©The
Incredible
Years® Parents, teachers, and children training series

2018 Incredible Years® Mentor Meeting

Frocalquier, France, Sept 19-21

Tailoring the Incredible Years to Fit...

**WELCOME TO THE INCREDIBLE YEARS® 2018 MENTOR MEETING AT
The Charembeau Hotel, in Folcalquier, France!**

We are so excited to see you all and happy you were able to travel to this lovely destination. Thank you to Stephen Scott for encouraging us to meet here! Our theme for this year's meeting is **Tailoring The Incredible Years® to Fit…** Our hope is that meeting here creates a relaxing atmosphere to get away from the everyday hustle and bustle so we can focus on meaningful collaboration and learning together.

This lovely hotel is not traditionally used as a conference center, so this year we will all be practicing being flexible and using our problem-solving skills to make the program a success. We will be meeting in a combination of common spaces and in some of the larger hotel room suites. There are times when groups will need to squeeze in to accommodate everyone in the space that is available! Thank you for being patient with this.

We want to give you an overview and guidelines for the meeting days. Another change this year is that we are doing both video review sessions and break out discussion groups. This means that there will be more variety each day. It also means that groups will switch during the day. Make sure to look closely at your agenda and the group lists to see where you should be for each session—ask Jamila if you're not sure where to go! Please try not to change your group assignments because they were carefully tailored!

For each video review group, there will be **a coach and a presenter**. Please review the **Coach/ Presenter** document in the handouts. It will be the coach's job to find out the presenter's goals, structure the session, facilitate brainstorming, set up role plays, and make sure that the presenter is feeling comfortable and supported.

Our first day (Wednesday, September 19th) we will all meet together for a morning of research and clinical presentations in the **Dining Room**. In the afternoon, we will have breakout groups for video review and a meeting with Carolyn for the Advisory Board.

Starting at 4:30pm (on Wednesday and Thursday), you will be free to socialize and relax! Dinner will be arranged on your own in town.

On **Thursday and Friday** we will begin each day in the Dining room for presentations. At 10:00am we will break into groups. On Thursday those who are taking the Attentive Parenting workshop will be with Carolyn for the remainder of the day in the Dining room. On Friday, those who are taking the Home Coaching day will be with Kimberlee for the remainder of the day. Other mentors will work in small video review or discussion groups. **Pay attention to the groups for Thursday and Friday – there are new groups each day, and they change partway through the day! We have tried to tailor the groups to your expertise and preferences and the size and shapes of your groups will be different each day!**

On Friday at 4:30pm, we will all come back to the Dining room to share gems from the week. Our final dinner will be in town at 7:00pm.

Wednesday and Thursday you will be on your own for dinner. We hope that you will take this time to visit with old friends and make new ones. Try to make sure that all mentors are included in a dinner group. If you need a dinner buddy, please ask someone. We promise that you will be welcome in this nurturing and inclusive group of incredible mentors!

Please let Jamila and Carolyn know if you need anything during the week!

Information for your stay:

Conference Hotel: Charembeau Hotel, Route de Niozelles 04300 Forcalquier

Final Dinner, Sept 21st 7:00pm: L'ESPERLUETTE
Adresse : 28 Boulevard Latourette, 04300 Forcalquier
Téléphone : 04 92 72 53 57

Tourist Office: 13 Place du Bourguet, 04301 Forcalquier, France

Taxi in Folcalquier: ACCUEIL TAXI FORCALQUIER   S.F.T.A.(TAXI)
+33 6 20 67 58 62   +33 4 92 75 07 60

TAXI BRUNO
+33 6 07 47 26 97

Bike Rental: BACHELAS BIKE FORCALQUIER
Adresse : 5 Avenue de la République, 04300 Forcalquier
Téléphone : 04 92 75 12 47
benjamin.bachelas@orange.fr

Restaurants in Town:

L'esperluette: traditional, in town, terrace

La maison rose: traditional restaurant in house just on the outskirts of town

Le jam: small Moroccan restaurant no outside

Aux deux anges: tiny authentic restaurant in town outside terrace

Le restaurant thai le lek: on the main street outside terrace

Le Saigon: Vietnamese in old part of town terrace

Aigo blanco: traditional French in old part of town very pretty terrace

Les terraces de la Bastide: just outside of town lovely garden

Bistro'n'hom: in town nice terrace

Creperie: in old part of town outside

Avanti: old part of town outside

Da benedetto: authentic pizzas in town terrace

La boca: bar with tapas board (cheese and meat)

Restaurants by Car:

l'auberge des coupoles: in st michel l'observatoire,

Chez Eric: in Montfuron

AGENDA

2018 Incredible Years® Mentor Meeting
Frocalquier, France, Sept 19-21

Tailoring the Incredible Years® to Fit...

WEDNESDAY, September 19th

TIME	ACTIVITY/PRESENTER			LOCATION
8:00-8:30	Welcome Carolyn			Dining Room
8:30-9:15	Stephen — What to do when Treatment Doesn't Work			Dining Room
9:30-10:30	Jane, Joanne, Caroline W: Incredible Beginnings			Dining Room
10:30-11:30	Carolyn: Tailoring IY			Dining Room
11:30:12:00	Break to set up lunch			
12:00-12:50	Lunch			
1:15-2:45	Video Review			
Needles	Autism	Dianne Video/Kim Coach		Library
Thread	Parent	Ty Video/Judah Coach		Room 14
Scissors	Basic/Baby	Megan Video/Bjørn, Coach		Room 3
Buttons	Incredible Beginnings	Kimberlee Video/Filomena Coach		Dining Room
Pins	Basic	Peadar Video/Siri Coach		Room 18
3:00-4:30	Video Review			
Needles	Autism	Jeannie Video/Kari Coach		Library
Thread	Parent	Brenda Video/Lene Coach		Room 14
Scissors	Basic/Baby	Maria João Video/ Barbara Coach		Room 3
Buttons	Incredible Beginnings	Jane Video/Desiree Coach		Library
Pins	Basic	Ole Video/Kate Coach		Room 18
Advisory Group		with Carolyn		Room 5
4:30	Social Time. Dinner in town: make your own arrangements			
6:00	Wine at Stephen's Place: make your own transportation arrangements			

VIDEO BREAKOUT GROUPS, 1:15-4:30pm

NEEDLES: Autism	**THREAD: Basic Parent**	**SCISSORS: Basic Parent/Baby**	**BUTTONS: Incredible Beginnings**	**PINS: Parent**
Carolyn W-S	Brenda	Andreia	Anne	Angela
Dianne	Janne	Barbara	Caroline W	Cathy
Jeannie	Judah	Bjørn	Desiree	Judy
Kari	Lene	Jenny	Eadaoin	Kate
Kim	Maartje	Joanne	Hilde	Marie-Josée
Sue	Monica	Laura	Jamila	Moira
	Paula	Maria João	Jane	Ole
	Sean	Marte	Kathleen	Peadar
	Ty	Megan	Kimberlee	Siri
		Tatiana	Maria Filomena	Stephen
			Micah	
			Oddbjørn	
			Stephanie	

TAILORS: Advisory Group, 3:00-4:30pm
NOTE: These people will leave their video groups for the last session

Carolyn	Judy	Barbara
Jamila	Siri	Caroline W
Sue	Dianne	

THURSDAY, September 20th

Tailoring the Incredible Years® to Fit...

Time	Activity/Team		Location
8:00-9:00am	Carolyn — Opening		Dining Room
9:00-9:45am	Oddbjorn — TCM Norway		Dining Room
10:00-4:30pm	Attentive Parenting with Carolyn		Dining Room
10:00-11:30	Video Review		
Needles	**Dinosaur School**	OddbjørnVideo/Judy Coach	Room 3
Thread	**Basic/Baby**	Barbara Video/Kimberlee Coach	Library
Scissors	**TCM/IB**	Filomena Video/Stephanie Coach	Room 5
Buttons	**Basic**	Maartje Video/Angela Coach	Room 14
Pins	**Basic/ASD**	Kari Video/Judah Coach	Room 18
11:30-12:00pm	Break to set up for lunch		
noon-12:50pm	Lunch		
1:00pm-2:45pm	Video Review Group		
Needles	**Dinosaur School**	Micah Video/Janne Coach	Room 3
Thread	**Basic/Baby**	Cathy Video/Jeannie Coach	Library
Scissors	**TCM/IB**	Stephanie Video/Caroline Coach	Room 5
Buttons	**Basic**	Jenny Video/Ole Coach	Room 14
Pins	**Basic/ASD**	Kim Video/Marte Coach	Room 18
3:00-4:30pm	Discussion Groups		
	Implementation Support: Cathy		Library
	Time Out: Jamila		Room 18
	Autism Overview: Sue		Room 3
	Tailoring Role plays: Kimberlee		Room 5
4:30pm	Social Time Dinner in Town: make your own arrangements		

See next page for group assignments.

GROUPS FOR THURSDAY VIDEO REVIEW SESSIONS

VIDEO BREAKOUT GROUPS, 10am–4:30pm

PATTERNS: Attentive Parenting				
	Carolyn W-S	Brenda	Kate	Megan
	Anne	Dianne	Laura	Monica
	Bjørn	Joanne	Maria João	Ty

_____

VIDEO BREAKOUT GROUPS, 10am–2:45 pm

NEEDLES: Dinosaur School	**THREAD: Basic/Baby**	**SCISSORS: TCM/Incredible Beginnings**	**BUTTONS: Basic Parent**	**PINS: Basic Parent**
Jamila	Barbara	Andreia	Angela	Judah
Janne	Cathy	Caroline W	Jane	Kari
Judy	Jeannie	Desiree	Jenny	Kim
Kathleen	Kimberlee	Eadaoin	Lene	Marie-Josée
Micah	Moira	Hilde	Maartje	Marte
Oddbjørn	Sean	Kim	Ole	Sean
Siri		Maria Filomena	Paula	Sue
		Peadar	Stephan	Tatiana
		Stephanie		

_____

DISCUSSION GROUPS, 3pm–4:30pm

IMPLEMENTATION SUPPORT:	**TIME OUT:**	**AUTISM OVERVIEW:**	**ROLE PLAYS:**
Cathy	**Jamila**	**Sue**	**Kimberlee**
Caroline W.	Desiree	Andreia	Barbara
Sue	Eadaoin	Lene	Hilde
Stephen	Jane	Micah	Jeannie
Angela	Judy	Moria	Judah
Sean	Kari	Paula	Marie-Josée
Stephanie	Kathleen	Tatiana	Marte
Jenny	Kim		Peadar
Desiree	Maartje		
Siri	Maria Filomena		
	Oddbjorn		
	Ole		
	Sean		

_____

AGENDA

2018 Incredible Years® Mentor Meeting
Frocalquier, France, Sept 19-21

FRIDAY, September 21st

Tailoring the Incredible Years® to Fit...

Time	Activity/Team			Location
8:00-8:30	Carolyn — Opening			Dining Room
8:30-9:00	Jeannie — 10 Years of the Ministry of Parenting			Dining Room
9:00-9:45am	Desiree — Small Group Research in NC			Dining Room
10:00-4:00pm	Home Coaching with Kimberlee			Dining Room
10:00-11:30	Video Review			
Needles **Thread** **Scissors**	**Basic** **Basic** **Child/Teacher**	Joanne video/Maria João Coach Anne Video/Brenda Coach Desiree video/Peadar Coach		Library Room 5 Room 18
11:30-noon	Break to set up for lunch			
noon-12:50pm	Lunch			
1:00pm-2:45pm	Video Review and Discussion Groups (*see page 7 for groups*)			
Needles and Thread **Scissors**	**Basic** **Child/Teacher** **Video Reliability Group**	Lene Video/Dianne Coach Kathleen video/Eadaoin Coach Carolyn Leads		Library Room 5 Room 18
3:00-4:30pm	Discussion Groups			
	Trauma **Puppets**	Carolyn Jamila		Library Room 18
4:30-5:00pm	Closing: Share Gems From the Week			Dining Room
7:00pm	Closing Dinner: Group Dinner in Town			**L'Esperluette**

See next page for group assignments.

GROUPS FOR FRIDAY: VIDEO REVIEW AND DISCUSSION SESSIONS

VIDEO BREAKOUT GROUPS, 10am–4:00pm

PATTERNS:
Home Coaching

Kimberlee	Hilde	Kari	Moira
Andreia	Janne	Kim	Ole
Angela	Jeannie	Maartje	Paula
Barbara	Jenny	Marie-Josée	Tatiana
Cathy	Judah	Marte	

VIDEO REVIEW GROUPS, 10am–2:45 pm

NEEDLES: Basic Parent	THREAD: Basic Parent	SCISSORS: Classroom Dina/TCM/IB
Bjørn	Anne	Desiree
Caroline W	Brenda	Eadaoin
Dianne	Laura	Kathleen
Jane	Maria Filomena	Micah
Joanne	Megan	Oddbjørn
Kate	Monica	Peadar
Lene	Sean	Stephanie
Maria João	Siri	Sue Evans
	Stephan	

VIDEO REVIEW RELIABILITY GROUP, 1pm–2:45pm
These people will come out of their video groups for this discussion

Carolyn W-S	Jane	Maria Joao	Siri
Bjorn	Kate	Megan	Stephanie
Brenda	Maria Filomena	Oddbjorn	Sue
Caroline W			

DISCUSSION GROUPS, 3pm–4:30pm

Tailoring Role Plays

Carolyn W-S	Laura
Bjorn	Maria Filomena
Desiree	Megan
Dianne	Micah
Jane	Oddbjorn
Janne	Sean
Joanne S	Stephanie
Kate	Stephen
Kathleen	

Puppets in parent and teacher

Jamila	Maria-João
Anne	Monica
Brenda	Peadar
Caroline W.	Sean
Eadaoin	Siri
Laura	Sue
Lene	

FILL ME OUT!

INCREDIBLE YEARS MENTOR/TRAINERS
RETREAT EVALUATION 2018
PLEASE FILL THIS OUT AND RETURN TO IY STAFF AT THE END OF THE MEETING

Please rate the following aspects of the 2018 Incredible Years® Mentor Meeting:

1. **Usefulness of Morning Presentations (Wednesday, Thursday, Friday)**

   not helpful   neutral   helpful   very helpful

2. **Usefulness of Home Coaching Workshop (Friday)**

   not helpful   neutral   helpful   very helpful

3. **Usefulness of Attentive Parenting Workshop (Thursday)**

   not helpful   neutral   helpful   very helpful

4. **Usefulness of presenter/coach format for group video sharing (Wed/Thur/Fri)**

   not helpful   neutral   helpful   very helpful

5. **Usefulness of of discussion groups (Implementation, Time Out, Autism, Tailoring, Puppets)** *Rate the ones you attended.*

   not helpful   neutral   helpful   very helpful

6. **Usefulness of sharing videos of groups or workshops with other mentors**

   not helpful   neutral   helpful   very helpful

Please rate the following aspects of the location and services:

1. **Meals/snacks provided by hotel**

   1   2   3   4   5

2. **Overall location/area**

   1   2   3   4   5

3. **Lodging and amenities**

   1   2   3   4   5

4. **Final dinner**

   1   2   3   4   5

PLEASE SEE OTHER SIDE

Additional questions:

1. What was the most useful part of this meeting?

2. Which topics or activities would be most useful to you for our next mentor meeting?

3. Other comments? We value your suggestions for how to make this meeting the most useful it can be to you. Please let us know your thoughts.
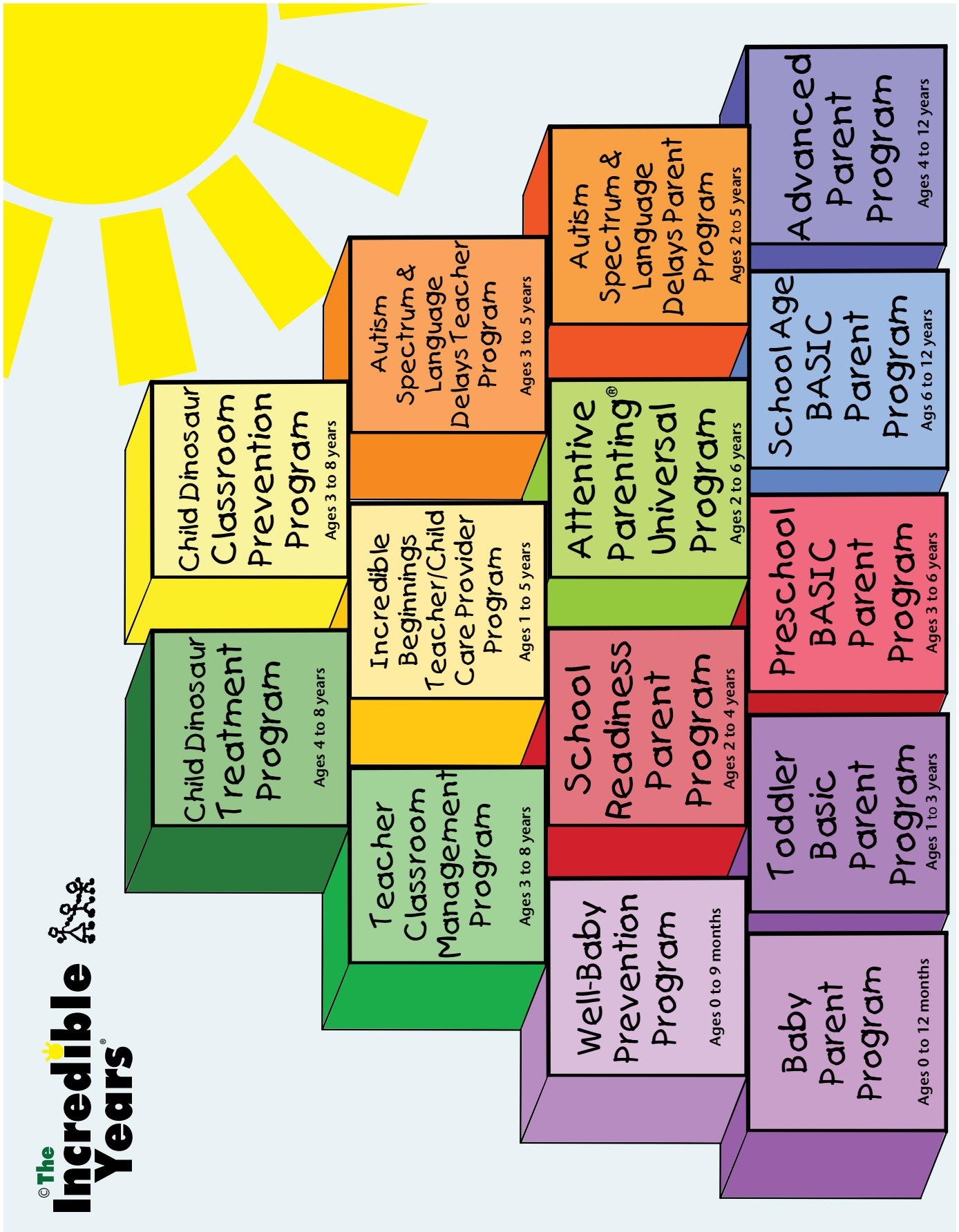
The Incredible Years®

Child Dinosaur Classroom Prevention Program — Ages 3 to 8 years

Autism Spectrum & Language Delays Teacher Program — Ages 3 to 5 years

Autism Spectrum & Language Delays Parent Program — Ages 2 to 5 years

Advanced Parent Program — Ages 4 to 12 years

Incredible Beginnings Teacher/Child Care Provider Program — Ages 1 to 5 years

Attentive Parenting® Universal Program — Ages 2 to 6 years

School Age BASIC Parent Program — Ages 6 to 12 years

Child Dinosaur Treatment Program — Ages 4 to 8 years

School Readiness Parent Program — Ages 2 to 4 years

Preschool BASIC Parent Program — Ages 3 to 6 years

Teacher Classroom Management Program — Ages 3 to 8 years

Well-Baby Prevention Program — Ages 0 to 9 months

Toddler Basic Parent Program — Ages 1 to 3 years

Baby Parent Program — Ages 0 to 12 months

WELCOME NEW MENTORS! 2017

Suzy B. Hannen, M.Ed.

Suzy has a background as an elementary school teacher and district coach for 10 years. In 2008 Suzy joined Invest in Kids, a nonprofit organization in Denver, Colorado as a program consultant. In her role there she was trained as a group leader in the IY Basic Parent Program, the Classroom Dinosaur School Program and the IY Teacher Classroom Management Program. Currently she is working towards her certification as an IY peer coach and mentor for the Classroom Dinosaur School Program.

Ty Rivå

Ty works as a psychologist in primary healthcare for children in the municipality of Nøtterøy. He offers counseling and therapy to children, adolescents and their families, plus mothers and fathers to be. He has worked as a psychologist since 2003, in outpatient clinics and municipalities, with families and children.

In 2008 he started doing Incredible Years Basic parent groups, and was certified as a group leader in 2012. Since then he has been peer coaching the Parent program, and was certified as a peer coach in 2016. In between he has done Attentive Parenting goups and Parent Baby groups.

Lisa Herewini

Lisa is from Aotearoa and was raised within the hub of Ngaiterangi, Tauranga Moana, New Zealand. Her identity as Māori is central to her work with families. Lisa is a registered Social Worker currently working at Parentline, supporting families and children who have been affected by abuse, family violence and trauma. She has worked in support, liaison and advocacy roles to kaumatua (grandparents) and mokopuna (grandchildren).

Lisa's Incredible Years journey started in 2004, delivering the program with a focus on particularly vunerable families and children raised by their grandparents. She has been working with Werry Workforce Whāraurau to assist in the development of cultural enhancements to The Incredible Years over the past 6 years.

Eadaoin O'Brien

Eadaoin has been working as an Educational Psychologist with the National Educational Psychological Service (NEPS) of the Department of Education and Skills in Ireland since 2003. She is also a qualified teacher with experience of teaching in both mainstream and special school settings. Eadaoin has over twenty years of experience working with children with special educational needs. She started training with IY in 2006 and she is trained in Small Group Dina, Classroom Dina, and Teacher Classroom Management (TCM). As part of the NEPS IY strategic plan Eadaoin delivers the TCM programme to teachers and she offers peer coaching sessions to colleagues to support delivery of the programmes with fidelity.

Ditte Maria Ravn

Ditte Maria holds a MA in Psychology and is a trained family therapist and IY group leader. She is trained in the IY TCM, Basic and School age programs. She is an accredited IY Baby group leader and has led many parent groups and TCM workshop during the past years.

Ditte Maria works as an educational psychologist at the municipality of Ishoj near Copenhagen, where she introduced IY and supports the implementation of IY in schools and family treatment.

