THE INCREDIBLE YEARS

Parents, Teachers, and Children's

Training Series







Program Content, Methods, Research and Dissemination

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Program Content, Methods, Research and Dissemination 1980 – 2011

CAROLYN WEBSTER-STRATTON, PH.D.



The Incredible Years®
Parents, Teachers and Children's Training Series
Program Content, Methods, Research and Dissemination 1980-2011

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For all those who support children and families to create a safe and more peaceful world

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Incredible Giants

This research and the development of these programs would not have been possible without the earlier work of so many researchers and theorists. Indeed, I have stood on the shoulders of many in credible giants, most of whom I have never met or had a chance to thank for their pioneering work and insights. These people have been my models and my inspiration for trying to be both a researcher and a clinician working on ways to support families and teachers to help children, particularly high risk children, get the best start in life. There are too many people to acknowledge them all for I have drawn from many underlying theories including cognitive social learning theory as well as emotion, attachment and development theories.

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grants we were able to offer services for no charge and reach families across a wide range of socioeconomic, ethnic and educational backgrounds. We were able to evaluate and continually refine and improve intervention programs for parents, teachers and children. Receiving the NIMH Research Scientist Development Award that funded me for 10 years allowed me to stay focused on the mission of preventing and treating behavior problems in young children and supporting parents and teachers.

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Program Overview

The Incredible Years® Series is a set of interlocking and comprehensive group training programs for parents, children and teachers that have been updated in recent years. There are three parenting programs that target key developmental stages: Baby and Toddler Program (0-2 ½ years), Preschool Program (3-5 years) and School Age Program (6-12 years). The teacher programs span the age range of 3-8 years, the Classroom Child Program (3-8 years) and the treatment Small Group Child Program (4-8 years)(aka Dinosaur School).

Short Term Goals

- Promotion of child social competence, emotional regulation, positive attributions, academic readiness and problem solving
- Prevention, reduction and treatment of behavior and emotion problems in young children
- Improved parent-child interactions, building positive relationships and attachment, improved parental functioning, less harsh and more nurturing parenting and increased parental social support and problem solving
- Improved teacher classroom management skills, teacher-student relationships, teacher-parent partnerships and classroom curriculum that strengthens social and emotional competence and conflict management skills

Long Term Goals

• Prevention of conduct problems, delinquency, violence and drug abuse

Program Targets

- High-risk socioeconomically disadvantaged families
- Child protective service referred families and foster parents
- Children with conduct problems (defined as high rates of aggression, defiance, oppositional and impulsive behaviors)
- Children with Attention Deficit Disorders and internalizing problems

The programs have been evaluated as selected prevention programs for promoting the social and emotional adjustment of culturally diverse, high risk children enrolled in preschool (Head Start) and elementary grades (up to grade two) and as indicated interventions and treatment for children exhibiting the early onset of conduct problems, Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorders (ADHD).



Program Content

This series of programs addresses multiple risk factors across home and school settings known to be related to the development of conduct disorders in children. For all training programs, trained facilitators use DVD vignettes to encourage group discussion, problem-solving, sharing of ideas and support networks. The BASIC parent series is "core" and a necessary component of the

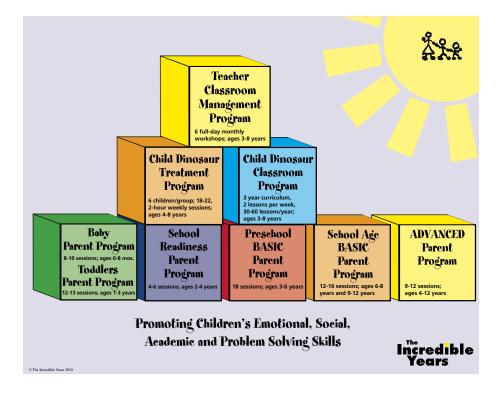
prevention program delivery. The other parent training modules and the teacher and child programs are strongly recommended for particular populations, which are detailed in this document.

Incredible Years Training for Parents. The BASIC (core) parent training is 4 different curriculum designed for different age groups: Baby Program (9-12 sessions), Toddler Program (12 sessions), Preschool Program (18-20 sessions) and School-Age Program (12-16+ sessions). These programs emphasize developmentally age-appropriate parenting skills known to promote children's social competence, emotional regulation and academic skills and to reduce behavior problems. Additional parent training components include the ADVANCE parent program (9-12 sessions) which emphasizes parent interpersonal skills such as: effective communication skills, anger and depression management, ways to give and get support, problem-solving between adults and ways to teach children problem-solving skills and have family meetings. Another optional adjunct training to the Preschool program is the SCHOOL READINESS program (4-6 sessions) that is designed to help high risk parents support their preschool children's reading readiness as well as their social and emotional regulation competence and language skills. The School Age program has been updated and revised to include the previous adjunct program titled SUPPORTING YOUR CHILD'S EDUCATION or SCHOOL as part of the core or

BASIC school-age package. This assures added focus on parenting approaches designed to promote children's academic skills including reading skills, parental involvement in setting up predictable homework routines, and building collaborative relationships with teachers.

Incredible Years Training for Teachers. To assure generalization from home to the school environment, a 6-day training series for teachers emphasizes effective classroom management skills such as: the effective use of differential attention, academic, persistence, social and emotion coaching, praise and encouragement, incentives for difficult behavior problems, proactive teaching strategies, strategies to manage inappropriate classroom behaviors, the importance of building positive relationships with students, and how to teach empathy, social skills, emotional self-regulation and problem-solving in the classroom. The program also includes strategies for teachers to stay calm and to build a support network with other teachers.

Incredible Years Training for Children. The Children's Training Series: Dina Dinosaur's Social and Emotional Skills and Problem Solving Curriculum emphasizes training children in skills such as emotional literacy, empathy



or perspective taking, friendship skills, anger management, interpersonal problem-solving, school rules and how to be successful at school. There are two versions of this curriculum, one is a "pull out" treatment intervention for small groups of children presenting with conduct problems and/or Attention Deficit Hyperactivity Disorder. The prevention version of the program is classroom-based and is designed with separate lesson plans for preschool, kindergarten and early primary grade teachers to be delivered to all students two to three times a week throughout the year.

Parent Program Evidence

Evidence of Parent Program Effectiveness as a Treatment Program with Clinic Populations of Children Diagnosed with Oppositional Defiant Disorder & ADHD (Ages 3-8 years):

Eight randomized control group trials (RCTs) by the developer and six RCTs by independent investigators of the parenting series with diagnosed children have indicated the following significant findings:

- Increases in positive parenting including child-directed play, coaching and praise and reduced use of criticism and negative commands.
- Increases in parent use of effective limit-setting by replacing spanking/hitting and harsh discipline with proactive discipline techniques and increased monitoring.
- Reductions in parental depression and increases in parental selfconfidence.
- Increases in positive family communication and problem-solving.
- Reductions in conduct problems in children's interactions with parents and increases in children's positive affect and compliance to parental commands.
- 2/3 of children in normal range at 3-year and at 10-year follow-up.

Evidence of Parent Program Effectiveness as a Prevention Program with a Selective Population of Socio-economically Disadvantaged Families of Children (Ages 2-12 years):

Four RCTs by the developer and six RCTs by independent investigators of the parenting series with high risk populations (e.g., Head Start and Sure Start) indicated significant improvements in positive parenting interactions and reductions in harsh discipline with children and reductions in aggressive behavior problems and increases in child social competence.

Teacher Program Evidence

Evidence of Teacher Classroom Management Program Effectiveness by Developer with Clinic Populations of Children Diagnosed with Oppositional Defiant Disorder (Ages 3-8 years):

One RCT by the developer of the teacher training with diagnosed children indicated significant:

- Increases in teacher use of praise and encouragement and reduced use of criticism and harsh discipline.
- Increases in children's positive affect and cooperation with teachers, positive interactions with peers, school readiness and engagement with school activities.
- Reductions in peer aggression in the classroom.

Evidence of Teacher Classroom Management Program Effectiveness by Developer and Independent Investigators with Selected Populations of Socioeconomically Disadvantaged Children (ages 3-8 years):

Two RCTs by the developer and five RCTs by independent investigators of the teacher training series with high risk populations indicated significant improvements in positive discipline and proactive management skills and decreases in classroom aggression and increases in children's prosocial behavior.

Child Program Evidence

Evidence of Child Dinosaur Treatment Program Effectiveness by Developer and Independent Investigators with Clinic Populations of Children Diagnosed with Oppositional Defiant Disorder & ADHD (Ages 4-8 years):

Three RCTs by the developer and one RCT by an independent investigator of the small group dinosaur child treatment series with diagnosed children indicated significant:

- Increases in children's emotional language, social skills, and appropriate cognitive problem-solving strategies and with peers.
- Reductions in conduct problems at home and school.
- Reductions in hyperactivity and inattention.

Evidence of Child Dinosaur Classroom Program by Developer with Selected Populations of Socioeconomically Disadvantaged Populations (Ages 3-8 years):

Two RCTs with Head Start families and Primary Grade classrooms indicated significant improvements in school readiness, emotional regulation and social skills and reductions in behavior problems in the classroom.

Summaries of this research can be found in the following two review chapters (Webster-Stratton & Reid, 2010b; Webster-Stratton & Reid, 2010c; Webster-Stratton & Reid, 2010d).

www.incredibleyears.com/Library/default.asp

Program Costs

The costs of curriculum materials, including DVDs, comprehensive manuals, books and other teaching aids for the Parent, Child and the Teacher Training Programs can be found on the web site. Discounts are available for purchases of more than one set of the same program. Training and consultation/technical assistance costs are charged based on an hourly and daily fee.

www.incredibleyears.com/products/products.asp

CHAPTER 1



EXECUTIVE SUMMARY

BACKGROUND

The mission of the **Incredible Years® Training Series** is to promote positive, effective, and research-proven parenting and teaching practices and strategies which strengthen young children's social and emotional competence and problem-solving strategies and reduce aggression at home and at school. There are three types of interlocking training curriculums, which are targeted at parents, teachers and children.



Initial evaluations of the BASIC parenting program began in the 1980s with children ages 3-7 years. The program was successful in promoting positive and lasting improvements in parent-child interactions and in reducing children's behavior

problems at home for at least two-thirds of children. However, our 3-year follow-up evaluations indicated that approximately one-third of the children were still having considerable difficulties at school and with their peer group.

Improvements at home did not necessarily generalize to school settings or to peer interactions for some children. In particular, stressful family situations (e.g., marital distress and poverty) were related to poorer outcomes.



As a result of these findings, two new components were developed: (1) the ADVANCE parent program focusing on parent interpersonal issues such as communication difficulties, anger and depression management and problem-solving

skills with partners and teachers as well as with children and, (2) the child program (Dina Dinosaur Curriculum) designed to directly train children in social skills, academic school behavior, problem-solving strategies, emotional language and self-regulation strategies. Evaluation of these programs indicated that the programs enhanced effects in terms of child positive peer relationships, social problem-solving, feelings literacy and marital collabo-



ration. However, it was still evident that a portion of the children and their families were having difficulties managing the school experience and working successfully with teachers. In particular, about 40% of the children were found to be

co-morbid for other problems such as Attention Deficit Hyperactivity Disorder, and language, learning and developmental delays. These problems created particular difficulties for the children in the classroom, with teachers and with peers. Moreover, parents of these children had difficulty knowing how to successfully collaborate with teachers in planning for their child's academic, social, and emotional needs.



Consequently, we developed and evaluated a teacher training curriculum designed to teach positive classroom management skills and promote children's social, emotional and academic competencies in the classroom. In conjunction

with the School-Age program, the SUPPORTING YOUR CHILD'S EDUCATION (aka SCHOOL) program for parents of children ages 6-9 years was developed as an adjunct to help parents learn how to foster academic competence at home (e.g., reading skills and study habits). This is now included as core component of the School-Age Program package. The SCHOOL READINESS program was designed as an adjunct to help parents of preschoolers prepare their children for school and to build their language and reading skills. This prevention program is currently being evaluated in Wales and Ireland as a separate prevention program which is delivered by teachers.

These curricula may be used in schools (e.g., Head Start, day care, and kindergarten through grade two) as prevention programs for high risk children and their families and are designed to build protective factors (e.g., anger management, empathy skills, positive discipline, understanding of developmental milestones, and home-school collaboration) and reduce risk

factors (e.g., early signs of aggression and peer rejection) that research has shown to be related to later violence. Additionally, they may be used in mental health centers as treatment programs for children diagnosed with early-onset Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) and Attention Deficit Hyperactivity Disorder (ADHD). The long-range goal of these programs is to enhance young children's social, emotional, and academic development, as well as prevent and reduce conduct problems in order to decrease violence, drug abuse, and delinquency in later years.

Conduct Problems in Young Children

The incidence of aggression in children is escalating and at younger ages. Studies indicate that anywhere from 7 to 20 percent of pre-school and early school age children meet the diagnostic cri-

"Early onset" ODD/CD is the single most important risk factor for antisocial behavior in adolescence.

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teria for (ODD) and (CD). These rates are even higher for low-income families. Research on the treatment and prevention of Conduct Disorders has been identified as one of the nation's highest priorities. This agenda is vitally important because the widespread occurrence of delinquency and escalating violence in adolescence results in a high cost to society. "Early onset" ODD/CD (in the form of high rates of oppositional defiance, aggressive and noncompliant behaviors in the preschool years) is a stable trait over time and appears to be the single most important behavioral risk factor for antisocial behavior for boys and girls in adolescence. Such behavior has repeatedly been found to predict the development of drug abuse in adolescence (Dishion, Patterson, Stoolmiller, & Skinner, 1991; Hawkins, Catalano, & Miller, 1992; Hawkins et al., 1998) as well as other problems such as juvenile delinquency, depression, violent behavior, and school dropout.

Theories regarding the causes of child conduct problems include child biological and developmental risk factors (e.g., attention deficit disorders, learning disabilities, and language delays); family factors (e.g., marital conflict, depression, drug abuse, criminal behavior); ineffective parenting (e.g., child neglect and abuse, harsh discipline, low parent involvement in school activities); school risk factors (e.g., teachers use of

> poor classroom management strategies, classroom level of aggression, large class sizes, low teacher involvement with parents); and peer and community risk factors (e.g., poverty and gangs).

> Since Conduct Disorder becomes increasingly resistant to change over time, intervention that begins as early as possible while children's brain development is still highly flexible is clearly a strategic way to prevent or reduce aggressive behavior problems before they "ripple" to result in well-established negative reputations, academic failure, and escalating violence in adolescence. Unfortunately recent projections suggest that approximately 70 percent of the children who need services for conduct problems-in particular, young children-do not receive them. And very few of those who do receive intervention ever receive an intervention which has been "empirically validated."

(NO

Approximately 70% of children with ODD/CD never receive services and even fewer get evidence-based treatment.

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Highlights of the Incredible Years Parents', Teachers' and Children's **Training Series**

- Comprehensive (includes integrated training programs for parents, teachers, and children)
- Proactive, collaborative, self-reflective child experiential approach built on the "strength model"
- Flexible in delivery using sequenced modules
- Culturally sensitive (available in Spanish, Norwegian, Danish, Chinese, uses multi-ethnic models on DVDs, and parent discussion and goals tailored to adapt to cultural differences in parenting practices)
- Appropriate for prevention programs for high risk children, as well as for treatment of children with conduct problems and ADHD

- User friendly—uses a combination of parent, teacher and child books, DVDs, extensive group facilitator manuals, home and school activities
- Developmentally appropriate programs adjusted for age, temperament and developmental abilities of children—includes puppets, games and practice activities
- Provides extensive program support for training facilitators, school personnel, and organizations, including the crucial group facilitator training
- Provides certification/accreditation for group facilitators to assure quality implementation
- Evidence-based and replicated by independent researchers in different countries.

THEORETICAL BACKGROUND/CONCEPTUAL FRAMEWORK

The main underlying theoretical background for all the parent, teacher, and child programs include the following:

- Cognitive social learning theory, and in particular Patterson's coercion hypothesis of negative reinforcement developing and maintaining deviant behavior (Patterson, Reid, & Dishion, 1992)
- Bandura's modeling and self-efficacy theories (Bandura, 1986)
- Piaget's developmental cognitive learning stages and interactive learning method (Piaget & Inhelder, 1962) and brain development (Bilsky, 2005)
- Cognitive strategies for challenging angry, negative and depressive self-talk and increasing parent self-esteem and self-confidence (Beck, 1979; D'Zurilla & Nezu, 1982; Jacobson & Margolin, 1979)
- Attachment and relationship theories (Bowlby, 1980, Ainsworth, 1974)

Theoretical Rationale/Conceptual Framework for the Incredible Years Parent Training Series

Parenting interactions are clearly the most well-researched and most important proximal cause of the development of conduct problems in children. Parenting practices associated with the development of conduct problems include permissive, inconsistent, irritable, and harsh discipline and low monitoring. Dishion and Loeber (1985) and others have found parental monitoring and discipline were low for adolescent substance abusers; moreover, these parental constructs at age ten predicted later antisocial behavior and drug abuse. The most influential developmental model for describing the family dynamics that underlie development of early antisocial behavior is Patterson's social learning theory regarding the "coercive process" (Patterson et al., 1992), whereby children learn to escape or avoid parental criticism by escalating their negative behaviors. This, in turn, leads to increasingly aversive parent interactions and escalating dysregulation on the part of the child. These negative parenting responses directly model and reinforce the child's deviant behaviors and influence children's brain development. Bandura's self-efficiency and modeling research has shown how powerful observational learning can be; that is, children observe and model how parents behave with them (Bandura, 1986).

