

# ***THE INCREDIBLE YEARS<sup>®</sup>: PARENTS AND CHILDREN SERIES***

## ***CHILD PEER COACHING WORKSHOP***



### ***WORKSHOP GUIDE***

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[www.incredibleyears.com](http://www.incredibleyears.com)

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## Peer Coach Training Workshop

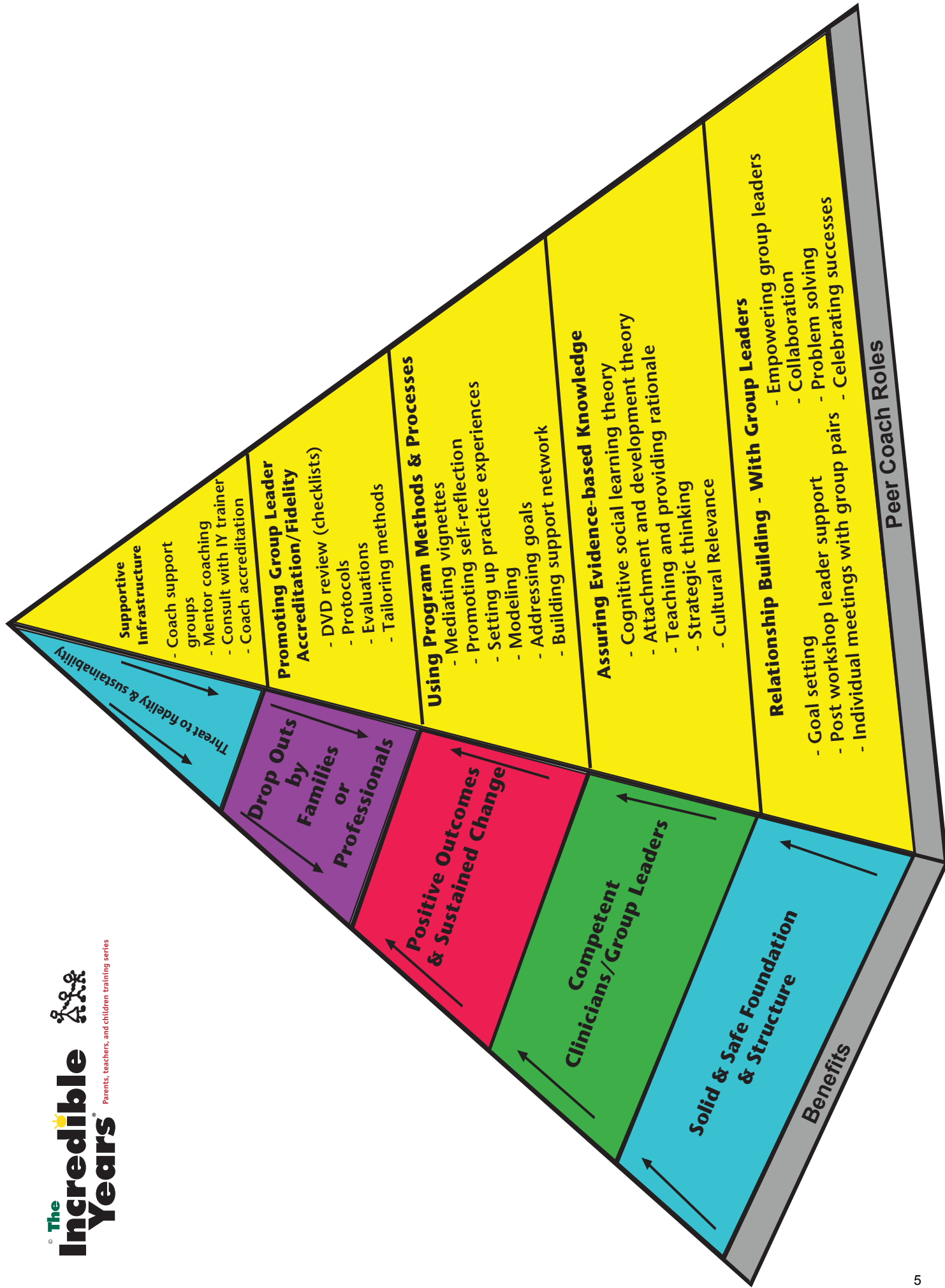
### Agenda Day 1

- 8:30 - 9:15** Introductions, experience providing peer support and supervision.  
Goals
- 9:15-10:00** Brainstorm key principles of supervision/coaching
- 10:00-10:15** Break
- 10:15-12:00** Small group exercises and brainstorms around skills in coaching  
and video/DVD review
- 12:00-1:00** Lunch
- 1:00-2:15** Role play and video review practice
- 2:15-2:30** Break
- 2:30-3:45** Role play and video review practice cont'd
- 3:45-4:00** Review of day

### Day 2

Participants will bring videos of their own group sessions cued up for discussion within group and for practice in coaching.



