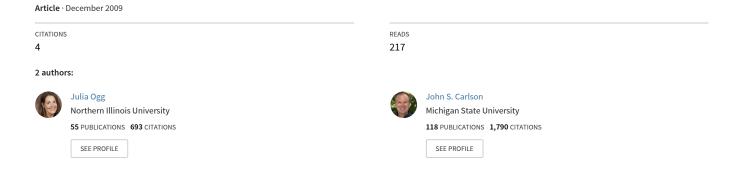
Implementation guidelines: The self-administered Incredible Years Parent Training Program: Perceived effectiveness, acceptability, and integrity with children exhibiting symptoms o...



IMPLEMENTATION GUIDELINES

The Self-Administered Incredible Years Parent Training Program: Perceived Effectiveness, Acceptability, and Integrity With Children Exhibiting Symptoms of Attention-Deficit/ Hyperactivity Disorder

Julia A. Ogg John S. Carlson

TARGET GROUP

The intervention described is targeted to the parents of elementary-age students with externalizing behavior concerns, including attention-deficit/hyperactivity disorder (ADHD).

TARGET SETTING

This intervention is a parent training program, which is implemented with families in their homes or in a community setting. This program could be facilitated through a school psychologist or social worker.

TARGET BEHAVIORS

The focus of the Incredible Years Parent Training Program is to improve parenting practices and children's behavioral and adaptive

functioning. Research on the Incredible Years program has focused on children with conduct and externalizing behaviors (Webster-Stratton & Reid, 2003).

THE INTERVENTION

The Incredible Years basic parent training program for school-age children (Webster-Stratton, 2002; see http://www.incredibleyears .com) is a videotaped parent training program that contains information presented through short vignettes highlighting effective and ineffective parenting strategies, as well as a discussion of these strategies. This program has been implemented in a group training format (for review, Webster-Stratton & Reid, 2003) and in a self-administered format (e.g., Webster-Stratton, Hollinsworth, & Kolpacoff, 1988). Although certification is required for the group training format, no certification is required for the self-administered format. However, attendance at one of the trainings on this program, which costs about \$400, is highly recommended for those interested in using the approach with their schools. Self-administered workbooks can be used to accompany this series, and they include short readings and vignettes with questions designed to involve parents in thinking about parent-child interactions in more depth. The workbooks contain lists of behaviors that the parents are directed to engage in with their children, as drawn from the content of the videotapes and workbooks.

The sections of this program are entitled Promoting Positive Behaviors, Reducing Inappropriate Behaviors, and Supporting Your Child's Education. These sections are provided on separate videotapes so that parents can be provided with one section at a time. The total length of the three sections is 2 hours and 23 minutes. The topics of this series include the importance of parental attention, how to use praise and rewards, effective limit setting, handling misbehavior, how to communicate effectively, problem solving for parents, and how to support your child's education. The cost of the set of videotapes in this series is \$995, and the self-administered workbooks are \$40 each. One set of videos can be used with numerous families.

IMPLEMENTATION

The implementer communicates with the families every week. The purpose of regular communication is multifold: to review the material covered in the videos and workbooks, to answer any questions

that the family may have, and to assess behavior change. It is recommended that the behaviors of most concern be assessed during a baseline period and that the implementation of the intervention be posted to determine whether progress has been made. Rating scales are recommended that assess child behavior and parenting practices. Obtaining ratings from the child's parent and teacher will be helpful in determining how well the intervention is working. These can be tailored to the behaviors of most concern. In addition, several tools are available (e.g., Goal Attainment Scale) that would be both appropriate and practical for assessing change on a weekly basis for behaviors of most concern. It is also recommended that the integrity and acceptability of the treatment be monitored.

In the present study, the implementer met with the families in their homes or in community settings during baseline to deliver a new video series (every 2 to 3 weeks, depending on the length of the video segment). On the weeks when a home visit did not occur, the implementer called the family to check in and assess change data. During the home visits, change was assessed and the videos were provided to the family, one per visit, in the following order: Promoting Positive Behavior, Reducing Inappropriate Behaviors, and Supporting Your Child's Education. The family has only one section of the training to concentrate on at a time. The entire implementation is recommended to last 10 to 12 weeks (Webster-Stratton et al., 1988); however, implementation can be completed in as few as 8 weeks, as in the current study.

REFERENCES

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