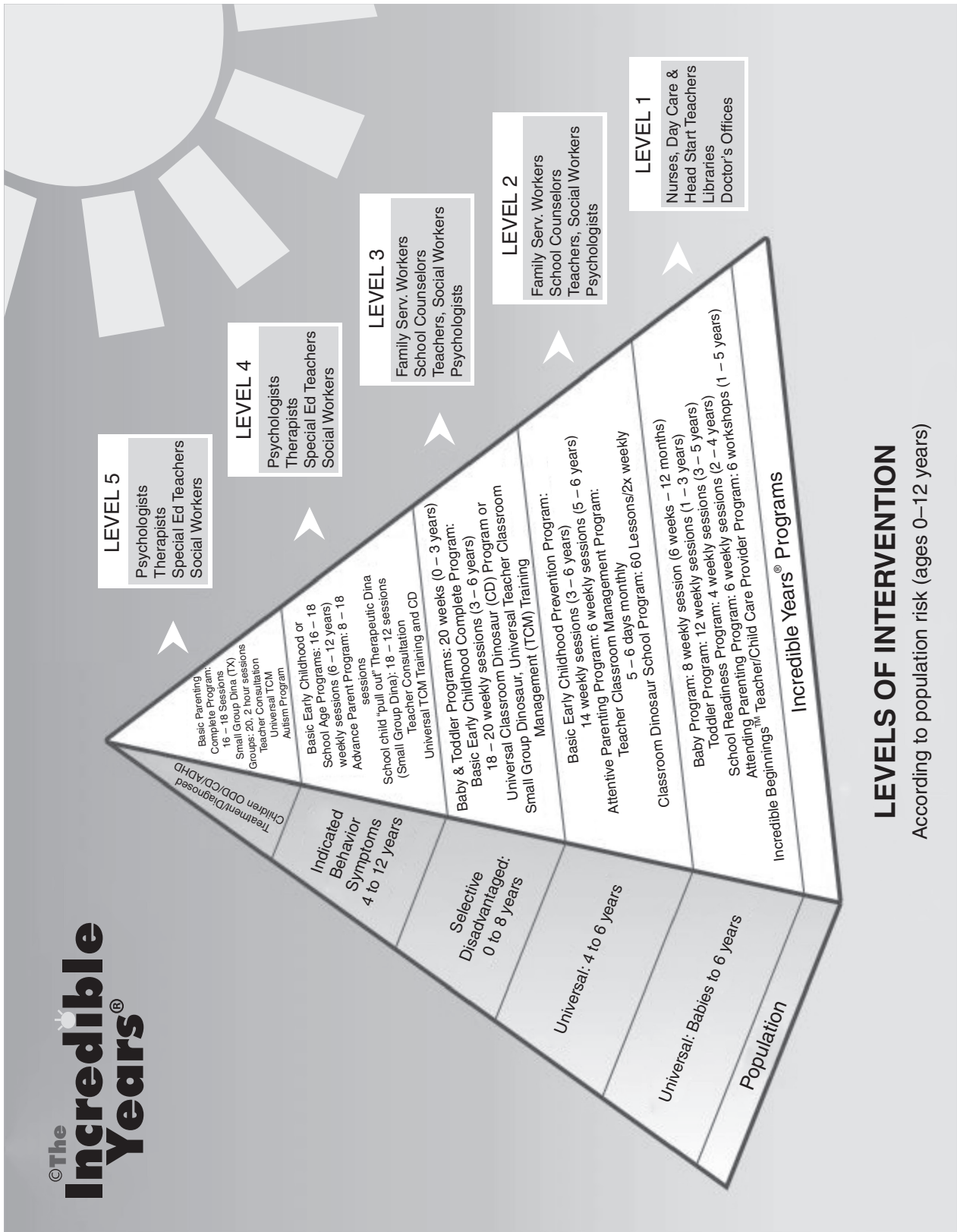


FIGURE 21.3. Levels of intervention pyramid. Adapted from “Implementing the Programs,” by The Incredible Years®, 2010 (<http://www.incredibleyears.com/programs/implementation/>). Copyright 2010 by The Incredible Years®. Adapted with permission.

had received the Incredible Years parent program 8 to 12 years earlier. The U.S. study indicated that 75% of the teenagers were typically adjusted, with minimal behavioral and emotional problems (Webster-Stratton, Rinaldi, & Reid, 2011). The data were not significantly different from U.S. national rates of adjustment for children of the same age. The independent U.K. 10-year follow-up study reported that parents who had participated in the Incredible Years Basic parent program expressed more emotional warmth and supervised their adolescents more closely than parents in the control condition who had received individualized typical psychotherapy (parent-focused or child play therapy) offered at that time. Moreover, their children's reading ability was substantially improved in a standardized assessment in comparison with the children in the control condition (Scott, Briskman, & O'Connor, 2014).