WELCOME MENTOR!
2018

Anne Breese

Anne Breese is a Community Advisory Teacher within the Children and Young Peoples Partnership in Powys. She has 30 years experience as a Nursery/Reception Teacher, delivering and promoting Dina School with in her class and whole school. Anne is fully committed to the Incredible Years Programmes and has become an accredited leader in the Parent, Dina School, Teacher Classroom Management and School Readiness programmes. She is a Mentor for the Dina School programme and a Peer Coach for the parent programme. As part of her role as a community Advisory Teacher she delivers and supports the delivery of the Incredible Years programmes within Powys.

2017 NEW ACCREDITED MENTORS

Janne Evertson
(Norway)
Classroom Dina
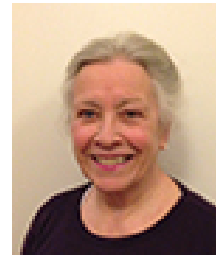
Diana Linforth-Howden
(New Zealand)
Basic Parent
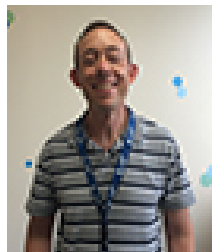
Micah Orliss
(USA)
Small Group Dina

Lene Staarup
(Denmark)
Basic Parent

2018 NEW ACCREDITED MENTORS

**Astrid Honoré
(Denmark)
Basic Parent**

**Kate Rhee
(Scotland)
Home Coach Mentor**

**Carolyn Rubenstein
(USA)
Basic Parent**

**Lindsay Sherman
(USA)
Basic Parent**

GROUP LEADER ACCREDITATIONS
Jeanne Gordon, Parent ASD
Jane Davidson, Incredible Beginnings
Kimberlee Shoecraft, Incredible Beginnings

PEER COACH ACCREDITATIONS
Anne Breese, Basic Parent
Ditte Maria Ravn, Basic Parent

COACH AND PRESENTER ROLES

AS THE **PRESENTER** FOR A SESSION, YOU WILL BE RESPONSIBLE TO:

- Find your slot on the agenda: note the day, time, and allotted length of time

- Prepare your DVD segment ahead of time - select 1 or 2 segments of video (total 10-15 min) of your group session or workshop delivery for participant feedback and bring the DVD with you!

- Identify the goals for your presentation.

- Determine when you have had enough feedback.

- Reflect on your strengths and what you have learned from the discussion and future goals.

AS THE **COACH** FOR A SESSION, YOU WILL BE RESPONSIBLE TO:

- Keep track of the time agenda for your presenter's session.

- Assure the presenter is in a safe environment and the feedback from participants is productive.

- Assist the presenter in making sure his or her goals are addressed.

- Allow everyone to participate with ideas and questions.

- Help scaffold the process of reflecting on the presenter's group leader process and methods demonstrated.

- Set up practice exercises as needed.

- Summarize what was learned from the discussion.

Training and Expectations for Mentor Status
Mentor Agreement

Candidates selected for mentor training are those who have achieved certification/accreditation as group leaders for the copyrighted Incredible Years® parent, teacher or child programs. They have extensive experience as group leaders for numerous groups and have the desire to mentor and support new group leaders. In addition to their advanced clinical skills, they have been recognized by accredited mentors, trainers and their agency supervisors for their excellent leadership skills and training capabilities.

Incredible Years reserves all of its copyrights and other intellectual property rights in its programs. This Mentor Agreement does not authorize any appointed certified mentor or anyone else to make derivative works of the programs or to copy, use, publish or distribute them without express written permission from Incredible Years. This Agreement does not give the certified mentor any rights or permissions to create derivative works or to offer courses under the Incredible Years name and brands with any other works than the unmodified and unaltered programs specifically offered by Incredible Years.

Mentor-in-Training
After nomination by an accredited mentor or trainer, the candidate will:
- Submit an additional group tape (post certification) for ongoing feedback and supervision from trainer.
- Attend consultation workshops.
- Participate with a trainer or mentor in leading a consultation day, and when possible attend peer coaching training.
- Watch a trainer or mentor do a workshop (following the training protocol checklist).
- Participate with a trainer in co-leading a workshop (each day mentor does more of the training)
- Decide with the trainer if mentor is ready to do a workshop alone (maybe decide to co-lead a second workshop with a trainer).
- Lead a workshop independently and video parts of training to be sent to trainer (no more than 3 hours)
- Submit video of workshop, list of participants, attendance and evaluations of workshop to IY
- Begin to mentor new group leaders by co-leading with them.

*see checklist of training steps for more details.

Certified Mentors and Term
Once mentors have been accredited or certified, then s/he (the certified mentor) can offer "authorized" workshops in their agency or specified district, which geographic area is to be determined in discussion with IY with written confirmation (email is acceptable).

Certified mentors are responsible for setting up the venue, deciding on the fee (if there is one), advertising, arranging food and handouts etc. (See tips for setting up a workshop handout.) The appointment of a certified mentor is made by Incredible Years and are subject to the laws of the State of Washington, USA, where Incredible Years has its offices. Incredible Years may at its sole discretion immediately terminate any appointment if the certified mentor violates the terms and conditions of this Mentor Agreement. Termination of any appointment or this Agreement does not terminate any of the copyright, trademark and other intellectual property rights in the programs and is not the sole recourse for Incredible Years if there is any breach of this Agreement or any infringement or other violation of such intellectual property rights in the programs. Any dispute arising from this Agreement or infringement or violation of any of the intellectual property rights in the program shall be subject to arbitration under the rules of the American Arbitration Association in Seattle, Washington, USA.

Subject to the preceding paragraph, the appointment as a certified mentor shall be ongoing as long as mentors attend the annual mentor meeting at least every two years, follow updated protocols and use updated materials. However Incredible Years may elect to bring any action or proceeding in any court or forum having jurisdiction over the certified mentor to protect the intellectual property rights of the programs that are the subject of this Agreement. The prevailing party in any arbitration or litigation shall be entitled to recover its reasonable fees and costs (including attorney or expert fees) as may be awarded in the arbitration award or by a court.

A certified mentor agrees to and shall observe the following:

- To let IY administrator know prior to delivering a workshop of the dates and place of the workshop. This may be posted on web site if desired.
- To adhere to workshop protocol checklists to be sure core training components are covered.
- To provide standard workshop handouts & check with IY staff that the most current handouts are being used.
- To only offer the workshops to trainees within the mentor's defined agency/district. Workshops outside a mentor's agency/district is by prearranged agreement with Incredible Years, on a case-by-case basis. (10% rule allows 10% of participants to come from out of the mentor's district.)
- To attend mentor retreats at least every two years to learn about new research, new adaptations and new programs.
- To respect and not infringe upon or otherwise violate the copyrights and trademarks of the Incredible Years® programs.
- Not to create derivative works or to offer courses under the Incredible Years name and brands with any other works than the unmodified and unaltered programs specifically offered by Incredible Years, and in all such cases only with advanced written permission from Incredible Years.

A certified mentor shall submit to IY the following materials immediately upon completion of a workshop:

____ Names and addresses are completed on database
____ Completed workshop checklist
____ Daily participant evaluations (tallied on summary sheet)
____ Payment of US $25/participant fee (send payments with evaluations and/or ask Incredible Years office for invoice)

Certified mentor consultation and support for new group leaders within agency

In addition to certified mentors offering workshops within the certified mentor's agency or district, a certified mentor is expected to provide ongoing mentoring/consultation and support to group leaders who have received their training workshops. This may be done in the form of videotape reviews, telephone consultation, and/or group review of videotapes and/or consultations. Certified mentor continuing supervision and consultation

Certified mentors are expected to participate in mentor meetings and consultations with IY trainers every 1-2 years. During these mentor meetings new materials and new research will be presented. In addition, mentors meet to share videotapes of their workshops, groups, and supervision. They share new approaches they have used to training parents and/or new group leaders. New training protocols, handouts and programs are explained at these meetings.

AGREED:

For good and valuable consideration as set forth above, by signing below I accept and agree to the above terms and conditions of this Mentor Agreement. I also agree that a pdf or faxed or other electronic or digital copy of this Agreement signed by me shall have the same force and effect as the original hard-copy with my signature. This Mentor Agreement is subject to Incredible Years accepting and appointing me as a certified mentor:

_____ Date: _____
Name:

Title (if any)
Organization

Contact Information:

Do's and Don'ts to be in compliance with
Incredible Years® Copyright, Trademark, Brand Law*

*This is intended to be a helpful guide – for full regulations see Brand License Agreement

DO
- Attend an Incredible Years® Certified/Accredited training (or make sure someone within your agency has done so).
- Read and sign the Incredible Years® Brand License Agreement, then send it back to the Incredible Years®. (See contacts below.)
- Read the Terms and Conditions that are posted on the Incredible Years® website (www.incredibleyears.com) for further clarification regarding copyright works that are available for your use.
- Include registered trademark symbol "®" with all registered trademarks: The Incredible Years®, Parenting Pyramid®, Teaching Pyramid®, and Attentive Parenting®.
- Use the Incredible Years® approved logo on your website or marketing materials for individual services:
    - Include the Copyright disclaimer somewhere visible on the page.
    - Include your company name on any materials where the Incredible Years® brand is used.
    - Make sure the Incredible Years® logo is *smaller* than your company logo.
    - Make it clear that your company is independent from The Incredible Years®.
- Ask us before using the brand, trademark, or copyrighted works in any way other than what is specified in the brand agreement.
- CONTACT US with your questions or concerns!
    - E-mail: incredibleyears@incredibleyears.com
    - Phone: (888)-506-3562

DON'T
- Use the Incredible Years® brand on your company letterhead stationery, forms or other documents, or to identify/describe any product besides Incredible Years® products.
- Use the Incredible Years® brand in any way that suggests your agency is an affiliate or owned by the Incredible Years®.
  For example:
    - In business name, domain name, product/service name, trade dress, design, slogan, etc.
    - Imitation of brand design in your company's logos or brands is not allowed as this may cause confusion between your company and The Incredible Years®.
    - You may not combine the brand with any other images, words, photos, etc.
- Resize or alter the brand/logo in any way.
- "Scrape" images from the Incredible Years® website: you may only use approved images and must contact the Incredible Years® office prior to use.
- Edit or alter any of the materials found on the Incredible Years® website in any way:
    - With the exception of measures and forms that are intended to be filled out, you may not make any changes to the copyrighted works available on the website. You may make copies of handouts for groups, and you may make copies of administrative information. You may not alter the appearance, remove copyright information, or make any changes to content whatsoever without expressed approval from the Incredible Years®.

INCREDIBLE YEARS, INC.

BRAND LICENSE AGREEMENT

ARTICLE I.   Introduction

These guidelines are an integral part of The Incredible Years, Inc. (hereinafter "Licensor") Brand License Program (hereinafter "License") The term "Licensee" does not mean that there is any partnership, agency, affiliation or other relationship between an authorized licensee ("Licensee" or "YOU") and Licensor other than the licensing arrangement set forth herein. In all cases, Licensee and Licensor are independent contractors to each other.

Candidates for the license grants described herein must have members who have successfully completed The Incredible Years®' training programs. A Licensee is granted a revocable license to use The Incredible Years® or any associated trademarks, service marks or trade dress (collectively the "Brand") for the purpose of letting potential clients know that such candidates have been given permission by Licensor to use the Brand.
The following guidelines explain how the Brand for Licensor may be used.
The Brand includes without limitation the USPTO registered trademarks: The Incredible Years®, Parenting Pyramid®, Teaching Pyramid® and Attentive Parenting®; the Washington State trade name "The Incredible Years"; and common law analogs or derivatives similar in sight, sound or meaning.

ARTICLE II.   Usage Guidelines

YOU must enter into this License before using any Brand. The Brand may be used only to indicate that YOUR organization has members who have received authorized training from Licensor. If at any time, YOUR organization no longer has any trained members, YOU must immediately discontinue use of the Brand.

ARTICLE III.   Using the Brand

1.   YOU are prohibited from any unlawful conduct or other wrongful acts or omissions in using the Brand and YOU at all times must maintain the goodwill of the Brand and other brands.

2.   YOU may use the Brand solely on YOUR Web site or in marketing materials for individual services but YOU must include a conspicuous disclaimer against any claims to ownership of the Brand or other intellectual property rights, with an explanation that Licensor is the owner of the Brand and/or the authorized licensee of other intellectual property rights, including copyrights, in Incredible Years® products and works. YOU must include a notice that the Brand is owned by The Incredible Years, Inc. and the copyrights in the Incredible Years® works are owned by Carolyn Webster-Stratton.

3.   YOU may not use the Brand on YOUR company's letterhead stationery, forms or other documents, or to identify or describe any product other than Licensor products.   Furthermore because the Brand represents the image of our corporation, organizations such as YOUR company may not use the Brand to identify their own organization or their own employees or independent contractors. For example only and not by way of limitation of the preceding sentences, YOU are prohibited from any use of the Brand on YOUR company's business cards or letterhead stationery or similar identifying documents or on YOUR company's Web pages that either (1) does not expressly identify an Licensor product or (2) includes any competitive products from Third Parties.

4.   If YOU would like permission to include the Brand in materials describing YOUR company or other similar documents other than as specifically and expressly allowed in this Agreement, YOU must first

obtain Incredible Years®' prior written consent for any such use. Licensor has sole discretion on a case-by-case basis to grant or deny consent.

5.   YOU may not display the Brand in any manner that suggests YOU are an employee or agent of Licensor or in a manner that suggests that YOUR company is an affiliate of or owned by or have common ownership with Licensor. To avoid any doubt as to the preceding sentence, the following are examples:

     a)   The Brand may not be included in YOUR trade or business name, domain name, product or service name, trade dress, design, slogan or other identification of business.

     b)   YOUR use of the Brand as allowed by this Agreement must clearly indicate that YOU are independent from Licensor.

     c)   YOUR name, trade name, or company name must appear on any materials where the Brand is used. The Brand cannot appear larger or more prominent than YOUR name, product or service name, trademark or service mark, Brand, or trade or company name.

     d)   The Brand may not be used in any manner that expresses or might imply Licensor's affiliation, sponsorship, endorsement, certification, or approval, other than as to members of YOUR organization who have successfully completed the Incredible Years®' training programs.

     e)   YOU may not combine the Brand with any other object, including, but not limited to, other Brands, icons, words, graphics, photos, slogans, numbers, design features, symbols, or Web site audio files.

     f)   The Brand may not be used as for the design ("look or feel") of YOUR company's logos or brands or otherwise in any way that can cause potential confusion between YOUR company and Incredible Years.

     g)   The Brand may not be imitated in any manner in YOUR materials.

6.   YOU may use the Brand only as provided by Licensor. Except for size, which is subject to the restrictions in these guidelines, the Brand may not be altered in any manner, including proportions, colors, elements, etc., or animated, morphed, or otherwise distorted in perspective or dimensional appearance.

7.   YOU may not use the Brand in any way other than as specified in these guidelines. Failure to comply with these instructions shall constitute a material breach of this Agreement.

8.   Upon signing this Agreement YOU may be sent a media kit including preapproved marketing templates of the Brand formatted for Web use and print use and/or other marketing, promotion or advertising collateral as determined in Licensor' sole discretion.

ARTICLE IV.   Brand Elements

The Brand should never be taken apart and recombined in any way to create new artwork. No part of the Brand may be changed or re-sized in any way relative to the rest of the Brand.

ARTICLE V.   Orientation

The Brand should never be displayed in any orientation different from what is provided in the artwork provided by Licensor. Do not orient the Brand on its side. The text should always read horizontally on whatever medium it is being placed.

ARTICLE VI.   **Aspect Ratio**

The original aspect ratio of the Brand must be preserved and must not be distorted in any way. When resizing the Brand, YOU must take care to lock the aspect ratio so that the type is neither condensed nor extended.

ARTICLE VII.   **New Brand Artwork**

From time to time, Licensor reserves the right to update the Brand artwork. YOU should begin using the new artwork as soon as it is available. YOU should immediately begin to phase out any materials with earlier versions of Brand artwork.

ARTICLE VIII.   **Compliance with Guidelines**

Licensor reserves the right to spot-check all materials bearing the Brand and may periodically send out requests for samples. YOU must correct any deficiencies in YOUR use of the Brand. Refusal to correct such deficiencies or to cease publication or distribution could result in revocation of YOUR right to use the Brand and/or termination of the agreement that YOU have entered into with Incredible Years®. In any such case, Licensor reserves all of its rights and remedies in law or equity for any breach of such an agreement or for any other claims, including for example only and not by way of limitation, infringement or dilution of the Licensor brands.

ARTICLE IX.   **Marketing Materials**

When placing the Brand on brochures or demand-generation materials, use the one-color or three-color Brand most appropriate to YOUR audience and marketing budget. The Brand should appear in a prominent spot, but it cannot be larger or more prominent than YOUR own company's product or service name, Brand, or trade or company name.

ARTICLE X.   **Contact**

YOU are not granted any permission to use the Brand in any way without (1) signing this Agreement and without sending a pdf copy of the entire Agreement with YOUR signature to Licensor and (2) obtaining prior approval for any logo artwork that is not provided to YOU in advance by Licensor.

Please contact Incredible Years, Inc. if YOU have questions about using the Brand, need additional copies of the Brand sheet, or would like to report misuse of the Brand.

Licensor's contact information is as follows:

Incredible Years, Inc.
Email: incredibleyears@incredibleyears.com
Telephone: 206-285-7565 or 888-506-3562
Fax: 888-506-3562

ARTICLE XI.   **Copyrights and Other Intellectual Property Rights.**

Licensor's products are protected by the copyright laws which are owned by Carolyn Webster-Stratton and licensed to Licensor. All rights in the copyrights and Brand are reserved respectively to Carolyn Webster-

Stratton and to Licensor. All Incredible Years®' program materials must be ordered from Licensor through its Website: http://www.incredibleyears.com.

ARTICLE XII.   Disputes; Arbitration, Governing Law, Attorney Fees

1.   To protect the Brand, copyrights and other rights in the Incredible Years®' program materials and products, and notwithstanding any potential conflicts of laws, the parties agree that in any dispute arising from this Agreement, the laws of the State of Washington, United States of America, shall apply. The application of the United Nations Convention on Contracts for the International Sale of Goods is expressly excluded. Any dispute arising out of this Agreement shall be determined in accordance with the expedited Commercial Arbitration Rules ("Rules") of the American Arbitration Association ("AAA") in Seattle, Washington. The arbitration award shall be final and binding on the parties. English shall be used in arbitration.

2.   The prevailing party may seek to enforce a final arbitration award in any and all courts or forums that have jurisdiction over the losing party. The final arbitration award shall be enforceable by any court having jurisdiction over the party against which the award has been rendered or wherever its assets can be located and shall be enforceable in accordance with the United Nations Convention on the Recognition and Enforcement of Foreign Arbitral Awards (the New York Convention). Interim relief as may be allowed under the "Rules" may be requested by either party to protect the Brand, copyrights or other intellectual property rights in Licensor's program materials. The prevailing party is entitled to recover its reasonable attorney fees and costs against the losing party.

ARTICLE XIII.   Entire Agreement; Severability; Force Majeure

1.   This is the entire agreement between the parties as to the subject matter. Any amendments to this Agreement must be in a writing signed by both parties.

2.   The invalidity or unenforceability of any provision of the Agreement shall not affect or impair the validity or enforceability of any other provision hereof. The exercise of any right or remedy herein provided shall be without prejudice to the right to exercise any other right or remedy provided herein or by law. No waiver of rights shall be valid unless contained in a writing specifically referring hereto and signed by the party against whom enforcement is sought.

3.   Time periods for either party's performance under any provisions of the Agreement shall be extended for periods of time during which the party's performance is prevented due to circumstances beyond such party's control, including without limitation, fires, floods, earthquakes, lockouts, strikes, embargoes, governmental regulations, acts of God, acts of terrorism, war or other strife.

ARTICLE XIV.   Term and Termination

1.   The Term of this License shall be for an initial one year ("Initial Term") and shall automatic renew for successive one-year terms so long as YOU are in full compliance with this License. If YOU breach any term or condition of this License and not cure the breach (if curable) within twenty (20) days of the date of the breach, this Agreement is terminated and the licenses granted herein are terminate.

2.   On any expiration or termination of this Agreement, Articles XIII and X through XV shall survive such expiration or termination.

ARTICLE XIV.   Additional Warranty as to Authority

Each person signing the Agreement on behalf of YOUR company in a representative capacity represents and warrants that he or she has full power and authority to bind the party on whose behalf he or she signs.

ARTICLE XV.   Counterparts

The Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A facsimile copy of a counterpart original signature shall be deemed to be an original and shall have the same effect and validity as an original signature. An electronic copy or image of a counterpart original signature shall also be deemed to be an original with the same effect and validity of an original signature.

ACKNOWLEDGED AND AGREED:

I have read the above Brand Agreement and understand the compliance guidelines and rules. My company hereby agrees to the aforesaid guidelines and rules and further understands and acknowledges that my company is granted only a license in accordance with the above guidelines. I have proper authority and power to sign on behalf of my company.