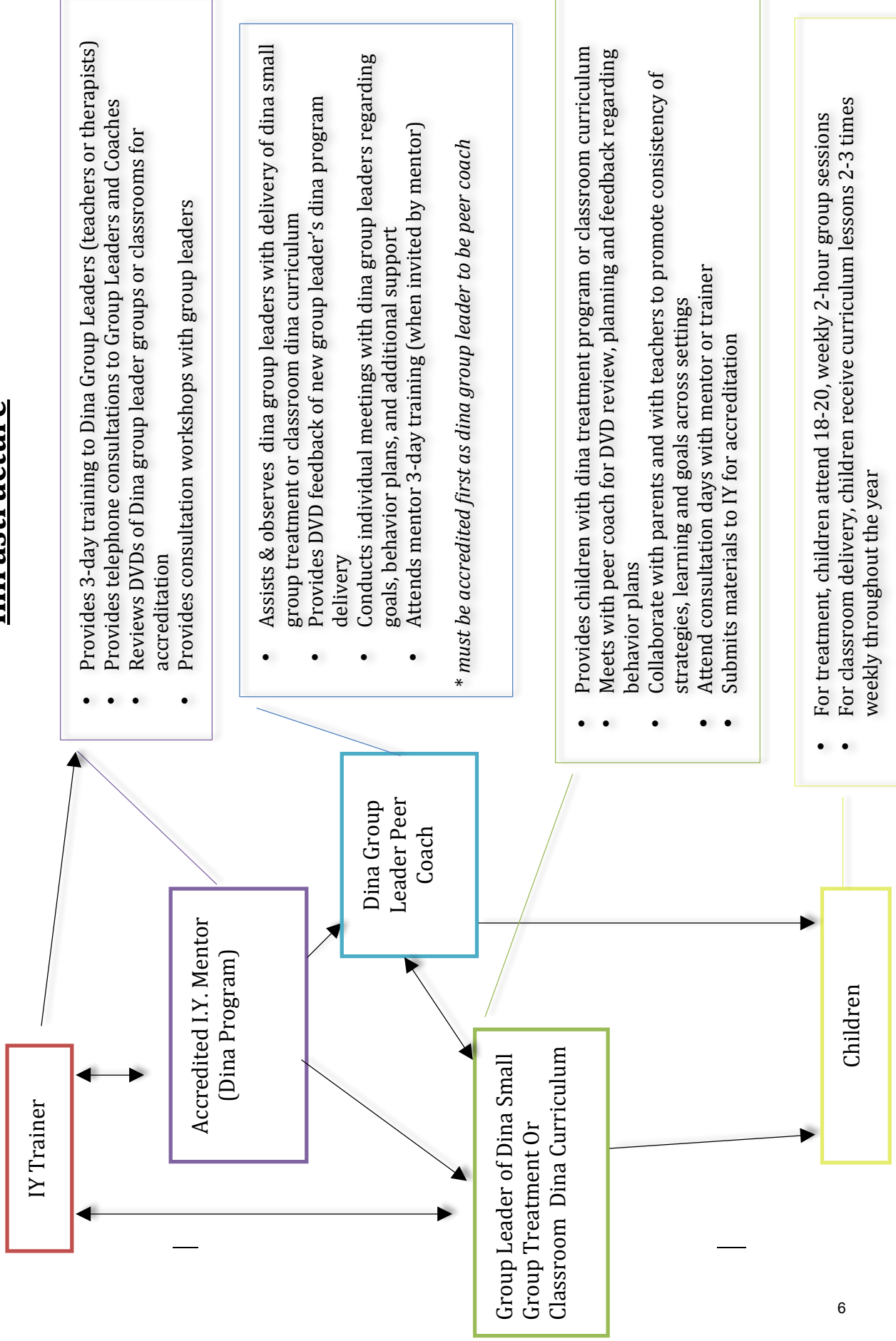


# Incredible Years® Peer Coach Pyramid



# Incredible Years Dinosaur Program Training, Coaching, and Support

## Infrastructure



# Preparing for IY Peer Coach Group Leader Meeting

- Coach reminds group leader of what s/he needs to do to prepare for coaching session (in advance). Group leader is asked to:
  - Review DVD of group, set personal goal and select video segment for review and feedback from coach (see handout #1)
  - Bring participant evaluations and protocols
- Coach prepares for meeting by reviewing group leader goals, bringing group checklists, coach evaluations and buzz forms (handout #6, 7)
- Coach prepares additional training from self-learning IY manuals and DVDs as needed



## Structure of IY Peer Coach Group Leader Meetings

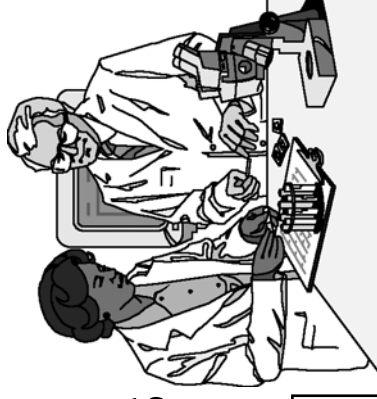
- Review agenda together
- Review group leader's progress with prior goals accomplished (10 min) (role play if useful)
- Clarification of new goal for coaching session (10 min)
- View video vignette and reflect on alternative strategies (15 min)
- Set up practices with ideas discussed while reviewing video segment (10 min)
- Review of checklist related to segment discussed (e.g., setting up role plays) (5 min)
- Set new goals and summarize key learning (buzz sheets)(5 min)
- Review session protocols, attendance, evaluations (5 min)







# Group Leaders Thinking Like Scientists



Problem



Goals



Strategies

Benefits

Obstacles  
[thoughts, feelings be-  
havior in self & others]



Ongoing Plans

# Group Leaders Thinking Like Scientists



Problems



Strengths



Goals



## **Preparing for Video Consultation of Dina Program Delivery From Peers, Incredible Years (IY) Coaches, Mentors, and Trainers**

C. Webster-Stratton, Ph.D.

The opportunity to obtain video review of your IY group process and clinical skills from peers, coaches, mentors, or trainers is scary, exciting, and a special privilege. Sharing your work with others and obtaining feedback from colleagues will result in continual improvement of your therapeutic skills and high fidelity to the intervention. Research has shown that high fidelity to the IY methods (e.g., role plays/practices, video vignette mediation, circle time lessons, small group activities, homework) and therapeutic processes (e.g., building nurturing relationships, modeling, coaching, calm-down exercises, problem solving) leads to improved outcomes in teacher and child behavior change. Moreover, by sharing your skills with others—both the difficult therapeutic moments and the successful ones, you will be helping to teach others to improve their own practice as well.

### **What are the advantages of ongoing video group supervision?**

- Increased quality of program being delivered to children
- Continued opportunity to hone therapeutic skills and be challenged by others
- Opportunity to obtain support from other group leaders, mentors, or trainers
- Internal gratification and feeling of competence knowing that program is being delivered with fidelity
- Opportunity to provide support to other therapists and teachers
- Knowledge that increased fidelity leads to better outcomes for children

### **What are the barriers to video group supervision?**

- No time in work week to do video review
- Fear of looking inadequate or feeling a failure (not measuring up)
- Lack of trust in peers or colleagues to share group work
- Fear of being criticized and or getting put down by others
- Supervisor will not pay for this supervision or allow time for doing this
- There is no incentive to do this – certification/accreditation does not lead to salary increase or increased recognition
- Parents will not give permission to video tape child groups or classroom
- Unavailability of video camera
- Unavailability of a coach or mentor in area to review DVDs
- Lack of availability of colleagues familiar with IY group processes

### **Preparing for Supervision and Video Feedback- Be Proactive!**

- Review your video ahead of time and select 1-2 segments on which you want feedback. This process of selecting a video segment to show may be done alone or with a colleague.
- Show both positive or successful group strategies as well as interactions that felt awkward or difficult.
- Think about what kind of constructive feedback you want. Be specific and tell

group members what kind of help you want. For example, “ *I want to learn some new strategies for managing this child’s aggressive behavior.*” Or, “*What do you think I am doing well here? What else might you do?*”

- Brainstorm ideas and different strategies for responding to the issue you presented within the group. Ask a group member to list their ideas on a flip chart.
- After brainstorming, reenact or role play the video scene and try out some of the ideas.

Designate who you want to act the role of child and who to act the role of group leader. Taking on the role of a difficult child can help you empathize with child’s point of view.

- Evaluate and summarize likely strategies to try in the future.
- Use the “Group Leaders Thinking Like Scientists” document to determine future goals and be aware of barriers.
- Review outcome at next supervision session.

### **Things to Bring to Video Review Session**

- video of session cued up to segments to be shown (via time code) for review
- Leader and Peer process form and leader checklist completed for session
- Group leader “thinking like scientist” goals form
- Attendance list
- Protocols of sessions/lessons completed
- Activities completed

### **Self-directed Learning and Goal Setting**

Group leaders come from a variety of educational backgrounds including nursing, education, psychology, early childhood, psychiatry, and social work. Some group leaders have had extensive therapy group experience and classroom teaching experience and others have had comparatively little. For this reason, each person’s learning progression, ongoing needs for consultation, and achievement of certification or accreditation will vary in rate and will need to be individualized. Group leaders are encouraged to assess their own strengths, to set goals, and be self-directed in seeking out the supervision and feedback they need. The collaborative checklists and sample session videos for small group therapy or for classroom delivery of the dina program are available for self-evaluation, self-study, and group discussion. If others in your agency or district are using this program, you can set up peer review meetings where you meet to review videos of your own groups together (or view the sample session tapes), discuss the process checklists and peer review forms, give each other feedback and practice different approaches.

The peer review process is an invaluable way to support one another and also to share learning with each other. If you engage in this process with others, it is important to be sensitive, caring, and honest in the feedback process. In addition, leaders in training can seek video reviews of sessions from IY mentors or trainers. Telephone or in-person consultation may also be scheduled with trainers. This self-directed experiential learning, peer review, and supervision process implies a commitment to your own continual professional improvement as an evidence-based IY group leader or teacher.