In addition to cognitive social learning and modeling theory, attachment theory (Bowlby, 1980) and new methods of measuring attachment beyond the toddlerhood period have elucidated the importance of the affective

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Evidence indicates a positive relationship between parent and child conferred protection against development of antisocial behaviors.

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nature of the parent-child relationship. Considerable evidence indicates that a warm, positive bond between parent and child leads to more positive communication and parenting strategies and a more socially competent child, whereas high levels of negative affect and hostility on the part of parents is disruptive to children's ability to regulate their emotional responses and manage conflict appropriately. For example, research has shown that the relationship between harsh discipline and externalizing problems held only among children in homes in which a warm child-parent relationship was lacking (Deater-Deckard, Dodge, Bates, & Pettit, 1996). Likewise, in a review of research on risk and resilience, Doll and Lyon (Doll & Lyon, 1998) concluded that a warm relationship with at least one caregiver was a strong protective factor against the negative influences of

family dysfunction. This finding was supported by results of a large national study of adolescent development that showed that youth who report positive relationships and bonding with their families and schools engage in less risky and antisocial behaviors (Resnick et al., 1997).

Other family factors such as depression, marital conflict, and high negative life stress have been shown to disrupt parenting skills and to contribute to high negative affect, inconsistent parenting, low monitoring, emotional unavailability, insecure attachment status and negative cognitions and low self-confidence (Webster-Stratton, 1990c). Family and parenting risk factors research suggests the need to train parents not only in effective child management skills but also to assist them in managing

their angry and depressive thoughts and feelings and how to use more effective problem-solving regarding family stressors (Webster-Stratton & Hammond, 1999). Changing parents' cognitive thoughts and affective responses is felt to be as important as learning new behaviors and hypothesized to lead to more self-efficacy and self-confidence in their parenting approaches.

Theoretical Rationale/Conceptual Framework for the Incredible Years Teacher Training Series

Cognitive social learning theory and the coercion process operates in a similar fashion in schools and with teachers as it does with parents. Once children with behavior problems enter school, negative academic and social experiences with teachers and peers become further risk factors contributing to 9

Once children have formed deviant peer groups, the risk for drug abuse and antisocial behavior is even higher.

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development of conduct problems. Aggressive, disruptive children quickly become socially excluded by peers. This leads to fewer opportunities to interact socially and to learn appropriate friendship skills. Over time, peers become mistrustful and respond to aggressive children in ways that increase the likelihood of reactive aggression. Evidence suggests that peer rejection eventually leads to these children's association with other deviant peers with similar problems thus compounding the problem. Once children have formed deviant peer groups, the risk for drug abuse and antisocial behavior is even higher.

Furthermore, researchers (e.g., Hawkins et al., 1998; Rutter, 1985; Jones & Jones, 2007) find that teacher behaviors and school characteristics such as low emphasis by teachers on academic work, failure to offer social and emotional curriculum, low rates of praise, little emphasis on individual responsibility, and high student-teacher ratio are related to classroom aggressive behaviors, delinquency, and poor academic performance. High-risk children are often clustered in classrooms with a high density of other high-risk students, thus presenting the teacher with additional management challenges. Rejecting and nonsupportive responses from teachers further exacerbate the problems of aggressive children. Such children often develop poor relationships with teachers and receive less support, nurturing,

and instruction and more criticism in the classroom.

Strong family-school partnerships support children's social, emotional and academic performance.

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Some evidence suggests teachers retaliate in a coercive manner similar to parents and peers. Walker and colleagues (Walker, 1995; Walker, Colvin, & Ramsey, 1995) report that antisocial children are less likely to receive encouragement from teachers for appropriate behavior and are more likely to be punished for negative behavior than well-behaved children. Aggressive children are frequently expelled from classrooms. In our own clinic studies with conduct problem children aged three to seven years, over 50 percent of the children had been asked to leave three or more schools by second grade. The lack of teacher support, negativity, and exclusion from the classroom exacerbates social problems and academic difficulties, and contributes to the likelihood of school drop-out. Finally, research has recently shown that poorly managed classrooms have higher

levels of classroom aggression and rejection that, in turn, influence the continuing escalation of individual children's behavior problems. A spiraling pattern of child negative behavior and teacher reactivity can ultimately lead to parent demoralization, withdrawal and a lack of connection and consistency between the socialization activities of the school and home. While most teachers want to be active partners in facilitating the bonding process with parents, many lack the confidence, skills, or training to work collaboratively with families. Teacher education programs also devote scant attention to building relationships and partnerships with parents or implementing evidence-based social and emotional curriculums.

This literature suggests that a preventive model needs to promote healthy bonds or "supportive networks" between teachers, parents and children. Strong

family-school networks help increase parental expectations, interest in, and support for their child's social, emotional and academic performance, and create a consistent socialization process across home and school settings (Webster-Stratton & Reid, 2010d). The negative coercive cycle described above can be prevented when teachers develop nurturing relationships with students, establish clear classroom rules about bullying, prevent social isolation by peers, and offer a curriculum which includes training students in emotional literacy, social skills, and conflict management as well as academics. Considerable research has demonstrated that effective classroom management can reduce disruptive behavior and enhance social and academic achievement (Jones & Jones, 2007). Well-trained teachers can help aggressive, disruptive, and uncooperative children to develop the appropriate emotional regulation and social behavior that is a prerequisite for their success in school. Teacher behaviors associated with improved classroom behavior include the following: high levels of praise and social reinforcement; the use of pro-active strategies such as preparing children for transitions and setting clear, predictable classroom rules; effective use of short, clear commands, warnings, reminders, and distractions; tangible reinforcement systems for appropriate social behavior; team-based rewards; mild but consistent response costs for aggressive or disruptive behavior including Time Out and loss of privileges; direct instruction in appropriate self-regulation, social and classroom behavior problem-solving; and use of developmentally appropriate behavior plans and involvement with parents.

Theoretical Rationale/Conceptual Framework for the Incredible Years **Child Training Series**

Moffit (Moffitt & Lynam, 1994) and others have argued that some abnormal aspect of the child's biology or internal organization at the physiological, neurological, and/or neuropsychological level of brain development (which may be genetically transmitted) is linked to the development of Conduct Disorders, particularly for "life course persisters" (i.e., those with a chronic history of early behavioral problems). Children with conduct problems have been reported to have certain temperamental characteristics such as inattentiveness, impulsivity, and Attention Deficit Hyperactivity Disorder (ADHD). Researchers concerned with the biological aspects of the development of conduct problems have investigated variables such as neurotransmitters, automatic arousal system, skin conductance, or hormonal influences, and

some findings suggest that such children may have low autonomic reactivity (i.e., low physiological response to stimuli). Other child factors have also been implicated in child Conduct Disorders. For example, deficits in socialcognitive skills contribute to poor emotional regulation and aggressive peer interactions. Research has shown that children with ODD/CD may define problems in hostile ways, search for fewer cues when determining another's intentions and focus more on aggressive cues. Children with ODD/CD may also distort social cues during peer interactions, generate fewer alternative

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Children with conduct problems have significant developmental delays in their peer play and cooperative skills.

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solutions to social problems, and anticipate fewer consequences for aggression. The child's perception of hostile intent in others may encourage the child to react aggressively. Research reveals that aggressive behavior in children is correlated with low empathy across a wide age range, which may contribute to lack of social and emotional competencies and antisocial behavior. Additionally, studies indicate that children with conduct problems have significant delays in their peer play skills; in particular, difficulty with reciprocal play, cooperative skills, turn-taking, waiting, and giving suggestions (Webster-Stratton & Lindsay, 1999; Renk, White, Scott, & Middletone, 2009; Webster-Stratton & Hammond, 1998).

Finally, reading, learning and language delays are also implicated in children with conduct problems, particularly for "early life course persisters" (Cerda, Sagdeon, Johnson, & Galea, 2010; Moffitt &

Lynam, 1994). Low academic achievement often manifests itself in these children during the elementary grades and continues through high school. Poor academic achievement predicts adolescent drug abuse in both crosssectional (Jessor, 1987; Newcomer, Maddahian, & Bentler, 1986) and longitudinal samples (Smith & Fogg, 1978). The relationship between academic performance and CD is bi-directional. Academic difficulties may cause disengagement, increased frustration, and lower self-esteem, which contribute to children's behavior problems. At the same time, noncompliance, aggression, elevated activity levels, and poor attention limit a child's ability to be engaged in learning and achieve academically. Thus, a cycle is created in which one problem exacerbates the other. This combination of academic delays and conduct problems appears to contribute to the development of more severe CD and school failure.

These data concerning the possible biological, socio-cognitive and academic or developmental deficits in children with conduct problems suggest the need for coordinated parent and teacher training programs which help them understand children's biological deficits (their unresponsiveness to aversive stimuli and heightened interest in novelty), and support their use of effective parenting and teaching approaches so that they can continue to be positive and provide consistent responses across settings. The data regarding autonomic underarousal theory and low frustration tolerance suggests that these children may require over-teaching (i.e., repeated learning trials) and coaching in order to learn to inhibit undesirable behaviors, to manage emotion and to respond with more appropriate social behaviors. Parents and teachers will need consistent, clear, specific limit-setting that utilizes simple language and concrete cues and reminders. Additionally, this information suggests the need to directly intervene with such children and focus on their emotional self-regulation and social learning needs such as problem-solving, perspective taking, self-regulation and management of frustration, communication skills, and cooperative play skills as well as literacy and special academic needs.

BRIEF DESCRIPTION OF INCREDIBLE YEARS INTERVENTIONS

A brief description of the Incredible Years parents', teachers' and children's programs is provided below.



Parent Training Programs

BASIC. The BASIC (core) Incredible Years parent training programs are all guided by the cognitive social learning, modeling and attachment relationship theories as well as

cognitive brain development research. The BASIC parent training has 4 curricula versions: Baby Program (9-12 sessions), Toddler Program (12-13 sessions), Preschool Program (18-20 sessions) and School-Age Program (12-16+ sessions). Each of these programs emphasize developmentally age-appropriate parenting skills known to promote children's social competence and emotional regulation and reduce behavior problems.

In the Baby and Toddler Programs parents are focused on helping their babies and toddlers successfully accomplish three developmental milestones secure attachment with their parents; language and social expression; and beginning development of a sense of self. Program topics include: baby and toddler-directed play; speaking "parentese"; providing physical, tactile and visual stimulation; social and emotion coaching; nurturing parenting; providing a language-rich environment; understanding toddlers' drive for exploration and need for predictable routines; baby and toddler-proofing to assure safety; and separation and reunion strategies.

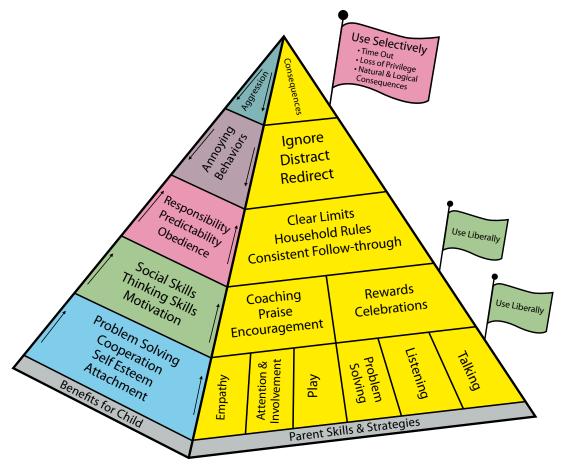


In the Preschool Program parents are focused on the developmental milestones of encouraging school readiness skills (pre-writing, pre-reading, discovery learning); emotional regulation; and beginning social and friendships skills. Program topics include continuation of toddler topics as well as academic, persistence, and self-regulation coaching; effective use of praise and encouragement; proactive discipline; and teaching children beginning problem-solving skills.

The School Age Program focuses on the developmental milestones of encouraging children's independence; motivation for academic learning; and development of family responsibility and empathy awareness. Program topics continue to build on core relationship skills with special time with parents and adds further information regarding reward systems for difficult behaviors, clear and respectful limit setting, encouragement of family chores, predictable home work routines, adequate monitoring and logical consequences. There is an early childhood protocol for this program for children ages 6-8 years as well as a preadolescence protocol for children 9-12 years. The older age protocol content includes all the younger version content material plus additional information regarding monitoring afterschool activities, and discussions regarding family rules about TV and computer use, as well as drugs and alcohol. Finally, the program teaches parents ways to develop successful partnerships with teachers and strategies to support their children's curiosity, reading time, and predictable homework routines.



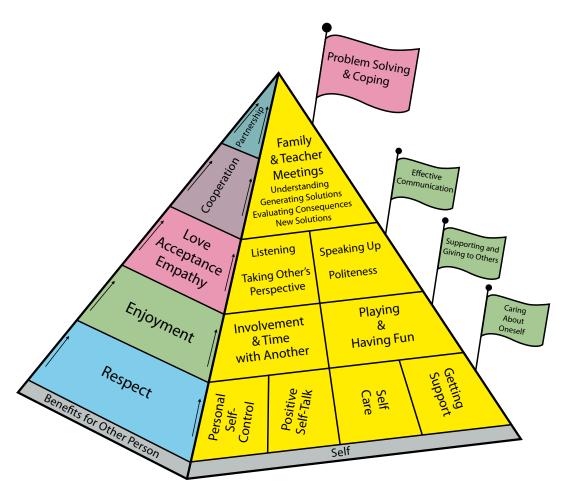
ADVANCE. The ADVANCE parent training series is also guided by cognitive social learning, self-efficacy and problem solving theories and utilizes aspects of marital and



Parenting Pyramid TM

depression therapy which have been shown to be effective (Beck, 1979; D'Zurilla & Nezu, 1982; Jacobson & Margolin, 1979). This program is an additional 9 to 12 week supplement to the BASIC preschool or school-age programs that addresses other family risk factors such as depression or stress management, marital discord, poor coping skills, and lack of support. The content of this program includes teaching cognitive self-control strategies, problem-solving between couples and with teachers, communication skills, ways to give and get support and how to set up family meetings.

All of the training programs include DVDs, detailed manuals for facilitators, parent books and CDs, home activities and refrigerator notes, and utilize a collaborative training process of group discussion facilitated by trained facilitators.



Pyramid for Building Relationships ^{1M}



Teacher Training Program

The Incredible Years teacher training series is a six-day (or 48-hour) program for teachers, school counselors, and psychologists, spread out every 3-4 weeks throughout the

year. The teacher program is group-based training that targets teachers' effective use of attention; academic, persistence, social and emotion coaching; praise, encouragement, and incentives for difficult behavior problems; use of proactive classroom management strategies for managing misbehavior; promoting positive relationships with difficult students; strengthening social skills, emotional regulation, and problem

solving in the classroom, playground, bus, and lunchroom; and strengthening the teachers' collaborative process and positive communication with parents (e.g., the importance of positive home phone calls, teacher-

parent communication letters, regular meetings with parents, home visits, successful parent conferences). For indicated children (i.e., children with CD and ADHD), teachers, parents, and group facilitators jointly develop "transition behavior plans" that detail classroom strategies that are successful with that child; goals achieved and goals still to be worked on, characteristics, interests, and motivators for the child; and ways parents would like to be contacted by teachers. This document can be used to support the child's transition from one school year to the next.

Additionally, teachers learn how to prevent peer rejection by helping the aggressive child learn appropriate problem-solving strategies and helping his/her peers respond appropriately to aggression. Teachers are encouraged to be sensitive to individ-

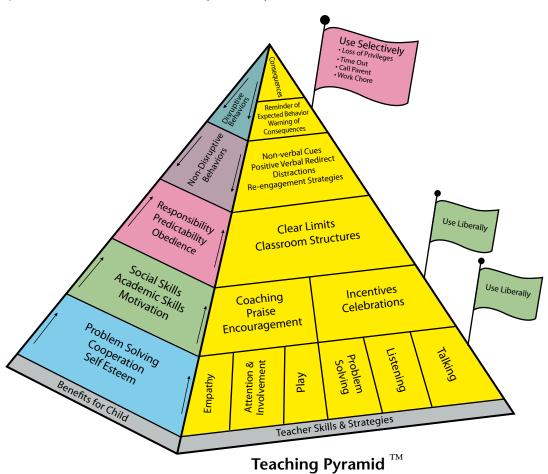
Teachers learn how to collaborate with parents to develop behavior plans and target goals.

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ual developmental differences, biological deficits in children and family cultural and economic differences and the relevance of these factors for enhanced teaching efforts that are positive, accepting, and consistent. Physical aggression in unstructured settings (e.g., playground) is targeted for close monitoring, teaching, and incentive programs.