LICENSEE NAME: _____

_____
Signed

_____
Print Name

_____
Title

Dated: _____, 20_____

ACCEPTED AND AGREED:

INCREDIBLE YEARS, INC.:

_____
Signed

_____
Print Name

_____
Title

Dated: _____, 20_____

NEW MATERIALS

Now Available

USB Available for:

-Basic Preschool Program (English and Spanish)
-Classroom and Small Group Dina
-Baby Program

Second Edition of the *Incredible Babies Book*

Classroom and Small Group Dina Programs Flash Drive

Preschool Basic Parent Program Flash Drive (English and Spanish)
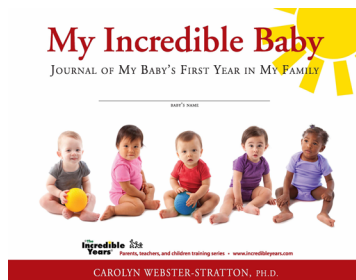
My Incredible Baby Journal
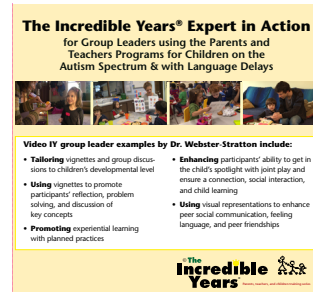
Experts in Action DVD for ASD Program

Baby Parent Program Flash Drive
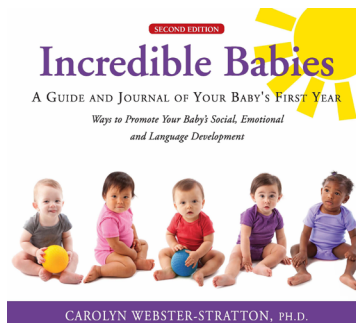
Second Edition *Incredible Babies Book*

Incredible Years Program
New Materials
2017-18

2017

- New refrigerator notes for screen time/homework (preschool and school age versions)

  http://www.incredibleyears.com/download/resources/parent-pgrm/Refrigerator-Notes-on-screen-time-ages-2-6.pdf

  http://www.incredibleyears.com/download/resources/parent-pgrm/Refrigerator-Screen-time-3-pagesE280A2-6-12-years.pdf

  http://www.incredibleyears.com/download/resources/parent-pgrm/Refrigerator-Notes-HomeworkE280A2-8-12.pdf

- Articles for coping with trauma for parent & child programs

  http://www.incredibleyears.com/wp-content/uploads/Trauma-informed-IY-approaches-combined.pdf

  http://www.incredibleyears.com/wp-content/uploads/Dina-Curriculum-prepares-children-to-cope-with-trauma-4-26-17-1.pdf

- Home coaching article

  http://www.incredibleyears.com/download/Home-Coaching-Chapter-3-28-16.pdf

- Time Out/Time In article

  http://www.incredibleyears.com/wp-content/uploads/Time-out-Time-In-Webster-Stratton.pdf

- Agency Do's and Don'ts for Using Incredible Years Programs with Fidelity*

  http://www.incredibleyears.com/download/administrators/Dos-and-Donts-to-Use-Incredible-Years-Programs-with-Fidelity.pdf

2018

- Guidelines for sending in mentor solo videos

  http://www.incredibleyears.com/download/resources/mentors/Tips-for-Preparing-Mentor-Solo-Workshop-Video-for-Review.pdf

- Peer Coach nomination & application forms (specific for Baby, Basic, Dina and TCM programs)

  http://www.incredibleyears.com/download/certification/Peer-coach-nomination-form_042018-editable.pdf

  http://www.incredibleyears.com/download/certification/Peer-Coach-Certification-Checklist-Parent.pdf

  http://www.incredibleyears.com/download/certification/Baby-Parent-Peer-Coach-Certification-Checklist.pdf

- Editable teacher behavior plans (2 versions)

  http://www.incredibleyears.com/download/resources/teacher-pgrm/NEW-IYTCM-Behavior-Plan_editable_US-version.pdf

  http://www.incredibleyears.com/download/resources/teacher-pgrm/NEW-IYTCM-Behaviour-Plan_editable-UK-version.pdf

- Editable autism behavior plans

  http://www.incredibleyears.com/download/resources/parent-pgrm/Autism-Program-editable-handouts-and-record-sheets.pdf

- Behavior Plan Sheets (steps 6 pages) –

  http://www.incredibleyears.com/download/resources/teacher-pgrm/Editable-Behavior-Plan-Sheets_for-workshops-1-6.pdf

- Autism checklist with new protocol (added sessions)*

  http://www.incredibleyears.com/download/resources/parent-pgrm/Autism-Program-Agendas-and-Checklists-033018-WEB.pdf

- Assessing play and language levels for children with ASD

  http://www.incredibleyears.com/download/resources/parent-pgrm/Assessing-Childrens-Play-and-Language-levels.pdf

- Incredible Years baby program survey pretest

  http://www.incredibleyears.com/download/Evaluations/Baby-Program-Survey_Web.pdf

- Babies Home Coaching Satisfaction questionnaire

  http://www.incredibleyears.com/download/Evaluations/Baby-Home-Coach-Final-Parent-Satisfaction-Questionnaire-2-2-18.pdf

- Promoting a Healthy Lifestyle handout (for preschool and school age parent programs)

  http://www.incredibleyears.com/download/resources/parent-pgrm/Promoting-Healthy-Lifestyle-Preschool-Prog3-Part1.pdf

- Baby Leader manual updated (Oct 2017)

- Translation checklist/application*

  http://www.incredibleyears.com/download/administrators/IY-Translation-checklist-form_v2_092517.pdf

- Requirements to Run IY Groups with Fidelity*

  http://www.incredibleyears.com/download/administrators/Requirements-to-run-IY-groups-with-Fidelity.pdf

Measures

- Attentive Parenting Survey

  http://www.incredibleyears.com/download/Evaluations/Attentive-Parenting-survey.pdf

- Teacher/Child Care Provider Practices Inventory (for Incredible Beginnings)

  http://www.incredibleyears.com/download/research/Teacherchildcare-provder-practices-inventory.pdf

Fidelity Forms (new & revised)

- Peer coaching checklists (checklists for Parent Home Coaching, Incredible Beginnings and Autism coming to website soon) – Please note that each of these programs have their own Peer Coaching application process

  http://www.incredibleyears.com/download/certification/Peer-Coach-Certification-Checklist-Parent.pdf

  http://www.incredibleyears.com/download/certification/Baby-Parent-Peer-Coach-Certification-Checklist.pdf

  http://www.incredibleyears.com/download/certification/Classroom-Dina-Peer-Coach-Certification-Checklist.pdf

  http://www.incredibleyears.com/download/certification/Small-Group-Dina-Peer-Coach-Certification-Checklist.pdf

  http://www.incredibleyears.com/download/certification/TCM-Peer-Coach-Cert-Check-list-8-16.pdf

- Skype consultation protocols and prep form

  http://www.incredibleyears.com/download/resources/mentors/Skype-Consulta-tion-Tips-for-Mentors.pdf

  http://www.incredibleyears.com/download/resources/mentors/skype-call-prep-form.pdf

  http://www.incredibleyears.com/download/Skype-Consultation-Tips-for-Group-Leaders.pdf

- Mentor consultation agenda

  http://www.incredibleyears.com/download/resources/mentors/ConsultationDay_Training-Protocol.pdf

- 2-day home coaching

  http://www.incredibleyears.com/download/resources/mentors/Parent-Home-Coach-Training-Protocol-2-Day.pdf

Publications 2017-18

Studies evaluating TCM Program

Herman, K. and W.M. Reinke, Improving Teacher Perceptions of Parent Involvement Patterns: Findings from a Group Randomized Trial. School Psychology Quarterly, 2017. 32(1): p. 89-104.

http://www.incredibleyears.com/wp-content/uploads/Herman-Reinke-2017.pdf

Thompson, A., Herman, K., Stormont, M. A., Reinke, W., Webster-Stratton, C. Impact of Incredible Years on Teacher Perceptions of Parent Involvement: A Latent Transition Analysis Journal of School Psychology, 2017. 62: p. 51-65.

http://www.incredibleyears.com/wp-content/uploads/Thompson-Herman-et-al-2017.pdf

Reinke, W.M., K. Herman, and N. Dong, The Incredible Years Teacher Classroom Management Program: Outcomes from a Group Randomized Trial. Prevention Science, in press.

http://www.incredibleyears.com/wp-content/uploads/Reinke-IY-TCM-Program-Outcomes.pdf

Ford, T., et al., The effectiveness and cost-effectiveness of the Incredible Years Teacher Classroom Management programme in primary school children: results of the STARS cluster randomized controlled trial. Psychological Medicine, 2018: p. 1-15. Abstract only

http://www.incredibleyears.com/article/the-effectiveness-and-cost-effectiveness-of-the-incredible-years-teacher-classroom-management-programme-in-primary-school-children-results-of-the-stars-cluster-randomised-controlled-trial/

Fossum, S., B.H. Handegaard, and M.B. Drugli, The Incredible Years Classroom Management Programme in Kindergartens: Effects of a Universal Preventive Effort. Journal of Child and Family Studies, 2017. 26(8): p. 2215-2223. Abstract only

http://www.incredibleyears.com/article/the-incredible-years-teacher-classroom-management-programme-in-kindergartens-effects-of-a-universal-preventive-effort/

Reviews

Leijten, P., et al., Research Review: Harnessing the power of individual participant data in a meta-analysis of the benefits and harms of the Incredible Years parenting program. The Journal of Child Psychology and Psychiatry, 2017.

http://www.incredibleyears.com/wp-content/uploads/Leijten_et.al_2017_JCPP_IY-pooling-study.pdf

Bell, Z., et al., Improvements in Negative Parenting Mediate Changes in Children's Autonomic Responding Following a Preschool Intervention for ADHD. Clinical Psychological Science, 2017: p. 1-11. Abstract only

http://www.incredibleyears.com/article/improvements-in-negative-parenting-mediate-changes-in-childrens-autonomic-responding-following-a-preschool-intervention-for-adhd/

Webster-Stratton, C. Incredible Babies, 3rd Revision, Incredible Years, Inc. 2017.

*Webster-Stratton, C. and Bywater, T.,"The Incredible Years® Series: An Internationally Evidenced Multi-modal Approach to Enhancing Child Outcomes." APA Handbook of Contemporary Family Psychology, 2018. Do you have the final published version? We have a draft version on our website

http://www.incredibleyears.com/wp-content/uploads/APA-chapter-submitted-6th-July-2016_proof.pdf

LaForett, D. R., Murray, D. W., Reed, J. J., Kurian, J., Mills-Brantley, R. and Webster-Stratton, C., Delivering the Incredible Years® Small Group Dina Program in an Elementary School Setting. Manuscript under review. Reference only

http://www.incredibleyears.com/article/delivering-the-incredible-years-small-group-child-program-in-an-elementary-school-setting/

*Webster-Stratton, C. Using the Incredible Years Parent Program to Help Parents Promote Children's Healthy Life Style and Well-Being, Unpublished document on web site.

http://www.incredibleyears.com/wp-content/uploads/Healthy-Life-Styles-paper-3-28a-2018.pdf

* printed copies in handouts

HANDOUTS FOR BREAKOUT GROUPS
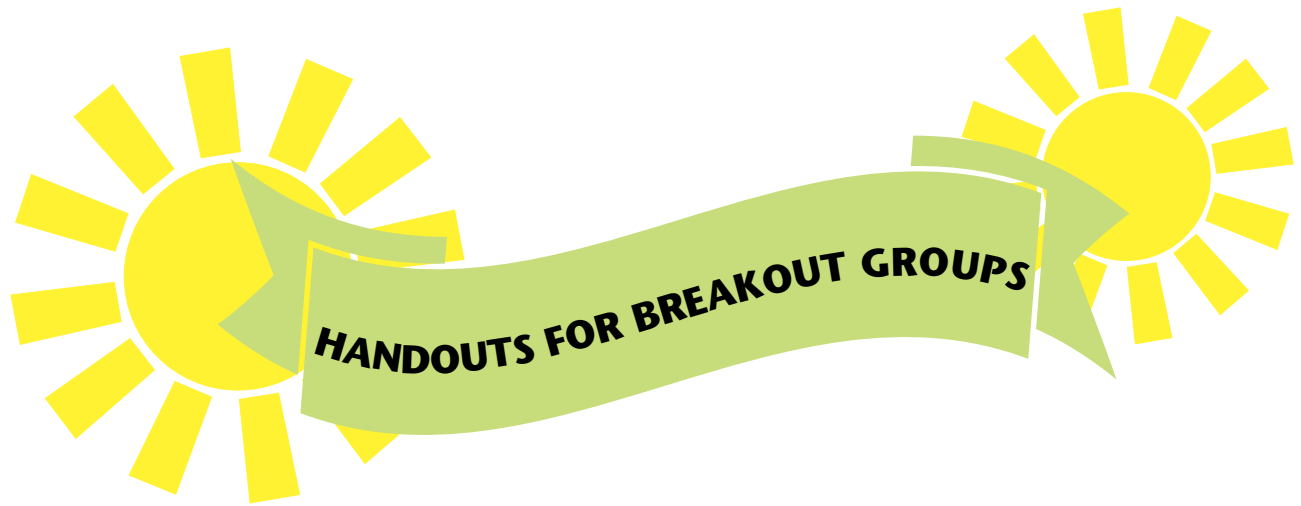
Incredible Years
Coaching and Mentoring Gems

Date _____ Group Leader(s) _____ Coach/Mentor _____

Program: Parent ☐ Teacher ☐ Child ☐ Video viewed? ☐ Topic _____ Date for next meeting _____

Fidelity Issues Discussed:

☐ Attendance

☐ Participant evaluations

☐ Home activities engagement

☐ Principles

☐ Mediating vignettes & Number

☐ Role play/practices/ buzzes & Number

☐ Participant goals

☐ Tailoring to needs

☐ Weekly calls

☐ Session checklists

☐ Peer & self-evaluation forms

☐ Group process checklists

☐ Self-reflection inventories

☐ Accreditation/ Certification

☐ Coaching evaluation

Group leader prior goals reviewed:

Incredible Group Leaders
Spotlight Positive Behaviors

Group leader goals for group DVD review:

Issue problem solved and practiced:

Summary of Key Learning:

The Incredible Years

www.incredibleyears.com

Incredible Years
Coaching and Mentoring Gems

New Goals and Plans:

Coach/Mentor Actions:

Additional Notes:

Parent Group Leader Collaborative Process Checklist

This checklist is designed for group leaders to complete together following a session, or for a group leader to complete for him/herself when reviewing a video of a session. By watching the video of a session and looking for the following points, a leader can identify specific goals for progress. This checklist is designed to complement the checklist for the specific session, which lists the key content that should be covered.

Leader Self-Evaluation (name):_____

Co-leader Evaluation:_____

Certified Trainer/Mentor Evaluation:_____

Date:_____

Session Topic:_____

SET UP
Did the Leaders:

	YES	NO	N/A
1. Set up chairs in a semicircle that allowed everyone to see the TV? (Avoid tables.)	____	____	____
2. Sit at separate places in the circle, rather than both at the front?	____	____	____
3. Write the agenda on the board?	____	____	____
4. Have last week's home activities ready for the parents to pick up, complete with praise and encouragement written on them?	____	____	____
5. Plan and prepare for daycare in advance?	____	____	____
6. Prepare and lay out the food, in an attractive manner?	____	____	____

REVIEW PARENT'S HOME ACTIVITIES
Did the Leader:

7. Begin the discussion by asking how home activities went during this past week?	____	____	____
8. Give every parent the chance to talk about his/her week?	____	____	____
9. Praise and encourage parents for what they did well and recognize their beginning steps at change, rather than correct their process?	____	____	____
10. Highlight key "principles" that their examples illustrate? (e.g., write them on flip chart or paraphrase idea.)	____	____	____
11. Explore with individuals who didn't complete the home activities what made it difficult (barriers) and discuss how they might adapt home activities to fit their needs and goals?	____	____	____

	YES	NO	N/A

12. Ask about and encourage "buddy calls"?   ____ ____ ____

13. If a parent's description of how they applied the skills makes it clear that s/he misunderstood, did the leaders accept responsibility for the misunderstanding rather than leaving the parent feeling responsible for the failure? (e.g., "I'm really glad you shared that, because I see I completely forgot to tell you a really important point last week. You couldn't possibly have known, but when you do that, it's importnat to..." vs "You misunderstood the assignment. Remember, when you do that, it's important to...")   ____ ____ ____

14. Make sure that the discussion is brought back to the specific topic at hand after a reasonable time without letting free flowing discussion of other issues dominate?   ____ ____ ____

15. Limit the home activity discussion (aprroximately 20-30 minutes) to give adequate time for new learning?   ____ ____ ____

WHEN BEGINNING THE TOPIC FOR THE DAY
Did the Leader:

16. Begin the discussion of the topic with open-ended questions to get parents to think about the importance of the topic?   ____ ____ ____

17. Do the benefits and/or barriers exercise regarding the new topic?   ____ ____ ____

18. Paraphrase and highlight the points made by parents - write key points on the board with their name?   ____ ____ ____

WHEN SHOWING THE VIGNETTES
Did the Leader:

19. Focus parents on what they are about to see on the vignettes and what to look for?   ____ ____ ____

20. Begin by asking an open-ended question about what parents thought was effective/ineffective in the vignette?   ____ ____ ____

21. Acknowledge responses one or more parents have to a vignette?   ____ ____ ____

22. Paraphrase and highlight the points made my parents - writing key points on the board?   ____ ____ ____

23. Move on to the next vignettes after key points have been discussed, rather than let the discussion go on at length?   ____ ____ ____

24. Use vignettes to trigger appropriate discussions and/or practices?   ____ ____ ____

25. Redirect group to the relevance of the interaction on the vignette for their own lives (if parents become distracted by some aspect of the vignette, such as clothing or responses that seem phony)?   ____ ____ ____

26. Refer to parents' goals for themselves and their children when discussing vignettes and learning principles?   ____ ____ ____

	YES	NO	N/A

PRACTICE AND ROLE PLAYS
Did the Leader:

27. Get parents to switch from talking about strategies in general to using the words they could actually use? (e.g., from "She should be more specific" to "She could say, John, you need to put the puzzle pieces in the box.")   ____ ____ ____

28. Ensure that the skill to be practiced has been covered in the vignettes or discussion prior to asking someone to role play it. (This ensures the likelihood of success.)   ____ ____ ____

29. Do several planned role plays over the course of the session? Number of role plays: _____   ____ ____ ____

30. Do role plays in pairs or small groups that allow multiple people to practice simultaneously?   ____ ____ ____

31. Use all of the following skills when directing role plays:

    a. Select parents and give them appropriate roles?   ____ ____ ____

    b. Skillfully get parents engaged in role plays?   ____ ____ ____

    c. Provide each person with a description of his/her role (age of child, level of misbehavior)?   ____ ____ ____

    d. Provide enough "scaffolding" so that parents are successful in their role as "parent" (e.g., get other parents to generate ideas for how to handle the situation before practice begins)?   ____ ____ ____

    e. Invite other workshop members to be "coaches" (call out idea if the actor is stuck)?   ____ ____ ____

    f. Pause/freeze role play periodically to redirect, give clarification, or reinforce participants?   ____ ____ ____

    g. Take responsibility for having given poor instructions if role play is not successful and allow actor to rewind and replay?   ____ ____ ____

32. Process role playing afterwards by asking how "parent" felt and asking group to give feedback?   ____ ____ ____

33. Process role play by asking how "child" felt in role?   ____ ____ ____

34. Solicit feedback from group about strengths of parent in role?   ____ ____ ____

35. Offer detailed descriptive praise of the role play and what was learned?   ____ ____ ____

36. Re-run role play, changing roles or involving different parents (not always needed, but helpful to do for a parent who needs modeling by someone else first)?   ____ ____ ____

	YES	NO	N/A

LEADER GROUP PROCESS SKILLS
Did the Leader:

37. Build rapport with each member of group?   ____ ____ ____

38. Encourage everyone to participate?   ____ ____ ____

39. Use open-ended questions to facilitate discussion?   ____ ____ ____

40. Reinforce parents' ideas and foster parents' self-learning?   ____ ____ ____

41. Encourage parents to problem-solve when possible?   ____ ____ ____

42. Foster idea that parents will learn from each others' experiences?   ____ ____ ____

43. Help parents learn how to support and reinforce each other?   ____ ____ ____

44. View every member of group as equally important and valued?   ____ ____ ____

45. Identify each family's strengths?   ____ ____ ____

46. Create a feeling of safety among group members?   ____ ____ ____

47. Create an atmosphere where parents feel they are decision-makers and discussion and debate are paramount?   ____ ____ ____

ENDING GROUP - REVIEW & HOME ACTIVITIES
Did the Leader:

48. Begin the ending process with about 15 minutes remaining?   ____ ____ ____

49. Summarize this session's learning? (One way to do this is to review or have the parents review each point on refrigerator notes out loud.)   ____ ____ ____

50. Review or have parents review the home activity sheet, including why it is important, and how they will try to do it?   ____ ____ ____

51. Talk about any adaptations to the home activity for particular families?   ____ ____ ____

52. Show support and acceptance if parents can't commit to all the home activities? (Support realistic plans.)   ____ ____ ____

53. Have parents complete the Self-Monitoring Checklist and commit to goals for the week?   ____ ____ ____

54. Check in on buddy calls?   ____ ____ ____

55. Have parents complete the evaluation form?   ____ ____ ____

56. End the session on time?   ____ ____ ____

REMEMBER: The goal in the group sessions should be to draw from the parents the information and ideas to teach each other. They should be the ones who generate the principles, describe the significance, highlight what was effective and ineffective on the video, and demonstrate how to implement the skills in different situations. People are far more likely to put into practice what they talk about than what they hear about.

Summary Comments:
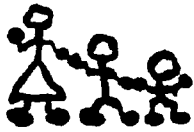
Teacher Group Leader Collaborative Process Checklist for Workshops

This checklist is designed for group leaders to complete together following a teacher workshop, or for a group leader to complete for him/herself when reviewing a DVD of a workshop. By watching the video of a workshop, and looking for the following points, a leader can identify specific goals for progress. This checklist is designed to complement the protocol for the specific workshop day, which lists the key content and vignettes that should be covered for that workshop.

Leader Self-Evaluation (name):_____

Co-leader Evaluation:_____

Certified Trainer/Mentor Evaluation:_____

Date: _____

SET UP	YES	NO	N/A
Did the Leaders:			
1. Set up the chairs in a semicircle that allowed everyone to see each other and the TV? (avoid tables)	_____	_____	_____
2. If 2 leaders, sit at separate places in the circle, rather than both at the front?	_____	_____	_____
3. Write the agenda on the board?	_____	_____	_____
4. Have handouts and practice activities ready for the teachers to pickup.	_____	_____	_____

REVIEW TEACHERS' PRACTICE OR HOMEWORK ASSIGNMENTS

Did the Leaders:			
5. Begin the discussion by asking teachers to share their experiences doing the assigned activities since the last training workshop? (Some example open-ended questions the leader can ask are included in the manual at the beginning of each workshop.)	_____	_____	_____
6. Give every teacher the chance to talk about practice assignments, success with implementing behavior plans, parent involvement plans, and assigned chapter readings?	_____	_____	_____
7. Praise efforts teachers made to try out new strategies, implement behavior plans and involve parents?	_____	_____	_____
8. Highlight key principles that their examples illustrate?	_____	_____	_____

(e.g., "That sounds great! You focused on his positive behavior. You described his calming feelings and patience with the task so clearly. How do you think he responded to that?")

Leader Collaborative Process Checklist, Continued

REVIEW TEACHERS' PRACTICE OR HOMEWORK ASSIGNMENTS, Continued

Did the Leaders:

9. Explore with teachers who didn't complete the practice   _____ _____ _____
assignments what made it difficult, and learn how practice
assignments can be made more meaningful or practical?
(e.g., "What made it difficult to get time to do the readings?"
or, "What made it hard to follow through on your behavior
plan?" or, "What made it difficult to contact parents?")

10. If a teacher's description of how they applied the skills makes   _____ _____ _____
it clear that he/she misunderstood or found it difficult, did the
leaders accept responsibility for the misunderstanding or normalize
the difficulty, rather than leave the teacher feeling responsible for the failure?