# 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:***



### ***Group leader goals for group DVD review:***

### ***Issue problem solved and practiced:***

### ***Summary of Key Learning:***



# ***Incredible Years***

## ***Coaching and Mentoring Gems***



***New Goals and Plans:***

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***Coach/Mentor Actions:***

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***Additional Notes:***





- |   |       |       |       |
|---|-------|-------|-------|
| 12. Demonstrate respect for different view points.  | _____ | _____ | _____ |
| 13. Engage Dina group leader in active dialogue.  | _____ | _____ | _____ |
| 14. Use humour when appropriate.  | _____ | _____ | _____ |
| 15. Use self disclosure strategically.  | _____ | _____ | _____ |
| 16. Listen and validate Dina group leader’s previous experience and expertise.  | _____ | _____ | _____ |
| 17. Foster the idea that Dina group leaders learn from self-reflection regarding their experiences and from their coleaders.  | _____ | _____ | _____ |
| 18. Help Dina group leaders learn to support and reinforce each other and work as a team with parents.  | _____ | _____ | _____ |
| 19. Encourage Dina group leaders to problem solve solutions themselves when possible. Ask questions with a positive tone to clarify issues before offering solutions. | _____ | _____ | _____ |
| 20. Praise Dian group leader’s ideas and fosters their self reflection and self learning.   | _____ | _____ | _____ |
| 21. Summarise and restate important points  | _____ | _____ | _____ |
| 22. Impose sufficient structure to facilitate coaching process.   | _____ | _____ | _____ |
| 23. Prevent side tracking.  | _____ | _____ | _____ |
| 24. Normalize learning process and difficulties when first doing groups. Reflects on Dina group leaders feelings and anxieties.                                       | _____ | _____ | _____ |
| 25. Pull out group “principles” from Dina group leader’s ideas.   | _____ | _____ | _____ |
| 26. Know when to be flexible and allow a digression for an important issue and know how to tie it into sessions content.  | _____ | _____ | _____ |

**SET UP**

Did the Peer Coach:

- |   |       |       |       |
|---|-------|-------|-------|
| 27. Set up the room and chairs so that everyone could see the TV ready for DVD review.  | _____ | _____ | _____ |
| 28. Set a clear agenda for the coaching session in collaboration with Dina group leader or teacher.   | _____ | _____ | _____ |
| 29. In advance ask Dina group leaders/teachers to provide paperwork ready for review (e.g. group leader checklists, goals and attendance list, session protocols with vignettes covered etc.) Review this paperwork before starting video review to determine leader’s fidelity to session protocols. | _____ | _____ | _____ |
| 30. When reviewing session protocols explore their choice of vignettes shown, role plays conducted or their choice of specific small group practice activities.   | _____ | _____ | _____ |
| 31. Check with Dina group leaders they have read the document preparing for your video DVD review (Obtaining Video Tape   | _____ | _____ | _____ |

Review)

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32. After identifying group leaders' goals for the review, set realistic priorities depending on the group leaders' prior experiences and knowledge level

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**REVIEW OF GOALS SET AT END OF LAST DINA PEER COACH SESSION**

Did the Peer Coach:

33. Begin by asking Dina group leaders how they worked on their goals since the last peer coach session. Find out if they have new goals for this session.

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34. Highlight any key skills used and have group leaders write down key principles of group leadership and teaching.

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35. Praise and encourage Dina group leaders for what they did well and recognize their beginning steps at change rather than correct their process.

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36. Help Dina group leaders integrate prior learning by asking them to use principles from prior sessions.

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37. Explore with Dina group leaders who didn't complete their goals what made it difficult. Help them identify how to overcome difficulties.

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38. Limit the children's homework discussion to give adequate time for new learning.

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**REVIEW OF VIDEO CLIPS**

Did the Peer Coach:

39. Begin the discussion by asking group leaders why they have chosen the video clip.

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40. Identify what the group leaders would like feed back on.

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41. Give group leaders a chance to talk about their experiences.

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42. Watch the video clips together and reflect on the teaching process from the point of view of both the group leader and the children.

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43. Asks open ended questions to group leaders about what was happening in the clip to support self reflection.

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44. Paraphrase and highlight the key points made by Dina group leaders and encourage them to write these down.

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45. Help group leaders explore rationale for key group leadership skills (e.g. what is the value of combining musical dancing activity with cue cards when music is periodically stopped?)

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46. Move onto the next clip after key points have been discussed rather than let discussion go on at length (this ensures that the leaders will

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- have sufficient time for role playing and for showing all clips). \_\_\_\_\_
47. Use role play appropriately to reinforce and practice new learning or suggested ideas. \_\_\_\_\_
48. Encourage group leaders to refer to checklists periodically to summarize their insights and main points. \_\_\_\_\_

**ROLE PLAY AND PRACTICE**

Did the Peer Coach:

49. Ensure that the skill to be practiced had been covered in the discussion prior to asking group leader to role play (ensures likelihood of success). \_\_\_\_\_
50. Do several spontaneous role plays/practices that are derived from the video clip and what happened in the group. \_\_\_\_\_
51. Do several role plays/practices which allow group leaders to practice new skills. \_\_\_\_\_
52. Use all of the following skills when directing role plays.
- \_\_\_\_\_ Give group leaders appropriate roles.
  - \_\_\_\_\_ Skilfully encourages group leaders in role plays.
  - \_\_\_\_\_ Provide each group leader with a description of their role.
  - \_\_\_\_\_ Provide enough scaffolding so that group leaders are successful in their role.
  - \_\_\_\_\_ Coaches group leader during role play to maximise success.
  - \_\_\_\_\_ Praise role play periodically to redirect, give clarification or reinforce group leaders.
  - \_\_\_\_\_ Take responsibility for having given poor instructions if role play is not successful and allow actor to rewind and replay.
  - \_\_\_\_\_ Debrief with each group leader afterwards to help them reflect on what they have learnt.
  - \_\_\_\_\_ Encourage feedback from other group leaders about strengths (e.g. What key group leadership skills did you see X using to make it so effective?)
  - \_\_\_\_\_ Rerun role play (changing roles when necessary) to consolidate learning.

**CLOSING SESSION**

Did the Dina Peer Coach:

53. Begin the ending process with 10 minutes remaining. \_\_\_\_\_
54. Summarise the group leaders' strengths. \_\_\_\_\_
55. Summaries key learning points of the session (one way to do this \_\_\_\_\_

would be to have group leaders review notes taken during the session.)

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

56. Have group leaders set goals for future child dina group sessions and write them down (e.g. a group leader may strive to do more role plays, to adapt activities for the developmental level of a particular child etc.) Set up next coaching meeting time on schedule.

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

57. Review group leaders progress towards certification /accreditation.

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

58. Have group leaders complete evaluation form (Quality of Supervision form).

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

59. After session complete peer coach self evaluation form.

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Remember your goal in the peer coach sessions should be to help group leaders self-reflect on their work and to share their observations and thoughts with each other. They should be the ones who generate the principles, describe the significance, highlight what was effective and ineffective on tapes, and demonstrate how to implement the skills in different situations. People are far more likely to put into practiced what they talk about than what they hear about. The Peer Coach's role is to clarify information when there are misperceptions or misunderstandings, to offer suggestions when needed and to support and motivate new group leaders in their learning process.**

June 2008



## Skype Consultation Tips for Mentors

Written by: Carolyn Webster-Stratton

I have been providing Skype consultations to group leaders after workshop training for many years now. More IY mentors/trainers are being asked to do this. While face-to-face IY group consultation is always the best learning because of the opportunities for practices and input from other group leaders, it is often not possible. Barriers to this approach include the cost of a trainer or mentor to travel to the location as well as for group leaders. Moreover, there can be difficulty in getting a day that suits all group leaders for a face-to-face meeting and doesn't interfere with other agency obligations. Skype consultations offer opportunities for more consultation scheduled at group leader convenience and in small groups, even with dyads.

This document provides some tips for setting up Skype consultation calls with those group leaders you are mentoring.