Finally, like the parent program, the teacher training is conducted in groups of 12-14 teachers and is a collaborative, self-reflective and experiential learning process whereby teachers share ideas, problem solve issues and practice strategies together. The group facilitators help teachers to develop a support group whereby teachers can identify their goals for themselves as well as their students and celebrate their successes and difficulties together. Group facilitators help teachers learn cognitive and self-regulation skills for staying calm and respectful, for praising themselves and each other and develop self-confidence in their strategies and ability to bring about change. In addition to the group training, between the six workshops group facilitators or teacher peer coaches visit classrooms to model teaching skills and provide teachers with support regarding their behavior plans.



Child Training Program (Dinosaur Curriculum)

Dina Dinosaur's Social Skills, Emotion and Problem-Solving Curriculum (Dinosaur School) was guided by child risk factor research and was developed to enhance children's appropriate

classroom behaviors (e.g., quiet hand up, listening to teacher), promote social skills, emotional literacy, empathy and self- regulation, and positive peer interactions (e.g., waiting, taking turns, asking to enter a group, complimenting etc.), develop appropriate anger management strategies and reduce conduct problems. In addition, the program teaches children ways to integrate into the classroom, follow school rules and develop positive friendships. One curriculum for this program is designed to be used as a "pull out" group for treating small groups of five to six children with conduct problems. This treatment version is usually offered as an after school

mental health program, once weekly, for two hours over 18-22 weeks. In a school setting, the treatment version can be offered in shorter sessions as long as the total dosage is not decreased. The prevention version of the program is classroom-based and is designed with separate lesson plans for preschool, kindergarten and early primary grade teachers to be delivered to all students two to three times a week throughout the year.

The small group child treatment version of the Dinosaur Curriculum is organized to dovetail with the parent and teacher programs using the same developmental theory, language and behavior management principles in order to promote consistency of approaches across settings.



Summary









Each of the three types of training programs described above targets different antecedents of conduct disorder in the home, classroom, and school setting (i.e., teachers), as well as in the individual child and his or her peer group. Each of the three sets of curriculums has been designed to be practical, "user friendly," and implemented by trained group facilitators including school personnel. Initially, these facilitators will receive extensive, group-based training to conduct the classroom, child small group and parent interventions. Additionally, self-study manuals have been developed for the teacher and parent training programs so that participants can make-up missed sessions in a cost-effective manner.

Each of the three interventions includes a 700+ page manual outlining complete content, group facilitator scripts (including questions for group discussions and suggested

practice activities and buzzes), home or classroom activities, refrigerator or blackboard notes of key points, as well as books for children, parents and teachers, and DVDs.

Trained group facilitators use the DVD video vignettes to facilitate discussion, problem solving, and sharing of ideas among parents and teachers. Group facilitators help participants discuss important principles and practice new skills through role-playing, brainstorms, values exercises and home or classroom assignments and readings.

Please see chapter 6 for information on how to select and combine Incredible Years programs by level of risk of population and child diagnoses.

EVIDENCE OF PROGRAM EFFECTIVENESS— PARENT, TEACHER AND CHILD

Incredible Years Parent Training Studies with Children Diagnosed with Oppositional Defiant Disorder and/or Conduct Disorder and/or ADHD

Over the past 30 years, the BASIC program has been evaluated extensively as a treatment program in a series of eight randomized control trials (RCTs) by the developer with more than 800 children ages 3-8 years referred for conduct problems and ADHD. These studies have shown that the BASIC program results in significantly improved parental attitudes and parentchild interactions, a reduction in parents' use of harsh forms of discipline, and reduced child conduct problems and internalizing problems. Effects have been sustained for two-thirds of families up to 8-12 years after intervention (Webster-Stratton, Rinaldi, & Reid, 2011b). There is one RCT with the toddler program (Gross et al., 2003) and one pre-post study with the 9-12 age group (Hutchings, Bywater, Williams, Whitaker, & Lane, in press). Currently a study is in progress with the baby and toddler

> programs in Wales. See review chapter for more information about research (Webster-Stratton & Reid, 2010b) and brief summaries of developer's studies and six independent replications are discussed in chapter 7 and 8.

> The ADVANCE program has been shown in a randomized study to be a highly effective treatment for promoting parents' use of effective problemsolving and communication skills, reducing maternal depression, and increasing children's social and problem-solving skills. These effects were obtained over and above the significant changes obtained in the BASIC-alone program (Webster-Stratton, 1994). Since 1994 all treatment studies have used a combined BASIC and ADVANCE program for diagnosed children and results have replicated these findings and have shown effects lasting up to one year (Webster-Stratton & Hammond, 1997). Users have been

highly satisfied with both programs, and the dropout rates have been low regardless of the family's socioeconomic status.

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All treatment studies have used BASIC in combination with the **ADVANCE** program.

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Several studies have been conducted evaluating mediators and moderators of treatment outcome and whether the program works as well for children with ADHD a well as conduct problems. Results suggests that the program works as well for children with co-morbid ADHD as for children with conduct problems (Beauchaine, Webster-Stratton, & Reid, 2005; Hartman, Stage, & Webster-Stratton, 2003). A recent study of children with a primary diagnosis of ADHD showed changes in treated children's hyperactive, inattentive, and oppositional behaviors compared to a waitlist control group (Webster-Stratton, Reid, & Beauchaine, 2011).

Incredible Years Parent Training Studies with High Risk Families

The BASIC program was also evaluated as a selective prevention program by the developer in several RCT studies with Head Start families representing a multi-ethnic population (50 percent minority) living in poverty situations. In the first study, results indicated that the parenting skills of Head Start parents who received training and the social competence of their children significantly improved compared with the control group families. These data supported the hypothesis that strengthening parenting competence and increasing the parental involvement of high-risk welfare mothers in children's school-related activities helps to prevent children's conduct problems and promote social competence (Webster-Stratton, 1998b). Most of these improvements were maintained one to two years later. The next study replicated the findings of the first study with Head Start parents and also evaluated adding a second year booster parent intervention (total of 24 sessions) when children entered primary school utilizing abbreviated components of the ADVANCED and SCHOOL programs plus the teacher training program (Webster-Stratton, Reid, & Hammond, 2001a). Results evaluating program effectiveness according to minority group status (Caucasian, Hispanic, African American and Asian American) indicate significant improvements and high satisfaction for all groups (Reid, Webster-Stratton, & Beauchaine, 2001).

A third RCT evaluated the parent program as an indicated prevention program for use in elementary schools for students with aggressive behavior problems. Schools were assigned to be part of an intervention or usual school services control condition. In the intervention schools all kindergarten and first grade teachers were trained in the IY teacher classroom management program and their classrooms received the dinosaur classroom program. In



these intervention schools parents of students with higher levels of behavior problems were randomly assigned to receive the parent program or not (Reid, Webster-Stratton, & Hammond, 2007). Observational results indicated that children who received the parent intervention had fewer externalizing problems

and more emotional self-regulation than those in the universal teacherclassroom intervention or the usual services control condition. Moreover, mothers in the parent training condition had stronger bonding, were more positive and less critical with their children than the control or universal conditions. Teachers also reported that, following intervention, mothers in the parent condition were more involved in school and that their children displayed fewer behavior problems than other two conditions.

An analysis of these studies has been conducted to determine whether mental health risk factors (depression, child abuse as children, severe anger) interfered with mother participation, engagement or ability to make changes in the program. Results showed that parents with these risk factors had more coercive parent-child interactions at baseline but also indicated they made significant improvements in their parenting interactions resulting in child behavior improvements (Baydar, Reid, & Webster-Stratton, 2003; Reid, Webster-Stratton, & Baydar, 2004).

Replications of Incredible Years Parent Training Programs

These treatment findings have been independently replicated in six other studies in Canada (Taylor, Schmidt, Pepler, & Hodgins, 1998), Norway (Larsson et al., 2009), United Kingdom (Scott, Spender, Doolan, Jacobs, & Aspland, 2001) (Gardner, Burton, & Klimes, 2006), US (Spaccarelli, Cotler, & Penman, 1992) (Lavigne et al., 2008) and Holland (Raaijmakers et al., 2008) with families of children with conduct problems.

The prevention findings have been independently replicated in 6 other studies with selective populations in the US in low income day care centers with primarily African American families of toddlers in Chicago (Gross et al., 2003), with Spanish-speaking Head Start families in New York (Miller & Rojas-Flores, 1999; Miller Brotman et al., 2003; Brotman et al., 2005), with a multi-ethnic group in Massachusetts (Arnold, 2000) and with Sure Start families in Wales (Hutchings, Gardner, et al., 2007) and high-risk families in Ireland (McGilloway, 2011). Additionally, the program has been evaluated in RCTs with foster parents (Linares, Montalto, MinMin, & Vikash, 2006) and in doctors' offices (Lavigne et al., 2008).

Incredible Years Classroom Management (IYTCM) **Teacher Training Studies**

The teacher training group-based program was first evaluated in a randomized trial with 133 children diagnosed with conduct problems comparing child training and parent training with and without teacher training. Posttreatment classroom observations of teacher behavior consistently favored conditions in which teachers received training. Trained teachers were less

critical and less harsh than control teachers. Trained teachers used more praise and were more nurturing, less inconsistent, and reported more confidence in teaching than control teachers. Results also indicated that in classrooms where teachers were trained, children were observed to be significantly less aggressive with peers and were more cooperative with teachers than children in untrained teacher classrooms. Trained teachers also reported children had increased academic competence than children in control classrooms (Webster-Stratton, Reid, & Hammond, 2004).

Nearly identical findings emerged in a second randomized trial with 272 Head Start children wherein teachers and parents received the groupbased parent and teacher training programs and were compared with regular Head Start classrooms (Webster-Stratton et al., 2001a). Additionally, in classrooms where teachers received training, children 9

Adding teacher classroom management training to parent training significantly improves children's behaviors.

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were observed to have higher school readiness scores (engagement and on-task behavior) and increased prosocial behaviors as well as significantly reduced peer aggression. Teachers' reports of parent bonding and involvement in school as well as children's social competence were also significantly higher for trained teachers than for untrained teachers.

A recent study evaluated the IYTCM training program in combination with the child classroom dinosaur curriculum for socioeconomically disadvantaged populations. Matched pairs of schools were randomly assigned to intervention or control conditions. In the intervention conditions, Head Start, kindergarten and first grade teachers were trained. Results with 153 teachers and 1,768 students indicated that in intervention classrooms teachers used more positive classroom management strategies and their students showed more school readiness skills such as social competence and emotional self-regulation and reduced conduct problems. Intervention teachers also showed more positive involvement with parents than control teachers (Webster-Stratton, Reid, & Stoolmiller, 2008).

These findings with high risk populations have been independently replicated in several studies. The first study by Arnold (Arnold et al., 2001) was a randomized study involving 8 day care centers (12 intervention and 10 control classrooms). Results indicated that teachers in the intervention classrooms reported using more effective teaching strategies and less lax discipline than teachers in control classrooms. Moreover, intervention teachers reported fewer aggressive behaviors than did teachers in control classrooms. Two other RCT replications using IYTCM as a single group training approach in combination with mental health consultations in low income, high-minority Head Start classrooms in Chicago (Raver et al., 2008) and North Carolina (Williford & Shelton, 2008), teachers were found to have higher levels of positive classroom climate, teacher sensitivity, and behavior management than control classrooms. A fourth study in Wales with Sure Start (Hutchings, Daley, et al., 2007) has shown similar results. A fifth study was conducted in Jamaica with teachers of 24 preschools in innercity areas of Kingston. Schools were randomized to intervention (n=12) or control (n=12) conditions. All teachers in the intervention schools were trained in 8-9 full day workshops. 95% of the teachers attended 2/3 or more of the workshops. Significant improvements were seen in the behavior of children in intervention classrooms according to independent observations. Large benefits were also found for teacher classroom management practices and classroom atmosphere (Baker, Henningham, et al, 2009).

Finally, another study evaluated the self-study method of training teachers compared with self-study plus consultation model and found significant differences between groups in teacher confidence, use of positive instructional practices and acceptability in favor of the self-study plus consultation condition. Positive trends also favored the combined training in terms of students' increased social competence (Shernoff & Kratochwill, 2007). Other RCT teacher classroom management studies are currently in progress in US with Head Start and primary grade teachers, UK and Ireland.

Incredible Years Child Training Studies—Dina Dinosaur Curriculum

The Dina Dinosaur small group treatment program for children has been evaluated by the developer in three randomized trials with children diagnosed with Oppositional Defiant Disorder or Conduct Disorder and ADHD ages four to seven. The first of these studies showed that the 20-22-week child training program resulted in significant improvements in observations of peer interactions. Children who had received the Dinosaur Curriculum were significantly more positive in their social skills, emotional literacy and conflict management strategies than children whose parents received parent training only or served as untreated controls. Results showed that the combined parent and child training was more effective than parent training alone and that both were superior to the control group. One year later the combined parent and child intervention showed the most sustained effects (Webster-Stratton & Hammond, 1997).

In a second RCT with the same population, the effects of the 20-22 week child training program were replicated in terms of improved peer conflict management skills in comparison to children who only received parent training (Webster-Stratton & Reid, 1999c). However, when child training was com-

bined with the teacher training intervention there were further reductions in aggressive behavior in the classroom (Webster-Stratton et al., 2004). Teacher training combined with child training and parent training showed the best effect sizes.

In a third RCT the effects of the 20 week child dinosaur training program plus the parent program treatment were evaluated with children (ages 4-6 years) diagnosed with ADHD and compared with a waiting list control group. Mothers reported significant treatment effects for appropriate and harsh discipline, use of physical punishment, and



puppet ©Axtell Expressions

monitoring. Independent observations revealed treatment effects for mothers' praise and coaching, mothers' critical statements, and child total deviant behaviors. Both mothers and fathers reported treatment effects for children's externalizing, hyperactivity, inattentive and oppositional behaviors, and emotional regulation and social competence. There were also significant treatment effects for children's emotion vocabulary and problem-solving ability. At school, teachers reported treatment effects for externalizing behaviors and peer observations indicated improvements in treated children's social competence (Webster-Stratton, Reid, et al., 2011).

Data from several studies were combined to determine (Webster-Stratton, Reid, & Hammond, 2001b) who benefits from the dinosaur small group treatment program. The only risk factor related to failure to make improvements in child conduct problems after treatment was negative parenting (criticisms and physical force). Long term follow-up indicated most of the treatment benefits were maintained.

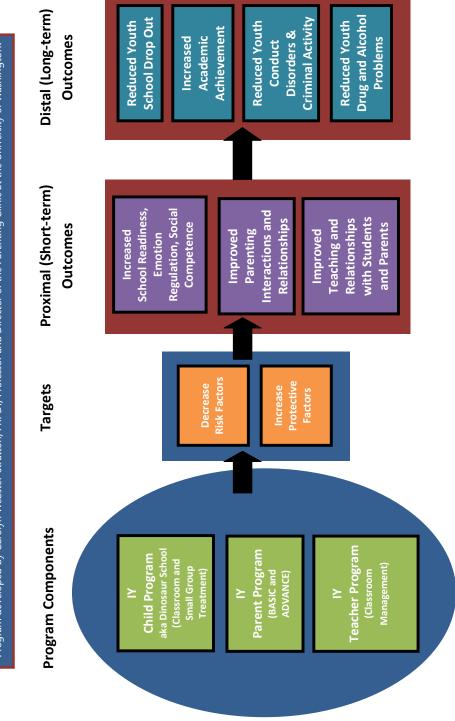
Only one RCT has been conducted with the classroom version of the Dinosaur Curriculum (Webster-Stratton et al., 2008). In this study Head Start and primary school teachers were randomly assigned to the training which consisted of IY teacher classroom management training plus Dinosaur School Social and Emotional Skills curriculum training. They delivered the dinosaur school twice a week throughout the school year. Results from 153 teachers and 1,768 students indicated that blinded observers reported intervention teachers used more positive classroom management strategies and their students showed more social competence, emotional regulation and fewer conduct problems than control teachers and students.

Summary-Program Models

Each of the three types of parent, teacher and child programs were designed to target specific risk factors and to increase protective factors associated with their setting. The following logic model is an overview of the entire PACT model. The models for each of the specific programs are depicted in the next chapter.

The Incredible Years Parent and Child, and Teacher (PACT) Programs

Program developed by Carolyn Webster-Stratton, Ph. D., Professor and Director of the Parenting Clinic at the University of Washington.



CHAPTER 7



PROGRAMS AS DESIGNED AND IMPLEMENTED

GOALS AND MEASURABLE OBJECTIVES

The Incredible Years Parents, Teachers, and Children Training Series has two immediate goals. The first goal is to provide cost-effective, early prevention programs that all families and teachers of young children can use to promote social, emotional, and academic competence and to prevent children from developing conduct problems. The second goal is to provide comprehensive interventions for teachers and parents that are targeted at treating and reducing the early onset of conduct problems in young children. The long-term goals of these early prevention programs are to reduce violence, drug abuse, and delinquency in later years and to break the intergenerational transmission of child abuse and neglect.

Promote parent competencies and strengthen families:

- Increase positive and nurturing parenting.
- Increase parents' understanding of age appropriate developmental milestones and realistic expectations for children's behavior.
- Reduce critical and violent discipline approaches by replacing spanking/hitting with positive developmentally appropriate discipline strategies such as clear rules and routines, ignoring, using logical and natural consequences, redirecting, adequate monitoring, coaching and problem-solving.
- Improve parents' problem-solving skills, anger and depression management, and communication skills.
- Increase family support networks and school involvement/bonding.
- Help parents and teachers work collaboratively to ensure consistency in behavior plans across settings for children.
- Increase parents' involvement in children's social, emotional and academic-related activities at home.