### Prevention Populations

The prevention version of the Basic program has been tested by the developer in four RCTs with multiethnic, socioeconomically disadvantaged families in schools. These studies showed that children whose mothers received the Basic program showed fewer externalizing problems, better emotion regulation, and stronger parent-child bonding than control children. Mothers in the parent intervention group also showed more supportive and less coercive parenting than control mothers (for a review, see Webster-Stratton & Reid, 2010). At least six RCTs by independent researchers with high risk prevention populations found that the Basic parenting program increases parents' use of positive and responsive attention with their children (e.g., praise, coaching, descriptive commenting) and positive discipline strategies, and reduces harsh, critical, and coercive discipline strategies (see Menting et al., 2013). The trials took place in applied mental health settings, schools, and primary care practices with Incredible Years group leaders drawn from existing staff (nurses, social workers, and psychologists). The program has been shown to be effective with diverse populations, for example, individuals with Latino, Asian, African American, and European backgrounds in the United States (Reid, Webster-

Stratton, & Beauchaine, 2001), and other countries such as England, Wales, Ireland, Norway, Denmark, Sweden, the Netherlands, New Zealand, Portugal, and Russia (Azevedo, Seabra-Santos, Gaspar, & Homem, 2014; Gardner et al., 2006; Hutchings, Bywater, & Daley, 2007; Hutchings, Gardner, et al., 2007; Larsson et al., 2009; Raaijmakers et al., 2008; Scott et al., 2001; Scott et al., 2010). A complementary body of qualitative evidence exploring parents', foster carers', and facilitators' perceptions of Incredible Years parent programs indicates parent program acceptability is high across different populations and in different contexts (Bywater et al., 2011; Furlong & McGilloway, 2015; Hutchings, Griffith, Bywater, Williams, & Baker-Henningham, 2013; Linares, Montalto, Li, & Oza, 2006; McGilloway, Ni Mhaille, Bywater, Furlong, et al., 2012).

### INTERNATIONAL SPOTLIGHT ON THE UNITED KINGDOM AND IRELAND

The Basic program for parents of 3- to 6-year-olds has demonstrated effectiveness in targeted RCTs in Ireland, Wales, and England (Bywater et al., 2009; Little et al., 2012). In Wales, the sample included families from rural and urban communities who spoke Welsh or English. In England, the research was conducted in the culturally diverse city of Birmingham (the second largest city in England). In Ireland, services were delivered to a predominantly Catholic population in both semirural and urban areas. In all three trials, families were eligible if their child scored over the cut-off level for clinical concern on a behavioral screener and were therefore at risk of developing CD. Results were similar, with child behavior effect sizes ranging from .5 to .89 across the three trials. The Welsh and Irish trials (Hutchings, Bywater, & Daley, 2007; McGilloway, Ni Mhaille, Bywater, Leckey, et al., 2014) included independently observed parenting (by observers blind to condition), and significant differences were found between parents who were allocated to the intervention versus waiting list groups; for example, critical parenting and aversive parenting strategies were significantly reduced in parents who attended the Incredible Years program compared with control parents. The findings of these trials replicated

those by the program developer. In addition, parent mental health improved for intervention parents. Effects were maintained at 12 months postbaseline (McGilloway et al., 2014) and 18 months post-baseline (Bywater et al., 2009). A recent review of the independent Incredible Years series research base (Pidano & Allen, 2015) demonstrates that the Basic parent program is the most researched from the series, with greater than 20 independent replication studies with a control group, and has the most established evidence base across many cultures and countries, thus illustrating the transportability of this program. A meta-analytic review of 50 control group studies evaluating only the Incredible Years parent programs (Menting et al., 2013) found similar effect sizes for child behavior for studies in the United States and Europe ( $d = .39$  and  $.31$  respectively), further illustrating the effectiveness of the programs when transported to Europe.