### 1 STEP ONE: DEFINE THE SCOPE AND STRUCTURE

- Generally 30-60 minutes of video can take 60-120 minutes for mentor/trainer to review and make notes. The number of clips that can be reviewed in one call depends on the length of time of the clip that has been sent. Keep video clips to 10-15 minutes if possible.
- Typically no more than 2 video pairs are reviewed in a 1-hour Skype call. It is advised not to spend more than 1 hour on a Skype call.
- Total time for one Skype call for a mentor would be 3 hours, that is 2 hours of mentor prep time plus the one hour of Skype time.
- Other group leaders may participate in the Skype call besides the ones that submitted a video for review. They all learn from the feedback that each group dyad receives from a mentor/trainer.

### 2 STEP TWO: GROUP LEADER PREPARATION FOR THE SKYPE CALL

Ask group leaders to:

- Film their group session. Be sure that group participants have signed consent forms and understand the purpose of the videotaping.
- Review video with coleader (using the group collaborative checklist) and pick brief 10-15 minutes segments from the video for mentor/trainer review. Record time code on area to be reviewed.
- Complete Skype call prep form (found here: <http://incredibleyears.com/resources/tm/> > "Video Review") which outlines brief background of video clip (session topic and context for what has been covered previously in session) as well as their goals for the video clip and any other issues they want to discuss.

- Send video clip to mentor/trainer 7-10 days in advance of the Skype call. Work with your agency to set up a release of the video clip that is encrypted or password protected so that only the mentor or trainer can open it.
- Include with video clip, session checklist and participant evaluations.
- Confirm time for Skype call.

### 3

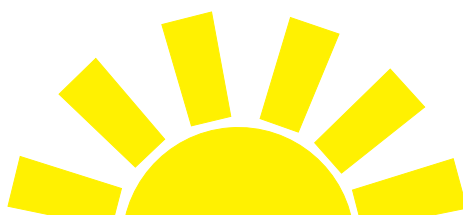
#### STEP THREE: MENTOR/TRAINER PREPARATION AND SKYPE CALL

- Reviews the group leader goals, evaluations and checklists.
- Reviews the video clips and takes notes of group leaders' strengths and records ideas for group leader suggestions, future goals or questions.
- Have toys, puppets available. Be animated because this is two-dimensional so need to keep it more engaging.
- Involve other participants on the call by asking for their suggestions and experiences. This helps to support the group leader getting feedback.
- At end of skype call, review key points and goals for next Skype call.
- Try to encourage group leaders to submit the core elements of groups include segments of reviewing home activities, mediating vignettes, setting up role play practices and summarizing new learning.

### 4

#### STEP FOUR: COMBINE SKYPE CALLS WITH FACE-TO-FACE CONSULTATIONS

- We recommend after a 3-day training workshop to have a face-to-face consultation early on when first delivering the program. Ideally after the first or 2nd group session. This will help group leader to know the mentor and start developing a personal relationship before the Skype call occurs. If this is not feasible, then scheduling a call in advance of the group starting is very useful.
- Set up Skype calls ideally 3 of these spread through the group sessions. For example, every 2-3 weeks. An 18-session group would get one call at session, 4 and 8 and 12.
- If feasible a 2nd face-to-face consultation would happen about 2/3 way through the program. Strive for at least one face-to-face consultation when group leaders are delivering their first groups.
- After the group has been completed it is helpful to have a follow-up Skype call to summarize key learning and evaluations. Additionally to help group leaders prepare their first set of materials for accreditation.





## Getting the Most out of your Skype Consultation with IY Mentors/Trainers

*Written by: Carolyn Webster-Stratton*

While face-to-face IY group consultation is the best group leader learning because of the opportunities for modeling practices and supportive input from other group leaders, it is not always possible. Barriers to this approach may include the cost of a trainer/mentor to travel to the location as well as the group leaders' time and travel. Moreover, there can be difficulty in finding a date that suits all group leaders for a face-to-face meeting without interfering with other agency obligations. Skype consultations offer opportunities for more consultation scheduled at group leader convenience and in small groups, even with dyads. However, it should not replace face-to-face consultation but supplement it.

This document provides some tips for getting the most out of your Skype consultation calls with accredited IY Mentors and Trainers.

### 1

#### STEP ONE: DEFINE THE SCOPE AND STRUCTURE

- Skype consultation calls are typically 1-hour in length and can include multiple group leaders and agency managers.
- Consultation calls can include a discussion of video segments sent to the IY mentor/trainer for review. Or, consultations may be a discussion of questions and issues related to program delivery.
- For discussion of videos, plan on reviewing no more than 2 video pair group leaders in a 1-hour Skype call. Keep video clips to 10-20 minutes for mentor review.

### 2

#### STEP TWO: GROUP LEADER PREPARATION FOR THE SKYPE CALL

- If no video is to be sent, review your goals and questions in advance of call and email agenda to IY mentor or trainer 1-2 days prior to Skype call.
- For discussion of video segments, first review with co-leader (using the group collaborative checklist) and pick 10-20 minute segments from the group video for mentor/trainer review. Record time code on area to be reviewed.
- Complete Skype call prep form that is attached. This outlines brief background of video clip (session topic and context for what has been covered previously in session) as well as your goals for the video clip and any other issues you want to discuss.
- Send video clip to mentor/trainer 7-10 days in advance of the Skype call. Work with your agency to set up a release of the video clip that is encrypted or password protected so that only the mentor or trainer can open it.

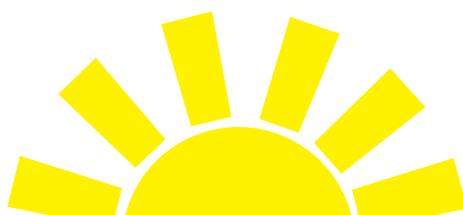
- Include with video clip, session checklist, participant evaluations, and Skype call prep sheet.
- Confirm time for Skype call.

### 3 STEP THREE: COMBINE SKYPE CALLS WITH FACE-TO-FACE CONSULTATIONS

- We recommend after a 3-day training workshop to have a face-to-face consultation early on when first delivering the program. Ideally after the first or 2nd group session. This will help group leader to know the mentor and start developing a personal relationship before the Skype call occurs. If this is not feasible, then scheduling a call in advance of the group starting is very useful.
- Set up Skype calls ideally 3 of these spread throughout the group sessions. For example, every 2-3 weeks. An 18-session group would get one call at session, 4 and 8 and 12.
- If feasible a 2nd face-to-face consultation would happen about 2/3 way through the program. Strive for at least one face-to-face consultation when group leaders are delivering their first groups.
- After the group has been completed it is helpful to have a follow-up Skype call to summarize key learning and evaluations and plan for future goals. Additionally, a Skype call can be set up to help group leaders prepare their first set of materials for accreditation.