Promote teacher competencies and strengthen home-school connections:

- Strengthen teachers' effective classroom management skills, including academic, persistence, social and emotion coaching strategies and proactive teaching approaches.
- Increase teachers' use of effective proactive discipline strategies.
- Increase teachers' collaborative efforts with parents and promotion of parents' school involvement.
- Increase teachers' ability to teach social skills, anger management, and problem-solving skills in the classroom.
- Decrease levels of classroom aggression.

Promote children's competencies and reduce aggressive and noncompliant behaviors:

- Strengthen children's social skills and appropriate play skills (turn-taking, waiting, asking, sharing, helping, complimenting).
- Promote children's use of emotional self-regulation strategies such as anger management strategies and effective problem-solving steps.
- Increase children's emotional competence such as increasing emotional literacy, awareness of differing feelings in oneself and others and enhancing perspective taking.

- Boost academic success, reading, language development, listening and school readiness.
- Reduce defiance, aggressive behavior, and related conduct problems such as noncompliance, peer aggression and rejection, bullying, stealing and lying.
- Decrease children's negative cognitive attributions and conflict management approaches.
- Increase children's self-esteem and self-confidence.

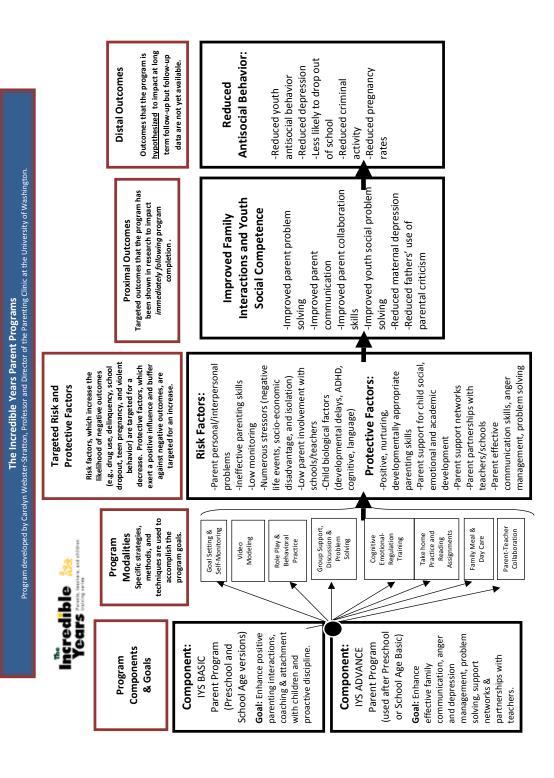
TARGETED RISK AND PROTECTIVE FACTORS—LOGIC MODELS

Young children who have been neglected or abused, or have developed high rates of aggressive behavior problems have been shown to be at greatest risk for continuing on the trajectory to deviant peer groups, school drop-out, delinquency, substance abuse, and violence. Ultimately, the aim of the parent, teacher and child training programs is to prevent and reduce the occurrence of aggressive and oppositional behavior, thus reducing the likelihood of developing later delinquent behaviors. The Incredible Years Series accomplishes these goals by targeting malleable risk and protective factors discussed in chapter 1 related to homes, schools and child development.

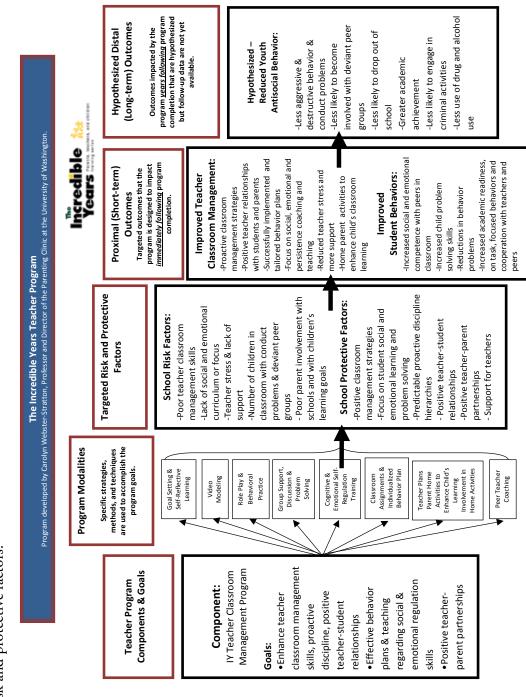
Each of the programs in the Incredible Years Series seeks to improve the quality of relationships between parents and children, teachers and students, teachers and parents, group facilitators and parents, and children and their peers. See logic models on the following pages for malleable risk and protective factors for each program. Full page versions on www.incredible years.com.

Implications of Risk Factors for Prevention and Intervention

The Earlier the Intervention the Better. First, the developmental model illustrating cascading risk factors as children transition from home to school and the longitudinal research on the poor prognosis for "early starter" aggressive children suggest that early intervention is crucial. There is evidence that the earlier the intervention is offered, the more positive the child's behavioral adjustment at home and at school and the greater chance of preventing later delinquency. Second, developmental research indicates that these children can be identified before school entry by the occurrence of aggressive problems across the home and day care or preschool settings. Several researchers The Incredible Years Parent Programs have been shown to affect the following malleable risk and protective factors:



The Incredible Years Teacher Classroom Management Programs have been shown to affect the following malleable risk and protective factors:



The Incredible Years Child Training Programs (aka Dinosaur Curriculum) have been shown to affect the following

-Less likely to drop out of designed to impact at long term follow-up during adolescence. (Long term follow-up data have not been conducted.) (Long-term) Outcomes Outcomes that the program is **Antisocial Behavior: Hypothesized Distal** Reduced Youth -Less likely to become involved with deviant **Hypothesized** -Less use of drug and Less criminal activity destructive behavior Less aggressive & Less pregnancy peer groups alcohol use Incredible 🎎 Years 🚟 🚟 rogram developed by Carolyn Webster-Stratton, Professor and Director of the Parenting Clinic at the University of Washington. and School Readiness: **Emotional Regulation** -Improved social problem behavior and cooperation research to impact immediately Hypothesized Outcomes: readiness such as on task following program completion Reduced youth conduct Proximal (Short-term) Targeted outcomes that the program has been shown in Competence and problems at school and Proven Outcomes: Increased Social -Improved youth self--Increased academic Outcomes with teachers The Incredible Years Child Program (aka DINA Curriculum) control **Targeted Risk and Protective** persistent conduct problems ikelihood of negative outcomes (e.g., dropout, teen pregnancy, and violent decrease. Protective factors, which exert a positive influence and buffer -Poor problem solving skills -Poor social skills & emotion parents, teaches and peers Risk factors, which increase the against negative outcomes, are teaching from parents and -Effective problem solving drug use, delinquency, school Child aggressive behavior -Positive relationships and behavior) are targeted for a **Protective Factors:** -Low academic readiness -Poor relationships with targeted for an increase. Social skills & positive **Risk Factors:** Emotional regulation -Early initiation and friendships teachers **Program Modalities** are used to accomplish the methods, and techniques Specific strategies, program goals. Take Home Activities with Imaginary Play Activities Group Support and Problem Peer Academic, Talk and Self-Regulation Role Play & Behavioral Practice Group Art, Activities, Games and Social, and Emotion Positive Self-Persistence, Modeling Puppet and Coaching Solving Activities Snacks Parents malleable risk and protective factors: IYS DINA Curriculum Prevention versions) reduce and prevent behavior problems. Components & Goals behavior problems and ADHD and for persistence, social Freatment and Child Program competencies for (Small Group Component: Classroom Child Program Goal: Increase all children to and academic children with emotional, children's

have demonstrated that violent adolescents could be identified with almost 50 percent reliability as early as age six (Campbell, 1991; Loeber et al., 1993) and others have suggested as young as age three (Tremblay et al., 2000). Third, the preschooler's transition from home to school can be stressful for parents and children. Supportive school networks must be built to help families and their children access the services they need and to support parents' involvement in their child's schooling. But even before children start preschool, families need to provide their babies and toddlers with a firm foundation of soil that is rich with love, nurturing, coaching and healthy nutrients. This

∞ The earlier the intervention the stronger the influence on brain development.

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well fertilized soil will help babies develop a strong brain foundation and to strengthen the development of their social, physical, emotional and cognitive brain neuron connections.

TARGETED POPULATIONS AND PROGRAM COMPONENTS

These programs have been demonstrated effective as "selective prevention programs," that is, for selective populations (i.e., families living in poverty such as Head Start parents and children; parents known to Child Protective Services) known to be at higher risk for developing conduct disorders, delinquency and substance abuse.

Additionally, the programs have been demonstrated effective as "indicated prevention" and "treatment programs," that is, for children ages 3-8 years presenting with high rates of aggressive and oppositional behaviors or diagnosed with Oppositional Defiant Disorder or Conduct Disorder or Attention Deficit Hyperactivity Disorder. They can be delivered within schools, churches, mental health agencies, doctor's offices and health maintenance organizations.

Targeted populations for the differing programs include:

- High-risk parents with babies and toddlers (ages 0-2)
- Parents and teachers who work with high-risk children (ages 2 to 8)
- Parents of children with conduct problems, ADHD & internalizing problems (ages 3 to 8)

- Preschool, daycare and early elementary teachers of students with conduct problems and ADHD (ages 3 to 8)
- Parents at risk for abuse or neglect or involved with child welfare agencies
- Foster parents
- Child service and child care providers and teachers

Choosing Program Components according to Populations Addressed

The BASIC parent program (toddler, preschool or school-age version) is considered a mandatory "core" component of the prevention and treatment training series in order to replicate our research results with indicated or

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Choose programs according to level of risk of population.

selected populations. We strongly recommend that the ADVANCE program be offered in addition to the Preschool and School-Age BASIC programs for selective populations such as families characterized as highly stressed, depressed, with few supports and/or with marital discord. We also strongly recommend that for children with behavior problems which are pervasive (i.e., apparent both at school and at home) that the Dinosaur child training program and/or teacher training program be offered in conjunction with the parent training program. For indicated children whose parents cannot participate in the BASIC program due to their own psychological problems, we recommend both the teacher and child training

programs. See Chapter 6 Planning and Implementation for more information on how to choose programs by level of risk of the population.

Delivering the Training Programs-Who and Where?

There is comprehensive training available for each of the Incredible Years Programs, as well as extensive training materials and a facilitator certification process. These programs can be delivered by trained professionals from a variety of disciplines including teachers, school counselors, psychologists, psychiatrists, nurses or social workers. Ideally, these individuals will be experienced in working with children and parents or in individual counseling and/or family therapy, and will also have group leader experience. Successful facilitators are those who have a background in social learning theory and

Population Use	Minimum "Core" Program	Recommended Programs for Special Populations
Prevention Programs for Selected Populations (i.e., high-risk populations) Settings: Preschool, Daycare, Head Start, Schools (K-3), Public Health Centers	BASIC Toddler, Preschool or School-Age Parent Programs (14-20, 2-hour weekly sessions)	 ADVANCE program for child welfare referred families. Child Dinosaur Small Group Treatment program if child's problems are pervasive at home and school or if family involved with child welfare system for abuse or neglect. Teacher classroom management program if teachers have high numbers of students with behavior problems or if teachers lack these skills.
Treatment Programs for Indicated Populations (i.e., children with diagnosed ODD, ADHD, CD or Internalizing Problems) Settings: Mental Health Centers, Pediatric Clinics, HMOs	BASIC plus ADVANCE Parenting Programs (20-26 sessions)	 Child Small Group Dinosaur Program if child's problems pervasive at home and at school or if family involved with child welfare system. Teacher Program if child's problems pervasive at home and at school.

child development principles; are warm, caring and collaborative in their interpersonal style; and are able to provide effective leadership using the skills of persuading, coaching, humor, role play and practice. The "art" and therapeutic use of self in leading a group is described more fully later in Chapter 3.

School Settings. Trained school counselors, family service workers, school psychologists and nurses (and teachers, if they have the time) may offer the BASIC parent programs in schools or pre-school settings. They may offer these to all parents or to parents whose children are demonstrating "high-risk" behaviors. However, it may be less stigmatizing and more supportive to the school environment to offer the programs to all parents of a particular grade or classroom or school.

It is optimal for all teachers and administrators in a school to be trained in the teacher classroom management programs. This group training may be facilitated by trained teachers, school counselors or psychologists or principals. The training is preferably offered in monthly, day-long workshops throughout the year to all teachers of children ages 3-8 years.

The Child Dinosaur Classroom Curriculum may be offered in schools addressing high risk populations and may be offered as a "pull out" treatment curriculum for small groups of children identified as having oppositional and aggressive behavior problems. Trained leaders for these groups may include school counselors, special education teachers and psychologists.

Mental Health Settings. Therapists with graduate degrees in psychology, nursing, social work, and psychiatry will be the primary facilitators of the Parent and Child programs in mental health settings. The programs offered here will likely include the more comprehensive parent program (BASIC + ADVANCE), in addition to the small group version of the Dinosaur treatment program.

CHAPTER

3



PROGRAM CONTENT: The Incredible Years Parenting Programs

THE INCREDIBLE YEARS BASIC PARENTING PROGRAMS (BABY AND TODDLER, PRESCHOOL AND SCHOOL-AGE VERSIONS)

The BASIC parent training series has 4 curriculae: Baby Program (9-12 sessions), Toddler Program (12 sessions), Preschool Program (18-20 sessions) and School-Age Program (12-16+ sessions). Each of these programs is the core of the prevention series and emphasize developmentally age-appropriate parenting skills known to promote children's social competence and emotional regulation and to reduce behavior problems.

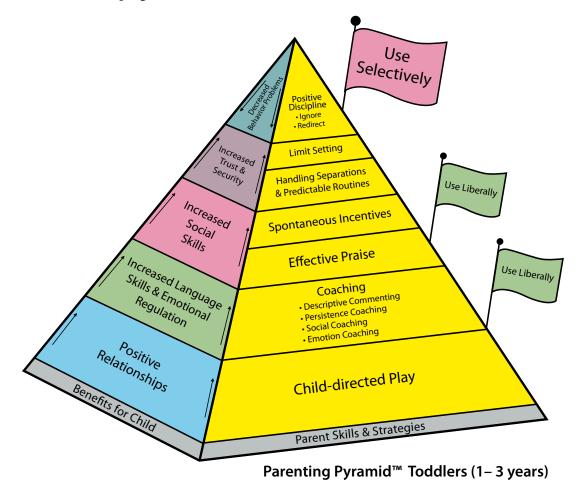
The *Baby Program* is focused on helping parents promote their babies' physical, social, emotional and language development. It includes safety alerts, developmental principles, ways to cope with babies' crying and fussy periods, and how to get support from others. (See Table 1) In the *Toddler BASIC Program* parents are focused on helping their children successfully accomplish



three developmental milestones—secure attachment with their parents; language and social expression; and development of sense of self. Program topics include: child-directed play; speaking "parentese"; social and emotion coaching; nurturing parenting rich with language and specific praise; understanding toddler's drive for exploration and need for predictable



routines; separation and reunion strategies; clear limit setting and toddler-proofing at home to assure safety. (See Table 2) The parents have a text book and journal entitled *Incredible Babies* and *Incredible Toddlers* for each of these two programs (Webster-Stratton, 2011a, 2011b).



In the *Preschool BASIC* Program parents are focused on the developmental milestones of encouraging school readiness skills (prewriting, prereading, discovery learning); emotional regulation; and beginning social and friendships skills. Program topics include continuation of toddler

topics as well as academic, persistence and selfregulation coaching; effective use of praise and encouragement; proactive discipline; and teaching children beginning problem-solving skills. (See Table 3) The text for both the Preschool and the School Age programs is entitled *Incredible Years: A* troubleshooting guide for parents of children ages 2-8 years (Webster-Stratton, 2006a).

In the School Age BASIC Program parents are focused on the developmental milestones of encouraging children's independence; motivation for academic learning; and development of family responsibility and empathy awareness. Program topics continue to build on core relationship skills with special time with parents, add further information regarding reward systems for difficult behaviors, clear and respectful limit setting, encouragement of family chores and sense of

All the BASIC programs utilize cognitive, affective, and behavioral methods and self-management strategies.

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responsibility, predictable home work routines, and logical consequences. There is an early childhood protocol for this program for children ages 6-8 years as well as a preadolescence protocol for children 9-12 years. The older age protocol content includes all the younger version content material plus additional information regarding monitoring children's afterschool activities, and discussions regarding family rules regarding TV and computer use, as well as drugs and alcohol. Finally, the program teaches parents ways to develop successful partnerships with teachers and strategies to support their children's curiosity for learning, reading time and set up predictable and supportive homework routines. (See Table 4 and 5)

The programs involve group-led discussions of a series of age appropriate video vignettes of parents interacting with children in family life situations. The vignettes represent Hispanic, African-American, Asian and Caucasian mothers and fathers with children of varying developmental abilities and temperament. Trained group facilitators use these video vignettes to facilitate modeling, group discussion, problem solving and to



trigger behavioral and cognitive practices. Group size is 10-14 parents. Group facilitators help participants learn behavior management, self-regulation skills and developmental principles, which they apply to their goals for themselves and their children.