## RESEARCH EVIDENCE FOR THE INCREDIBLE YEARS CHILD PROGRAMS AS ADJUNCTS TO PARENT PROGRAMS

### Treatment

Three RCTs have evaluated the effectiveness of adding the small group child training (CT) program to parent training (PT) for reducing conduct problems and promoting social and emotional competence in children diagnosed with ODD (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2004). Results indicated that children who received the CT-only condition showed enhanced improvements in problem-solving and conflict management skills with peers, compared with those in the PT-only condition. On measures of parent and child behavior at home, the PT-only condition resulted in more positive parent-child behavioral interactions in comparison with interactions in the CT-only condition. All changes were maintained a year later, and child conduct problems at home decreased over time. Results showed the combined CT plus PT condition produced the most sustained improvements in child behavior at 1-year follow-up. Therefore, the CT program was recently combined with the

PT program for children diagnosed with ADHD, with similar results to earlier studies with children with ODD (Webster-Stratton, Reid, & Beauchaine, 2011). There are two published RCTs by independent investigators of the CT small group program with PT (Drugli & Larsson, 2006; Pidano & Allen, 2015), with two RCTs of CT as a stand-alone program delivered in schools being conducted in Wales and at the University of North Carolina (LaForett et al., 2018).

### Prevention

One RCT conducted in the United States evaluated the use of the classroom prevention (universal) version of the Incredible Years child program with Head Start families and in primary grade classrooms in schools with economically disadvantaged populations. Teachers in intervention schools delivered the curriculum biweekly throughout the year. Results from the sample of 153 teachers and 1,768 students indicated that teachers used more positive management strategies, and students showed significant improvements in school readiness skills, emotional self-regulation, and social skills, as well as reductions in behavior problems, compared with control school classrooms. Intervention teachers also showed more positive involvement with parents than control teachers (Webster-Stratton, Reid, & Stoolmiller, 2008). A subsample of parents of indicated children (i.e., those with high levels of behavioral problems reported by teacher or parent) were selected and randomly allocated to (a) the parent program plus classroom intervention, (b) classroom-only intervention, or (c) control group. Mothers in the combined condition had stronger mother-child bonds and were more supportive and less critical than classroom-only intervention mothers, and they also reported fewer child behavior problems and more emotional regulation than parents in the other two conditions. Teachers reported these mothers as more involved in school and their children as having fewer behavior problems. This suggests added value when combining a social and emotional pupil curriculum with the Incredible Years parent program in schools (Reid, Webster-Stratton, & Hammond, 2007).

## RESEARCH EVIDENCE FOR THE INCREDIBLE YEARS TEACHER CLASSROOM MANAGEMENT PROGRAM AS AN ADJUNCT TO PARENT PROGRAMS

The IY-TCM program has been evaluated in one treatment (Webster-Stratton et al., 2004) and two prevention RCTs (Webster-Stratton, Reid, & Hammond, 2001; Webster-Stratton et al., 2008); see also Webster-Stratton, 2012a and five RCTs by independent investigators, including trials conducted in Wales (Hutchings, Martin-Forbes, Daley, & Williams, 2013), Ireland (Hickey et al., 2017), Norway (Fossum, Handegård, & Drugli, 2017), England (Ford et al., 2018), and the United States (Reinke, Herman, Dong, in press). Research findings have shown that teachers who participated in the training used more proactive classroom management strategies, praised their students more, used fewer coercive or critical discipline strategies, and placed more focus on helping students to problem solve. Intervention classrooms were rated as having a more positive classroom atmosphere, increases in child social competence and school readiness skills, and lower levels of aggressive behavior. A recent study has replicated the benefits of the IY-TCM program for enhancing parents' involvement in their children's education (Reinke et al., 2014). A study comparing combinations of Incredible Years parent, teacher, and child programs found that combining either teacher or child intervention with Basic program parent training resulted in enhanced improvements in classroom behaviors as well as more positive parent involvement in children's education (Webster-Stratton et al., 2004). Pidano and Allen (2015) identified two additional independent studies in the United States that combined IY-TCM with PT, both of which reported positive results for child behavior.

The Pidano and Allen (2015) review of independent evidence highlights the need for more RCTs with the child programs and the newer parent and teacher programs (attentive, autism, baby, and incredible beginnings). However, given current interest in early intervention and potential cost savings later in life, there has been a pull for evaluations of the Incredible Years baby and toddler programs. The authors of this chapter are aware

of at least four ongoing European studies in Denmark, England, Ireland, and Norway evaluating the baby, or baby and toddler, programs (Bywater et al., 2016; McGilloway et al., 2014; Pontoppidan, 2015).