**NOTE:** Plan your goals ahead of time for each call and summarize your goals for the next call.





## Preparing for your Video Skype Consultation

Return this form to: [meganp@incredibleyears.com](mailto:meganp@incredibleyears.com)

|                        |                        |
|------------------------|------------------------|
| Name of Group Leaders: | Date:                  |
| _____                  | _____                  |
| _____                  | Video clip time codes: |
| Session Topic: _____   | _____                  |

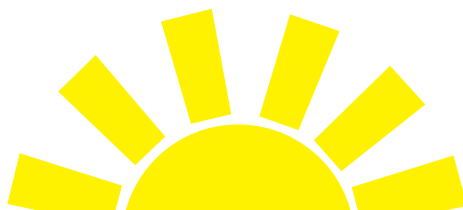
*Brief description of background of video clip:*

*Goals for video clip sent:*

*Any other specific issues I would like to discuss:*





# 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**

#### **Did the teachers:**

- |  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| 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?<br>(handouts, cue cards, DVDs cued up, activities/manuals prepared) | _____      | _____     | _____      |
| 4. Convey enthusiasm about the lesson?   | _____      | _____     | _____      |
| 5. Show they had a predictable time on the schedule for Dinosaur School?                     | _____      | _____     | _____      |

### **Starting the Circle Time Discussions**

#### **Did the teachers:**

- |   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| 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**

#### **Did the teachers:**

- |  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| 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 they 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 activity 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:**

- |   |       |       |       |
|---|-------|-------|-------|
| 50. Use emotion and social coaching language?   | _____ | _____ | _____ |
| 51. Use academic 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 children'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:**

- |   |       |       |       |
|---|-------|-------|-------|
| 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? (See website for samples:<br><a href="http://www.incredibleyears.com/TeacherResources/index.asp">http://www.incredibleyears.com/TeacherResources/index.asp</a> ) | _____ | _____ | _____ |



### **Children's Responses**

|   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| 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**

|  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| <i>(To be completed if there is a second or third teacher or co-leader involved with the curriculum)</i>   |            |           |            |
| 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: \_\_\_\_\_



## *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?<br>(sticker basket, prize box, chip cups with names)   | _____ | _____ | _____ |
| 4. Have dinosaur schedule posted?  | _____ | _____ | _____ |
| 5. Have healthy snack prepared?  | _____ | _____ | _____ |
| 6. Have session materials ready?<br>(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?   | _____ | _____ | _____ |

| <b>REVIEW CHILDREN'S HOME ACTIVITIES, Continued</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| 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?   | _____      | _____     | _____      |
| <b>WHEN PRESENTING THE NEW LEARNING IN CIRCLE TIME</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| <b>Did the Therapist/Group Leader:</b>  |            |           |            |
| 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 academic, 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**

**YES      NO      N/A**

**(DURING ALL SEGMENTS)**

***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:** \_\_\_\_\_

## Introduction Part 4

---

- |  |       |       |       |
|--|-------|-------|-------|
| 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.**

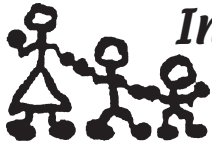
Summary Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Candidate has satisfied video requirements for certification: \_\_\_\_\_ Yes \_\_\_\_\_ No

Session Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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# ***Incredible Years Classroom Dina Teacher Peer and Self-Evaluation Form***

Teacher's Name \_\_\_\_\_

Date \_\_\_\_\_ Unit/Lesson number \_\_\_\_\_

Please ask another teacher to comment on your teaching skills for one of your lessons using the following form. Also self-evaluate your lesson. Afterwards talk about these evaluations together and make some goals for your next lesson. Reviewing videotapes of your own teaching skills is a valuable learning experience and part of continuing to learn to deliver the program with high quality.

| <b><i>I. TEACHER CIRCLE TIME PROCESS SKILLS</i></b>                                | <b><i>COMMENTS</i></b> |
|--|------------------------|
| <b>Builds rapport between children in the class</b>                                |                        |
| <b>Encourages many children to participate</b>                                     |                        |
| <b>Asks open-ended questions to facilitate discussion</b>                          |                        |
| <b>Reinforces children's ideas and fosters children's self-learning</b>            |                        |
| <b>Encourages children to problem solve when possible</b>                          |                        |
| <b>Fosters idea that children will learn from each others' experiences</b>         |                        |
| <b>Helps children learn how to support and reinforce each other</b>                |                        |
| <b>Views every member of classroom as equally important and valued</b>             |                        |
| <b>Identifies each child's strengths</b>   |                        |
| <b>Creates a feeling of safety in the classroom</b>                                |                        |
| <b>Creates a classroom atmosphere where children feel they are decision-makers</b> |                        |

| <b><i>II. TEACHER LEADERSHIP SKILLS</i></b>   | <b><i>COMMENTS</i></b> |
|---|------------------------|
| Establishes ground rules for circle time discussion   |                        |
| Adapts circle time according to children's attention span   |                        |
| Has schedule posted in the classroom  |                        |
| Emphasizes the importance of doing homework activities  |                        |
| Uses puppets in an engaging and fun manner  |                        |
| Summarizes and reviews important points from prior lesson   |                        |
| Focuses class on key points presented   |                        |
| Imposes sufficient structure to facilitate safe classroom discussions                                       |                        |
| Knows when to be flexible and how to tailor program to individual children's needs and developmental levels |                        |
| Encourages children to practice new social skills often   |                        |
| Predicts behaviors and feelings   |                        |
| Encourages generalization of concepts to different situations (playground, lunchroom, bus home)             |                        |
| Helps children focus on positive  |                        |
| Balances group discussion on affective and cognitive domain   |                        |
| Tailors discussions and role plays according to individual children's needs                                 |                        |
| Reviews homework for next day   |                        |

| <b>III. TEACHER RELATIONSHIP BUILDING SKILLS</b>                    | <b>COMMENTS</b> |
|---|-----------------|
| Uses humor and fosters optimism                                     |                 |
| Normalizes problems when appropriate                                |                 |
| Validates and supports children's feelings (reflective statements)  |                 |
| Shares puppet's personal experiences related to children's issues   |                 |
| Fosters a partnership or collaborative model                        |                 |
| Fosters a coping model as opposed to a mastery model of learning    |                 |
| Re-frames experiences and modifies children's negative attributions |                 |
| Likes interacting with children                                     |                 |
| Maintains leadership of group                                       |                 |
| Advocates for children  |                 |

| <b>IV. TEACHER KNOWLEDGE</b>   | <b>COMMENTS</b> |
|--|-----------------|
| Demonstrates knowledge of content covered in lesson  |                 |
| Prepares materials in advance of lesson and is "prepared" for circle time                        |                 |
| Integrates children's ideas and problems with important content and child development principles |                 |
| Uses appropriate role plays and practices reflecting children's needs                            |                 |

| <b>V. TEACHER METHODS</b>   | <b>COMMENTS</b> |
|---|-----------------|
| Uses videotape examples efficiently and strategically to trigger classroom/student discussion |                 |
| Uses multiple role plays and rehearsals to reinforce learning and practices new skills        |                 |
| Small group activities allow practice of skills taught in circle time discussion              |                 |
| Uses modeling by puppet or students when appropriate  |                 |

| <b>VI. CHILDREN'S RESPONSES</b>  | <b>COMMENTS</b> |
|--|-----------------|
| Children appear comfortable, are having fun and are involved in lesson |                 |
| Children complete homework, ask questions and are active participants  |                 |

***Summary Comments:***

Name of Evaluator \_\_\_\_\_

Date: \_\_\_\_\_



# ***Incredible Years Child Small Group Leader***

## ***Peer and Self-Evaluation Form***

Leader's Name \_\_\_\_\_

Date \_\_\_\_\_ Session number & topic \_\_\_\_\_

Please ask your co-leader to comment on your group leader skills for one of your group sessions using the following form. Also self-evaluate your session. Afterwards talk about these evaluations together and make some goals for your next session. Reviewing videotapes of your own group leader skills is a valuable learning experience and part of continuing to learn to deliver the program with high quality.