Self-administered and Home-based Delivery of the Program. For parents who cannot attend groups or have missed sessions there are also self-study parent

manuals for the preschool and school age version of the parent programs and parent coach protocols. These can be used by trained parent coaches or group leaders when delivering the program one-on-one with parents at home or as a self-administered program with consultation. There have been two RCT studies showing the success of this individual self-administered approach (Webster-Stratton, 1990; 1992; Webster-Stratton, Kolpacoff, & Hollinsworth, 1988).

Pace Length of Program According to Group Needs. Each program within each series builds on the previous program to ensure that participants learn the relationship-building, coaching and encouragement skills outlined in the first programs before moving to the cognitive behavior management approaches described later. Participants who have difficulty with material in a program can review and practice the material before moving to subsequent programs. Although the content and methods of each session are outlined in weekly protocols, the group facilitator should remain flexible and adapt the pacing of the content, vignettes, and practices of each session according to parents' prior knowledge of the content and baseline familiarity with the behavioral principles. It usually takes 14-16 sessions to complete the prevention version of the Preschool Program with a low risk group of parents. It takes 18-24 sessions to deliver this program if the population is high risk, child welfare referred for abuse or neglect, utilizes interpreters, or is a treatment group for diagnosed children. Group facilitators should use their clinical judgment to determine parents' needs for additional vignettes and practices and home activities. The group

Table 1: Content a	tent and Objectives of the Incredible Years Parents and Babies Program	ars Parents	and Babies Program
Content	Objectives	Content	Objectives
Babies Program: 0—12	n: 0—12 Months		
Part 1: Getting to Know Your Baby (0—3	Learning how to observe and read babies' cues and signals B Understanding how to cope with babies' crying and fussy B	Part 2: Babies as Intelligent	Understanding "observational learning" or, mirroring and how babies learn Learning about how to talk "parent age," to babias
months)	g about feeding and burping	Learners (3—6 months)	
	Understanding the importance of communication with babies		 Understanding the importance of parental communication for babies' brain development
	 Learning about babies' fevers and recognizing when to call the doctor 		 Understanding normal developmental landmarks ages 3-6 months
	 Providing babies with visual, auditory and physical stimulation 		 Learning ways to keep babies safe
	 Learning about soft spots, baby acne, sleep habits, spitting, normal bowel movements and diapering 		
	 Learning how to baby-proof a home 		
	Learning about babies' developmental milestones in the first 3 months		
	Understanding the importance of getting rest and support and shifting priorities		
Part 3: Providing	to provide physical and tactile	Part 4: Parents	 Learning how to read babies' cues and developmental needs
Physical, Tactile		Learning to	 Understanding how to respond to babies' crying and fussy
Stimulation	Understanding the importance of visual and auditory stimulation	neau babies Minds	periods Strategies to set up predictable routines and bedtime rituals
	 Modulating the amount of stimulation babies receive 		 Learning how to help babies feel secure and loved
	 Understanding the importance of reading to babies 		 Understanding how babies can be over or under stimulated
	 Providing opportunities for babies to explore safely 		 Learning strategies to help babies' calm down
	 Involving siblings and other family members in baby play times 		 Knowing how to get support
	 Learning games to play with babies 		 Being aware of baby's temperament and working to achieve a good temperament fit
	 Learning to keep babies safe during bath times and other activities 		

Table 1 Cont	Table 1 Continued: Content and Objectives of the Incredible Years Parents and Babies Program	ncredible Yea	ars Parents and Babies Program
Content	Objectives	Content	Objectives
Babies Program: 0—1	m: 0—12 Months		
Part 5:	of finding time for oneself	Part 6:	Understanding how babies learn - "observational learning"
	 Understanding the importance of involving other family members and friends in baby's life 	Sense of Self (6—12 months)	 and modeling Learning how to provide predictable routines or schedules for babies
	 Learning how to get support from others 		 Learning how to introduce solid foods in child-directed
	Knowing how to inform other infant care providers or hapty's need and interests		Ways I paming about successful wave to wean babies when the
	Knowing how to baby-proof house and review checklist		time is right
	Learning developmental infant landmarks (6-12 months)		 Knowing how to allow for babies' exploration and discovery
			 Knowing how to talk to babies in ways that enhance language development
			 Understanding how to make enjoyment of baby a priority
			 Learning about visual and nonverbal communication signals
			 Understanding about babies' development of object and person permanence
			Understanding how to baby-proof a home and completion of checklist

Content	Objectives	Content	Objectives
Toddler Program: 1—3	am: 1—3 Years		
Part 1: Child-Directed Play Promotes Positive Relationships	 Understanding the value of showing attention and appreciation as a way of increasing positive child behaviors Understanding the importance of showing joy with toddlers through songs and games Understanding how to promote imaginary and pretend play Learning how to be child-directed and understanding its value for children Learning how to end play successfully with toddlers Learning about toddlers' developmental needs and milestones Learning about the "modeling" principle Balancing power between parents and children Building children's self-esteem and creativity through child-directed play Understanding the "attention rule" 	Part 2: Promoting Toddler's Language with Child-Directed Coaching	 Understanding how to model and prompt language development Learning how to coach preschool readiness skills Learning about "descriptive commenting" and child-directed coaching Learning about "persistence coaching" to build children's ability to be focused, calm and to persist with an activity Learning about the "modeling principle" Understanding how to promote pre-reading and prewriting readiness skills Appreciating normal differences in children's developmental abilities and temperament — completing temperament checklist
Part 3: Social and Emotion Coaching	coaching to build a coaching to build a coaching to that as sharing, being them, etc. -by parents avoiding emands and e, children learn more g and peer play using encourage social skills es of play inciples in other ne, and grocery store of e, and grocery store and grocery store	Part 4: The Art of Praise and Encouragement	 Labeling praise "Give to get" principle—for adults and children Attending to learning "process," not only end results Modeling self-praise Resistance to praise—the difficulties giving and accepting praise Promoting positive self-talk Using specific encouraging statements versus nonspecific Gaining and giving support through praise Avoiding praising only perfection Recognizing social and self-regulation skills that need praise encouragement

Table 2 Continued:		ncredible Ye	Content and Objectives of the Incredible Years Parents and Toddlers Program
Content	Objectives	Content	Objectives
Toddler Program: 1—3	ım: 1—3 Years		
Part 5: Spontaneous	Shaping behaviors in the direction you want—"small steps"	Part 6: Handling	Establishing clear and predictable routines for separating from children
Incentives for Toddlers	identifying positive behavior	Separations and Reunions	Establishing routines for greeting children after being away
	/ measure leading to child's		from them
	learning a new behavior		 Understanding object and person permanence
	What will reinforce one child will not necessarily reinforce		 Providing adequate monitoring at all times
	another		 Understanding how peek-a-boo games help children
	 Value of unexpected and spontaneous rewards 		 Understanding how predictable routines for bedtime and
	Recognizing the "first-then" principle		schedules help children feel secure and safe
	Designing programs that are realistic and developmentally appropriate		Completing the toddler-proofing home safety checklist
	Understanding how to set up programs for problems such as not dressing non-compliance picky eating difficulty.		
	going to bed, toilet training and rough animal care		
	 Importance of reinforcing oneself, teachers, and others 		
Part 7: Positive	Reduce number of commands to only necessary commands	Part 8: Positive	 Understanding how to use distractions and redirections coupled with ignore
Discipline— Effective Limit	out the importance of distractions and	Discipline— Handling	Parents maintaining self-control using calm-down strategies and positive self-talk
Setting	ng the value of giving children some choice	Mispellavior	Repeated learning trials—negative behavior is a signal child
	 Politeness principle and modeling respect 		needs some new learning
	 Clear and predictable household rules offer children safety and reduce misbehaviors 		 Using the ignore technique consistently and appropriately for selected behaviors such as whining, tantrums
	"Monitoring Principle": Understanding the importance of constant monitoring & constant		 Knowing how to help toddlers practice calming down Know how to handle children who hit or hite
	All children will test rules—don't take it personally		 Understanding the importance of parents finding support
	 Commands should be clear, brief, respectful, and action oriented 		
	 "When-then" commands can be effective 		
	Distractible children need warnings and reminders		

(Ages 3–6	(Ages 3–6)	ars carry cirr	מיינים האיינים
Content	Objectives	Content	Objectives
Program One:	Program One: Strengthening Children's Social Skills, Emotional Regulation and School Readiness Skills	nal Regulation	and School Readiness Skills
Part 1:	 Recognizing children's capabilities and needs 	Part 2:	Descriptive commenting promotes children's language
Child-Directed Plav	 Adjusting to children's temperament and activity level 	Academic and Persistence	skills and builds children's self-confidence and frustration
`	 Building children's self-esteem and self-concept 	Coaching	 Academic coaching increases children's school readiness
	 Learning about normal developmental milestones 		Using "persistence coaching" to strengthen children's
	Avoiding the criticism trap		ability to be focussed, calm and persist with an activity I earning how to coach preschool reading skills
	Understanding the importance of adult attention to promote positive child behaviors - "Attention Principle"		The "modeling principle"—by parents avoiding the use of critical extensions and demands and substitution positive.
			positive
	 Building a positive relationship through child-directed play 		pointe language, clinicien model and leant more positive communication and to be respectful
			 Understanding children's developmental drive for independence
Part 3:	Using emotion coaching to promote children's emotional		
Social and	literacy		
Emotion	Combining persistence coaching with emotion coaching		
Coacning	to strengthen child's self-regulation skills		
	 Learning how to prompt and model emotion language 		
	Social coaching, one-on-one, builds child's social skills		
	(e.g., sharing, taking turns)		
	Knowing how to engage in rantasy play to promote		
	Helping parents understand how they can coach several		
	children in positive peer interactions		
	Understanding how to model, prompt, and praise social		
	skills		
	 Understanding developmental stages of play 		
	Learning how to apply coaching principles in other set-		
	tings (e.g., meal times, grocery store trips, bath times,		
	etc.,)		

Table 3 Continued	itinued		
Content	Objectives	Content	Objectives
Program Two:	Program Two: Using Praise and Incentives to Encourage Cooperative Behavior	perative Behav	lor
Part 1: The Art of	Labeling praise Give to Get" principle—for adults and children	Part 2: Motivating	Understanding value of spontaneous rewards & celebrations
Effective	 Modeling self-praise 	Children	Inderstanding the difference between rewards and bribes
Praise &	 Resistance to praise—the difficulties from self and others 	Through	ממנים משומ ביי ביי ביי ביי ביי ביי ביי ביי ביי בי
Encouragement	to accept praise	Incentives	 Recognizing when to use the "first-then" principle
	Promoting positive self-talk		 Understanding how to "shape" behaviors
	 Using specific encouraging statements versus nonspecific 		Providing ways to set up sticker and chart systems with
	 Letting and giving support through praise Avoiding praising only perfection 		children
	Recognizing social and academic behaviors that need		Understanding how to develop incentive programs that
	praise		are developmentally appropriate
	 Building children's self-esteem through praise and 		Understanding ways to use tangible rewards for problems
	encouragement		such as dawdling, not dressing, noncompliance, fighting
	 Understanding "proximal praise" and "differential 		with siblings, picky eating, messy rooms, not going to
	attention"		bed, and toilet training
			 Importance of reinforcing/refueling oneself and others
Program Three: Effectiv	e: Effective Limit Setting		
Part 1:	Importance of routines and predictable schedules for	Part 2:	Identifying important household rules
Rules,	children	Effective Limit	 Understanding ways to give more effective commands
and Routines	 Clear and predictable household rules offer children 	Setting	Avoiding unnecessary commands
	 satety and reduce misbenaviors Establishing clear and predictable routines for consert 		 Avoiding unclear, vague and negative commands
	ing from children and greeting them, going to bed and		 Providing children with positive alternatives/choices
	morning routines		Understanding when to use the "when-then" command
	 Starting children learning about family responsibilities 		Recognizing the importance of warnings, reminders and
	 Helping children learn family household rules 		redirection
			 When possible, give children transition time
			"Politeness Principle"
			Praise children's compliance to commands

Table 3 Continued	tinued		
Content	Objectives Co	Content	Objectives
Program Four: Handlin	Handling Misbehavior		
Part 1: Limit Setting	‡	Part 2: Avoiding and	 Understanding how to effectively ignore Understanding concept of "Selective Attention" and "At-
and Follow Through	Understand the importance of consistency and follow	lgnoring Misbehavior	tention Principle" Repeated learning trials—negative behavior is a sign child
	Maintain self-control and use calm down strategies		needs some new learning opportunities
	Use ignore technique consistently and avoid arguing		 Identifying appropriate behavior to ignore Keep filling up bank account with play, coaching, praise
	about limits		 and incentives Practicing self-control and calm down strategies
Part 3:	Learning how to teach children calm down strategies	Part 4:	Learning about developmentally appropriate logical
Time Out to		Other	consequences
Calm Down		Conseduences	 Understanding the importance of new learning trials
	destructive behavior or severely oppositional children		 Understanding the importance of brief, immediate
	 Following through when a child resists Time Out 		consednences
	 Helping victim of aggressive act 		 Avoiding power struggles that reinforce misbehavior
	Continuing to strengthen prosocial behaviors (positive		through lack of follow through
	opposite)		 Determining age appropriate natural and logical
	 Parents practicing positive self-talk and anger 		conseduences
	management strategies		
Part 5:	 Understanding that games and stories can be used to 		
leaching	help children begin to learn problem-solving skills		
Problems Solve	 Appreciating the developmental nature of children's 		
Through Stories	ability to problem solve		
and Games	 Strengthening a child's beginning empathy skills or 		
	ability to understand a problem from another person's		
	point of view		
	Recognizing why aggressive and shy children need to		
	learning how to help children think about the emotional		
	and behavioral consequences to proposed solutions		
	Understanding the importance of validating children's		
	feelings		
	Learning to model problem solving for children		

Table 4: Content Programs (Age	ntent and Objectives of the Incredible Years School-Age BASIC Parent Training (Ages 6-12)	Years Scho	ol-Age BASIC Parent Training
Content	tives	Content	Objectives
Program Nine: Prom	Promoting Positive Behaviors in School-Age Children	Idren	
Part 1:	Understanding how to build a positive relationship with Pal	Part 2:	 Understanding how to use academic and persistence
The Importance of Parental	children. Soc	Social, Emotion, and Persistence	coaching to encourage children's persistence and focus
Attention and Special Time	Helping children develop imaginative and creative play.	Coaching	 Learning to use emotion coaching to build emotional
	 Building children's self-esteem and self-confidence through supportive parental attention. 		Interacy • Learning to use social coaching to encourage social
	 Understanding the importance of adult attention for promoting positive child behaviors. 		skills such as being respectful, sharing, cooperating, and being a good team member.
	 Understanding how lack of attention and interest can lead to child misbehaviors. 		
Part 3:	Knowing how to use praise more effectively.	Part 4:	Understanding the difference between rewards and
Effective Praise and	Avoiding praising only perfection.	Tangible Rewards	bribes.
Encouragement	 Recognizing common traps. 		Recognizing when to use the "first-then" rule.
	Knowing how to deal with children who reject praise.		 Understanding how to set up star and point systems to motivate children.
	 Recognizing child behaviors that need praise. 		 Understanding how to design programs that are age-
	 Understanding the effects of social rewards on children. 		appropriate.
	 Doubling the impact of praise. 		 Understanding ways to use tangible rewards for
	Building children's self-esteem and self-concept.		problems such as dawdling, noncompliance, sibling fighting, messy room, not going to bed, and being home on time.

Table 4 Continued	tinued		
Content	Objectives	Content	Objectives
Program Ten:	Program Ten: Reducing Inappropriate Behaviors in School-Age Children	ge Children	
Part 1:	Politeness Principle	Part 2:	 The importance of household rules.
Rules,	 Understanding how to establish clear and predictable 	Clear and	 Guidelines for giving effective commands.
and Routines	routines.	Limit Setting	 How to avoid using unnecessary commands.
	 Strategies for encouraging children to be responsible. 		 Identifying unclear, vague, and negative commands.
	 Understanding the importance of household chores. 		 Providing children with positive alternatives.
	 Making sure household rules are clear. 		 Using "when/then" commands effectively.
			 The importance of warnings, reminders, and giving choices.
Part 3:	Dealing effectively with children who test the limits.	Part 4:	Guidelines for implementing Time Out for
Mishehavior	 Knowing when to divert and distract children. 	Consequiences	noncompliance, mitting and destructive benaviors.
	 Avoiding arguments and "why games." 	collised mellices	 How to explain Time Out to children.
	Understanding why it is important to ignore children's		 Avoiding power struggles.
	inappropriate responses.		• Techniques for dealing with children who refuse to go to
	 Following through with commands effectively. 		lime Out or won't stay in lime Out.
	 Recognizing how to help children be more compliant. 		 Teaching children how to calm down.
			 Understanding the importance of strengthening positive behaviors.
Part 5:	 Guidelines for avoiding power struggles. 		
Logical and Natural	 Recognizing when to use logical consequences, privilege removal, or start up commands. 		
	 Understanding what to do when discipline doesn't seem to work. 		
	 Recognizing when to ignore children's inappropriate responses and how to avoid power struggles. 		
	 Understanding how natural and logical consequences increase children's sense of responsibility. 		
	 Understanding when to use work chores with children. 		
	 Understanding the importance of parental monitoring at all ages. 		