    (e.g., "I'm really glad you shared that, because I see I completely
    forgot to tell you a really important point last week. You couldn't
    possibly have known, but when you do that, it's important to…"
    or, "I agree emotion coaching is really difficult and like learning a
    new language. It takes a lot of practice to learn.")

11. Allow for some discussion of issues beyond the immediate   _____ _____ _____
topic at hand?

    (e.g., other concerns with students not related to today's topic,
    or non-teaching issues that are of concern such as time
    constraints, how to deal with other teachers' responses,
    personal stressors.)

12. Make sure that the discussion is brought back to the specific   _____ _____ _____
topic at hand after a reasonable time, without letting off task
discussion of other issues dominate?

WHEN BEGINNING THE TOPIC FOR THE DAY	YES	NO	N/A

Did the Leaders:

13. Begin the discussion of the topic with open-ended questions   _____ _____ _____
to get teachers to think about the importance of the topic?
(Some example open-ended questions the leader can ask are
included in the manual at the beginning of each workshop.)

14. Paraphrase and highlight the points made by teachers – writing   _____ _____ _____
key points or principles on the board?

WHEN SHOWING THE VIGNETTES	YES	NO	N/A

Did the Leaders:

15. Before showing vignette, focus teachers by telling them what   _____ _____ _____
they will see (e.g., age of child, situation) and what you want
them to watch for (e.g., "In the next vignette we will see a little
girl who has ADHD and wanders around the room. Think about
how you would respond to this situation in your classroom.")?

Leader Collaborative Process Checklist, Continued

WHEN SHOWING THE VIGNETTES, Continued   YES   NO   N/A

Did the Leaders:

16. When showing vignette, pause scene periodically to discuss   _____   _____   _____
    skills used by teacher, or how student or teacher is feeling,
    or predict what teachers would do next in their classroom?

17. When vignette ends, ask open-ended questions to teachers   _____   _____   _____
    about what they thought was effective/ineffective in the vignette?
    (Some example open-ended questions the leader can ask are
    included in the manual after each vignette.)

18. Acknowledge responses one or more teachers have to a vignette? _____   _____   _____

    (For example, if a teacher laughs during a vignette, as soon as
    the tape stops the leader may say, "Sue, you laughed at that one."
    Then pause and let the teacher share her impressions.)

19. Paraphrase and highlight the points made by teachers –   _____   _____   _____
    writing key points or "principles" on the board?

20. Help teachers see how principles learned from vignettes apply   _____   _____   _____
    to their classroom or specific students?

21. Move on to the next vignettes after key points have been   _____   _____   _____
    discussed, rather than let discussion go on at length?

22. Allow for discussion following every vignette? (If vignettes are   _____   _____   _____
    played one after another, teachers may not catch the key points
    illustrated. Additionally, they won't have an opportunity to
    process emotional reactions they may have to vignettes or pull
    out key principles.)**IF** group is clearly behind schedule, it is okay
    for such discussions to be brief, getting one or two teachers
    to highlight key points and moving on.

23. Use vignettes to promote alternative ideas for responding to   _____   _____   _____
    situations and to replay practice role plays using their ideas?

24. Help group see "principles" from a developmental   _____   _____   _____
    perspective (i.e., how the teacher's strategy on the vignette
    would be adapted for a toddler, preschool child or older,
    school-age child)?

25. Help teachers understand how the concepts/principles they are   _____   _____   _____
    learning are related to their own goals for themselves and their
    students?

PRACTICE AND DIRECTING ROLE PLAYS   YES   NO   N/A

Did the Leaders:

26. Ensure that the skill to be practiced has been covered in the   _____   _____   _____
     vignettes or discussion prior to asking someone to role play and
     act out ideas? (This ensures the likelihood of success.)

Leader Collaborative Process Checklist, Continued

27. Do several spontaneous role play practices that are derived   _____ _____ _____
from teachers' descriptions of what happened in their
classroom? ("Show me what that looks like.")

28. Do frequent planned role plays, practices or buzzes over the   _____ _____ _____
course of the workshop day?

29. Do one or more role plays in pairs or small groups that allow   _____ _____ _____
multiple teachers to practice simultaneously?

30. Use all of the following skills when directing role plays: _____ _____ _____
    a. Select teachers strategically to be teacher or student?   _____ _____ _____
    b. Skillfully get teachers engaged in role plays which address
       their goals and questions?   _____ _____ _____
    c. Provide each teacher or student (in role) with a script   _____ _____ _____
       of his/her role (age of child, teacher skill to be practiced,
       student level of misbehavior)?
    d. Provide enough "scaffolding" so that teachers are successful   _____ _____ _____
       in role as "teacher" (e.g., get other teachers to generate ideas
       for how to handle the situation before practice begins)?
    e. Invite other workshop members to be "coaches," (to call out   _____ _____ _____
       ideas if the actor is stuck)?
    f. Pause/freeze role play periodically to redirect, give   _____ _____ _____
       clarification, get other ideas, or reinforce and encourage
       participants?
    g. Take responsibility for having given poor instructions if role   _____ _____ _____
       play is not successful and allow actor to rewind and replay?

31. Debrief with each participant afterwards ("How did that feel?"   _____ _____ _____
"as teacher?" and "as student?")?

32. Solicit feedback from group about strengths of teacher in role?   _____ _____ _____

33. Re-run role play, changing roles or involving different teachers   _____ _____ _____
(not always needed, but helpful to do for teachers who need
modeling by someone else first because they find the skill difficult)?

COMPLETE INDIVIDUAL BEHAVIOR PLANS   YES   NO   N/A

Did the Leaders:

34. Break up into groups (6-7) to do behavior plans – based on the   _____ _____ _____
principles and content discussed in that workshop?

35. Review, refine and share behavior plans for students?   _____ _____ _____

PARENT INVOLVEMENT   YES   NO   N/A

Did the Leaders:

36. Review letter to be sent to parents to describe and enhance   _____   _____   _____
    students' learning at home? (See Teacher-to-Parent Communication
    letters in manual and website:
    http://www.incredibleyears.com/TeacherResources/index.asp).

37. Discuss methods to teach or partner with parents   _____   _____   _____
    (e.g., telephone calls, parent meetings) around students'
    learning needs?

REVIEW BLACKBOARD NOTES, PRACTICE OR HOMEWORK   YES   NO   N/A
ACTIVITIES AND WRAP UP

Did the Leaders:

38. Begin the ending process with about 15 minutes remaining?   _____   _____   _____

39. Ask teachers to do workshop "self-reflection inventory" and
    set goals for next month (see handouts section of manual
    and website: http://www.incredibleyears.com/Resources/TP.asp)?

40. Review or have teachers review each point on blackboard notes   _____   _____   _____
    out loud, commenting on why this point is important?

41. Review or have teachers review the practice activity sheet,   _____   _____   _____
    including why that is important, and whether and how they
    will try to do it?

42. Have teachers complete the workshop evaluation form?   _____   _____   _____

43. End the workshop on time? Remind of next meeting time?   _____   _____   _____
    Discuss follow up between workshop planned?

44. Call, e-mail or text teachers between workshops to check in   _____   _____   _____
    about goals, strategies tried, behavior plans and any barriers.
    Encourage and praise teacher efforts? (See Teacher buzz forms
    on website: http://www.incredibleyears.com/Resources/TP.asp)

45. Set up classroom observations and personal feedback in schools   _____   _____   _____
    by group leaders or IY coach?

REMEMBER: Your goal in the workshops should be to draw from the teachers the information and ideas to teach each other. Teachers should be the ones who generate the principles, describe the significance, highlight what was effective and ineffective on the DVDs, and demonstrate how to implement the skills in different situations. Teachers are far more likely to put into practice what they talk about and practice with support than what they hear about.

Therapist/Child Small Group Therapy Process Checklist Dina Dinosaur School

This checklist is designed for group leaders/therapists to complete together following a session, or for a group leader to complete for him/herself when reviewing DVD of a group session. By watching the video of a session, and looking for the following points, a leader can identify specific goals for progress.

Leader (name): _____ Date: _____

Session Number:_____Topic: _____

Certified Trainer Evaluation (name): _____

ROOM SETUP	**YES**	**NO**	**N/A**
Did the Therapist/Group Leader:			
1. Set up the chairs (or carpet squares) in a semicircle that allowed everyone to see the TV? (name tags for first sessions)	_____	_____	_____
2. Sit on either side of the TV and flip chart?	_____	_____	_____
3. Have chips in visible and accessible spot?	_____	_____	_____
(sticker basket, prize box, chip cups with names)			
4. Have dinosaur schedule posted?	_____	_____	_____
5. Have healthy snack prepared?	_____	_____	_____
6. Have session materials ready?	_____	_____	_____
(home activities manual, cue cards, DVDs, prizes, puppets, stickers, rules poster, dina poster for coloring in total of chips earned each week, art supplies, markers and flip chart, TV & DVD Player, helper list, give me five card)			

Circle Time

REVIEW CHILDREN'S HOME ACTIVITIES & STARTING CIRCLE TIME DISCUSSIONS	**YES**	**NO**	**N/A**
Did the Therapist/Group Leader:			
7. Have puppets arrive and greet children in a predictable and enthusiastic manner (e.g. "One, two, three, Dina!" or a greeting song?)	_____	_____	_____
8. Begin the discussion with brief review of home activities and ask what skills children remembered to use during the week.	_____	_____	_____
9. Give every child the chance to share?	_____	_____	_____
10. Enthusiastically praise whatever effort children made this week?	_____	_____	_____
11. Applaud successes and give stamps or stickers for home activity?	_____	_____	_____

REVIEW CHILDREN'S HOME ACTIVITIES, Continued	YES	NO	N/A
12. Explore with children who didn't complete the home activities what made it difficult and challenge them to a new goal for this week? Can do this individually during coached play time.	_____	_____	_____
13. Have puppets talk about their issues/problems that week and things they need help with?	_____	_____	_____
14. Establish individual goals/ personal challenges for individual children?	_____	_____	_____
15. Review learning from prior session?	_____	_____	_____

WHEN PRESENTING THE NEW LEARNING IN CIRCLE TIME	YES	NO	N/A

Did the Therapist/Group Leader:

	YES	NO	N/A
16. Begin the discussion of the topic with open-ended questions to prompt children to think about the importance of the topic? (e.g. What are some rules for the class? Or what are some friendly behaviors?)	_____	_____	_____
17. Work to include all children in the discussion?	_____	_____	_____
18. Paraphrase and highlight the points made by children? (Reinforce their ideas by having them role-play or demonstrate, hold a cue card, or give them chips and praise for their ideas.)	_____	_____	_____
19. Use puppets in lively and enthusiastic way as active participants in entire session?	_____	_____	_____
20. Co-leader attends to group process by giving frequent verbal and nonverbal praise, nods, thumbs up for paying attention, participating with answers, helping others, etc.?	_____	_____	_____
21. Uses picture cue cards as prompts to reinforce new behaviors being taught?	_____	_____	_____
22. Use a style that is playful, engaging, fun, and paced at children's level of attention?	_____	_____	_____
23. Present clearly and model new behavior with puppets and. role plays?	_____	_____	_____
24. Actively involve children by letting them hold cue cards, pause DVD, use smaller puppets, give out snacks, be line leader, etc.?	_____	_____	_____
25. Provide legitimate opportunities for active children to move and stretch? (e.g., Group stretch break or wiggle space for a particular child.)	_____	_____	_____
26. Set up activities during circle time such as songs, games, large group bingo, feeling dice, large turtle shell, pass the hat, practicing skill with puppets?	_____	_____	_____
27. Take time to acknowledge disappointment at not being called upon? Provide children with coping strategies to manage this? (e.g. Self-pat on the back or "maybe next time.)	_____	_____	_____
28. Take a group snack break and reinforce social behavior. Encourage children to share interests and experiences. Perhaps use puppets to model listening, asking questions, sharing.	_____	_____	_____

WHEN SHOWING THE VIGNETTES	YES	NO	N/A

Number of vignettes shown: _____

Did the Therapist/Group Leader:

29. Focus children's attention before showing vignette? Give them a specific behavior or emotion to watch for?   _____ _____ _____

30. Pause longer vignettes at least once to ask questions about segments of the vignette and to predict what happens next?   _____ _____ _____

31. Begin by asking an open-ended question to children about what they thought was happening in the vignette?   _____ _____ _____

32. Acknowledge, praise and non-verbally acknowledge children who are focused on a vignette?   _____ _____ _____

33. Move on to the next vignettes after key points have been discussed? Pace material to maintain children's interest?   _____ _____ _____

34. Allow for discussion following each vignette? (If vignettes are played one after another, children may not catch the key points illustrated. Additionally, they won't have an opportunity to process emotional reactions they may have to vignettes. IF children are distracted vignette may need to be replayed.)   _____ _____ _____

35. Use vignette scene to prompt a role play/practice of the skill viewed on the DVD? When setting up role play, select student strategically and coach them with script of prosocial behavior to practice.   _____ _____ _____

36. Demonstrate and explain small group activity before leaving large circle discussion?   _____ _____ _____

ROLE PLAYS	YES	NO	N/A

Number of role plays done in session: _____

Did the Therapist/GroupLeader:

37. Have children practice new concepts in circle time through puppet plays and role plays?   _____ _____ _____

38. Role plays are set up to practice positive—not negative— behaviors and are strategically set up according to children's behavior goals to promote a high rate of engagement?   _____ _____ _____

39. Role plays are carefully set up to help children be successful? (e.g. providing the words that they will say, prompting a behavior, setting up role play with a child and a puppet so that puppet can help guide the practice.)   _____ _____ _____

SMALL GROUP PRACTICE ACTIVITIES	YES	NO	N/A

Did the Therapist/GroupLeader:

40. Plan small group activity or game to reinforce new learning? (e.g. cooperative art activity, feeling game, blocks, play dough, art activity, bingo, pass the hat, visualization)   _____ _____ _____

41. Prepare small group activity materials ahead of time to minimize children's waiting time during transition from circle time to small group activity?   _____ _____ _____

42. Participate in small group activity using acadmic, persistence, _____ _____
social and emotional coaching, prompting children to use
new skills and praising newly taught skills when they occur?

SMALL GROUP PRACTICE ACTIVITIES, CONTINUED	YES	NO	N/A

Did the Therapist/GroupLeader:

43. Promote reading skills by associating printed work with language? _____ _____ _____
44. Promote writing skills by taking dictations, writing words to be _____ _____ _____
copied and reinforcing children's beginning attempts to write?
45. Provide children with time for less structured peer play with _____ _____ _____
legos, trains, dress-up materials, play dough, etc., and coach
social interactions and problem solving during this time?
46. Give as much time to small group activities as to circle time _____ _____ _____
discussions?
47. Make adaptations in small group activities in order to be _____ _____ _____
developmentally appropriate for every child?

BEHAVIOR MANAGEMENT AND RELATIONSHIP BUILDING SKILLS (DURING ALL SEGMENTS)	YES	NO	N/A

Did the Therapist/GroupLeader:

48. Build relationship with individual children by asking personal _____ _____ _____
questions about their experiences, listening to their stories
using child's name, responding to them uniquely?
49. Create a feeling of safety in the group? _____ _____ _____
50. Promote optimism and show belief in children's ability to _____ _____ _____
learn and be successful?
51. Use physical touch (back rubs, hugs, lap time) appropriately? _____ _____ _____
52. Share aspects of self when appropriate (e.g. something about _____ _____ _____
their families or a mistake they made)
53. Use proximal praise and labeled praise for prosocial behavior? _____ _____ _____
54. Avoid making critical or negative statements about children's _____ _____ _____
behavior?
55. Act in a fun, playful and engaging way with children? _____ _____ _____
56. Show respect, warmth and calmness with children? _____ _____ _____
57. Involve children actively in learning through games, activities, _____ _____ _____
stories, fantasy?
58. Use songs and movement activities strategically when children _____ _____ _____
need to move or have a break?
59. Have predictable routines for opening and closing circle time, _____ _____ _____
bringing out and saying goodbye to puppets, transitioning
to snack time or small group activities, saying goodbye?
60. Ignore targeted misbehaviors or attention seeking behaviors? _____ _____ _____
(blurting out, off seat)
61. Use Time Out appropriately, for aggressive behavior or _____ _____ _____
repeated noncompliance?

   Number of Time Outs given: _____

62. Use redirects and distractions to re-engage children who are off-task? _____ _____ _____

63. Use warnings for disruptive behavior? (Warnings should let children know what will happen if they do not comply. If noncompliance continues, therapists should follow through with consequence.) _____ _____ _____

64. Praise and give rewards (chips, hand stamps, stickers) to individual children who are following rules and showing appropriate behaviors? _____ _____ _____

65. Use team incentive approach? _____ _____ _____

66. Use emotion coaching? _____ _____ _____

67. Use social coaching? _____ _____ _____

68. Use academic and persistence coaching? _____ _____ _____

69. Respond to individual and group developmental needs? (Change pace if children are restless, modify activities and questions depending on children's skill, adjust circle time content and length to children's attentions span and level of engagement.) _____ _____ _____

70. Prepare for transitions to new activities effectively? (visual or auditory cues) _____ _____ _____

71. Give clear and simple directions and model expected behavior? _____ _____ _____

72. Minimize amount of waiting time for children? _____ _____ _____

73. Attend to and reinforce appropriate behavior much more often than attending to inappropriate behavior? _____ _____ _____

REVIEW HOME ACTIVITIES AND WRAP UP	YES	NO	N/A

Did the Therapist/GroupLeader:

74. Begin the wrap up process with about 15 minutes remaining? _____ _____ _____

75. Review Detective Home Activity for the week? _____ _____ _____

76. Have children count chips and trade in for prizes? _____ _____ _____

77. Conduct compliment circle time? _____ _____ _____

78. Meet with the parents? _____ _____ _____

79. End the session on time? _____ _____ _____

CHILDREN'S RESPONSES	YES	NO	N/A

80. Children appeared engaged and on-task during session? _____ _____ _____

81. Children were enjoying themselves during activities? _____ _____ _____

82. Children were involved in asking questions, role plays and suggesting ideas? _____ _____ _____

LEADER COLLABORATION	YES	NO	N/A

Did the Therapist/GroupLeader:

83. Did the two leaders have clear, complementary roles in each of the different activities? (take turns leading content and focusing on process) _____ _____ _____

84. Did leaders work well as a team reinforcing each other, while _____ _____ _____

attending to different roles with children?

85. Are leaders implementing behavior plans for children targeted   _____ _____ _____
with special needs?

86. Are leaders talking to parents about dinosaur home activities   _____ _____ _____
and about how they can reinforce children's learning at home?

ADHERENCE TO SESSION PROTOCOLS AND CONTENT	YES	NO	N/A

Did the Therapist/GroupLeader:

87. Followed session protocols for session?   _____ _____ _____

88. Knowledgeable about content to be presented to children?   _____ _____ _____

89. Showed the appropriate number of vignettes for age and   _____ _____ _____
temperament of children?

90. Modifications or adaptations were made when necessary to   _____ _____ _____
help keep children actively engaged and successful with
activities?

REMEMBER: Your goal in the group sessions should be to draw from the children the information and ideas to share with each other. They should be given plenty of opportunities to practice new behaviors.

Summary Comments: _____

_____

_____

_____

_____

Candidate has satisfied video requirements for certification: _____ Yes   _____ No

Session Reviewed by: _____Date:_____
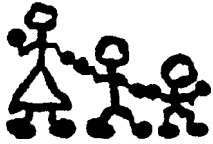
Teacher Child Group Process Checklist
Dina Dinosaur School in the Classroom

This checklist is designed for teachers to complete (with co-teachers) following a daily lesson plan. By looking for the following points, a teacher can identify specific goals for progress. This checklist is designed to complement the lesson plans for the specific sessions, which list the key content that should be presented, practiced, and promoted throughout the week. It is recommended that a teacher videotape the lesson and small group activity and review afterwards using this checklist.