| <b><i>I. LEADER GROUP PROCESS SKILLS</i></b>                               | <b><i>COMMENTS</i></b> |
|--|------------------------|
| <b>Builds rapport with each child in the group</b>                         |                        |
| <b>Encourages every child to participate</b>                               |                        |
| <b>Models open-ended questions to facilitate discussion</b>                |                        |
| <b>Reinforces children's ideas and fosters children's self-learning</b>    |                        |
| <b>Encourages children to problem solve when possible</b>                  |                        |
| <b>Fosters idea that children will learn from each others' experiences</b> |                        |
| <b>Helps children learn how to support and reinforce each other</b>        |                        |
| <b>Views every member of group as equally important and valued</b>         |                        |
| <b>Identifies each child's strengths</b>                                   |                        |
| <b>Creates a feeling of safety among group members</b>                     |                        |
| <b>Creates an atmosphere where children feel they are decision-makers</b>  |                        |

| <b><i>II. LEADER LEADERSHIP SKILLS</i></b>   | <b><i>COMMENTS</i></b> |
|--|------------------------|
| Establishes ground rules for group   |                        |
| Started and ended session on time  |                        |
| Follows a planned schedule for session   |                        |
| Emphasizes the importance of doing homework  |                        |
| Uses puppets in an engaging and fun manner   |                        |
| Summarizes and reviews important points from prior session   |                        |
| Focuses group on key points presented  |                        |
| Imposes sufficient structure to facilitate safe group process  |                        |
| Knows when to be flexible and how to tailor program to individual children's needs and developmental level |                        |
| Encourages children to practice new social skills often  |                        |
| Predicts behaviors and feelings  |                        |
| Encourages generalization of concepts to different situations  |                        |
| Helps children focus on positive   |                        |
| Balances group discussion on affective and cognitive domain  |                        |
| Tailors discussions and role plays according to children's individual needs                                |                        |
| Reviews homework for next week   |                        |

| <b>III. LEADER RELATIONSHIP BUILDING SKILLS</b>                                | <b>COMMENTS</b> |
|--|-----------------|
| Uses humor and fosters optimism  |                 |
| Normalizes problems when appropriate   |                 |
| Validates and supports children's feelings (reflective statements)             |                 |
| Shares puppet's personal experiences related to children's issues              |                 |
| Fosters a partnership or collaborative model (as opposed to an "expert" model) |                 |
| Fosters a coping model as opposed to a mastery model of learning               |                 |
| Re-frames experiences and modifies children's negative attributions            |                 |
| Likes interacting with children  |                 |
| Maintains leadership of group  |                 |
| Advocates for children   |                 |

| <b>IV. LEADER KNOWLEDGE</b>  | <b>COMMENTS</b> |
|--|-----------------|
| Demonstrates knowledge of content covered at session   |                 |
| Prepares materials in advance of session and is "prepared" for group                             |                 |
| Integrates children's ideas and problems with important content and child development principles |                 |
| Uses appropriate role plays and practices reflecting children's needs                            |                 |

| <b>V. LEADER METHODS</b>   | <b>COMMENTS</b> |
|--|-----------------|
| Uses videotape examples efficiently and strategically to trigger group discussion      |                 |
| Uses multiple role plays and rehearsals to reinforce learning and practices new skills |                 |
| Small group activities allow practice of skills taught in group discussion             |                 |
| Uses modeling by puppet or other group members when appropriate                        |                 |

| <b>VI. CHILDREN'S RESPONSES</b>   | <b>COMMENTS</b> |
|---|-----------------|
| Children appear comfortable, are having fun and are involved in session |                 |
| Children complete homework, ask questions and are active participants   |                 |

***Summary Comments:***

Name of Evaluator \_\_\_\_\_

Date: \_\_\_\_\_



Name of Organization/Agency: \_\_\_\_\_  
 Your Name: \_\_\_\_\_  
 Date: \_\_\_\_\_



## The Incredible Years (IY) Dina Peer Coach Self-Reflection of Coaching Provided

We are asking you to complete this self-evaluation about the quality of peer coaching you are giving group leaders in training. This information will help you to reflect on the way you provide coaching. It is recommended that you talk about this process with group leaders you are coaching. They will be completing a similar form evaluating your coaching.

### Incredible Years Peer Coach Support

1. How supportive are you in helping group leaders deliver this program? *(Circle one.)*

|                   |   |                 |   |                          |
|-------------------|---|-----------------|---|--------------------------|
| <u>Not at all</u> |   | <u>Somewhat</u> |   | <u>Extremely helpful</u> |
| 1                 | 2 | 3               | 4 | 5                        |

2. Do you make time available to group leaders for ongoing coaching with you for delivering the Incredible Years intervention? *(Circle one.)*

|                   |                    |             |                    |                  |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
| 1                 | 2                  | 3           | 4                  | 5                |

3. How satisfied are you with the **amount** of coaching you are able to offer? *(Circle one.)*

|                             |                           |                |                           |                       |
|-----------------------------|---------------------------|----------------|---------------------------|-----------------------|
| <u>Not at all Satisfied</u> | <u>Not very Satisfied</u> | <u>Neutral</u> | <u>Somewhat Satisfied</u> | <u>Very Satisfied</u> |
| 1                           | 2                         | 3              | 4                         | 5                     |

4. How satisfied are you with the **quality** of your current peer coaching? *(Circle one.)*

|                             |                           |                |                           |                       |
|-----------------------------|---------------------------|----------------|---------------------------|-----------------------|
| <u>Not at all Satisfied</u> | <u>Not very Satisfied</u> | <u>Neutral</u> | <u>Somewhat Satisfied</u> | <u>Very Satisfied</u> |
| 1                           | 2                         | 3              | 4                         | 5                     |

5. Do you provide a rationale for your recommendations in terms of social learning strategies or relationship building principles?

|                   |                    |             |                    |                  |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
|-------------------|--------------------|-------------|--------------------|------------------|

1                      2                      3                      4                      5

6. Do you ask the group leaders you coach to support their hypotheses about individual children in their group, their assessment of the strengths and the barriers to change for each child?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

7. Do you use a collaborative and problem-solving approach during peer coaching?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

8. Do you encourage group leaders to do live role plays during peer coaching sessions?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

9. Do you invite group leaders you coach to share portions of their DVDs of their group sessions for review?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

10. Do you invite group leaders you coach to think about their goals for their group leadership skills?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

11. Do you use the Group Leader Collaborative Process Checklist to give group leaders feedback?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

12. Is it easy for group leaders you coach to acknowledge their frustrations, mistakes or failures with you?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

13. Do you ask group leaders questions to determine their approach/strategy with an individual child or group?

Not at all      Very little      Some      Quite a bit      Extensive  
1                      2                      3                      4                      5

14. Do you refer to “principles” that group leaders are using to assist children?

Not at all      Very little      Some      Quite a bit      Extensive  
1                      2                      3                      4                      5

15. Do you review group leader session protocols and efforts to involve parents as part of supervision?

Not at all      Very little      Some      Quite a bit      Extensive  
1                      2                      3                      4                      5

16. How skilled do you think you are in providing peer coaching of videotapes of the IY program?

Not at all      Very little      Some      Quite a bit      Extensive  
1                      2                      3                      4                      5

17. Do you “model” ways to respond to parents, teachers or children by doing live role plays or by showing videos of your own sessions?

Not at all      Very little      Some      Quite a bit      Extensive  
1                      2                      3                      4                      5

18. What goals do you have for improving the way you do peer coaching with group leaders?

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Incredible Years  
1411 8<sup>th</sup> Avenue West  
Seattle, WA 98119  
Phone and FAX (206) 285-7565



Name of Organization/Agency: \_\_\_\_\_  
 Your Name: \_\_\_\_\_  
 Date: \_\_\_\_\_



## The Incredible Years (IY) Evaluation of Quality of Peer Coaching Received (completed by Dina Group Leaders)

We are asking you to complete this questionnaire about the quality of peer coaching you are receiving from your peer coach. This information helps coaches to continually improve the way they provide support. Thank you for taking the time to complete this form.