Table 5: Cor Training	Table 5: Content and Objectives of the Incredible Years Supporting Your Child's Education Parent Training Program	Years Suppo	rting Your Child's Education Parent
Content	Objectives 0	Content	Objectives
Program Eight	Program Eight: How to Support Your Child's Education		
Part 1:	Providing positive support for children's reading.	Part 2:	 Helping children avoid a sense of failure when they can't
Reading	Building children's self-esteem and self-confidence in	with Children's	do something.
Skills	their learning ability.	Discouragement	Recognizing the importance of children learning
	 Making reading enjoyable. 		according to their developmental ability and learning style.
	 Fostering children's reading skills and story telling through "interactive dialogue," praise, and open-ended 		Understanding how to build on children's strengths.
	questions.		Knowing how to set up tangible reward programs to help
			motivate children in difficult areas.
			Understanding how to motivate children through praise
Day 2.		Day 4.	and choosing chairs. Indoctanding the importance of parental attention
Fostering Good	academic activities.	Parents Showing	praise, and encouragement for what children learn in
and Routines	Understanding how television and computer games	School	school.
	interfere with learning.		 Recognizing that every child learns different skills at
	Incorporating effective limit-setting regarding		different rates according to their developmental ability.
	homework.		 Understanding how to build on children's strengths.
	 Understanding how to follow through with limits. 		Understanding how to show "active interest" in children's
	Understanding the importance of parental monitoring.		learning at home and at school.
	 Avoiding the criticism trap. 		 Understanding the importance of working with your child's teacher.
			 Understanding the importance of parental advocacy for their children in school.

facilitator must therefore respond flexibly to the needs of the group. It is important to complete all the material in the series by adding sessions, if necessary. The final two sessions' focus on integration of the newly learned skills to a variety of problems is an essential part of the parents' learning to generalize and integrate key parenting principles to a variety of issues.

Group facilitators who have tried to reduce the length of the program find they do not have time to complete all the topics. They also tend to

lecture in didactic fashion rather than engage in a collaborative, experiential, reflective learning process. These facilitator group leadership interactive methods are key to parents' effective learning of new behaviors, thoughts and feelings. A comparison of a 10-week delivery of this program with a 20-week program showed that the effect sizes were significantly greater for the longer program and that the 20-week program had significantly improved outcomes in child problem-solving and consumer satisfaction. (Webster-Stratton & Reid, 2011). In order to bring about sustained change in parent interactions, it is necessary to allow time for parents to learn new concepts about child development, to practice new behaviors and get feedback, and to develop trusting relationships with other families and group facilitators. It is also necessary to provide parents with substantial support, adequate

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Group facilitators should add group sessions beyond core required number according to family needs.

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scaffolding and sufficient time to solidify their new thoughts, feelings and behaviors and to achieve their goals. For child welfare referred families it is recommended to provide a minimum of four home individual coaching practices along with the group learning. A home coaching manual is provided for this use.

Involve Partners. It is highly recommended that parents attend the parent program with a spouse or partner, as our research suggests that doing so results in more long-lasting effects (Webster-Stratton, 1985a). Partners may include spouses, intimate partners, parents-in-law or close friends who will have an on-going relationship with the child (Webster-Stratton, Hollinsworth, & Kolpacoff, 1989).

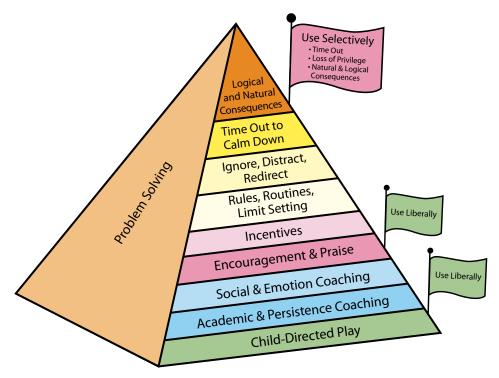
It is preferable to have two facilitators per group. On-site child care is necessary for economically disadvantaged families as lack of child care is cited as a common barrier to attendance.

Sequence of Program is Essential. It is very important to begin with the child-directed play, academic and persistence coaching, social and emotion coaching and praise and encouragement programs. These programs build the attachment between the parent and child and show parents how to give their attention to "positive opposite" behaviors. Parents learn how to coach their children and how to use praise and rewards to encourage cooperation, foster creativity and curiosity, build self-esteem, and strengthen prosocial behavior. There are several advantages to beginning with these programs at the bottom of the pyramid because they:

- Emphasize the positive aspects of building the parent-child relationship rather than focusing on behavior problems.
- Introduce parents to the idea that their responsive and sensitive interactions with their children make a difference to what behaviors and neuron connections will be strengthened and build a strong foundation for future social and emotional development.
- Help parents and children feel good about their responses to each other and promote bonding.
- Help parents give children consistent attention, coaching, approval, and praise for prosocial behavior rather than negative attention and criticism for misbehavior.
- Promote parents' empathy for their children and understanding of the developmental milestones to be accomplished at particular stages and to appreciate temperament and biological differences in children's behaviors.

The Incredible Years - Building The Parenting Pyramid

The IY Parenting PyramidTM serves as the architectural plan for delivering content and is used to describe the program content structure. It helps parents conceptualize effective parenting tools and how these tools will help them achieve their goals. The bottom of the pyramid depicts parenting tools that should be used liberally, as they form the foundation for children's emotional, social, and academic learning. The base of the pyramid includes tools such as positive parent attention, communication, and child-directed



Basic Parenting Pyramid™

play interactions designed to build secure and trusting relationships. Parents also learn how to use specific academic, persistence, social and emotional coaching tools to help children manage their feelings and persist with learning despite obstacles. One step further up the pyramid parents are taught other skills or tools including behavior-specific praise, incentive programs and celebrations for use when goals are achieved. As parents continue to move up the pyramid, other parenting tools are used more sparingly, to reduce specific targeted behaviors. The next layer of the pyramid includes the use of predictable routines, rules, and respectful limit setting, which scaffolds children's exploratory behaviors and their drive for autonomy. This is followed by the least intrusive proactive discipline tools such as ignoring of inappropriate behaviors, distraction and redirection. Finally, at the very top of the pyramid are more intrusive discipline tools such as Time Out for aggressive behaviors and logical consequences. After the top of the pyramid if reached, the last part of the training focuses on how parents can come back down to the base of the pyramid. This refocuses parents on positive and proactive strategies for teaching children to problem solve, self regulate,

and manage conflict. At this point parents have all the necessary tools to navigate some of the uncomfortable, but inevitable, aspects of their interactions with their children. A basic premise of the model is twofold: first, a positive relationship foundation precedes clear and predictable discipline strategies, and second, attention to positive behaviors should occur far more frequently than attention to negative behaviors. Tools from higher up on the pyramid only work when the positive foundation has been solidly constructed with secure scaffolding.



The building metaphor is used with parents as they learn each parenting tool on the pyramid. They begin by learning the tools for building a strong foundation of positive behaviors and relationships with their children. Each family develops individual goals to scaffold their children's learning, motivation, and a realistic view of the necessary work it takes for children to learn something

new. Next parents learn tools for reducing misbehavior, making corrections, and repairing mistakes. By the time that parents have completed the program, they will have learned how to choose different tools from their parenting tool box for different kinds of problems, according to their children's developmental abilities and needs. Certain tools are used more extensively than others at different developmental stages of children's cognitive, emotional and social development.



Child-Directed Play & Special Time Programs

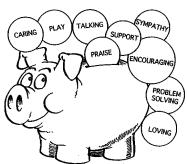
The training begins with helping parents understand the value of child-directed and responsive parent play interactions for strengthening attachment, promoting

optimal brain development and building children's self-confidence and curiosity about learning. Unfortunately, many parents, particularly parents of children with conduct problems, seldom play with their children, either because they do not understand its value as a tool for promoting their children's development or because their lives are so stressful and chaotic



that there seems to be little time to play. For parents with children who have conduct problems or ADHD or difficult temperaments, they may not play because their interactions are simply too stressful. Typically there is negativity on both sides: parents feel negative towards their children out of anger and frustration concerning their children's misbehavior, and their children, in turn, model this behavior and respond with negativity towards their parents. Therefore, the first step in breaking this coercive cycle of behaviors and feelings is to infuse positive feelings into the relationship through child-directed play. For parents of highly aggressive children, these child-directed play times can be the first pleasurable times they have had with their children in months or even years.

Regular daily child-directed play times with parents providing focused attention on their children's activities helps build warm relationships between family members, building a "bank" of positive feelings and experiences that can be "drawn upon" in times of conflict. Child-directed play with parents not only helps children feel deeply loved and valued, thereby fostering a secure base for their ongoing emotional and social development, but



Remember to Build Up Your Bank Account

also, and just as importantly, promotes parents' feelings of attachment and warmth towards their child. Child-directed play on the part of parents is an investment in their child's future and their relationship.

All of the BASIC parenting programs emphasize child-directed daily play times between parents and babies, toddlers, or preschool children. For the school-age program these are called "special times" and parents are encouraged to work on child-directed projects together that their children are interested in.

Academic, Persistence, Social and Emotion Coaching Programs

Next the parents learn about the importance of talking to their babies and children for building language development. In the Babies Program parents learn about descriptive commenting and speaking "parent-ese", which is when single vowels or words are spoken slowly in a high pitched, melodious and playful voice. In the Toddler Program this form of language becomes more elaborate as sentences become longer, more detailed and complex. Parents learn descriptive commenting and academic coaching which is when they describe objects, actions, or positions of things they see in day-to-day life: on a walk, at the grocery store, or in the kitchen. For example, a parent talks about what the toddler shows interest in and points to the object as he or she names it. "Yes, the kitty is furry and brown. You



can touch the kitty gently." "We need some apples today. There's a red apple going into the basket." This communication is child-directed and non-directive so as not to interfere with the toddler's curiosity and drive to explore and discover. This approach also promotes toddlers' learning of the vocabulary needed for communication.

Once toddlers begin to learn the names for objects and actions, parents learn something we call "academic readiness coaching." This is when parents describe things that will contribute to their children's preschool readiness or reading readiness. This can include naming numbers,



letters, shapes, or colors. Parents are encouraged not to ask questions because the objective is not to pressure a toddler to answer questions because it is still very early for these skills to develop. Instead parents just familiarize their toddler with the concepts by naming them as part of toddler-directed descriptive commenting. When the child repeatedly hears the vocabulary for these words and concepts at the same time that she is exploring and playing with the objects, she will begin to link the ideas with words long before she can produce the words herself. Parents are also encouraged to use this form of communication while reading picture books to babies and toddlers.

Parents of preschoolers learn about persistence coaching. Persistence coaching is when the parent names the child's internal cognitive state when she is being patient, trying again, staying calm, concentrating, focusing or persisting and working hard with a difficult



task. This type of coaching is beneficial for all children but is particularly important for inattentive, impulsive, and hyperactive children. It helps them recognize times when they are focused and attentive and what it feels like to be in that cognitive state. This coaching provides the scaffolding that a child needs to be able to stay calm and persistent with a difficult activity for a few minutes longer than he would usually be able to do on his own. The preschooler also begins to learn that it is normal to struggle to learn something new but with patience, persistence, repeated practice and parental support, he can eventually accomplish the task and feel proud of it. This is an important life message for a child to learn.

All the Toddler, Preschool and School Age Programs teach parents about ways to use social coaching with their children according to their age, developmental ability and temperament. Children's play under the age of 2 or 3 is egocentric, solitary and non-cooperative. Toddlers have very few prosocial skills, especially with their peers. They rarely share, wait, or take turns. This is the age of "mine–mine–mine," and "I want what I want

when I want it!" and curious exploration. Moreover, when toddlers play with peers they usually engage in what is called "parallel play." That is, children are playing next to each other but are not initiating interactions with each other and they are probably unaware of what the other is doing because they are so absorbed in their own discoveries. This may be true even for many preschool children and some early school-age children, especially for those with autism or ADHD. Parents of toddlers learn that this parallel play is quite normal, but they also learn how to use social coaching

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Social skills

are targeted

according to a

particular child's

developmental stage

and play abilities.

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to teach the language and concepts of social skills such as what it means to share, take turns, help, or use words to ask for what they want. Parents learn how to model and prompt these behaviors and words in their one-on-one child-directed play interactions. The Preschool and Early Childhood Programs parents continue to expand the use of social coaching to peer-play interactions. Parents coach by describing skills such as waiting, being polite, listening, being cooperative and a good team player. The social skills are targeted according to a particular child's developmental play abilities. For example, children who don't initiate social interactions with peers or seem unaware of peers will be prompted with how to initiate an interaction with the words to use, or provided modeling in how to help or say something

positive to another child. On the other hand, parents of children who are already interested in interacting with peers but perhaps doing so in inappropriate ways, will model social coaching themselves in pretend play with them and will coach and give attention to positive friendship behaviors when they occur while ignoring less effective interactions.

Another type of coaching is called *emotion coaching*. This approach starts in infancy by parents telling babies they are loved and responding to them with smiles and giggles, and continues in toddlerhood when parents name toddlers' facial feelings and behavioral reactions. By naming children's

feelings when they are excited, curious, proud, brave, or disappointed, frustrated or angry, parents are teaching feelings literacy; that is, the vocabulary needed for recognizing and expressing their own feelings and eventually



to understanding emotions in others. With this vocabulary children can more easily regulate their emotional and behavioral responses. Research has shown that preschoolers only know 2.5 words for feelings – mad and sad and sometimes happy. The goal is to expand children's feeling vocabulary, to recognize and experience more positive feelings than negative ones, and to learn how they can cope with their negative feelings. This understanding will eventually lead to empathy, as older children are able to recognize feelings not only in themselves but in others. Supporting children who are feeling an unpleasant or uncomfortable emotion will help to build their selfconfidence and their ability to self-regulate when upset as well as help them to understand another person when distressed.

Coaching children's negative or unpleasant emotions is tricky because excessive attention to negative emotions can make children more frustrated, angry, or sad. However, if done skillfully, parent coaching of unpleasant emotions can make their child feel validated, understood, and can help

regulate mood and understand that unpleasant feelings change with time. To do this it is important for parents to pair their comments about their child's negative feelings with positive coping statements. For example, a school age child is having trouble reading and the parent says, "That is frustrating and hard work, but you are staying so patient and you keep trying. I think you're learning to read." Or, a child is disappointed because he wanted to go to the park and something has come up that the parent can't take him. The parent says, "I know this is very disappointing for you. I'm really sorry. Even though you are mad, you are staying calm. Let's think of something else to do now that will be fun and then you will feel happier." In this way, the parent avoids giving too much attention to negative behav-

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Parents learn to pair comments about children's negative feelings with positive coping and persistence coaching.

iors, focuses on a coping response to the negative feelings, and predicts an eventual positive change in the negative feeling. This may even pre-empt

a negative response, such as an angry tantrum or giving up in frustration. However, it is also possible that a child may be too dysregulated to listen to a parent's coaching. If a parent has labeled the unpleasant emotion once and provided the coping strategy, and the child is still crying hard or becoming argumentative, then it is a good idea for the parent to back off, ignore, and give the child some space to calm down himself before talking again. Additional attention or talking when the child is dysregulated will likely prolong the anger. When the child has finally calmed down, then the parent can label that emotion. "I'm proud of you. Your body is looking much calmer now. You really tried hard and now you are calm!" This approach also helps children develop a sense of optimism about their ability to take responsibility for their own behavior.

Through child-directed play and coaching, parents can help their children learn to solve problems, test out ideas and use their imaginations. Moreover, it is a time when parents can respond to their children in ways that promote children's feelings of self-worth and competence. In fact, studies have shown that children tend to be more creative, to have increased self-confidence and to have fewer behavior problems if their parents engage in regular coached play times with them and, when doing so, give them their supportive attention. However, many parents do not play in supportive ways. They use play time to "teach," correct, instruct, or compete with their child, criticize his or her actions, and undermine or interfere with their child's discovery process. Or, they may give only divided attention.

The first sessions of all three BASIC programs ask parents to use childdirected and coached play with their children at home at least ten minutes every day, using the skills they learned in the weekly group sessions. Facilitators give out refrigerator notes each week that summarize the key points they have learned. On the next page are two examples of these weekly refrigerator notes or key points to remember that are given to parents.

Positive Attention, Encouragement and Praise Programs

The goal of the programs on praise and encouragement is to help increase parents' attention to targeted child positive behaviors. Parents of children with conduct problems often find it hard to praise their children. While some parents believe they should not have to praise their children for everyday behaviors, many others simply do not know how or when to give praise and encouragement. Research indicates that a lack of praise and

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Points to Remember about PROMOTING YOUR TODDLER'S SOCIAL COMPETENCE

One-on-One Parent-Toddler

- During play, model social skills for your toddler such as offering to share, waiting, giving a compliment, taking turns, asking for help.
- Prompt your toddler to ask for help, take a turn, share something, or give a compliment and then praise if it occurs. Let it go if your toddler does not respond to your prompt.
- Praise your toddler any time she offers to share with you or help you.
- Participate in pretend and make-believe play with your child by using a doll, action figure, or puppet to model skills such as asking to play, offering to help, taking a turn, giving a compliment, calming down with a deep breath and waiting.
- Model and prompt your child with a suggestion of the appropriate words to use.
- Try to give enough help so children are successful but not so much help that you take over.