More longitudinal studies are also needed; however, comparative longitudinal studies are rare, as intervention studies typically employ a waitlist control design in which all trial participants receive the intervention but do so at different time points. Interestingly, although there has been a focus on combining programs simultaneously, there has been little research on establishing the effectiveness of the Incredible Years parent programs as a stacked model, when delivered according to level of need. Bywater et al. (2016) are exploring the effectiveness of a universal “dose” of the Incredible Years baby book followed by attendance in the baby and then toddler programs, depending on levels of parent well-being (a strong factor in the development of child well-being and social behavior). This study applies a proportionate universalism approach as advocated by Marmott et al. (2010), which ensures that services are delivered to those that need it most and that those that need less intervention receive less.

## TRANSPORTABILITY FACTORS

### Assuring Fidelity With Translations, Accommodations, and Flexible Dosage

An important aspect of a program's efficacy is fidelity in implementation. Indeed, if the program is not rigorously followed—for example, if session components are dispensed with, program dosage reduced, necessary resources not available, or group leaders not trained or supported with accredited mentors—then any absence of effects may be attributed to a lack of implementation fidelity. Incredible Years Basic parenting program research shows that high fidelity implementation not only preserves the anticipated behavior change mechanisms but is predictive of behavioral and relationship changes in parents, which in turn are predictive of social and emotional changes in the child as a result of the program (Eames et al., 2010). Other U.K. research (Little et al., 2012) demonstrates that independently observed high fidelity in Incredible Years Basic delivery translates to improved family outcomes.

Both of these studies implemented the programs in more than one language, using either translators or bilingual or multilingual facilitators, in very different contexts (semirural Wales, with a total population of approximately 3 million across Wales vs. culturally diverse Birmingham City, whose metropolitan area's population exceeds that of Wales as a country). It appears from these and other studies such as those conducted in Portugal, Norway, and the Netherlands that delivery in different contexts or in different languages does not affect the effectiveness of the program if delivered with high fidelity. Accommodations such as translation of materials is also not sufficient a change to render the program ineffective (Menting, Orobio de Castro, & Matthys, 2013). Durlak and DuPre (2008) reviewed 50 Incredible Years studies on prevention and health promotion programs for children, linking implementation fidelity to outcomes, and stated that perfect implementation is unrealistic (few studies achieve more than 80%) but positive results have often been achieved, with levels around 60%. The standardization of program content, structure, processes, methods, and materials facilitates delivery with fidelity. However, programs can be tailored to specific populations, which involves great leader skill in assuring that the content and pace of programs accurately reflect the developmental abilities of children, unique family culture or teacher classroom context, and baseline level of knowledge of the participants in the group. For example, program delivery may proceed at a slower pace over a greater number of sessions for parents with highly complex needs, or when several translators are present. This is classed as an accommodation rather than an adaptation, as the program content and processes have not changed but have been tailored to accommodate the participants' specific learning needs. Examples in which the Incredible Years Basic parent program has been tailored or accommodated to population needs, without changes being made to the core components of the program, include a randomized study with foster carers in the United Kingdom (Bywater et al., 2011) and a study with parents of children with ADHD in Portugal (Azevedo et al., 2014). Both studies demonstrated the transportability of the program across different types of populations as well as contexts.

### Accredited Training and Consultation

The training, supervision, and accreditation of group leaders is crucial for delivering with high fidelity (Webster-Stratton & McCoy, 2015). First, carefully selected (according to education, experience, and interest) and motivated group leaders receive 3 days of training by accredited mentors before leading their first group of parents, teachers, or children. Then, it is highly recommended that they continue with ongoing consultation with Incredible Years coaches and/or mentors as they proceed through their first groups. They are encouraged to start videotaping their sessions right away and to review these videos with their coleader using the group leader checklist and peer review forms. It is also recommended that they send these videos for outside coaching and consultation by an accredited Incredible Years coach or mentor.

In line with this advice, Incredible Years parent group leaders in United Kingdom, Norway, Spain, Ireland, and Portugal research trials received the initial training as well as ongoing support during delivery of their groups. Group leaders in these studies were also required to pursue accreditation in the program. The process of group leader accreditation involves the leadership of at least two complete groups with greater than 80% attendance, video consultation, and a positive final video group assessment by an accredited mentor or trainer, as well as satisfactory completion of group leader group session protocols and weekly participant evaluations. This process ensures delivery with fidelity, which includes both content delivery (e.g., required number of sessions, vignettes, role plays, brainstorm) and therapeutic skills. The whole process of coaching, consultation, and accreditation of new group leaders is carried out by a network of national and international accredited Incredible Years trainers, mentors, and coaches (of which there are currently 8, 63, and 52, respectively) who meet annually to learn about new research and share videos of their groups, workshops, and coaching methods. An RCT found that providing group leaders with ongoing consultation and coaching following the 3-day workshop led to increased group facilitator proficiency, program adherence, and delivery fidelity (Webster-Stratton, Reid, &



Marsenich, 2014; for a detailed discussion of the building process for scaling up Incredible Years programs with fidelity see Webster-Stratton & McCoy, 2015).