### Incredible Years Peer Coaching Support

1. How supportive does your peer coach seem in helping you to deliver this program?  
 (Circle one.)

|                   |   |                 |   |                          |
|-------------------|---|-----------------|---|--------------------------|
| <u>Not at all</u> |   | <u>Somewhat</u> |   | <u>Extremely helpful</u> |
| 1                 | 2 | 3               | 4 | 5                        |

2. Does your peer coach make time available for coaching with you for delivering the Incredible Years intervention if you ask for it? (Circle one.)

|                   |                    |             |                    |                  |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
| 1                 | 2                  | 3           | 4                  | 5                |

3. How satisfied are you with the **quality** of your current peer coaching? (Circle one.)

|                             |                           |                |                           |                       |
|-----------------------------|---------------------------|----------------|---------------------------|-----------------------|
| <u>Not at all Satisfied</u> | <u>Not very Satisfied</u> | <u>Neutral</u> | <u>Somewhat Satisfied</u> | <u>Very Satisfied</u> |
| 1                           | 2                         | 3              | 4                         | 5                     |

4. When your peer coach recommends changes, does s/he provide the rationale for the recommendation in terms of social learning or relationship building principles?

|                   |                    |             |                    |                  |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
| 1                 | 2                  | 3           | 4                  | 5                |

5. Does your peer coach ask you to support your hypotheses about individual children in the group, their strengths and the barriers to change for each child?

|                   |                    |             |                    |                  |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
|-------------------|--------------------|-------------|--------------------|------------------|

1                      2                      3                      4                      5

6. Does your peer coach use a collaborative and problem-solving approach during supervision?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

7. Does your peer coach encourage you to do live role plays during coaching sessions?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

8. Does your peer coach review the entire video of your group sessions for review?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

9. Does your peer coach invite you to think about goals for your group leadership skills?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

10. Does your peer coach use the Group Leader Collaborative Process Checklist to give you feedback?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

11. Is it easy for you to acknowledge frustrations, mistakes or failures with your peer coach?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

12. Does your peer coach ask questions to determine your approach with an individual child or group?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

13. Does your peer coach refer to “principles” that you are using to assist children?

Not at all            Very little            Some            Quite a bit            Extensive  
1                      2                      3                      4                      5

14. Does your peer coach review your efforts to involve parents in reinforcing dina concepts at home as part of coaching?

|                   |                    |             |                    |                  |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
| 1                 | 2                  | 3           | 4                  | 5                |

15. Does your peer coach review your session/lesson protocols as part of coaching?

|                   |                    |             |                    |                  |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
| 1                 | 2                  | 3           | 4                  | 5                |

16. How skilled do you think your peer coach is in delivering the IY Dina program?

|                   |                    |             |                    |                  |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
| 1                 | 2                  | 3           | 4                  | 5                |

17. What recommendations do you have for improving the way peer coaching is done?

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18. What is most helpful about the coaching you have received?

19. What changes would you make in the way you get peer coaching?





## *Checklist of Training Steps Required for Certification of an IY Peer Coach*

The training requirement of an experienced Incredible Years Dina Peer Coach involves a process similar to that for Group Leader Certification. The difference is that Peer Coach training embraces a broader experience in supervision principles and components of providing video review and support to new group leaders. When all the training steps (listed below) are achieved, observed and confirmed, a candidate may apply for accreditation/certification as a qualified IY Peer Coach.

Candidate's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Date: \_\_\_\_\_

### **Step 1**

#### **Qualifications for Peer Coach Candidates:**

\_\_\_ Child Dina Group Leader Certification/Accreditation

Date accredited \_\_\_\_\_

\_\_\_ No. of Child Small Groups Completed To Date (minimum 6)

OR

\_\_\_ No. of times classroom Dina Curriculum Delivered (minimum 4)

\_\_\_ Nomination Letter Submitted by Mentor (nominating candidate for coach training)

Mentor Nominating: \_\_\_\_\_

*NOTE: When the conditions outlined in Step 1 have been accomplished, a candidate is qualified to attend peer coaching training as shown in Steps 2-5*

### **Step 2 (Steps 2 & 3 may be carried out simultaneously)**

#### **Peer Coach Training:**

\_\_\_ 1-Day (or 2 half-days) Peer Coaching Workshop conducted by Certified Trainer

Name of Trainer and Date: \_\_\_\_\_

\_\_\_ 1-Day Consultation Workshop reviewing DVDs of own coaching practice with one or two group leaders conducted by Certified Trainer

Name of Trainer and Date: \_\_\_\_\_

OR

\_\_\_ 1-Day Peer Coaching Workshop practicing "live" coach strategies with other group leaders

Name of Trainer and Date: \_\_\_\_\_

\_\_\_ Peer coaches work with 6 new group leaders (3 dyads) and review the videos of their sessions with them. They will complete self-evaluations and leader evaluations of their coaching given.

### Step 3

#### Peer Coaching Video Review by Trainer:

\_\_\_ Presentation of Video of Peer Coaching to Trainer for review

Dates of Trainer Review of Peer Coaching : \_\_\_\_\_

\_\_\_ Evaluation of Peer Coaching by Trainer *(To be completed by Trainer)*

### Step 4

#### Peer Coaching Completed:

\_\_\_ Completed Peer Coaching with 3 Group Leader Dyads: *(6 different people/3 dyads with a minimum of 4 sessions per dyad\*; list names and dates of group leaders with whom you provided coaching)*

\_\_\_ Evaluations from group leaders receiving peer coaching *(See form - minimum of 6 evaluations required from 3 dyads/6 different group leaders)*

\_\_\_ Self-evaluations of peer coaching given *(See form - minimum of 3 evaluations required - match self evaluation with the above group leader evaluations)*

\_\_\_ Letter explaining your interest in certification and goals for peer coaching

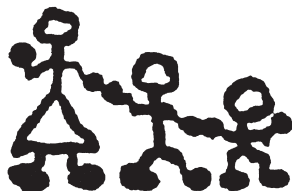
### Step 5

#### Application for Peer Coaching Accreditation:

When all of the above training experiences have been achieved, observed and confirmed, a candidate may apply to the Incredible Years Advisory Council for Accreditation and Certification as a Qualified IY Dina Peer Coach.

Note: It is important for group leaders to realize that obtaining peer coaching on their video does not satisfy the final qualifications for accrediting a group tape. This must still be done by an accredited mentor or trainer.

\*At least one session per dyad must be done in person and videotaped. Skype calls are permitted in place of some in-person meetings if distance requires it. Please see the Skype call protocols for use by coaches and participants.





The peer coach role is intended to provide group leaders/facilitators with support to successfully lead Incredible Years (IY) groups. Their role will include meeting with pairs of group leaders to set goals, review videos of their group sessions, practice alternative approaches and problem solve difficult situations. The amount of support that leaders will need depends on each leader's prior group experience and education as well as the individual characteristics of the parents, children, or teachers who are participating in the program.

Following are guidelines for frequency of coaching sessions. *These are recommendations only, and coaching may be offered more frequently if group leaders need it because groups are more difficult for some reason.*

### **IY Parent and Child Programs:**

- New group leaders should have peer coaching meetings every 2 to 3 sessions. Normally a coach meeting is one hour in length.
- More experienced group leaders should have peer coaching sessions every 4-5 sessions.

### **Teacher Classroom Management and Incredible Beginnings Programs:**

- New group leaders should have coaching sessions before each of the 6 workshop training days (total of 6-7 meetings).

- More experienced group leaders should have peer coaching a total of 3 times between the workshop sessions.

### **Content of Peer Coach Session**

- These meeting will review prior workshop videos, plan next workshop day and set goals. A final post consultation should be scheduled to summarize workshop success and plan any follow-up needed.
- More experienced group leaders should have coaching sessions between every 2-3 training days (total of 3 meetings).

### **Meet with Mentors and Trainers**

Peer coaches should attend a yearly peer coach consultation day with an IY trainer.