Peer Social Coaching

- Occasionally prompt your child to notice what another child is doing or to help him or her in some way.
- Help your toddler understand that when he shared, the other person felt happy so he can see the connection between his behavior and another's feelings.
- Encourage play dates with friends.
- Praise and encourage your child's ideas and creativity; avoid criticism.
- Use descriptive comments instead of asking questions.
- Prompt, coach, and praise your child's friendly behaviors whenever you see them (e.g., sharing, helping, taking turns, being polite).
- Laugh and have fun.





Points to Remember about PROMOTING YOUR PRESCHOOLER'S **EMOTIONAL REGULATION SKILLS**

- Try to understand what your child is feeling and wanting.
- Describe your child's feelings (don't ask him what he is feeling because he is unlikely to tell you).
- Label your child's positive feelings more than his negative feelings.
- When naming negative feelings such as frustration or anger, point out the coping strategy your child is using: "You look frustrated, but you are staying calm and trying again."
- Praise your child's self-regulation skills such as staying calm, being patient, trying again when frustrated, waiting a turn, and using words.
- Support your child when he is frustrated, but recognize when he is too upset to listen and just needs space to calm down.
- Model and give your child the words to use to express his needs (e.g., "you can ask her for the truck").
- Help your child learn ways to self-soothe such as using a pacifer or blanket or special stuffed animal.
- Praise and encourage your child when she stays calm in a frustrating situation.
- Cuddle and soothe your child when she is hurt or frightened. Stay calm yourself to provide extra reassurance.
- Encourage your child's discoveries and creativity; don't criticize.
- Laugh and have fun.



attention for appropriate child behaviors can actually lead to an increase in misbehavior since children who receive little positive attention will learn that misbehavior is a sure way to get their parents' attention. In fact, praise and encouragement can be used to guide children through the many small steps it takes to master new skills, to help them develop a positive selfimage, and to provide the motivation they need to stay with a difficult task. Unlike tangible rewards such as money or privileges, there can be an almost endless "supply" of praise and other social rewards. It takes very little time to encourage positive behaviors in children. A simple statement such as, "I like the way you are playing quietly—what a patient girl!" or a well-timed hug is all that is required.

Teaching parents how to praise and encourage their children begins in the Baby and Toddler Programs and continues throughout the remaining

programs. Parents are encouraged to have their positive statements outnumber their criticisms or corrections by ten to one. In other words, parents are helped to spend more time praising, describing and strengthening the "positive opposite" behaviors in their children with



their attention than the negative behaviors. The praise given is genuine, specific and focused on the child's efforts or small steps toward the goals parents have set for teaching their children.



THINK ABOUT USING A MEGAPHONE WHEN YOU PRAISE YOUR CHILD

Self-Praise: Parents who don't praise their children often don't praise themselves, either. If they listened to their internal self-talk, they would find that they are rarely or never saying things to themselves like, "I handled that



conflict calmly and rationally," or "I've been very patient in this situation." Instead, they are quick to criticize themselves for every flaw or mistake they make. These parents also learn how to stop these negative thoughts and focus instead on "positive opposite" thoughts, to

self-praise by focusing on their successes and solutions to problems rather than their mistakes and to create positive experiences and expectations for themselves. When they do this, they are then more likely to do the same for their children.

Consequently, group facilitators begin by helping parents to identify the age-appropriate behaviors they want to promote, then how and when to prompt and praise those behaviors.

Watching the video vignettes of parent-child interactions helps parents to identify positive behaviors that they can reinforce and practice using these statements.

Motivating Children Through Incentives (Preschool and School-Age Programs)

Content related to incentives and rewards is started in the Preschool Program with spontaneous, surprise rewards, and celebrations for positive

behaviors or accomplishments. For instance a child might receive a sticker for sitting on the potty or get an extra bedtime story for putting on her pajamas cooperatively. Incentives are covered more extensively in the School Age Program where parents plan the reward in advance



with the child—as in a contract or reward system. Research indicates that with new and difficult behaviors parental praise is sometimes not sufficient reinforcement to change a child's behavior. This is particularly true for children with conduct problems or those who have experienced

neglect or abuse in the past. In these cases, a combination of tangible and nontangible incentives can be used as motivation. Some examples of incentives might be a small toy, playing a favorite activity with the parent, having a friend over, stickers, additional time with a parent baking cookies, renting a movie, or getting to plan a favorite dinner menu. In the groups parents brainstorm a long list of low or no-cost incentives that they believe will be motivating to their children particular emphasis is placed on incentives that involve a parent-child activity. When teaching parents about using incentives, facilitators stress the importance of continuing to provide coaching, positive attention and praise to build their relationship and the strength of their attachment. Once children learn the desired behavior, parents learn how to phase out the tangible rewards and use their praise and encouragement to maintain the newly learned behaviors. By doing this they are avoiding their children becoming dependent on rewards to behave appropriately.

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When using incentives parents are still providing coaching, positive attention and praise which will eventually support and maintain newly learned behavior.

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Parents develop incentive plans that are developmentally appropriate for the age of their children. All parents pick behaviors that they want to see more of (often these are the "positive opposites" of their identified problem behaviors). Young children receive immediate small rewards while older children may be working for slightly longer term rewards that can be earned over several days or even a week. Parents work to involve their children in the plan, while also learning to maintain parental control over the process.

Self-Rewards: Facilitators also work with parents to create a list of pleasurable experiences for themselves as incentives or rewards for following through with their goals, incentive systems, charts and play times each week.



STICKER DEPENDENCE

Summary of Foundation of Parenting Pyramid

Depending on the age of the child and the level of understanding of the parents in the group, the topics of child-directed play, academic, persistence, social and emotion coaching, praise, tangible rewards and incentives are usually covered in 7-9 sessions. The Toddler Program spends more time on the coaching sessions while the School Age Program includes coaching during special time interactions but spends added time with the reward and incentive systems charts. The objective of this first half of the BASIC training is to foster positive relationships and bonding between parents and children and help parents know how to promote their children's language skills as well as their social skills, emotional literacy, persistence, and academic readiness. In essence parents are learning to use the tools to build the positive skills needed to replace the inappropriate behaviors that they want to decrease in their children. Behavior problems often improve in this part of the program even though discipline has not been discussed. The pyramid (see earlier figure of parenting pyramid) is frequently referred to at the start of the next phase of the parenting program in order to remind parents they are building the foundation of their relationship with their child (play, coaching, positive reinforcement) and to reiterate the importance of positive scaffolding for this foundation before using the strategies or tools further up the pyramid designed to decrease inappropriate behavior.

Rules, Routines and Predictable Schedules Programs

The second half of the program begins by helping parents learn how to set up predictable schedules or routines for their children. In the Baby Program parents learn about how and when it is developmentally appropriate to start to establish routines for feeding, sleep routines, baths, and playtimes. Parents think about the benefits of routines for helping their child feel secure and taken care of. The Basic programs for toddlers, preschoolers, and school age children continue to emphasize the importance of routines at each developmental level. In the Toddler and Preschool Programs

⊚ Parents learn to build a strong relationship foundation scaffolding first.

emphasis is placed on routines for separations and reunions at daycare or school. Routines for daily transitions are also planned and discussed; e.g., getting ready for the day, meal times, and getting ready for bed. The School Age Program builds on these established routines by introducing after school routines and monitoring, homework, reading schedules, and family chores. Once these routines have been well established, parents can avoid giving too many commands, corrections or saying "no" so often,

because children will have learned what to expect in day to day activities. In the early years, these routines can also help to prevent tantrums, misbehavior, and distress. Having routines, especially at times of the day when parents need cooperation from their child (such as bedtime or getting ready for preschool) or when there



is a transition, helps both parents and children to get smoothly through the day. As they reach school age, routines help them to understand and follow household rules and limits and encourage their independence and self-care.

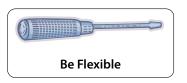
Positive Discipline–Effective Limit Setting Programs

In the Toddler and Preschool Programs parents learn ways to use positive discipline tools such as distractions, redirections, warnings, clear and respectful limits, and ignoring. Parents are helped to understand that it is the toddler's job to explore and discover, to develop a sense of self, and to



test limits, so tantrums, pushing, biting, and saying "no" will most likely be frequent occurrences. Since this type of common toddler behavior can be very challenging to parents, much of this unit is focused on helping parents to be flexible when possible and to understand and

empathize with toddler's developmental needs, while learning strategies to minimize the intensity of their child's tantrums and keeping them safe.



Parents continue to learn to apply the "attention principle" in this unit; i.e., "behaviors that receive parental attention will increase, while behaviors that get no attention will decrease." Parents think about what this means in terms of their responses to misbehavior: in other words,

big reactions like yelling, scolding, or lectures will actually increase negative behaviors while ignoring, redirection, and calm consequences will decrease the behaviors over time.

School age children also test their parents' rules and standards by arguing and defending their viewpoint. This is a healthy expression of their need for independence and autonomy. The facilitator helps parents to realize that all children test parents' rules to assert their autonomy, and to see whether their parents are going to be consistent; for it is only by breaking a rule

⊚ Facilitators help parents to have developmentally appropriate expectations.

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that children can determine whether it is actually a rule or just a one-time command. Only consistent consequences will teach a child what is expected. If parents' rules have been inconsistent in the past, or if parents have not enforced their rules consistently, then their children have learned that if they protest long and hard enough, they can get their parents to back down, and will escalate their noncompliance accordingly.

Children who are oppositional or who have conduct disorder show more extreme levels of noncompliance. They usually disobey more than 2/3rds of their parents' commands. This means that these parents are engaged in power struggles with their

child the majority of the time, making it very difficult for them to adequately socialize their child. For these children, parents learn the importance of limiting their commands to the most important ones and offering some

choices to allow for some child independence. Then they learn to consistently follow through with consequences for their important requests. In this way they are able to reduce the overall level of conflict in the family, while helping their child learn that the rules consistently apply.





The group facilitator helps prepare parents for the normal testing that children do. Parents are helped to understand these are not personal attacks, but learning experiences for their children, in which their children explore the limits of their environment and learn which behaviors are appropriate and which are inappropriate. Facilitators explain that consistent limitsetting and predictable responses from parents help give children a sense of stability and security. They reassure parents that children who feel a sense of security regarding the limits of their environment have less need to constantly test it. While stressors such as marital discord, single parenting, poverty, unemployment, depression, and lack of support may make it difficult for parents to be consistent, strengthening parents' sense of commitment to respectful limit-setting can help buffer the disruptive effects of these stressors on parenting. One of the ways the facilitators elicit this commitment is to engage the parents in an exercise of listing the advantages

as well as the possible barriers to limit setting. The subsequent problem solving discussion helps parents overcome some of the obstacles they face regarding consistent limit setting and grasp its importance for their children's eventual adjustment and their relationship.



Positive Discipline-Handling Misbehavior Programs

All young children engage in negative behaviors such as whining, biting, refusing to following directions, teasing, arguing, swearing, tantrums, hitting and destructive behaviors. The frequency of aggressive and noncompliant behavior peaks between 2 and 3 years of age and in most children will begin to decrease between 3 and 5 years of age. Some children misbehave with higher intensity and frequency than others due to their language and developmental difficulties, temperament, the emotional climate and amount of stress at home, and/or the amount of attention these behaviors receive from parents. These behaviors frequently lead to parental attention and anger as well as peer rejection and isolation. It is the job of parents to be patient and to socialize young children out of their immature disruptive and aggressive behaviors and train them to use more productive social and emotional responses. Parents are helped to

sort these behaviors into two categories; those that are merely annoying or disruptive (but safe) and those that are unsafe. Behaviors in the first category are usually responsive to ignoring or distraction.



Ignoring: Ignoring is one of the most difficult approaches for parents to use with children of any age! Many parents argue that ignoring is not discipline at all. Thus, it is particularly important for the group facilitator to explain the rationale for this approach. The rationale for ignoring is straightforward. Children's behavior is maintained by the attention it receives. Even negative parental attention such as nagging, yelling and scolding is rewarding to children. When misbehavior is ignored, on the other hand, children receive no payoff, so that if the ignoring is consistently maintained, children will eventually stop what they are doing. If at the same time they receive consistent approval, attention, coaching, praise and incentives for appropriate, positive opposite behaviors, they learn that it is more beneficial to behave appropriately than inappropriately.

Aggressive or Unsafe Behaviors: Some behaviors are unsafe and, thus, cannot be ignored. Hitting, biting, kicking, and extremely destructive behaviors fall into this category. Toddlers especially display aggressive behaviors at a high rate. This is developmentally normal, but does require



some parent intervention. Parents of toddlers learn to respond with a calm, but firm, command ("no biting") coupled with quickly separating the children temporarily so the biter doesn't continue to hurt the other child. The child who has been hit or bitten may be coached with words to tell her friend, "I don't like that" and the biter removed to another part of the room. After a brief separation (1-2 minutes) during which the biter is ignored, he is then redirected to a new activity. In essence this extended ignore procedure gives the child a chance to calm down, avoids giving attention for the misbehavior, and keeps the other child safe from being hurt.

Time Out to Calm Down: In the Preschool and School Age Programs facilitators teach parents Time Out to calm down for high-intensity child problems, such as fighting, hitting, and destructive behavior. This strategy is not taught until children are at least 3 years old and are developmentally



capable of following instructions to stay in a specific spot for a brief period of time. The group facilitator explains to parents that Time Out is actually an extreme form of parental ignoring in which children are removed

for a brief period from all sources of positive reinforcement, especially parental attention. Not only does Time Out assure that the child's misbehavior is not being reinforced by parental attention, but Time Out models for children the parent's use of self-control and a nonviolent response to a conflict situation. Time Out gives the child (and the parents) time to cool down,

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Time Out fosters a respectful relationship rather than a fearful relationship.

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get control over misbehavior, and reflect on what has happened. Because Time Out forces children to reflect and calm down, they are more likely to develop appropriate guilt, and an internal sense of responsibility or conscience over time. Facilitators also help parents understand that Time Out is a discipline approach that fosters a warm, respectful relationship rather than a fearful, power-based relationship (i.e., based on fear of being hit by parent); one that contributes to open communication rather than devious sneaky behavior on the part of the child who wants to avoid punishment. Parents learn how to explain Time Out to their children when they are calm and practice calm down techniques



BE PREPARED TO IGNORE THE CHILD WHO TRIES TO "HUFF AND PUFF AND BLOW THE DOOR DOWN"

they will use in Time Out such as taking deep breaths and telling themselves, "I can calm down, I can do it."

Parents are often quite resistant to using Time Outs, for various reasons. First, it is inconvenient; it requires advance planning in terms of the procedure and the location. Second, it can be time-consuming and requires that parents keep themselves under control for a long period of time. Third, it can be frustrating for parents because the child's misbehavior may get worse in Time Out, since children may scream, bang on the walls, or break something during the first several Time Outs. Some parents resist Time Out because they don't think it produces enough remorse and pain in children, which they think are necessary for punishment to work effectively (some children even indicate they like Time Out!). Still other parents resist Time Out because they feel it communicates rejection to the child.

Conversely, many parents prefer spanking or hitting as a discipline strategy because it is efficient and immediate, and most likely will stop the inappropriate behavior in the short term. It can even feel good to some parents because it "evens the score." That is, parents may feel they have obtained revenge for the child's misbehavior by inflicting pain as punishment. For some parents, the use of spanking is important because it allows them to feel dominant and maintain control of the situation. However, research has

shown that spanking, lecturing, criticism, and expressions of disapproval are ineffective methods of discipline and usually result in parents finding themselves spiraling into more and more uncontrolled spanking and yelling in order to get their children to respond. Facilitators help parents understand that, in fact, the nagging, criticizing, hitting, shouting or even reasoning with children while they misbehave are forms of parental attention which actually reinforce the particular misbehavior and brain neuron connections; these approaches result in children learning to nag, criticize, hit, shout, or argue in response to their parents because of the observational modeling. Spanking and yelling teach children that it is all right for someone who loves you to hit or yell at you when displeased with your behavior. Moreover, the violence of spanking increases children's resistance, resentment and anger toward the parent and erodes the parent-child relationship. Consequently, rather than the child reflecting on his mistake and feeling guilt and remorse for what he has done, the child externalizes the event with resentment and blame directed toward the parent for hitting him or her.