## CONCLUSIONS AND FUTURE DIRECTIONS FOR RESEARCH

The Incredible Years series is transportable, with robust evidence demonstrating positive outcomes for children, families, and teachers in the short, medium, and long term. The programs can be delivered as stand-alone programs or in combination, and they are suitable for early intervention, prevention, or treatment models to suit a variety of needs, populations, and service delivery organizations. Research has been conducted by independent researchers as well as the series developer. The accreditation and training model supports high fidelity and the likelihood of achieving outcomes similar to those found in efficacy trials.

Future directions for research should include evaluating ways to promote the sustainability of results when offering additional program adjuncts such as the Incredible Years Advance program, child program, teacher program, or ongoing booster sessions. For example, children could be assigned to treatment program conditions according to their particular comorbidity combinations, as research has shown that those with ADHD will fare better when teacher or child components are added to the PT program. Further research is needed to identify children for whom the current interventions are inadequate. The newest Incredible Years parent programs (baby, attentive parenting, and autism) and the new teacher programs (Incredible Beginnings and Helping Preschool Children with Autism) are also in need of RCTs to determine their effectiveness. In addition to exploring stand-alone programs or combinations of programs across modalities (teacher, parent, child), there is a need to explore the longitudinal benefits of receiving stacked parenting interventions so that parents, especially families referred by child welfare, receive support through every developmental stage that their child encounters. Alternative designs could include trials within cohort studies (TWiCS), a model that will

be used to test a variety of interventions (including parent interventions) in Bradford, England as part of a £49 million project supported by the Big Lottery Fund to enhance outcomes for children aged 0 to 3 years (Dickerson et al., 2016).

At a time when the efficient management of human and economic resources is crucial, the availability of evidence-based programs for parents and teachers should form part of the public health mission. While the Incredible Years programs have been shown, in dozens of studies, to be transportable and effective across different contexts worldwide, barriers to fidelity may impede successful outcomes for parents, teachers, and children. Lack of services and organizational funding has sometimes led to the programs being delivered by group leaders without adequate training, support, coaching and consultation, agency monitoring, or assessment of outcomes. Frequently, the programs have been sliced and diced and components dropped in order to offer the program at a level that can be funded. Few agencies support their group leaders becoming accredited, and the program is often not well established enough to withstand staffing changes in an agency. Thus, the initial investment that an agency may make to purchase the program and train staff is often lost over time. Disseminating evidence-based programs can be thought of like constructing a house—the building will not be structurally sound if the contractors, electricians, and plumbers working on it were not certified; disregarded the architectural plan; and used poor quality, cheaper materials. To build a stable house, or to deliver an evidence-based program, it is important that the foundation, basic structure, and scaffolding is strong, and that those building the house or delivering the program are fully qualified or accredited. This equates to picking the right evidence-based program for the level of risk of the population and developmental status of the children; adequately training, supporting, and coaching group leaders so they become accredited; and providing quality control. In addition, providing adequate scaffolding through the use of trained and accredited coaches, mentors, and administrators who can champion quality delivery will make all the difference. With a supportive infrastructure surrounding the program, initial investments will

pay off in terms of strong family outcomes and a sustainable intervention program that can withstand staffing and administrative changes.

With the increasing blurring of organizational boundaries among services supporting families and children, there is a growing shared responsibility for the psychological management of conduct disorders, suggesting that evidence-based behavior management training should be included in initial training for professionals who are in regular contact with families and children, including foster carers and nursery workers.

In summary, the collective evidence suggests that the effective prevention of child conduct disorder and the promotion of responsive parenting and children's optimal social and emotional well-being and school readiness rely on a combination of key ingredients, including

1. an integrated, multiagency, multimodal approach;
2. the scaling up of evidence-based universal and targeted early interventions;
3. careful attention paid to identification of at risk populations; and
4. ongoing training and fidelity to preserve the mechanisms of change.

Attention to these combined ingredients would help to reduce the considerable individual, family, societal, and service costs that are incurred by untreated ODD, conduct problems, and attention deficit disorder.

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