Teacher Self-Evaluation (name): _____

Co-teacher Evaluation:_____

Certified Trainer/Mentor Evaluation:_____

Date:_____

ROOM SETUP

	YES	NO	N/A

Did the teachers:

		YES	NO	N/A
1.	Have children sit in a semicircle that allows everyone to see the TV and each other?	_____	_____	_____
2.	Post rules on wall so children can see them?	_____	_____	_____
3.	Have materials ready? (handouts, cue cards, DVDs cued up, activities/manuals prepared)	_____	_____	_____
4.	Convey enthusiasm about the lesson?	_____	_____	_____
5.	Show they had a predictable time on the schdule for Dinosaur School?	_____	_____	_____

Starting the Circle Time Discussions

	YES	NO	N/A

Did the teachers:

		YES	NO	N/A
6.	Have puppets arrive and greet children in a predictable enthusiastic manner (e.g. "One, two, three, Dina!" or a greeting song)?	_____	_____	_____
7.	Begin the lesson with an issue related to the day's topic?	_____	_____	_____
8.	Establish individual or group goals/personal challenges for students?	_____	_____	_____
9.	Review learning from prior lesson by asking children for times during the week when they were able to practice what they learned in Dinosaur School?	_____	_____	_____

When Presenting the New Learning for the Day

	YES	NO	N/A

Did the teachers:

		YES	NO	N/A
10.	Begin the discussion of the topic with open-ended questions to prompt children to think about the importance of the topic (e.g., what are some rules for the class? Or what are some friendly behaviors?)?	_____	_____	_____

11. Work to engage less verbal students in discussion?   _____ _____ _____
12. Paraphrase and highlight the points made by children?   _____ _____ _____
13. Use puppets as active participants of the entire session?   _____ _____ _____

14. Attend to group process by giving frequent verbal and nonverbal praise, nods, thumbs up for paying attention, helping others, etc.?   _____ _____ _____
15. Attend to group process through selective use of ignore when appropriate?   _____ _____ _____
16. Use picture cue cards as prompts to reinforce new behaviors being taught?   _____ _____ _____
17. Use a style that is playful, engaging, fun, and paced at children's level of attention?   _____ _____ _____
18. Present clearly and model new behavior with puppets and role plays?   _____ _____ _____
19. Actively involve children by letting them hold cue cards, pause tape, use smaller puppets, etc.?   _____ _____ _____
20. Provide legitimate opportunities for active children to move and stretch (e.g., group stretch break or wiggle space for a particular child or music activity)?   _____ _____ _____
21. Respond to group and individual developmental needs (e.g., change pace if children are restless and modify activities and questions depending on a particular child's skill)?   _____ _____ _____
22. Work to address communication issues created by language barriers?   _____ _____ _____
23. Adapt content to be sensitive to children's culture or to special issues relevant for the particular class of students?   _____ _____ _____
24. Incorporate translator in planning when possible?   _____ _____ _____
25. Adjust length of circle time to reflect children's attention span and level of engagement?   _____ _____ _____
26. Follow the lesson plans?   _____ _____ _____

When Showing the Vignettes   YES   NO   N/A

Did the teachers:

27. Focus children's attention before showing vignettes? Give them a specific behavior or emotion to watch for?   _____ _____ _____

28. Pause longer vignettes at least once to ask questions about about segments rather than waiting until the end of the vignette? Ask about character feelings and what htey will do next?   _____ _____ _____
29. Begin by asking children about what they thought was happening in the vignette?   _____ _____ _____
30. Acknowledge and praise children's responses to a vignette?   _____ _____ _____
31. When appropriate, praise or nonverbally acknowledge children who are focused on the vignette?   _____ _____ _____

32. Take time to acknowledge disappointment at not being called upon (e.g., self-pat on the back, expression of "oh man")? _____ _____ _____

33. Paraphrase and highlight the points made by children? _____ _____ _____

34. Move on to the next vignettes after key points have been discussed and practiced? Pace material to maintain children's interest? _____ _____ _____

35. Allow for discussion following each vignette? If children are distracted, vignette may need to be replayed. _____ _____ _____

36. Make sure that children are attending when vignette is shown? _____ _____ _____

37. Use vignette to prompt a role play/practice with children? When setting up role play practice select student strategically and coach them with a script of behaviors to practice? _____ _____ _____

38. Have children practice the actual behaviors being taught through puppet plays, role plays, live plays, and peer-coached plays? _____ _____ _____

39. Adjust number of vignettes shown according to age and attention span of students? _____ _____ _____

40. Demonstrate and explain small group activity before leaving large circle discussion? _____ _____ _____

Small Group Activities

	YES	NO	N/A

Did the teachers:

41. Plan small group activitiy to reinforce new content learned (e.g., cooperative art activity, feeling game, blocks, play dough, bingo, pass the hat, visualization)? _____ _____ _____

42. Prepare small group activity materials and set out on tables ahead of time to minimize children's waiting time? _____ _____ _____

43. Participate in small group activity using academic, persistence, social and emotional coaching, prompting children to use new skills and praising newly taught skills when they occur? _____ _____ _____

44. Use labeled praise for prosocial behaviors? _____ _____ _____

45. Use "dialogic reading" or interactive reading style? _____ _____ _____

46. Promote reading skills by associating printed word with language? _____ _____ _____

47. Promote writing skills by taking dictations, writing words to be copied, reinforcing children's beginning attempts to write? _____ _____ _____

48. Make adaptations in small group activities in order to be developmentally appropriate for all children? _____ _____ _____

49. Give as much time to small group practice activities as to large circle time discussions? _____ _____ _____

Promoting Skills

	YES	NO	N/A

Did the teachers:

#		YES	NO	N/A
50.	Use emotion and social coaching language?	_____	_____	_____
51.	Use acadmic and persistence coaching?	_____	_____	_____
52.	Use proximal praise and labeled praise?	_____	_____	_____
53.	Ignore targeted misbehaviors or attention seeking behaviors?	_____	_____	_____
54.	Use Time Out to calm down appropriately for aggressive behavior?	_____	_____	_____
55.	Use redirects and warnings?	_____	_____	_____
56.	Praise individual children who are following rules, participating well, and engaging in positive behaviors?	_____	_____	_____
57.	Use team incentive approach?	_____	_____	_____
58.	Issue personal challenges, team rewards, mystery challenges?	_____	_____	_____
59.	Have Dinosaur Cue Cards up on walls (e.g., quiet hands up, sharing)?	_____	_____	_____
60.	Use nonverbal praise?	_____	_____	_____
61.	Act in a fun, playful, and engaging way with children?	_____	_____	_____
62.	Integrate Dinosaur language throughout the day at choice time, on playground, during meal times, etc.?	_____	_____	_____
63.	Prepare for transitions effectively?	_____	_____	_____
64.	Promote optimism and show belief in chidlren's ability to learn and be successful?	_____	_____	_____
65.	Avoid making critical or negative statements about children's behavior?	_____	_____	_____
66.	Show respect, warmth and calmness with children?	_____	_____	_____
67.	Involve children actively in learning through games, activities, stories, and fantasy?	_____	_____	_____
68.	Have predictable routines for opening and closing circle time, bringing out and saying goodbye to puppets, transitioning to snack time or small groups, saying goodbye?	_____	_____	_____

Review Home Activities and Wrap Up

	YES	NO	N/A

Did the teachers:

#		YES	NO	N/A
69.	Review Detective Home Activities with the children?	_____	_____	_____
70.	Individually give children a chance to share their home activities?	_____	_____	_____
71.	Enthusiastically praise whatever effort children made this week?	_____	_____	_____
72.	Assist children who didn't complete the home activities to complete them?	_____	_____	_____
73.	Have puppets say good-bye (not every session)?	_____	_____	_____
74.	Involve parents by sending home parent letters with home activities?	_____	_____	_____

Children's Responses

		YES	NO	N/A
75.	Children appear engaged and on-task during large group circle time.	_____	_____	_____
76.	Children were enjoying themselves during small group activities.	_____	_____	_____
77.	Children were involved in asking questions, role plays, and suggesting ideas.	_____	_____	_____
78.	Waiting time for children was minimized.	_____	_____	_____

Teacher Collaboration

		YES	NO	N/A

*(To be completed if there is a second or third teacher or
co-leader involved with the curriculum)*

79.	Did the two teachers have clear, complementary roles in each of the different activities (e.g., take turns leading content and focusing on process)?	_____	_____	_____
80.	Did teachers work well as a team reinforcing each other, while attending to different roles with students?	_____	_____	_____
81.	Do teachers have regular, consistent meeting times weekly to discuss and plan for the Dina Curriculum?	_____	_____	_____
82.	Are teachers implementing behavior plans for children targeted with special needs?	_____	_____	_____
83.	Do teachers call parents to share something positive about their child?	_____	_____	_____
84.	Do teachers share Dinosaur materials at parent orientation nights?	_____	_____	_____
85.	If there is an assistant teacher, is s/he involved in planning and in implementing the curriculum?	_____	_____	_____

REMEMBER: Your goal in the circle time lessons should be to draw from the children the information and ideas to share with each other. They should be given plenty of opportunities to practice new behaviors throughout the week.

Summary Comments:

Lesson reviewed by: _____

Date: _____

Assessing Children's Play and Language Levels

Level One

©**The Incredible Years**®

Name of Child: _____

Age of Child: _____

Family Context
(e.g., partnered or single; level of support; siblings; depressed mom)

Language Level
(e.g., screams, grunts, no signing, no babbling)

Play Level
(e.g., grabs toys, not interested in other children)

Sensory Likes
(auditory, visual, tactile, smell, taste/oral, proprioception)

Sensory Dislikes
(e.g., upset with loud noise, loves running and being thrown)

Behavior Problems	Positive Opposite Behaviors

Goals for Parents	Goals for Child
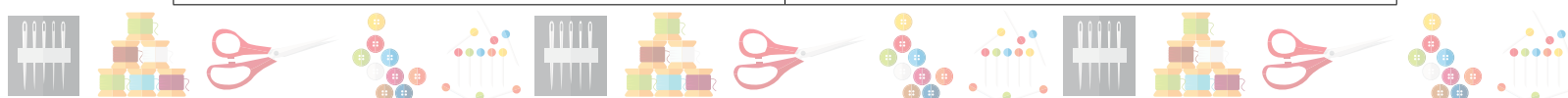
Requirements to Run Incredible Years® Groups with Fidelity

Group Leader Qualifications:

• At least one MA level group leader per group (each group must be run by two group leaders). If no MA level therapist is available, exceptions may be made for BA level group leaders with extensive experience working with families (ability to collaborate with parents, understanding of child development and social learning theory).　Please provide evidence of experience/qualifications.

Program Delivery:

• Offer the recommended minimum number of group sessions for chosen IY program. For Basic IY Parent program, this is 14-16 sessions for the prevention protocol and 18-20 for treatment protocol. Group leaders should be allowed some flexibility to add more sessions as needed according to group size, educational background, use of translators and group needs.

• Provide make up sessions when families miss (make-up sessions are counted in parent attendance counts)

• Provide group leaders with sufficient time for 2-2 ½ hour groups plus weekly program prep time, calls to parents between sessions, review of home activities, session video reviews/peer review, and attendance at coaching/supervision and consults (6-10 total hours per week). Post-certification less time may be spent (6-8 hours per week).

Consultation and Coaching:

• Have group leaders regularly video group sessions

• Group leaders should receive on-going support during group delivery. This may be obtained in the following ways (4 times per group):

　　-In person or skype coaching sessions with IY peer coach

　　-In person or skype consultation with IY trainer from Seattle

　　-Submission of group video to Seattle as part of accreditation/certification process

Accreditation/Certification:

• All group leaders are expected to work towards certification. Below are suggested guidelines/benchmarks:

　　During first year of implementation: trained group leaders submit at least 1-video to Seattle for complete review.

　　During second year of implementation: group leaders are working on certification and submit a second video to Seattle for certification. It is anticipated that about half of group leaders would obtain certification during the second year.

　　During third year of implementation: Remaining trained group leaders continue

with the certification process. Sites collaborate with IY to determine whether one of their certified group leaders is eligible to become a Peer Coach in the program.

Note: additional funding should be available for sites that choose to train a Peer Coach. See web site for more detailed information about certification expectations for group leaders and peer coaches.

Supervision and Coaching of IY Groups:

• Supervision and coaching of IY group leaders is ideally conducted via in-person meetings with a trained Peer Coach who reviews videos with the group leaders and conducts role play practices.

• While a site is building capacity of Peer Coaches, certified group leaders may provide support to newer group leaders.

• Sites that do not have access to either a Peer Coach or certified group leader are able to obtain consultation through IY in Seattle.

Overall Support Network:

• Ideally an agency (or region) will work towards eventually developing a mentor who will oversee the overall delivery and fidelity of the IY program. The mentor is authorized to provide training for new group leaders and expected to support regional peer coaches.

• Each large agency (or region) would have peer coaches who provide local support and regular coaching.

Maintaining Fidelity after Accreditation/Certification:

Even expert group leaders benefit from on-going feedback and discussions about their work. Without fidelity checks, it is easy for group leaders to drift from the original model. In order to assure that certified group leaders continue to deliver the program with fidelity, we recommend the following:

• Accredited group leaders should lead at least one group every 19 months

• Accredited group leaders should participate in a fidelity check every 18 months (this could be a coaching session with an accredited peer coach, a video review of a group by a mentor or trainer, or an in-person or skype consultation with a mentor or trainer.

See link below for more information on bringing the IY programs to scale:

http://www.incredibleyears.com/wp-content/uploads/Bringing-IY-Programs-to-Scale.pdf

Application Process for translating Incredible Years® (IY) materials

We have had many requests for translations for IY programs into different languages and while we are excited about the possibilities of having more of our materials translated, the process of translating materials and DVDs is complex and time consuming. Incredible Years, Inc. coordinates and oversees the translation process in order to assure quality control of translated materials. There must be a contract in place with Incredible Years Inc. before translations can be undertaken. Please note there are important decisions to be made regarding what elements of the IY program will be translated first. We regret that we cannot undertake all requested translations and that there may be a waiting list for when we can begin a new translation contract.

Here are some important considerations:

- Contracts between Incredible Years®, Inc. and your agency are required before any translations can be undertaken because all materials are copyright protected. Failure to have a contract when translating IY materials will be a copyright violation.

- The best translation projects are done when Incredible Years Inc. works with those who have attended accredited IY trainings and have had experience delivering the program. Working with experienced IY group leaders (who speak the requested language as well as English) for checking the translation process is important because this assures that the meaning and understanding of the translated program is preserved. Translation contracts are only set up with agencies that have group leaders with extensive experience delivering the IY program.

- In non-English-speaking countries, we recommend that the program is first used by bi-lingual group leaders who can use the English leader manuals and texts and can access training and consultation in English while getting training and experience utilizing the program with their population.

- The agency/organization requesting the translation is responsible for paying for all costs associated with the translation. The total cost of the translation will be provided by Incredible Years Inc. on the basis of bids/quotes from reputable Seattle translation and/or video companies who have worked with Incredible Years Inc. for over 20 years and will be included in the contract. A payment schedule will be agreed upon prior to beginning translation.

- All translations are done in Seattle to ensure consistent quality of translations. The agency/organization will be asked to proof-read and check translations to be sure the translation is authentic and high quality.

- All translations must be presented with graphic formatting identical to the English version. Graphics work is also done in Seattle to ensure consistent quality.

- Completed translated versions of participant handouts are placed on the Incredible Years web site for use by others; they are still the copyright of Incredible Years after translation.

- Translation of program participant handouts should be the priority for any new IY program being offered since these are the materials that are given directly to parents, teachers and children who are less likely to speak English than the professionals delivering the programs. Translation of leader manuals and Video/DVDs are a later step once program has been piloted and found effective by participants.

- In countries where group leaders do not speak English, translation of detailed leader manuals may be necessary.

- For program video/DVD vignettes, subtitled translation is recommended rather than voice over (dubbing). Subtitled translations are easier and cheaper to produce and are more acceptable to participants watching the programs.

- There is a separate contract arrangement for translation of books written by Carolyn Webster-Stratton.

If you are interested in applying to translate one of the IY programs, you will need to complete our **Translation Request Application (see the last 2 pages of this document)**. Please read our translation checklist on the next page prior to completing your application.

9 Step Translation Checklist

Complete **Translation Request Application**. Please note, if you do not have extensive experience with the program that you are requesting to translate, your application is not likely to be accepted.

1 Incredible Years (IY) Inc. will approve or deny your request for translation. Note: IY retains all rights to translated materials.

2 If your request is approved, IY will provide you with a bid/quote for the cost of translation using our selected translation company and our video production company (if applicable).

3 If you accept the bid, IY will provide a contract for your review including payment schedule and anticipated translation timeline.

4 To start, a sample translation of a few pages will be set to you so that you can check that the dialect and translation are acceptable to your audience. Translation will not proceed until you have approved these sample pages.

5 If sample pages are approved, translation will begin on the full project. When the first draft of the translation is complete, the draft documents will be sent to you for review.

6 Your agency will review the documents and will be able to make edits for suggested wording changes. This is your only chance to make changes to the document.

7 IY will incorporate your changes into the documents and complete the graphic design portion of the project. If your project involves video/DVDs, the subtitles will be added to the videos after the translations have been approved.

8 Final documents or video/DVDs will be provided to your agency for review. No new changes can be made, but you may check to make sure that all your prior edits were incorporated into the final document.

9 After final payment is received, the participant handouts will be made available on the website, or your product will be produced and available for you to purchase (manuals, books, or video/DVDs).

Application for Incredible Years Translation

Agency Name _____

Main Contact Person _____

Official Title _____

Phone Number _____

Email Address _____

Financial Officer (person or department responsible for payment) _____

Phone Number _____

Email Address _____

Describe your experience using IY programs at your agency _____

_____

_____

_____

_____

_____

Please list the accredited Group Leaders at your agency _____

_____

_____

_____

_____

_____

Select program to translate:

Parent Programs

☐ Baby Program (0-1 years)

☐ Toddler Program (1-3 years)

☐ Preschool Basic Program (2-8 years)

☐ School Age Basic Program (6-12 years)

☐ Autism and Language Delays Program for Parents (2-5 years)

☐ Teacher/Parent Partnership Program for Children with Autism (2-5 years)

☐ Advanced Program (4-12 years)

☐ Attentive Parenting Program (2-6 years)

Child Programs

☐ Classroom Dinosaur Program (3-8 years)

☐ Small Group Dinosaur Therapy Program (4-8 years)

Teacher Programs

☐ Teacher Classroom Management Program (3-8 years)

☐ Incredible Beginnings Program (1-5 years)

☐ Teacher/Parent Partnership Program for Children with Autism (2-5 years)

Select materials to translate:

☐ Participant Handouts

☐ Full Leader's Manual

☐ DVDs (subtitling)

Goals, plans with implementing IY programs and reasons for wanting to translate materials:

_____

_____

_____

_____

Funding source (grant, etc.) _____

_____

_____

_____

Is there any additional information you would like to share with us? _____

_____

_____

_____

_____

_____

Request Approved _____ Denied _____

Contract to be completed: _____

Signed _____

Date _____

The Incredible Years® Series:

An Internationally Evidenced Multi-modal Approach to Enhancing Child Outcomes

Carolyn Webster-Stratton, M. S., M.P.H., Ph.D.

Clinical Psychologist and Professor Emeritus

University of Washington

Tracey Bywater, CPsychol., Ph.D.

Professor of Family Wellbeing

University of York, UK

The Incredible Years® Series:

An Internationally Evidenced Multi-modal Approach to Enhancing Child Outcomes

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 (US) 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 1970's and 80's in Seattle, US, by the first author to address child behavioral and emotional difficulties and enhance positive life outcomes, and 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 6-15% in 3-12 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 US (Burns et al., 2004). Foster children in the UK have a ratio of 3.7:1 higher rates of disorder than children living in disadvantaged private households (defined as the parents having either never worked or worked 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 drop out, violence 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, wellbeing, 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 and low monitoring) (Jaffee, Caspi, Moffitt, & Taylor, 2004); family risk factors (e.g., marital conflict, parental drug abuse, mental illness, and criminal behavior) (Knutson, DeGarmo, Koeppl, & Reid, 2005); child biological and developmental risk factors (e.g., attention

deficit hyperactivity disorders (ADHD), learning disabilities, and language delays); school risk factors (e.g., poor teacher classroom management, high levels of classroom aggression, large class sizes, and poor school-home communication); and peer and community risk factors (e.g., poverty and gangs) (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). Three decades of research by prominent researchers such as (Dishion & Piehler, 2007; Patterson & Fisher, 2002) have consistently demonstrated the links between child, family, and school risk factors and the development of antisocial behaviors and have 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 and lack of support, academic failure and the formation of deviant peer groups have developed. Moreover interventions should be 'multi-modal' in order to target multiple risk factors, at school/community, family, and individual level/s, and 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, parenting skills *and* also improve parental mental health such as depression and marital conflict (Furlong, McGilloway, Bywater, et al., 2012).

The Incredible Years® (IY) Series, was designed as a set of interlocking and comprehensive training programs to prevent and treat behavior difficulties from infancy–toddlerhood through middle childhood. IY is a multi-modal program that can be utilised to intervene in multiple areas and settings through parent, teacher, and child training. The model's theory of change is 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 drop-out, CD, and substance abuse problems in later life. See web site for logic model http://incredibleyears.com/programs/.

The following sections will outline the underlying theoretical background for the IY BASIC parent programs (baby, toddler, preschool and school-age), which are considered "core" and a necessary component of the prevention model for young children. The IY adjunct parent, teacher, and child programs, and how they are added to address family and school risk factors

and children's developmental issues, will also be presented. Information regarding IY program content and delivery methods will be briefly described, as will ways to promote successful delivery of the programs. US and international evidence base for the IY programs will be highlighted, with a section on transportability of programs and adaptations and accommodations in   different   countries.

Figure 1. The international spread of IY in 26 countries across six continents

Theoretical Background for Incredible Years Program Content & Methods

The underlying theoretical background for IY parent, teacher, and child programs include; cognitive social learning theory, particularly Patterson, Reid, and Dishion's (1992) "coercion hypothesis" of negative reinforcement developing and maintaining deviant behavior; Bandura's modeling and self-efficacy theories (Albert Bandura, 1986); Piaget and Inhelder's developmental cognitive learning stages and interactive learning method (Piaget & Inhelder, 1962); 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 IY programs. For example, the IY

video vignettes portray parents or teachers from different cultural backgrounds using social and emotional coaching, or positive discipline strategies, or of children managing conflict with appropriate solutions. Video-based modeling, based on social learning and modeling theory (A. Bandura, 1977), supports the learning of new skills. IY group leaders use the vignettes as a tool to engage participants in group discussion, collaborative learning and emotional support. Further, 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 of intervention strategies (Reinke, Stormont, Webster-Stratton, Newcomer, & Herman, 2012).

The group format is advantageous as it is more cost-effective than individual intervention; addresses risk factors such as family isolation and stigmatization, or teacher's sense of frustration and blame, and children's feelings of loneliness or peer rejection; and helps reduce resistance to the intervention through the collective group wisdom. When participants express beliefs counter to effective practices, the IY group leader draws on other group members to express alternaive viewpoints. The group leader is thereby able to elicit change talk from the participants themselves that makes it more likely 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 BASIC (core) parent training consists of 4 different currciula to fit child developmental stages: Baby Program (4 weeks to 9 months), Toddler Program (1- 3 years), Preschool Program (3-5 years) and School-Age Program (6–12 years). Each of these, recently updated, programs emphasize developmentally appropriate parenting skills and include age-appropriate video examples of culturally diverse families and children with varying temperaments and developmental issues. The programs run from 9-22 weeks, depending on the

age of the child and the presenting issues of the parents and children in the group ("Incredible Years Parent program").

For all parent training programs, trained and, ideally, accredited IY 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 8–12 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, as well as age-appropriate parenting responses. Participation in the *group* based IY 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 as make-up 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 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, 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, persist with learning despite obstacles, and develop friendships.

Figure 2. The Incredible Years Parent Pyramid

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 for aggressive behaviors and logical consequences. In addition, parents learn how to develop supportive partnerships with teachers by collaborating on behavior plans and how to support their child's school-related activities.

There are two basic premises of the model: 1) a positive relationship foundation must precede clear and predictable discipline strategies. This sequence of delivery of content is critical

to the program's success; 2) 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 postive foundation has been solidly constructed with secure scaffolding.

Incredible Years® Adjuncts to Parent Programs

Optional adjunct parenting programs can be used in combination with BASIC parenting programs outlined above.

1. The 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 3–4 years that 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 program is designed to teach parents of children 2-6 years (who do not have behavioral issues) social, emotional and persistence coaching, reading skills and how to promote children's self-regulation skills and problem-solving skills. It is also recommended as 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.

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 (14-16 teachers) throughout the school year. It is recommended that trained IY coaches support teachers between workshops by visiting their classrooms, helping refine behavior plans, and addressing teacher's 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 information on IY-TCM training/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 ages 1-5 years. Topics include coping with toddler's 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 IY 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 IY child program have been developed. 1) 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-second grade). 2) In the *small group therapeutic* treatment group accredited IY group leaders work with groups of 4–6 children 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 school. Content is delivered using a selection of video programs (with over 180 vignettes) that teach children feelings literacy, social skills, emotional self-regulation skills, 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. Content and structure reflects that of the parent training program, and comprises seven components: (1) Introduction and Rules; (2) Empathy and Emotion; (3) Problem-Solving; (4) Anger Control; (5) Friendship Skills; (6) Communication Skills; and (7) School Skills (for more information about the child programs (Webster-Stratton & Reid, 2003, 2004)

Choosing Programs According to Risk Levels of Populations

The BASIC parent program (baby, toddler, preschool or school-age version) is considered a mandatory or a "core" component of the prevention intervention training series. The ADVANCE program is offered in addition to the BASIC program for selective populations such as families characterized as depressed or 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 dinosaur training program and/or one of the two teacher training programs be offered in conjunction with the parent training program to assure 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 (see "Incredible Years Program Implementation").