**Accreditation/certification of peer coaches:** Peer coaches must submit paperwork of their work coaching 3 dyads as part of their accreditation process. In order to ensure that the accreditation is based on an adequate amount of coaching experience for each dyad, for accreditation purposes, **coaches must meet with each dyad for at least 4 coaching sessions.** *In cases where distance prevents coaches from meeting face-to-face this frequently, some of these coaching sessions may be done via Skype calls. At least one session must be done in person and videotaped. Ideally there will be videos for every peer coached session. Please see the Skype call protocols for use by coaches and participants.*

**The Incredible Years® Series:**  
**An Internationally Evidenced Multi-modal Approach to Enhancing Child Outcomes**

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

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Professor of Family Wellbeing  
University of York, UK

Chapter for book: *APA Handbook of Contemporary Family Psychology*. Edited by Barbara Fiese, Editor-in-Chief, and Associate Editors Mark Whisman, Marianne Celano, Kirby Deater-Deckard, and Ernest Jouriles.

**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, Koepl, & 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 alternative 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).

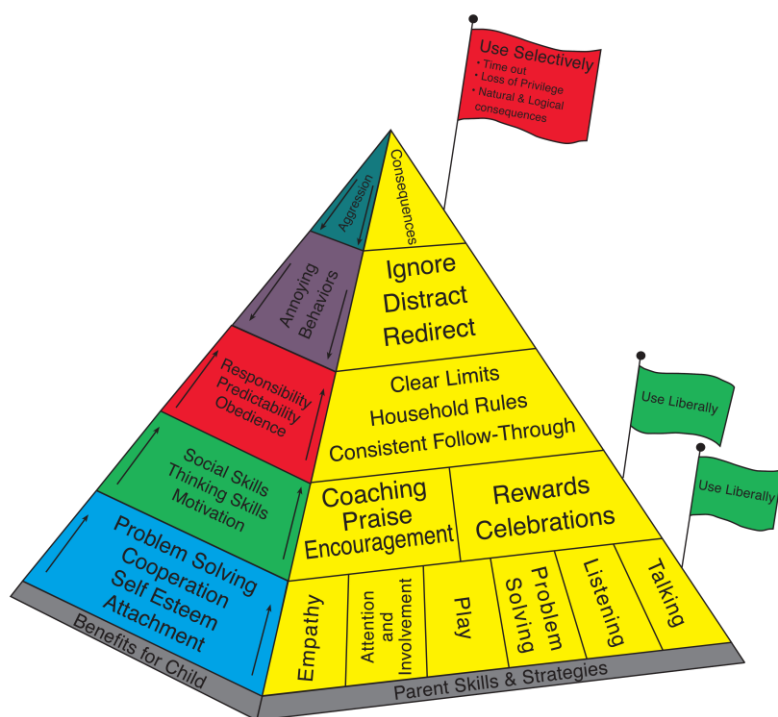
### **Incredible Years® Core Parent Programs**

The BASIC (core) parent training consists of 4 different curricula 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.



Parenting Pyramid®



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 positive foundation has been solidly constructed with secure scaffolding.

### **Incredible Years® Adjuncts to Parent Programs**

Optional adjunct parenting programs can be used in combination with 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 combining 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, brainstorm) and therapeutic skills. The whole process of coaching, consultation, and accreditation of new group leaders is carried out by a network of national and international accredited 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.

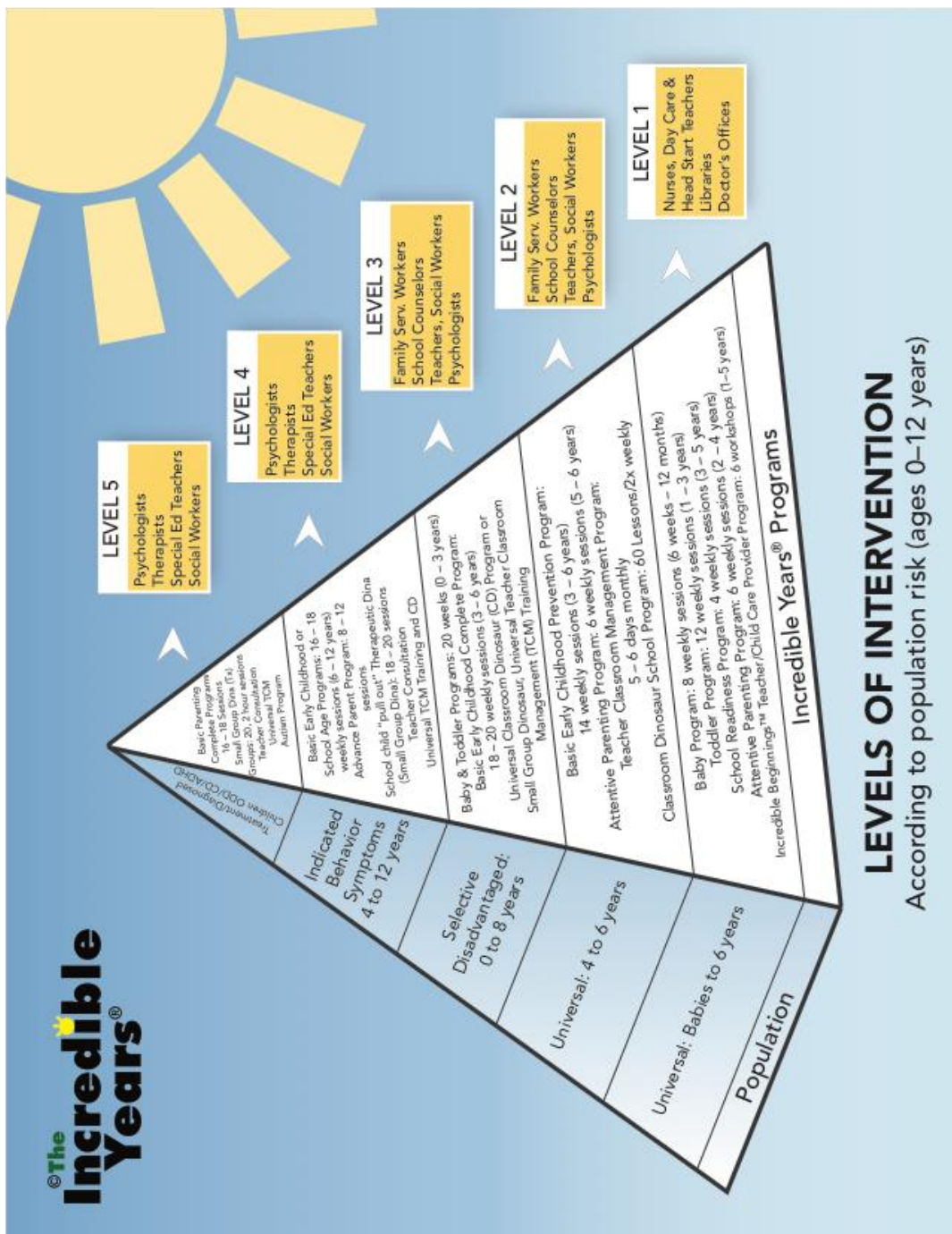


In summary, the collective evidence suggests that the effective prevention of conduct disorder and promotion of children's social and emotional wellbeing relies on a combination of key ingredients, including:

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 behaviours: are children's and mother's effects sustained over time? . *European Child and Adolescent 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 developing 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 developing 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 children 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 psychotherapies for children and adolescents, 2nd edition*. New York: Guilford Publications.
- Knutson, J. F., DeGarmo, D., Koepl, 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 disorder behaviour and improving parent mental health in disadvantaged families: A 12-month follow-up and cost analysis of a parenting intervention. *European Child and Adolescent 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 *Journal 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>