Figure 3. **Levels of intervention pyramid INSERT HERE**

As seen in this figure, **Levels 1 and 2** are the foundation of the pyramid and recommend a series of programs that could be offered *universally* to all parents, day care providers and teachers of young children (0-6 years). **Level 3** is targeted at *"selective" or high-risk populations*. **Level 4** is targeted at *"indicated populations"*, where children or parents are already showing symptoms of mental health problems. For example, parents referred to child protective services because of abuse or neglect, foster parents caring for children who have been neglected and removed from their homes, or children who are highly aggressive but not yet diagnosed as having ODD or CD. This level of intervention is offered to fewer people and offers a 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 the home coaching protocols. Child and parent therapists work with parents to develop behavior problem plans and consult with teachers in partnerships to coordinate their plans, goals and helpful strategies. One of the goals of each of the prior levels is to maximize resources and minimize the number of children who will need these time and more cost intensive interventions at level 5.

Research evidence for the *Incredible Years* Parent Programs

Treatment and Indicated Populations: The efficacy of the IY BASIC parent treatment program for children (ages 2–8 years) diagnosed with ODD/CD has been demonstrated in eight published randomized control group trials (RCTs) by the program developer
("The Incredible Years Parents, Teachers, and Children Training Series: Program Content, Methods, Research and Dissemination, 1980–2011").
In addition numerous replications by independent investigators have been conducted (see reviews (Furlong, McGilloway, & Bywater, 2012; Menting, Orobio de Castro, & Matthys, 2013).

In the early US 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 to wait-list control groups. The results were consistent for toddler, preschool and school age versions of the programs. The first series of RCTs in the 80's 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, 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 two 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, or 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, McMenamy, Henson, & Carter, 2014; Scott, Spender, Doolan, Jacobs, & Aspland, 2001). A recent IY parent program meta-analysis including fifty studies with 4745 participants (2472 intervention families) showed IY to be effective for disruptive and prosocial child behavior by teacher and parent report and independent observations across a diverse range of families (Menting et al., 2013).

Two long-term studies from the US and UK followed up children diagnosed with conduct problems whose parents had received the IY parent program 8- to 12-years earlier. The US study indicated that 75% of the teenagers were typically adjusted with minimal behavioral and emotional problems (Webster-Stratton, Rinaldi, & Reid, 2010). This data was not significantly different from normal US population figures for children this age. The independent UK study reported that parents in the IY BASIC parent condition expressed greater emotional warmth and supervised their adolescents more closely, than parents in the control condition who had received individualized "typical" psychotherapy offered at that time. This therapy could be parent focused or child play therapy. Moreover, their children's reading ability was substantially improved in a standardized assessment in comparison to the children in the control condition (Scott, Briskman, & O'Connor, 2014).

Prevention Populations: The prevention version of the BASIC program has been tested in four RCTs by the developer 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 (see review (Webster-Stratton & Reid, 2010). At least 6 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 (praise, coaching, descriptive commenting) and positive discipline strategies, and reduces harsh, critical, and coercive discipline strategies. (see Menting 2013 review). The trials took place in applied mental health settings, or schools and primary care practices with IY group leaders from existing staff (nurses, social workers and psychologists). The program has been shown to be effective with diverse populations, e.g. Latino, Asian, African American, and Caucasian background in the US (Reid, Webster-Stratton, & Beauchaine, 2001), and other countries, e.g. England, Wales, Ireland, Norway, Denmark, Sweden, Holland, New Zealand, Portugal, and Russia (Azevedo, Seabra-Santos, Gaspar, & Homem, 2013; 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 IY parent program indicates acceptability is high across different populations and in different contexts (Bywater et al., 2010; Furlong & McGilloway, 2014; Hutchings, Griffith, Bywater, Williams, & Baker-Henningham, 2013; Linares, Montalto, MinMin, & S., 2006; McGilloway, Ni Mhaille, Bywater, Furlong, et al., 2012).

International Spotlight on UK and Ireland:

The BASIC program for parents of 3-6 year olds has demonstrated effectiveness in targeted RCTs in Ireland, Wales, and England (Bywater, Hutchings, Daley, Eames, et al., 2009; Little et al., 2012). In Wales the sample included families from rural and urban communities who spoke Welsh/English. In England the research was conducted in the culturally diverse, second largest English city of Birmingham. In Ireland services were delivered to both semi-rural

and urban areas, to a predominantly Catholic population. In all three trials families were eligible if their child scored over the cut-off for clinical concern on a behavioral screener, and 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, et al., 2007; McGilloway, Ni Mhaille, Bywater, Leckey, et al., 2012) 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; e.g. critical parenting and aversive parenting strategies after attending IY were significantly reduced compared with control parents. The findings of these trials replicated those by the program developer. In addition, parent mental health for intervention parents improved. Effects were maintained 12 months post baseline (McGilloway et al., 2014), and 18 months post baseline (Bywater, Hutchings, Daley, Whitaker, et al., 2009). A recent review of the independent IY Series research base (Pidano & Allen, 2015) demonstrates that the BASIC parent program is the most researched from the IY series (with in excess of 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 IY parent programs (Menting et al., 2013) found similar effect sizes for child behavior for US and European studies (d=.39 and .31 respectively), further illustrating the effectiveness of IY when transported to Europe.

Research evidence for the IY Child Programs as an Adjunct to IY 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/CD (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 to 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 to 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 + 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 the CT as a stand-alone program delivered in schools being conducted in Wales, UK and at the University of North Carolina.

Prevention: One US RCT evaluated the classroom prevention (universal) version of the child program with Head Start families and 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 compared to control schools in school readiness skills, emotional self-regulation and social skills, and reductions in behavior problems. Intervention teachers also showed more positive involvement with parents than control teachers (Webster-Stratton, Reid, & Stoolmiller, 2008). A subsample of parents of indicated children (with high levels of behavioral problems by teacher or parent report) were selected and randomly allocated to a) parent program + classroom intervention, or b) classroom only intervention, or c) control group. Mothers in the combined condition had stronger mother-child bonding and were more supportive and less critical than classroom only mothers and 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 IY parent program in schools (Reid, Webster-Stratton, & Hammond, 2007) .

Research Evidence for IY Teacher Classroom Management (IY-TCM) Program as an Adjunct to IY 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) and five RCTs by independent investigators, including Wales (Hutchings, Martin-Forbes, Daley, & Williams, 2013) and Ireland (Hickey et al., 2014); see also review (Webster-Stratton, 2012a). 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 alone for enhancing parent involvement in their children's education (Reinke et al., 2014). A study comparing combinations of IY parent, teacher, and child programs found that combing either teacher or child intervention with BASIC parent training resulted in enhanced improvements in classroom behaviors as well as more positive parent involvement in their child's education (Webster-Stratton et al., 2004). Pidano and Allen (2015) identified two further (US) independent studies that combined IY-TCM with PT, both of which reported positive results for child behavior.

The Pidano & Allen (2015) review of independent IY evidence highlights the current paucity of independent RCTS of the independent teacher and child programs, and the newer parent programs (attentive, autism, baby and toddler). However, given current interest in early intervention and potential cost savings 'upstream' there has been a pull for evaluations of the IY baby and toddler programs. The authors are aware of at least four ongoing European studies in Denmark, England, Ireland, and Norway evaluating the baby, or baby and toddler, program (Pontoppidan, 2015; Bywater et al., 2016; McGilloway et al., 2014).

More longitudinal studies are also needed, however, comparative longitudinal studies are rare as intervention studies typically employ a wait-list control design so all trial participants get the intervention, but 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 IY 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 IY baby book followed by attendance in the IY baby and then toddler programs, depending on levels of parent wellbeing (a strong factor in the development of child wellbeing 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 those that need less, 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. IY 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 UK research (Little et al., 2012) demonstrates that independently observed high fidelity in IY BASIC delivery translates to improved family outcomes. Both these studies implemented the programs in more than one language using either translators or bi- or multi-lingual facilitators, and, as mentioned earlier, in very different contexts (semi-rural Wales with a total population of approximately 3 million across Wales, versus 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 in Portugal, Norway and Holland, that delivery in different contexts, 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, 2013). (Durlak & DuPre, 2008) reviewed 500 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 that 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 the content and pace of program accurately reflects 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 more sessions for parents with high 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 has been tailored to accommodate the participants' specific learning needs. Two examples in which the IY BASIC parent program has been tailored or accommodated to the population needs, without changes to the core components of the program are by Bywater et al. (2010) in a randomized study with foster carers in the UK, and by Azevedo et al., (2013) with parents of children with ADHD in Portugal. 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 and experience) and motivated group leaders receive 3 days of training by accredited mentors before leading their first group of parents or teachers or children. Then it is highly recommended they continue with ongoing consultation with IY 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 co-leader 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 IY coach or mentor.

In line with this advice IY parent group leaders in UK, Norway, Spain and Ireland 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 IY program. The process of group leader accreditation involves the leadership of at least two complete groups, 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 (required number of sessions, vignettes, role plays, brainstorms) 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 IY trainers, mentors, and coaches (8, 63, and 52 respectively) who meet yearly to share videos of their groups, workshops and coaching methods as well as learn about new research. A recent RCT

found that providing group leaders with ongoing consultation and coaching following the 3-day workshop leads 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 IY programs with fidelity see (Webster-Stratton & McCoy, 2015).

Conclusion

The IY Series is transportable, with robust evidence demonstrating positive outcomes for children and families, and teachers, in the short, medium, and long-term. The programs can be delivered as 'stand-alone' programs or in combination, and are suitable for early intervention, prevention, or treatment models to suit a variety of needs and populations, and service delivery organizations. Research has been conducted by independent researchers as well as the IY 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 IY Advance Program, or IY Child 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. Finally the newest IY parent programs (baby, Attentive Parenting and Autism) and the new teacher programs (Incredible Beginnings and Helping Preschool Children with Autism) are in need of RCTs to determine their effectiveness. In addition to exploring standalone programs or combination of programs across modalities (teacher, parent, child), there is a need to explore the longitudinal benefits of receiving stacked parenting interventions so that parents receive support through every developmental stage their child encounters.

Alternative designs could include Trials within Cohort studies (TWiCS) ("What are TWiCs") – a model that is shortly to test a variety of interventions (including parent interventions) in England as part of a £49 million Big Lottery funded project in Bradford to enhance outcomes for children aged 0-3 years.

At a time when the efficient management of human and economic resources is crucial, the availability of evidence-based programs to parents and teachers should form part of the public health mission. While the IY 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 service/organization funding has sometimes led to IY programs being delivered by group leaders without adequate training, sufficient support, coaching and consultation, and without agency monitoring or assessment of outcomes. Frequently the programs have been sliced and diced and components dropped in order to offer the program in a dosage that can be funded. Few agencies support their group leaders to become 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 as 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, and 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 between 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 conduct disorder and promotion of children's social and emotional wellbeing relies on a combination of key ingredients, including:

1. an integrated, multi-agency, multimodal approach
2. the scaling up of evidence-based universal and targeted 'early' interventions
3. careful attention paid to identification of 'at risk' populations
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 conduct problems and conduct disorder.

Figure 3. Levels of intervention pyramid
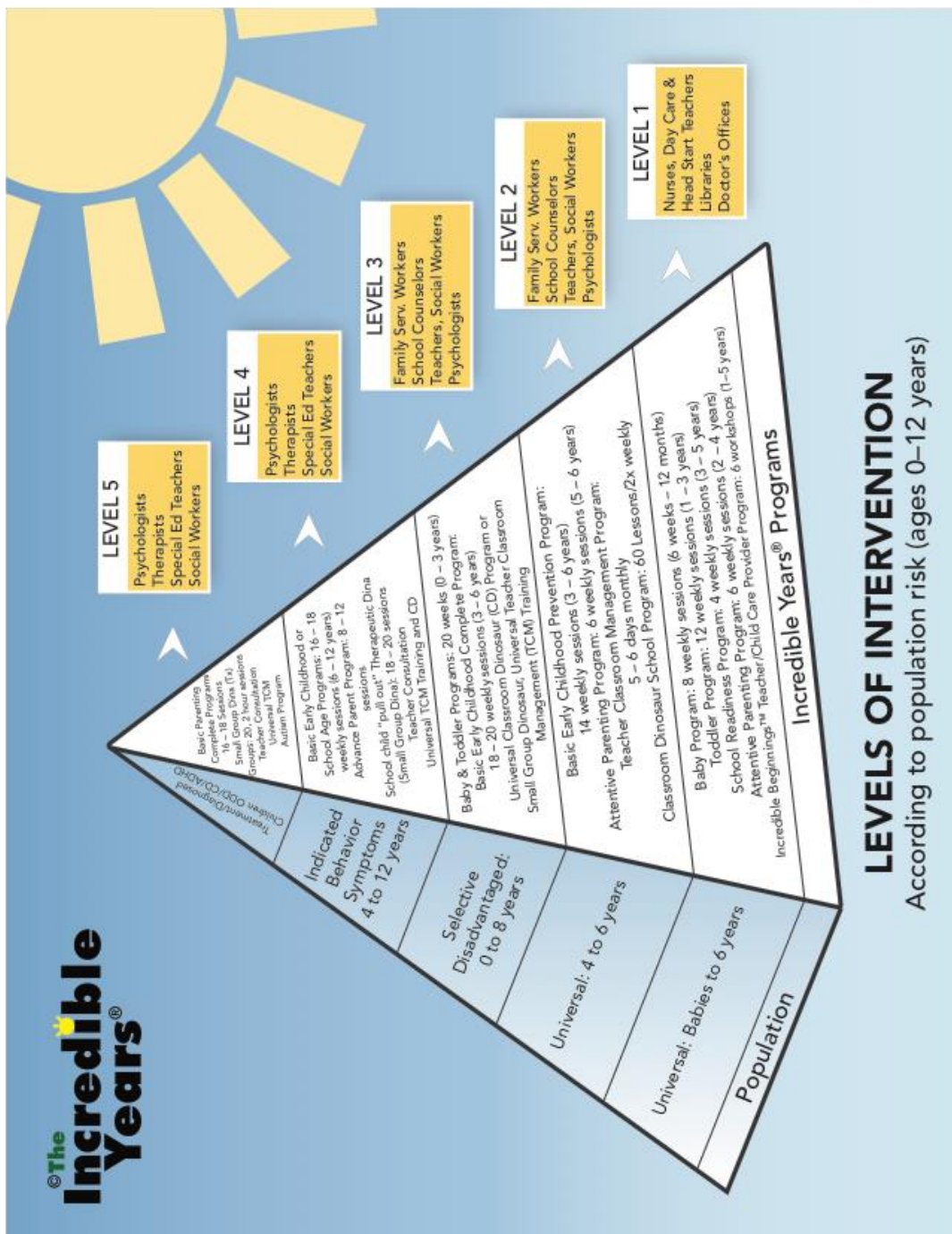
References

Ainsworth, M. (1974). Infant-mother attachment and social development: Socialization as a product of reciprocal responsiveness to signals. In M. Richards (Ed.), *The integration of the child into the social world*. Cambridge: Cambridge University Press.

Azevedo, A. F., Seabra-Santos, M. J., Gaspar, M. F., & Homem, T. C. (2013). A parent-based intervention programme involving preschoolers with AD/HD beahviours: are children's and mother's effects sustained over time? . *European Child and Adolscent Psychiatry, 23*(6), 437-450.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs: Prentice-Hall, Inc.

Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, NJ: Prentice-Hall.

Beck, A. T. (1979). *Cognitive therapy and emotional disorders*. New York: New American Library.

Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., & Campbell, Y. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of American Academy of Child and Adolescent Psychiatry, 443*(8), 960-970.

Bywater, T., Berry, V., Blower, S., Wright, J. W., Cohen, J., Gridley, N., . . . McGilloway, S. (2016). Enhancing Social-Emotional Health and Wellbeing in the Early Years: A Community-based Randomised Controlled Trial (and Economic) Evaluation of the Incredible Years Infant and Toddler (0-2) Parenting Programmes. Retrieved from http://www.nets.nihr.ac.uk/projects/phr/139310,

Bywater, T., Hutchings, J., Daley, D., Eames, C., Tudor-Edwards, R., & Whitaker, C. (2009). A pragmatic randomized control trial of a parenting intervention in Sure Start services for children at risk of developing conduct disorder:Long term follow-up. *British Journal of Psychiatry, 195*(4), 318-324.

Bywater, T., Hutchings, J., Daley, D., Whitaker, C., Tien Yeo, S., Jones, K., . . . Edwards, R. T. (2009). Long-term effectiveness of a parenting intervention for children at risk of devleoping conduct disorder. *The British Journal of Psychiatry, 195*, 318-324.

Bywater, T., Hutchings, J., Linck, P., Whitaker, C., Daley, D., Yeo, S. T., & Edwards, R. T.
(2010). Incredible Years parent training support for foster careers in Wales: A
multi-centre feasibility study. *Child: care, health and development, 37*(2), 233-243.

Collins, W. A., Maccoby, E. E., Steinberg, L., Hetherington, E. M., & Bornstein, M. H. (2000).
Contemporary research on parenting: The case for nurture and nature. *American
Psychologist, 55*, 218-232.

Dishion, T. J., & Piehler, T. F. (2007). Peer dynamics in the development and change of child
and adolescent problem behavior. In A. S. Masten (Ed.), *Multilevel dynamics in
development psychopathology: Pathways to the future* (pp. 151-180). Mahwah,NJ:
Erlbaum

Drugli, M. B., & Larsson, B. (2006). Children aged 4-8 years treated with parent training and
child therapy because of conduct problems: Generalisation effects to day-care and
school settings *European Child and Adolescent Psychiatry, 15*, 392-399.

Durlak, J. A., & DuPre, E. P. (2008). Implementation Matters: A Review of Research on the
Influence of Implementation on Program Outcomes and the Factors Affecting
Implementation. *American Journal of Community Psychology, 41*, 327-350.

Eames, C., Daley, D., Hutchings, J., Whitaker, C. J., Bywater, T., Jones, K., & Hughes, J. C.
(2010). The impact of group leaders behaviour on parent acquisition of key
parenting skills during parent training. *Behaviour Research and Therapy, 48*, 1221-
1226.

Egger, H. L., & Angold, A. (2006). Common emotional and behavioral disorders in preschool
children: Presentation, nosology, and epidemiology. *Journal of Child Psychology and
Psychiatry, 47*, 313-337.

Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British
children looked after by local authorities. *British Journal of Psychiatry, 190*, 319-325.

Furlong, M., & McGilloway, S. (2014). The longer term experiences of parent training: A
qualitative analysis. . *Child: care, health and development, 41*(5), 687-696.

Furlong, M., McGilloway, S., & Bywater, T. (2012). Review: group-based behavioural and
cognitive-behavioural parenting interventions are effective and cost-effective for
reducing early-onset child conduct problems *Evidence Based Mental Health*.

Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Donnelly, M. A., Smith, S. M., & O'Neill, C. (2012). Behavioural/cognitive-behavioural group-based parenting interventions for children age 3-12 with early onset conduct problems (Protocol). *Cochrane Database of Systematic Reviews, 15*(2), Art. No.: CD008225. DOI: 008210.001002/14651858.CD14008225.pub14651852.

Gardner, F., Burton, J., & Klimes, I. (2006). Randomized controlled trial of a parenting intervention in the voluntary sector for reducing conduct problems in children: Outcomes and mechanisms of change. *Journal of Child Psychology and Psychiatry, 47*(11), 1123-1132.

Hickey, G., McGilloway, S., Hyland, L., Leckey, Y., Kelly, P., Bywater, T., . . . O'Neill, D. (2014). Exploring the effects of a universal classroom management training program on teacher and child behavior: A group-randomized controlled trial and cost analysis.

Hutchings, J., Bywater, T., & Daley, D. (2007). A pragmatic randomised controlled trial of a parenting intervention in Sure Start services for pre-school children at risk of developming conduct disorder: how and why did it work? *Journal of Children's Services, 2*(2), 4-14

Hutchings, J., Gardner, F., Bywater, T., Daley, D., Whitaker, C., Jones, K., . . . Edwards, R. T. (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomized controlled trial. *British Medical Journal, 334*(7595), 1-7.

Hutchings, J., Griffith, N., Bywater, T., Williams, M. E., & Baker-Henningham, H. (2013). Targeted vs universal provision of support in high-risk communities: comparison of characteristics in two populations recruited to parenting interventions. *Journal of Children's Services, 8*(3), 169-182.

Hutchings, J., Martin-Forbes, P., Daley, D., & Williams, M. E. (2013). A randomized controlled trial of the impact of a teacher classroom management program on the classroom behavior of chldren with and without behavior problems. *Journal of School Psychology*. Retrieved from

Incredible Years Parent Program [information on a webpage], retrieved from http://incredibleyears.com/programs/parent/

Incredible Years Program Implementation [information on webpage] retrieved from

      http://incredibleyears.com/programs/implementation/.

Jaffee, S. R., Caspi, A., Moffitt, T. E., & Taylor, A. (2004). Physical maltreatment victim to

      antisocial child: Evidence of environmentally mediated process. *Journal of Abnormal*

      Psychology, 113, 44-55.

Kazdin, A. E., & Weisz, J. R. (2010). *Evidence-based p sychotherapies for children and*

      adolescents, 2nd edition. New York: Guilford Publications.

Knutson, J. F., DeGarmo, D., Koeppl, G., & Reid, J. B. (2005). Care neglect, supervisory neglect

      and harsh parenting in the development of children's aggression: A replication and

      extension. *Child Maltreatment, 10*, 92-107.

Larsson, B., Fossum, B., Clifford, G., Drugli, M., Handegard, B., & Morch, W. (2009).

      Treatment of oppositional defiant and conduct problems in young Norwegian

      children: Results of a randomized trial. *European Child Adolescent Psychiatry, 18*(1),

      42-52.

Linares, L. O., Montalto, D., MinMin, L., & S., V. (2006). A Promising Parent Intervention in

      Foster Care. *Journal of Consulting and Clinical Psychology, 74*(1), 32-41.

Little, M., Berry, V., Morpeth, L., Blower, S., Axford, N., Taylor, R., . . . Tobin, K. (2012). The

      impact of three evidence-based programmes delivered in public systems in

      Birmingham, UK *International Journal of Conflict and Violence, 6*(2), 260-272.

Marmott, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, J., & Geddes, I. (2010). Fair

      Society Healthy Lives. *VSSP Policy Briefing*.

McGilloway, S. et al., (2015). An evaluation of a wraparound intervention for families whose children

      are at risk of abuse and/or neglect. Retrieved from http://www.isrctn.com/ISRCTN13644600

McGilloway, S., Mhaille, N., G., Bywater, T., Leckey, Y., Kelly, P., Furlong, M., . . . Donnelly, M.

      (2014). Reducing child conduct disordered behaviour and improving parent mental

      health in disadvantaged families: A 12-month follow-up and cost analysis of a

      parenting intervention. *European Child and Adolscent Psychiatry, 23*(9), 783-794.

McGilloway, S., Ni Mhaille, G., Bywater, T., Furlong, M., Leckey, Y., Kelly, P., . . . Donnelly, M.

      (2012). A Parenting Intervention for Childhood Behavioral Problems: A Randomized

Controlled Trial in Disadvantaged Community-based Settings *Jounal of Consulting and Clinical Psychology, 80*(1), 116-127.

McGilloway, S., Ni Mhaille, G., Bywater, T., Leckey, Y., Kelly, P., Furlong, M., . . . Donnelly, M. A. (2012). Parenting intervention for childhood behavioral problems: a randomised controlled trial in disadvantaged community-based settings. *Journal of Consulting and Clinical Psychology, 80*(1), 116-127.

Menting, A. T. A., Orobio de Castro, B., & Matthys, W. (2013). Effectiveness of the Incredible Years Parent Training to Modify Disruptive and Prosocial Child Behavior:A Meta-Analytic Review. *Clinical Psychology Review, 33*(8), 901-913.

Patterson, G. R., & Fisher, P. A. (2002). Recent developments in our understanding of parenting: bidirectional effects, causal models, and search for parsimony. In M. H. Bornstein (Ed.), *Handbook of Parenting: Practical Issues in Parenting, Vol 5* (pp. 59-88). Mahwah, NJ: Erlbaum.

Perrin, E. C., Sheldrick, R. C., McMenamy, J. M., Henson, B. S., & Carter, A. S. (2014). Improving parenting skills for families of young children in pediatric settings: a randomized clinical trial. *Journal of American Medical Association Pediatrics, 168*(1), 16-24.

Piaget, J., & Inhelder, B. (1962). *The Psychology of the Child*. New York Basic Books.

Pidano, A. E., & Allen, A. R. (2015). The Incredible Years Series: A review of the independent research base. *Journal of Child Family Studies, 24*, 1898-1916.

Pontoppidan, M. (2015). The effectiveness of the Incredible Years Parents and Babies Program as a universal prevention intervention for parents of infants in Denmark: study protocol for a pilot randomized controlled trial. *Trials, 16*(386).

Raaijmakers, M., Posthumus, J. A., Maassen, G. H., Van Hout, B., Van Engeland, H., & Matthys, W. (2008). *The evaluation of a preventive intervention for 4-year-old children at risk for Disruptive Behavior Disorders: Effects on parenting practices and child behavior* (Dissertation), University of Medical Center Utrecht, Utrecht.

Reid, M. J., Webster-Stratton, C., & Beauchaine, T. P. (2001). Parent training in Head Start: A comparison of program response among African American, Asian American, Caucasian, and Hispanic mothers. *Prevention Science, 2*(4), 209-227.

Reid, M. J., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a classroom social
    competence and problem-solving curriculum by offering parent training to families
    of moderate-to-high-risk elementary school children. *Journal of Clinical Child and
    Adolescent Psychology, 36*(5), 605-620.

Reinke, W. M., Stormont, M., Herman, K., Wang, Z., Newcomer, L., & King, K. (2014). Use of
    Coaching and Behavior Support Planning for Students with Disruptive Behavior
    Within a Universal Classroom Management Program. *Journal of Emotional and
    Behavioral Disorders, 22*(2), 74-82.

Reinke, W. M., Stormont, M., Webster-Stratton, C., Newcomer, L., & Herman, K. (2012). The
    Incredible Years Teacher Training: Using Coaching to Support Generalization to Real
    World Settings *Psychology in Schools, 49*(2), 416-428.

Scott, S., Briskman, J., & O'Connor, T. G. (2014). Early Prevention of Antisocial Personality:
    Long-Term Follow-up of Two Randomized Controlled Trials Comparing Indicated
    and Selective Approaches *American Journal of Psychiatry, 171*(6), 649-657.

Scott, S., Spender, Q., Doolan, M., Jacobs, B., & Aspland, H. (2001). Multicentre controlled
    trial of parenting groups for child antisocial behaviour in clinical practice. *British
    Medical Journal, 323*(28), 1-5.

Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C., & Landau, S. (2010). Randomized
    controlled trial of parent groups for child antisocial behavior targeting multiple risk
    factors: the SPOKES project. *The Journal of Child Psychology and Psychiatry, 51*(1),
    48-57.

 The Incredible Years Parents, Teachers, and Children Training Series: Program Content, Methods,
    Research and Dissemination, 1980–2011 [information on webpage]. Retrieved from
    http://incredibleyears.com/books/iy-training-series-book/.

Webster-Stratton, C. (2012a). *Blueprints for Violence Prevention, Book Eleven: The Incredible
    Years - Parent, Teacher, and Child Training Series*. Seattle, WA Incredible Years.

Webster-Stratton, C. (2012b). *Collaborating with Parents to Reduce Children's Behavior
    Problems:A Book for Therapists Using the Incredible Years Programs* Seattle, WA
    Incredible Years Inc.

Webster-Stratton, C. (2012c). *Incredible Teachers: Nurturing Children's Social, Emotional,
    and Academic Competence*. Seattle: Incredible Years Inc.

Webster-Stratton, C. (2016). The Incredible Years Series: A Developmental Approach In M. J. Van Ryzin, Kumpfer, K., Fosco, G. M. & Greenberg, M. T. (Ed.), *Family-Based Prevention Programs for Children and Adolescents: Theory, Research and Large-Scale Dissemination* (pp. 42-67). New York Psychology Press.

Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology, 65*(1), 93-109.

Webster-Stratton, C., & Hammond, M. (1998). Conduct problems and level of social competence in Head Start children: Prevalence, pervasiveness and associated risk factors. *Clinical Child Psychology and Family Psychology Review, 1*(2), 101-124.

Webster-Stratton, C., & Herman, K. C. (2010). Disseminating Incredible Years Series Early Intervention Programs: Integrating and Sustaining Services Between School and Home *Psychology in Schools, 47*(1), 36-54.

Webster-Stratton, C., & McCoy, K. P. (2015). Bringing The Incredible Years programs to scale. In K. P. McCoy & A. Dianna (Eds.), *The science and art, of program dissemination: Strategies, successes, and challenges. New Directions for Child and Adolescent Development* (Vol. 149, pp. 81-95).

Webster-Stratton, C., Reid, J. M., & Marsenich, L. (2014). Improving Therapist Fidelity During Implementation of Evidence-Based Practices: Incredible Years Program. *Psychiatric Services*.

Webster-Stratton, C., & Reid, M. J. (2003). Treating conduct problems and strengthening social emotional competence in young children (ages 4-8 years): The Dina Dinosaur treatment program. *Journal of Emotional and Behavioral Disorders, 11*(3), 130-143.

Webster-Stratton, C., & Reid, M. J. (2004). Strengthening social and emotional competence in young children—The foundation for early school readiness and success: Incredible Years Classroom Social Skills and Problem-Solving Curriculum. *Journal of Infants and Young Children, 17*(2), 96-113.

Webster-Stratton, C., & Reid, M. J. (2010). The Incredible Years Parents, Teachers and Children Training Series: A multifaceted treatment approach for young children with conduct problems. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based*

psychotherapies for children and adolescents, 2nd edition (pp. 194-210). New York: Guilford Publications.

Webster-Stratton, C., Reid, M. J., & Beauchaine, T. P. (2011). Combining Parent and Child Training for Young Children with ADHD. *Journal of Clinical Child and Adolescent Psychology, 40*(2), 1-13.

Webster-Stratton, C., Reid, M. J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child Psychology, 30*(3), 283-302.

Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology, 33*(1), 105-124.

Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: Evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. *Journal of Child Psychology and Psychiatry, 49*(5), 471-488.

Webster-Stratton, C., Rinaldi, J., & Reid, J. M. (2010). Long Term Outcomes of the Incredible Years Parenting Program: Predictors of Adolescent Adjustment. *Child and Adolescent Mental Health, 16*(1), 38-46.

What are TWiCs [information on webpage]. Retrieved from https://www.sheffield.ac.uk/scharr/sections/ph/conferences/twics/whataretwics

**Using the Incredible Years Parent Program to Help Parents Promote
Children's Healthy Life Style and Well-Being**

Carolyn Webster-Stratton, Ph.D.
DRAFT March 29, 2018

Introduction

Promoting children's healthy life style habits and nutrition should be an integral part of parenting intervention programs designed for young children. The rate of overweight children has doubled in the past two decades with an estimated 23% of United States preschool-aged children reported as being overweight or obese, with higher rates in lower socioeconomic groups (Ogden, Carroll, Kit, & Flegal, 2014). Research indicates that childhood obesity leads to higher risk for other chronic health conditions such as dental caries, asthma, sleep apnea, hypertension, cardiac disease, diabetes, cancer and depression. Furthermore, children with obesity are often bullied, teased and discriminated against more than normal weight peers, leading to social isolation and lower self-esteem. Children with obesity are more likely to be obese as adults, resulting in lifelong physical and mental health problems.

On the other hand, 2016 reports estimated that 13 million children (18%) in the United States experienced hunger and food insecurity, that is, lacking access to sufficient quantity of affordable nutritious food (Service, 2000). However, it should be noted that the majority of people (58%) who are food insecure do not live in poverty and the majority of people who live in poverty (61%) are food secure. Chronic undernourishment regardless of socioeconomic status can have adverse outcomes on children's cognitive development, school performance, language development, and result in higher rates of illness, school absence, and academic underachievement (Hinton, Heimindinger, & Foerster, 1990). The stress of hunger, undernutrition and food insecurity can result in children being irritable, having difficulty concentrating and learning and limit their physical activity. Even skipping breakfast has been shown to adversely affect children's performance in school (Pollitt, 1995).

Refugee children are at high risk for poor health, growth, and development and often arrive in the US with either under or over nutrition. A recent study in Washington State with 1047 refugee children from Somalia, Ira, and Burma were compared with low income children in Washington. Overall, showed that nearly one-half of all refugee children had at least one form of malnutrition (44.9%). Refugee children ages 0-10 years were affected by wasting (17.3%), stunting (20.1%) overweight (7.6%) and obesity (5.9%). Refugee children less than 2 years of age in the US were reported to have higher obesity rates than their low-income non-refugee US counterparts (Dawson-Hahn et al., 2016). After refugees resettle, there is an increasing prevalence of obesity, particularly for older refugee children.

It is well established that parents have a critical influence on the development of positive health habits and childhood development (Golan, 2006). Parents influence the food and physical activities of their children through their own modeling of eating behavior and physical activities, attitudes, parenting styles, and child feeding practices (Birch & Davison, 2001; Moore et al., 1991). Adverse family experiences (AFEs) such as those stressors experienced by refugee families and those living in poverty can negatively impact parenting around feeding and development of healthy life habits (Shonkoff & Garner, 2012). However, despite the large number of evidence-based parenting programs available, very few have measured their outcomes in terms of promoting children's life style changes such as healthy eating patterns, or increased physical activity, or assessed whether these improvements in parenting stress and more positive parenting lead to a reduction in childhood obesity, malnutrition or improvements in physical health, academic potential and overall well-being.

The Incredible Years (IY) Series of prevention and treatment parenting programs (toddler, preschool and school-age) were designed for young children ages 1-12 years. The IY series have had decades of multiple randomized control group trials by the developer and independent investigators from many countries assessing the programs transportability to different cultural groups (Gardner, Montgomery, & Knerr, 2015; Menting, Orobio de Castro, & Matthys, 2013; Webster-Stratton, 2009). Results with selective and indicated interventions for high risk economically disadvantaged families and families that have been referred for abuse and neglect have indicated significant reductions in children's behavior problems and increases in social and emotional skills and school readiness skills according to both parents and teachers reports and observations. Program outcomes also show reduced parent stress, improved positive parent-child relationships, and more positive behavioral management strategies (Gardner et al., 2015; Scott, Briskman, & O'Connor, 2014; Webster-Stratton & Bywater, in press). Of importance is that the parent and child outcomes have not been shown to differ across families with different socioeconomic and ethnic backgrounds (Leijten, Raaijmakers, Orobio de Castro, Ban, & Matthys, 2017). The IY program delivery is non-didactic, trauma-informed, and utilizes a multi-cultural collaborative approach by encouraging parents' own solutions to problems that acknowledge their personal and cultural norms and promotes their connection to cultural identity (Webster-Stratton, 2009, 2012, 2017). The cultural sensitive character of the IY program methods and processes suggests it may be effective for refugee families from different backgrounds although this has not been specifically studied.

Two studies have examined the IY Preschool Program's potential for influencing health outcomes for children. The first study (Brotman et al., 2012) to consider the possible health effects of the Incredible Years (IY) Parent and Child treatment programs followed up 186 minority, at risk preadolescent youth 5-6 years after completing the IY program. The original study goals were to promote effective parenting and prevent behavior problems during early childhood for high risk children but did not focus on physical health outcomes. At follow-up, health outcome measures were collected during a physical exam. Youth who received the treatment had significantly lower rates of obesity, determined by body mass index (BMI) at follow-up compared to controls. There were also significant differences in treatment children's physical and sedentary activity, blood pressure, and diet. This study suggested that effective

parenting and preventing behavior problems early in children's life may contribute to reduction of obesity and health disparities during the preadolescent period.

In a more recent study (Lumeng et al., 2017) Head Start families were randomly assigned to 3 conditions: (1) Head Start (HS) plus Obesity Prevention Series (POPS) plus Incredible Years (IYS); (2) HS+Pops, or (3) HS. The IYS condition consisted of both training in the IY Parent Program as well as the IY Teacher Classroom Management Program. Results indicated that the combined HS+POPS+IYS had improved teacher reports of children's self-regulation compared with HS+POPS and HS, but there was no effect on the prevalence of obesity post intervention for the two combined interventions compared with HS alone. No effect on other outcomes was found except for sugar-sweetened beverage intake which showed a greater decline for the HS+POPS+IYS combined condition than in HS condition. Unfortunately, in this study parent attrition was high, attendance in the parent groups was low, and at this time, no longer term outcomes have been collected.

The findings from these two studies are contradictory in terms of their conclusions about whether the IY intervention is an effective prevention program for promoting healthy behaviors or obesity prevention.   Both studies showed intervention effects on the child behavioral outcomes that are typically targets of this intervention: enhanced self-regulation and reductions in conduct problems. This indicates that the intervention was successful at promoting change in some areas. It is interesting that the Brotman study, that was not targeting obesity as an outcome, found these obesity results at follow up, while the Lunmeng study, which added an additional obesity intervention, found no effects on obesity related behaviors. Possible explanations for this may be found in the timing of the measurement point or in the dose of intervention. The Brotman study (Brotman et al., 2012), which offered 22 sessions, had high rates of parent and child participation during the intervention phase and health outcomes were measured 5 years after intervention. If these effects are attributable to the intervention, perhaps parents changed overall parenting behaviors that, overtime, contributed to their children's longer term nutritional health. Although the Lunmeng study targeted this kind of health behavior, parent participation in the intervention was low and the impact on effective parenting behaviors was not measured. The positive child outcomes related to self-regulation may have been a result of the teacher portion of the intervention, rather than the parent intervention. It could be hypothesized that in order for children's health behavior to be impacted, parents would need to make meaningful changes at home. In addition, perhaps the assessment interval, which immediately followed intervention, was too short to show any meaningful outcomes. Further research is clearly needed to assess whether the healthy life style findings in the Brotman study using the Incredible Years Parent and Child programs can be replicated with other families.   If the IY parent programs do have longer term healthy life style effects, the mechanisms for these results should be explored and evaluated.

IY Focus on Promoting a Healthy Life Style and Child Well-Being

The IY programs were not developed to be exclusively focused on obesity prevention, nutrition or the importance of exercise, or healthy life style habits. Instead they were designed to be led

in a multi-cultural, collaborative way, with group leaders taking cues from parents about their goals for themselves and their children. Parents come to the groups with a variety of goals for themselves and their children, and there are many etiologies for children's behavior problems including temperament, ADHD or other developmental delays, parenting styles, and traumatic or stressful live events or environments. Discussions in the parenting groups often focus on children's challenging temperaments or traumatic life experiences and how parents can help their children communicate about their feelings and problems as well as how to manage parental emotions and affect, improve their communication and listening skills, and build their family support systems (Webster-Stratton, 2017). When parents bring up concerns about eating habits and health or physical exercise issues, then there are many possibilities for the IY group leader to facilitate discussion of parent strategies to promote children's healthy behavior habits. However, given the serious problem of malnutrition and obesity in youth today, it seems prudent for IY group leaders to be proactive about bringing up these discussions on healthy eating habits and life styles and weave them through the IY parenting sessions, whether or not families have identified nutrition or health care habits as their primary problem. Moreover, improvements in healthy eating and exercise can also contribute to positive mental health and a reduction of behavior problems.

In the program materials, there are a number of ways that the topics of healthy eating and life style can be covered. For example, the program contains video vignettes showing family meal times that can be used to stimulate discussions about healthy eating habits. There are also vignettes about tooth brushing and bedtime routines which can be used to elicit discussions of establishing predictable health habits and rules about the importance of regular dental care and adequate sleep and bedtime routines. Vignettes showing parents playing Frisbee, soccer or biking with their children can be used to promote discussion of the value of increased physical activity. Other vignettes lead to discussions of reduced screen time, predictable meal routines, and household rules regarding healthy food choices and snacks, dental care and appropriate bedtime. Aspects of the IY basic parenting programs that promote children's healthy life style, food habits and obesity prevention and can be highlighted throughout all four parts of the basic toddler, preschool and school age IY parent programs. The remainder of this document outlines some ways that group leaders can integrate healthy life style principles into their parent group discussions. See Table 1 for list of some of the vignettes that can be used to promote healthy life-styles as well as questions that group leaders can ask to stimulate discussion and generation of key principles.

IY Program One Part 1: Child-Directed Play Promotes Positive Relationships & Physical Activity.

This program teaches parents about the importance of child-directed play for building positive parent-child attachment as well as facilitating the child's self-esteem and sense of wellbeing. During this program parents learn about the "modeling" principle; that is that children will imitate what their parents do and that this is a powerful way to teach children healthy behaviors and social interactions. Parents learn about the value of physical play as well as manipulative and exploratory play, social play, and symbolic or pretend play for promoting

children's physical and mental health and ability to problem solve. Parents are encouraged to follow their child's lead in play and do activities their children are interested in in order to promote their positive relationship. While there are many vignettes of parents and children playing with Legos, blocks, playdough, games or puzzles, doing art projects together, or engaging in pretend play, there are also some vignettes showing outside physical activities. It is noteworthy that fathers are targeted as well as mothers for modeling healthy life style habits for there is research evidence showing the positive health benefits for children whose fathers model physical activity and healthy eating habits (Morgan et al., 2011). When showing vignettes in Program 1, Part 1, the group leader can emphasize the importance of child-directed play that involves some physical activities such as playing ball, soccer or Frisbee, going to the park, hiking, and biking together. Group leaders help parents understand how physical exercise can improve their children's fitness, self-esteem and strengthen their cardiovascular system as well as their relationship. The group leader can ask parents questions to prompt parents' understanding and reflection about the importance of physical exercise for their child's physical and mental health.

Some basic principles or key ideas group leaders can help parents to discover in this discussion of the vignettes include:

• *Children need daily physical activity for 20-30 minutes. Special time activities that can promote activity need to child-led and can include: playing tag or Frisbee, jumping rope, swimming, dancing, playing soccer or taking a walk together.*

• *One of the most powerful ways your children learn to be healthy is by observing you. Therefore, model being physically active yourself and encourage your child to join you. Be involved in making exercise and fitness an integral part of your family's way of life.*

IY Program One Part 3: Social and Emotional Coaching Promotes Healthy Eating Habits and Positive Family Meals.

This program helps parents teach children social skills, emotional literacy, and beginning self-regulation skills. Vignettes include peer and sibling interactions so that parents learn how to prompt and coach social skills such as sharing, trading, taking turns and waiting so that they can make good friends. Emotion coaching is taught to help children learn emotional literacy and how to express their emotions in nonviolent and appropriate ways. Identifying problem feelings and using feeling vocabulary is an important precursor to self-regulation, ability to problem solve and reduction of behavior problems. Clearly child health and wellbeing is influenced by multiple combining factors such as physical, social, behavioral, emotional and environmental ~ all of which can impact on early childhood physical development. Vignettes in this program can be used to continue the discussion about increasing children's physical activity and also include vignettes that can be used to discuss reducing screen time. For vignettes in this program the group leaders help parents understand how these physical activities promote their children's healthy lifestyle habits, social and cooperative interactions, and emotional regulation skills when playing with their peers and family members.

Two principles about screen time that parents may develop from these discussions include:

• Limit your child's "screen time" (TV, video games, Internet) to no more than 1 hour a day. Avoid screen time for children under 2 years of age.

• When your children watch TV, watch with them so you can use this as an opportunity to talk about unhealthy foods being advertised or to discuss good sportsmanship when watching sports and the value of being a good team player both socially and physically.

Vignettes in Program One Part 3 provide an opportunity for parents to discuss family meal times and the healthy eating patterns that children learn during these times. By asking open-ended questions about food preparation and choices provided by different cultures, mealtime expectations for children, and children's involvement in grocery shopping, the group leader helps parents understand how using these social and emotion coaching methods during mealtimes can promote meals that are a fun relaxed time when children are not forced to eat, or required to have clean plates, but are provided with healthy food choices. Parents will discover that children are more likely to try a new food in a quiet, calm mealtime.

Some possible principles group leaders can help parents discover from these vignettes are:

• At mealtimes provide plenty of vegetables, fruits and whole grain products; serve reasonable child-sized portions, encourage water drinking and limit sugar-sweetened beverages. Include low fat or non-fat milk or dairy products. Avoid foods high in trans fats and/or saturated fats. Check out the latest published Dietary Guideline recommendations made by major health promotion organizations.

• Involve your children in meal preparation so they have some control over this process and you can teach them about healthy food choices.

• Providing a calm, reassuring atmosphere at meal and snack times leads to healthy eating and a sense of well-being and happiness.

• 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.

• Have predictable family meals together each day where you have time to talk and enjoy the meal together. Give your children healthy choices of foods to eat.

•Make dinner a no screen time for everyone in the family.

•Allow children to eat to their own fullness without pressure to overeat.

IY Program Two Part 1: The Art of Effective Praise and Encouragement to Promote Children's Healthy Life Style Habits and Sense of Well-Being

 In this program parents learn about effective ways to praise and encourage their children's positive social and emotional behaviors and promote their healthy lifestyle and food choices. Parents start by making a list of behaviors they want to see more of and learn the importance of both modeling positive social behaviors themselves as well as providing encouragement, labeled praise and positive attention whenever these social behaviors occur in their children. Mealtimes are frequently a source of frustration for parents and too often the child's lack of interest in eating turns into a power struggle. Sometimes parents worry that poor eating habits will lead to illness, malnutrition, weight loss and life-long problems. Or, sometimes parents have worked hard to prepare a nutritious meal and are offended and angry or feel unloved when their children seem ungrateful and won't eat or even try the food. These situations can result in parents pleading, criticizing, threatening or punishing children for not eating. Unfortunately, children may learn that this is a way of controlling, or getting even with, or getting attention from their parents and eating becomes a battle of wills leading to under or over eating or stressful feelings about mealtimes.

By showing vignettes of family mealtimes, group leaders help parents to relax, disengage from the power struggle, and to control their own emotional responses. Group leaders explore with parents why they are worried about their children's nutrition or health, whether there are financial difficulties and whether there is any real danger of malnutrition or overeating, or whether their child's behavior triggers a difficult memory of their own uncomfortable childhood mealtime experiences. The goal is to identify and address barriers to good nutrition and help parents identify and encourage developmentally appropriate mealtime behaviors for their children and provide healthy food choices in order to create a mealtime atmosphere that is calm without negative reactivity, behavior problems or pressure from parents to eat. Parents learn to be realistic about children's appetite variations as well as about how long they can sit at the table, or their ability to control how much children will eat. Through viewing and discussing the vignettes, they learn that parental nagging is actually reinforcing the eating problem. Instead parents use the attention principle to ignore their child's fussiness and misbehavior, while praising and attending to their children's positive meal behaviors. Sometimes children will drag out mealtimes by eating slowly, complaining, and playing with their food. In this case group leaders help parents determine a reasonable amount of time for a child to finish eating and to avoid pleading or nagging if they don't eat. This time-limited approach is especially useful for children who find it hard to remain seated at the table throughout a meal. For picky eaters, parents learn to offer an alternative healthy choice of food that the child likes which gives the child a face-saving way out of conflict. For economic barriers group leaders can link families to local services for Supplemental Nutrition Assistance Program (SNAP or WIC) and coordinate care with community partners.

Several vignettes in this program about tooth brushing and difficulties with teeth flossing also help parents think about how poor dietary habits, especially high sugar foods and poor dental care habits that can lead to painful dental caries. Through discussion of these dental care

vignettes parents learn about using praise and rewards to increase their child's cooperation with teeth flossing and tooth brushing and the importance of developing predictable habits around dental care.

This program also helps parents think about the critical messages that children may be receiving. Parent watch vignettes where other parents are critical of their children's efforts to wash their hands and wash the dishes or the way they are eating. The group leader helps parents think about the impact of critical messages on children's behavior and self-esteem, including behaviors around mealtime manners or eating habits or efforts to help at mealtimes. Parents learn to give positive attention to what their children are doing well at the dinner table rather than give attention to their misbehavior. All of the vignettes about food preparation, hand washing, table manners and table clean up are shown with a goal to make food and eating times a fun, cooperative time for everyone. The social and emotional coaching methods that the parents learn help to scaffold this as a happy time together.

Two principles that a group leader can help parents discover with these vignettes include:

• *Set up predictable routines to encourage healthy habits such as washing hands before meals, helping with dinner serving and cleaning up, and brushing and flossing teeth after eating. Provide praise and support as your children are learning these habits.*

• *Ignore mealtime behaviors that are irritating such as messing with food, using fingers to eat, complaining about the taste or refusing to try a new food, and focus on praising what children are doing well, or praising other family members' positive table manners.*

IY Program Two Part 2: Motivating Children through Non-food Incentives.

In this program parents learn about rewarding and motivating children for learning particularly difficult target behaviors such as going to bed at set time and staying in bed at night, flossing teeth, doing homework, getting dressed on time for school, staying by the grocery cart in the store, not interrupting parent while on the phone, taking a bath and toilet training. Parents are encouraged to reward children with nonfood related items such as special stickers, time playing a game or reading together, or going to the park, watching a special movie, or having a special friend overnight. When food is used as a reward, the parent offers choices that involve healthy foods, not junk food such as salted chips, soft drinks or candy. Some parents whose goals are to manage dinner time behavior problems are helped to set up a tangible reward system for specific behaviors such as staying in their dinner seat until the timer rings, talking quietly or finishing eating before the timer rings. It is most effective to reward dinner behaviors *other than eating*. Removing the focus from eating emphasizes that food is not a source of conflict between the parent and child, so that what goes in the child's mouth is his or her own choice, as long as healthy food options are provided.

Some vignettes in this unit show parents offering food as a reward. In some cases, candy is offered and in other cases fruit is the reward. The group leader asks the parents for their

thoughts about using candy as a reward and facilitates a discussion about potential dental problems and obesity if sweets are used frequently. Parents are helped to understand that sugar causes dental decay and that it can be almost addictive, decreasing children's interest in other more nutritious but less exciting foods such as fruits and vegetables. For this discussion the parents are encouraged to explore different healthy options for a food reward, or other types of rewards such as parent play time with parents.

One principle that a group leader can help parents discover with these vignettes includes:

• *Avoid using high sugar or salty snacks and sweetened beverages for use as rewards. When possible use non-food rewards such as positive time with parents.*

IY Program Three Part 1 and 2: Establishing Routines, Household Rules and Effective Limit Setting to Promote Healthy Life Style Habits.

In these two programs parents learn about establishing predictable routines and household rules around family meals and mealtime behavior, TV or screen time, bed time, household chores, morning routines, wearing a helmet, as well as rules for what foods are healthy to eat and what foods are not healthy. The vignettes in this program provide a chance to reinforce themes that have come up in earlier discussions around routines and help families to articulate rules that support a healthy life-style. Parents learn to be thoughtful and positive about the commands that they give their children, and they spend time rewriting their negative commands into positive commands that describe the behavior they want to see rather than the behavior they don't want to see. They practice giving clear, positive and respectful commands. Group leaders help parents know how to follow through with the command and rules.

One principle that a group leader can help parents discover with these vignettes includes:

• *Consistent and clear rules and routines help children feel safe, secure and loved by their children as well as learn a healthy life style.*

IY Program Four Part 1 and 2: Follow Through with Commands and Ignoring Children's Inappropriate Responses

In Program Three parents have established their household rules and routines and have limited their commands to those that are most important and learned to give them in clear, polite ways. Parents learn about the importance of follow through with household rules and commands in order to promote healthy behaviors and wellbeing. Naturally children will attempt to argue about the rule or test the command, or try to talk their parent out of the rule or throw a tantrum to see if they can get what they want. This is quite normal, especially if commands have been inconsistently enforced in the past. During Program Four Parts 1 and 2, parents learn how to ignore misbehavior at mealtimes and give attention for healthy lifestyle habits and ways to build their self-esteem. Parents are encouraged not to lecture or provide a rationale when children dysregulate about the limit being set but to stay calm and avoid giving

this misbehavior their attention. Vignettes in this unit show children pushing limits by arguing, tantruming, fussing, or asking for something that they can't have. The vignettes show parents responding in effective and ineffective ways as they try to set limits around household rules in order to elicit discussion of key behavior management strategies. Parents learn to ignore attention seeking behavior and follow through consistently with rules and limits. Group leaders talk with parents how to stay calm when using the ignoring strategy.

A principle that a group leader can help parents discover with these vignettes include:

• *Children learn from the attention they get for their behaviors. Therefore more positive attention should be given for healthy life style behavior than unhealthy behavior. Even negative attention is reinforcing.*

Group Mealtimes

While parents are participating in these parenting groups, many agencies provide dinners for the whole family before the group begins. It is important that families are provided with healthy food choices such as fruits and vegetables so that group leaders are modeling the very dietary habits that they want the parents to use. Also during these meals, group leaders can model and coach parenting skills that support children's healthy eating habits. Parents can be supported to coach and praise their children's healthy choices during the meal. Essentially the dinner times can be an opportunity for parents to practice the skills they are learning in the parenting groups and receive positive feedback from the group leaders.

Summary

The IY Parent Program delivery is based on an approach that is not didactic or prescriptive but rather a collaborative, training process that is active or experiential, self-reflective and built on a reciprocal relationship that utilizes equally the group leader's knowledge and the parent's knowledge, strengths and cultural perspectives. Collaboration implies that parents actively participate in goals for themselves and their children that includes making lists of target behaviors they want to increase or decrease. Some parents may have goals related to reducing mealtime behavior problems or problem food choices while others may be concerned about their children's defiance, sleep problems, TV or screen time addiction, toilet training or tooth brushing issues, fears and anxiety, hyperactivity or dawdling. This document and the table provide some examples of open-ended questions the group leader can use when mediating video vignettes to encourage parents' ideas, reflections and problem solving about life style habits. The group leader listens reflectively, and affirms positive steps parents have taken to understand and make changes. From the parents' discussions the group leader pulls out key "principles" of behavior management, relationship building and ways to promote healthy lifestyle habits and a child's sense of wellbeing. This collaborative group training approach has been shown to be more likely to increase parent's confidence and self-efficacy in regard to their belief they can change their own and their children's behaviors than a didactic teaching approach. Moreover, the group discussions allow parents to share and problem-solve with

each other which serves as a powerful source of support as they realize they are not alone with their problems and that many of their parenting problems are typical, regardless of their cultural background.

The collaborative approach allows for group leaders to "tailor" the program to the specific goals of the parents as well as to the particular family cultural backgrounds and experiences as well as the particular developmental stage and temperament of the child. Once parents learn the "principles" of behavior management in the Incredible Years Program the group leader helps them apply these principles to their specific goals be it promoting their children's healthy eating or sleep habits, or table manners, or physical activities, or reducing sibling rivalry and aggressive behavior. There have been many randomized control group studies showing the effects of the IY program in terms of promoting positive parenting and attachment relationships, strengthening children's social competence and emotional regulation and reducing behavior problems. However, there has been very little research assessing the impact of this program for promoting healthy eating and exercise lifestyle habits, and preventing obesity or malnutrition.

The purpose of this paper was to highlight some of the vignettes in the Incredible Years Preschool Program that are relevant for stimulating discussions about healthy life style habits and obesity prevention. A similar approach can be taken with the IY Toddler and School Age programs. These discussions relate to the goals of helping parents encourage children's healthy eating of fruits and vegetables, reducing sugar-sweetened beverages and high fat or high sugar snacks, reducing screen time, developing predictable dental care routines, increasing physical activity and promoting children's involvement in food planning, shopping and preparing meals and having relaxed and fun family meals. The vignettes and questions listed in Table 1 can be helpful in promoting these discussions. However, the overall program effectiveness will depend on the group leaders' ability to weave these health-related discussions into broader discussions about all the other social, emotional, and behavioral content that is outlined in the leader manual, and to overall, be responsive and respectful of the goals and cultural norms of parents in the group. These discussions about healthy eating and healthy life style habits are one small part of a more comprehensive goal to help reduce family stress, build support systems and develop stronger parent relationships with their children in order to promote children's self-esteem and sense of wellbeing, to learn how to use more positive and effective parent management strategies, and to manage misbehavior in a consistent and calm way. These parenting skills are foundational to children's emotional and behavioral outcomes.

Interestingly, it has been theorized that parents' poor emotional and behavioral regulation, negativity, and failure to set limits on children's screen time is linked to obesity risk, so it could be theorized that the IY program's effects in promoting more effective parenting and reducing behavior problems may have an ancillary effect for reducing obesity in later years and promoting lifelong health and wellbeing (Anzman-Frasca, Stifter, & Birch, 2012; Thamotharan, Lange, Zale, Huffhines, & Fields, 2013). Additionally, family stress due to poverty and adverse life experiences may negatively impact parenting around feeding and create food insecurity on the part of children. Helping parents develop positive support networks, reduce stress and

manage life stressors may be the key change agent for them to make positive parenting and life style changes. Nonetheless, there are multiple risk factors within the poverty pathway and additional economic solutions are also needed in order for low-income and refugee families to have access to inexpensive healthy food. Further research is clearly needed to assess the effects of Incredible Years parent programs on children's longer term healthy life style effects and the mechanisms involved in bringing about change. While child health and wellbeing is clearly influenced by multiple social, emotional and cultural factors, the potential to influence future child healthy lifestyles as well as social, emotional and academic outcomes via early intervention parent programs is clearly needed.

Refrigerator Notes
About Promoting a Healthy Lifestyle

• 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, biking 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.

References

Anzman-Frasca, S., Stifter, C. A., & Birch, L. L. (2012). Temperament and childhood obesity risk: a review of the literature. *Journal of Developmental and Behavioral Pediatrics, 33*(9), 732-745.

Birch, L. L., & Davison, K. K. (2001). Family environmental factors influencing teh developing behavioral controls of food intake and childhood overweight. *Pediatric Clinics of North America, 48*, 893-907.

Brotman, L. M., Dawson-McClure, S., Huang, K., Theise, R., Kamboukos, D., Wang, J. J., . . . Ogedegbe, G. (2012). Early Childhood Family Intervention and Long-term Obesity Prevention Among High-risk Minority Youth *Pediatrics, 129*(3).

Dawson-Hahn, E. E., Pak-Gorstein, S., Matheson, J., Zhou, C., Yun, K., Scott, K., . . . Mendoza, J. A. (2016). Growth Trajectories of Refugee and Nonrefugee Children in the United States *Pediatrics, 138*(6).

Gardner, F., Montgomery, P., & Knerr, W. (2015). Transporting Evidence-Based Parenting Programs for Child Problem Behavior (Age 3-10) Between Countries: Systematic Review and Meta-Analysis *Journal of Clinical Child and Adolescent Psychology, 53*, 1-14.

Golan, M. (2006). Parents as agents of change in childhood obesity- from research to practice. *International Journal of Pediatric Obesity, 1*, 66-76.

Hinton, A. W., Heimindinger, J., & Foerster, S. B. (1990). Position of the American Dietetic Association: domesic hunger adn inadequate access to food. *Journal of American Dietetic Association, 90*(10), 1437-1441.

Leijten, P., Raaijmakers, M. A. J., Orobio de Castro, B., Ban, E., & Matthys, W. (2017). Effectiveness of the Incredible Years Parenting Program for Families with Socioeconomically Disadvantaged and Ethnic Minority Backgrounds. *Journal of Clinical Child and Adolescent Psychology, 46*(1), 59-73.

Lumeng, J. C., Miller, A., Horodynski, M., Brophy-Herb, H., Contreras, D., Lee, H., . . . peterson, K. E. (2017). Improving Self-regulation for Obesity Prevention in Head Start: A Randomized Controlled Trial *Pediatrics, 139*(5).

Menting, A. T. A., Orobio de Castro, B., & Matthys, W. (2013). Effectiveness of the Incredible Years Parent Training to Modify Disruptive and Prosocial Child Behavior: A Meta-Analytic Review. *Clinical Psychology Review, 33*(8), 901-913.

Moore, L. L., Lombardi, D. A., White, M. J., Campbell, J. L., Oliveria, S. A., & Ellison, R. C. (1991). Influence of paernts' physical activity levels on activity levels of young children. *Journal of Pediatrics, 118*, 215-219.

Morgan, P. J., Lubans, D. R., Callister, R., Okely, A. D., Burrows, T. L., Fletcher, R., & Collins, C. E. (2011). The Healthy Dads, Health Kids' randomized controlled trial: efficacy of a healthy lifestyle program for overweight fathers and their children. *International Journal of Obesity, 35*, 436-447.

Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011-2012. *Journal of Amercian Medical Association, 311*(8), 806-814.

Pollitt, E. (1995). Does breakfast make a difference in school? *Journal of American Dietetic Association, 95*(10), 1134-1139.

Scott, S., Briskman, J., & O'Connor, T. G. (2014). Early Prevention of Antisocial Personality: Long-Term Follow-up of Two Randomized Controlled Trials Comparing Indicated and Selective Approaches *American Journal of Psychiatry, 171*(6), 649-657.

Service, P. H. (2000). *Healthy people 2000: national health promotion and disease prevention objectives. Full report with commentary*. Retrieved from Washington, DC: US Department of Health and Human Services, Public Health Service, 1991:

Shonkoff, J. P., & Garner, A. S. (2012). The Committee on Psychosocial Aspects of Child and Family Health. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*, 232-246.

Thamotharan, S., Lange, K., Zale, E. L., Huffhines, L., & Fields, S. (2013). The role of impulsivity in pediatric obesity and weight status: a meta-analytic review. *Clinical Psychology Review, 33*(2), 253-262.

Webster-Stratton, C. (2009). Affirming Diversity: Multi-Cultural Collaboration to Deliver the Incredible Years Parent Programs *The International Journal of Child Health and Human Development, 2*(1), 17-32.

Webster-Stratton, C. (2012). *Collaborating with Parents to Reduce Children's Behavior Problems:A Book for Therapists Using the Incredible Years Programs* Seattle, WA Incredible Years Inc.

Webster-Stratton, C. (2017). Trauma-informed Incredible Years approaches to help children exposed to adverse childhood experiences (ACEs).

Webster-Stratton, C., & Bywater, T. (in press). The Incredible Years Series: An internationally Evidence-based Multi-model Approach to Enhancing Child Outcomes. In B. Fiese (Ed.), *APA Handbook of Contemporary Family Psychology*.

	Vignette Number	Description of Vignette	Sample Questions to Promote Health Behaviors
Program 1 Part 1		**Child-Directed Play Promotes Positive Relationships & Physical Activity**	What is the value of doing physical activity with your child? Does your child understand the importance of physical exercise?
	25	Father and son playing Frisbee	What are you modeling for your child when you engage in physical activities yourself?
	26	Mother and daughters dancing outside	Why is this important?
Program 1 Part 3		**Social and Emotional Coaching Promotes Healthy Eating Habits and Positive Family Meals**	How often do your children do a physical activity in a day or a week?
	5	Father with children outside on bicycles	What is the ratio of your child's physical activities versus his or her sedentary activity?"
	8	Mother playing video game with daughter	How much time do your children spend watching TV?" How much time do you watch TV?"
	9	Children playing ball outside with parents	Is your child involved in any physical team sports?"
	12	Children building fort in living room with dad	How can you promote more physical activities in your child's regular routine?
	20	Playing ball	
	14	Family breakfast preparation	What is the value of having children involved in meal preparation?
	15	Family breakfast preparation	What do children learn about healthy eating and food choices when they cook or shop with you?
	17	Grocery shopping	What healthy food choices do you provide at meal times?
	18	Cooking with parents	How much time do you have for breakfasts?
	19	Cooking with parents	How can you involve your children in making healthy food choices? When the boy in the video vignettes wanted a snack, what does he learn when his mother offers him blueberries for his snack? How do you manage snack time at your house? What is the value of offering a regular snack time? How can you promote healthy mealtime habits? Why are children more likely to try a new food in a quiet, calm setting? How much sugar does your child have each day? How might you set limits on when these children can have the cookies they are making in this vignette?

Program 1, Part 1	**Praise and Encouragement to Promote Children's Healthy Life Style Habits and Sense of Well Being**		
	1	3 year old leaving table to go to the bathroom	What routines to you have around mealtimes? Why was it necessary for this father to supervise his son's handwashing?
	2	Helping with dinner prep	How long to you expect a 3-year old to sit at the table for dinner? A 5-year old?
	3	Dinner conversation	What behaviors do you praise at dinner time?
	5	Washing hands before dinner	What do you teach your children about teeth brushing and flossing?
	7	Teeth flossing	When do your children brush their teeth each day?
	12	Parents critical of hand washing	Do your children know what foods make their teeth decay?
	13	Parents critical	How do you coach, praise and supervise children when brushing their teeth?
	14	Parents critical of child washing dishes	
	22	Child complains about dinner	
	24	Eating with fingers, then using napkin	
	31	Setting table	
Program 2, Part 2	**Motivating Children through Non food Incentives**		
	4	Offering candy as a reward	Why do parents often offer candy as a reward?
	6	Raisins and stickers as a reward	What are the disadvantages of offering candy as a reward?
	7	Raisins and stickers are a reward	What are children learning if candy is a frequent reward?
	9	Nonfood reward for teeth flossing	What are some alternatives to candy as a reward?
	17a	Blueberries as a reward	Can healthy foods be rewarding for children?
Program 3	**Establishing Routines, Household Rules and Effective Limit Setting to Promote Healthy Life Style Habits**		
Part 1	7	Setting table routine	Do you offer your children opportunities for your children to help at dinner time? What is the value of this?
	8	Clearing table routine	What dinner behaviors should be given attention and which ones can be ignored?
Part 2	8	Dinner time	Why is it important to offer food choices rather than give commands?
	9	Dinner time	What are your goals for meals?

	#	Description	Questions
			How can you set up mealtimes to encourage healthy eating and food choices?
			When should you set limits on mealtime behavior?
			Why does the mother in the vignette want to teach her daughter to sit longer at the meal?
			What else might she do to foster her meal involvement?
			Do you think children should have to sit at the table until everyone is finished eating?
	17	Mom watching TV	What rules do you have about the amount screen time your children have?
	20	Vague command to come to dinner	How can you model healthy use of screen time?
	29	Command to turn off TV	What other activities can your children engage in besides screen time?
			What other rules do you you have about TV?
			Do you limit particular programs?
			Do you have the TV on during meals?
			What rules do you have about I-pad or computer use?
			How can you be involved with their screen time learning?
			Do your children have computers or TV in their bedrooms?
Program 4		**Follow Through with Commands and Ignoring Children's Inappropriate Responses**	
Part 1	1	Tantruming girl wants to eat	What is the problem with a parent giving in to the child's protests and arguments?
	2	Tantruming girl wants to eat	What behavior is the mother reinforcing when she gives in to protests or continues to argue?"
	9	Girls want cupcakes	
Part 2	6	Boy wants cookie before dinner	What is the boy in the vignette learning?"
	8	Arguing for candy	What healthy snack could the mother offer instead?"
	9	Annoying dinner behavior	What are the long-term advantages of continuing to ignore even if it is hard to listen to whining??
	12	Cookie before dinner	How might you distract a child after ignoring the protests?