Natural and Logical Consequences:

In the Preschool and School Age BASIC program parents learn how to use natural and logical consequences in addition to ignoring, redirection, distractions and occasionally Time Out to calm down. More than Time Out or Ignoring, natural and logical consequences teach children to take responsibility for their own behavior. A natural consequence is whatever would result from a child's action or inaction in the absence of adult intervention. For instance, if 6-year-old Ryan refused to eat dinner, the natural conse-



quence might be his waiting until the next meal for more food. Or, if Caitlin did not want to wear her boots on a rainy day, then she might get wet feet. In these examples, the children experience the direct consequences of their own decisions—they are not protected

from the possibility of an undesirable outcome of their behavior by their parents' commands. Many times it is not advisable or safe to use a natural consequence, especially for preschoolers. For example, letting a child touch a hot stove would be a logical consequence, but it is not a safe or a reasonable response to a child who starts to disobey the command "hands away from the hot stove." Instead, the parent should remove the child from the stove and keep them from hurting themselves. A logical consequence, on

the other hand, is designed by parents holding children accountable for their behavior. Because the parents pick the consequence, they can ensure that the consequence is developmentally appropriate. A logical consequence

for a preschooler who colors on the dinner table might be to remove the crayons for a few hours; or a school-age child who broke a neighbor's window might do chores in order to make up some of the cost of the replacement. A logical consequence for an 8-year-old who steals something from the store would be to take the object back to the store, apologize to the store owner, do an extra chore, or lose a privilege. Understanding the age of the child and level of development is important in determining logical or natural consequences. For example, young children who vacillate between fantasy and reality do not understand that taking something from a store is wrong whereas a typical 8-year-old is capable of understanding that this is wrong. A 12-year-old

Helping parents learn developmentally appropropriate consequences is critical.

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who misses the bus might be asked to walk to school (assuming this was safe), whereas that would not be a safe consequence for a preschool child.

Natural and logical consequences are most effective for recurring misbehaviors where parents are able to decide ahead of time how they will follow through if the misbehavior recurs. For example, the parent who says to a school-age child, "If you spend all your allowance on candy, you'll have no money for that movie you want to rent," is allowing the child to think ahead to the consequences of different behavior. In effect, the child has a choice and is responsible for the outcome. In the case of a misbehavior, the parent might give a warning like this: "If you do not finish your chores by dinner time, then you will not be allowed to watch TV after dinner." On the other hand, the parent who does not specify the consequence ahead of time is not helping the child see the connection between the behavior and the negative outcome. All too often consequences are too long, too severe and developmentally inappropriate. For example, taking away the child's bike for a week because he forgot to put it away doesn't give him a new learning trial soon enough to experience the opportunity to be successful. The most important aspect about effective use of consequences is they are immediate, quick and the child is given a new learning trial as soon as possible.

Teaching Children to Problem Solve through Games, Puppets and **Books Programs:**

This program is offered as part of the Preschool BASIC Program Series and a more complex version of this is offered in the ADVANCE Program Series for parents who have participated in the Preschool or School Age Basic Program first. These programs are offered after parents have completed the earlier play, coaching, and praise programs as well as the rou-



tines and positive discipline responses. In this program parents learn how to teach problem-solving vocabulary to their children at times when the child is calm and relaxed through peer coaching, entering in imaginary play, role plays with puppets, and use of books to

explore characters' problems, feelings and solutions. Wally's Detective Book for Solving Problems at Home and School are used by parents with their children to practice solutions for solving Wally's problems such as being rejected, a peer not sharing, feeling disappointed or angry or afraid, losing at a game, being bullied or teased or hit, making a mistake, or having trouble learning something. In the ADVANCE program parents learn how to extend these problem-solving steps into family meetings held weekly to discuss real life problem situations.



THE INCREDIBLE YEARS SCHOOL AND SCHOOL READINESS SERIES

The School program is now offered as a third core component of the School Age Program Series. A number of studies have indicated that children with conduct problems also have difficulties with learning disabilities, language and reading delays, and problems with attention deficit disorder and hyperactivity. Thus parents of school-age children with academic difficulties

as well as social and emotional difficulties will need to support their academic skills and success at school. The School Program focuses on ways to foster children's academic competence. The series covers ways parents can promote children's self-confidence and foster good learning habits, support a child who feels discouraged with his or her learning achievements, have successful meetings/conferences with teachers, provide a child help with homework and reading, and promote a child's literacy skills. This program should be offered to families whose children have learning and academic difficulties and/or reading delays in addition to social and emotional problems.

For the Preschool BASIC parenting program there is an optional SCHOOL READINESS program which can be offered to parents to help foster their children's peer relationships, expected classroom behaviors, and pre-reading skills. This program can be offered by teachers of preschool children and currently is being evaluated in Wales and Ireland as a universal prevention program.

Each of the programs uses multiple learning approaches: video modeling observational learning, 9

The School Program series is designed to help parents promote academic competence such as reading skills as well as how to set up predictable routines and homework and collaborate with teachers.

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group discussion and peer support, practice activities within sessions, home activities, reading assignments (or CDs), self-monitoring checklists, goal setting, and facilitator teaching and support. The program is highly interactive, collaborative, and self-reflective.



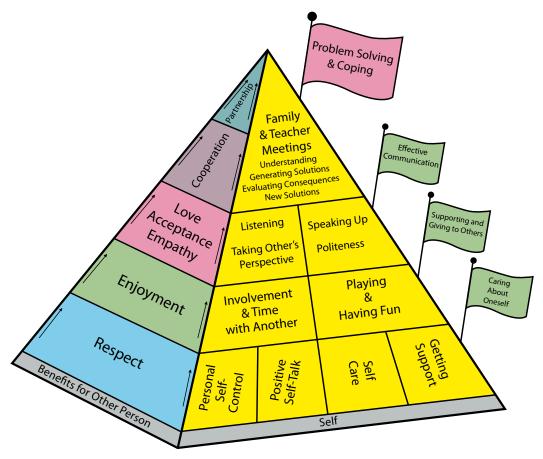
IY BASIC Toddler, Preschool and School-Age **Parent Series Materials**

The parent training program materials include:

- 3 DVDs for the Baby Program.
- 6 DVDs for the BASIC Toddler Program.
- 9 DVDs for the BASIC Preschool Program. (9 hours total)
- 2 DVDs for the Preschool Readiness program.
- 7 DVDs for the School-Age BASIC Program. (6 hours total)
- Comprehensive facilitator manuals for each program (consisting of over 700 pages of "how to" including facilitator questions for discussion, home activities, interpretation of video vignettes).
- Parent weekly "Refrigerator Notes" (brief points to remember for the week).
- Home Activities assignments for parents.
- Book for parents titled, The Incredible Years: A Trouble-Shooting Guide for Parents of Children Ages 2-8 (also available on audio CDs).
- Book titled: *Incredible Babies* and another entitled *Incredible* Toddlers for parents.
- Refrigerator magnet.
- Parenting Pyramid posters for Toddlers, Preschool and School-Age. Pyramid shows how the programs build a positive foundation first, with an emphasis on relationship skills, before beginning to discuss discipline strategies.

Supplemental materials:

• Experts in action leading groups DVDs; self-study manuals; parents and children conversation card game; Wally Detective books; IY stickers; Build Up Your Bank Account poster; pig timer; CD of book.



Pyramid for Building Relationships TM

THE INCREDIBLE YEARS ADVANCE PARENTING PROGRAMS CONTENT

A number of studies have indicated that a family's ability to benefit from parenting training is influenced by risk factors such as maternal and paternal depression, marital conflict and hostility, isolation, negative life stressors and socioeconomic status. Other researchers examining parenting training interventions have found similar factors to be associated with treatment relapses. These findings suggest that parenting training programs need to emphasize partner involvement, parent support, problem-solving, communication and coping skills, and depression and anger management. While therapy cannot alter a family's life stressors and economic situation, it can help parents and children cope more effectively in the face of stressful situations.

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The 8-12 week ADVANCE series is divided into three programs: effective communication. anger, depression management and other coping skills, and problem-solving between adults. with teachers and with children.

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As a result of these research findings, the ADVANCE video parent program was developed. This program is offered following completion of the BASIC Preschool and School Age programs in an additional 8-12 sessions. The series is divided into three programs described below: effective communication, anger and depression management and other coping skills, giving and getting support and problem-solving between adults and with children. Table 6 describes the content and objectives of each of these programs. Parents are helped to realize that children are constantly learning from observing their parents' interactions with each other and with others in their community, including teachers and neighbors.

This program should be offered to families who are experiencing a high degree of marital stress, family stress, depression, anger and conflict regarding child rearing strategies as well as to child protective service referred families for abuse or neglect referrals. This program is also relevant for single parents as the conflict management skills may be applied with future partners, extended family members, and teachers.

Like the BASIC program, the group facilitator needs to pace the length of this program according to the needs of the parents. This program should only be offered after the BASIC program has been completed. It takes approximately 22-30 sessions to complete either the Preschool or School Age programs plus the ADVANCE program (outlines of weekly sessions for both programs are available on Incredible Years web site). Facilitators may want to offer these programs as Part 1 BASIC and Part 2 ADVANCED series and require completion of one curriculum before starting the next curriculum. It is ideal that the same parents complete both programs together because by the end of the BASIC program they will have achieved considerable trust and intimacy with each other and will be ready to talk about these more personal issues in a group.

Content Program Five: How to Communicate Effectively With Adults and Children Part 1:	Table 6: Con	Table 6: Content and Objectives of the Incredible years ADVANCE Parent Training Programs (AGES 4-12)	irs ADVANCE	Parent Training Programs (AGES 4–12)
Program Five: How to Communicate Effectively Will Active Listening and Speaking . Learning how to speak up effectively about pure speaking . Recognizing how to validate another's feeling when to express one's own recognizing to munication blocks such as not 1 storing up grievances and angry explosions an individual cetting support Caving and Cetting support Recognizing communication styles or beliefs i support Part 3: Choderstanding the importance of support for an individual and individual equipport Recognizing communication styles or beliefs i support Avoiding communication blocks such as defeddenials, cross complaints and inconsistent or messages Knowing how to get feedback from others Understanding why compliance to another's essential in any relationship	Content	Objectives	Content	Objectives
	Program Five:	How to Communicate Effectively With Adults	and Children	
• • • • • • • • • • • • • • • • • • • •	Part 1:	Understanding the importance of active listening skills	Part 2:	Understanding the importance of recognizing self-talk
	Active Listening		Communicating	
· · · · · · · · · · · · · · · · · · ·	and Speaking	 Learning now to speak up effectively about problems 	More Positively	 Understanding how angry and depressive emotions and
• • • • • • • •	ď	 Recognizing how to validate another's feelings 	to Oneself and	thought can affect behavior with others
• • • • • • •		 Knowing how and when to express one's own feelings 	to Others	 Learning coping strategies to stop negative self-talk
		 Avoiding communication blocks such as not listening, 		 Learning coping strategies to increase positive self-talk
		storing up grievances and angry explosions		Increasing positive and polite communication with others
• • • • • • •				 Avoiding communication blocks such as put-downs,
				blaming, and denials
				 Understanding the importance of seeing a problem from the other person's point of view
• • • • • •	Part 3:	Understanding the importance of support for a family or		
• • • • • • •	Giving and	an individual		
	cetting support	 Recognizing communication styles or beliefs that block support 		
		-		
		 Knowing how to get feedback from others 		
 Promoting consistent verbal and nonverbal metabolisms. knowing how to make positive requests of adchidrential in any relationship. Loaning why compliance to another's essential in any relationship. 				
 knowing how to make positive requests of ad children Understanding why compliance to another's essential in any relationship 		 Promoting consistent verbal and nonverbal messages 		
Understanding why compliance to another's essential in any relationship		 knowing how to make positive requests of adults and children 		
softs of withous som of of word paints.		 Understanding why compliance to another's requests is essential in any relationship 		
■ Learning now to be more supportive to outer		Learning how to be more supportive to others		

Table 6 Continued	tinued		
Content	Objectives	Content	Objectives
Program Six: Problem S	Problem Solving for Parents		
Part 1: Problem Solving About Children's Problems	 Recognizing when to use spontaneous problem-solving skills Understanding the important steps to problem solving 	Part 2: Problem Solving About Interpersonal Issues	 Avoiding blocks to effective problem solving such as blaming, attacks, anger, side-tracking, lengthy problem definition, missed steps, and criticizing solutions Recognizing how to use problem-solving strategies to get more support Learning how to express feelings about a problem without blaming
Part 3: Problem Solving With Teachers	 Understanding how to collaborate with teachers Implementing behavior plans at home and at school Learning how to have a successful parent/teacher conference 		
Program Seven: Probler	n: Problem Solving With Children		
Teaching Children to Problem Solve in the Midst of Conflict	upon children but of fostering a thinking process about conflict. Recognizing how and when to use guided solutions for very young children or for children who have no positive solutions in their repertoire Discovering the value of obtaining the child's feelings and view of the problem before attempting to problem solve Learning how to foster children's skills to empathize and perceive another's point of view Recognizing when children may be ready to problem solve on their own Avoiding blocks to effective problem solving with children, such as lectures, quick indoments, exclusive	Family Problem- Solving Meetings	school-age children Recognizing the importance of evaluating plans during each problem-solving session Understanding the importance of rotating the leader for each family meeting Learning how to help children express their feelings about an issue Reinforcing the problem-solving process
	focus on the right "answer," and failure to validate a child's feelings		

HOW TO COMMUNICATE EFFECTIVELY WITH ADULTS AND CHILDREN

Active Listening and Speaking Up (Part 1)

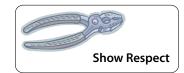
Many parents—whether or not their children have conduct problems find themselves in disagreement over how to discipline their child. This is to be expected, given that they have had different childhood experiences of parenting. Yet all too often these different perspectives result in anger and

even open conflict between couples over how to raise their children. In the case of conduct problems, this parental conflict only aggravates the problem. Frequent marital conflict and negative affect can lead to ineffective parenting, which contributes to child conduct



problems which, in turn, contribute to further marital distress and depression. Moreover, children become increasingly aggressive when they are frequently observing the negative interactions between their parents. A similar pattern can occur for the single parent, the only difference being that s/he may be angry at an ex-partner, a teacher, another family member or someone in the community for their lack of support and inability to

understand the difficulties of raising a child single-handedly. In teaching communication skills as part of the Incredible Years Parenting Program, the hope is not only to enable parents to resolve current problems and avert future ones, but also to model these proactive communi-



cation skills for their children to learn. In this program parents learn the communications skills of listening, speaking up, using feeling language, avoiding mixed messages, being respectful and making requests.

Communicating More Positively to Oneself and Others (Part 2)

All parents have their moments of anger, depression, frustration and guilt—sometimes all at the same time—when dealing with their children's misbehaviors. Upsetting feelings are not only to be expected, but are beneficial in that they signal the need for change and provide motivation. Danger arises, however, when these feelings so overwhelm parents that they are immobilized or lose control. In parenting training, then, the aim is to help parents learn to cope with their emotional responses to parenting in a manner that preserves their feelings of efficacy. Parents learn how to stop, challenge and modify negative self-talk thoughts and replace them with positive thoughts, to forecast positive and realistic changes, to take personal Time Outs to calm down or refuel themselves, and to engage in self care.



Facilitators help parents identify negative labels they may carry regarding their children's or partner's personalities (e.g., he's totally irresponsible) and to refocus rather on specific positive behaviors they want to encourage. Facilitators can help parents dispute negative thinking by asking, "Is that always true?" or "Is that totally accurate?" or encouraging parents to ask themselves these questions. Most likely the behavior is only true for the moment. When parents move from behavior in general to the specific behavior that is annoying them, they may be able to come up with a coping statement. For instance, Diane's dad might say to himself, "I seem to be labeling her. She's not really lazy. She's just having trouble remembering to take out the garbage. I'll talk to her about ways to remember." The facilitators can help remind parents that all children throw tantrums, disobey, forget to do chores, and behave aggressively from time to time.

Facilitators help parents understand the importance of focusing on the behavior they want to change and to avoid speculating about motives. Instead of the mother thinking, "They are doing it on purpose to make me mad," she might say to herself, "I don't know what has upset them today. Perhaps I should ask them." She asks them about their problem instead of making assumptions. In the second example the father might tell himself,

"I need to talk to her about helping the kids to keep the living room tidier." He avoids mind-reading and focuses on the behavior he wants to change. He has chosen to see himself as a facilitator of change rather than a victim of his family.

As parents learn to use coping, calming thoughts, and self-praise when confronted with a problem, we encourage them to try to say them out loud. While a family is seated at the dinner table, Mom might say to



Dad, "Peter, I think I coped well with talking to Alice's teacher at school. I told myself not to overreact, that all children have difficulty at school from time to time. We talked about ways we can help her learn to share better. I feel good about that." Here Alice's mother is modeling not only how she stopped herself from overreacting, but is also modeling self-praise. Parents modeling self-praise and pride at their own achievements are teaching their children how to praise themselves.

Upsetting Thoughts	Coping Thoughts
"My child is a monster. This is ridiculous."	"My child is testing to see if he can get his own way. My job is to stay calm and help him learn better ways to behave."
"I'm sick of being her maid. Things are going to change or else!"	"I need to talk to Bethany about her leaving her clothes around. If we discuss this calmly, we should be able to reach a good solution."
"He's just like his father. I can't handle it when he's angry."	"I can handle this. I am in control. He has just learned some powerful ways to get control. I need to develop a plan to teach him more appropriate ways to behave."
"I can't take this. Why did I have to end up with a child like her?"	"She's difficult because she's only five years old. She's learning, and it will get easier."

Other Calming and Coping Thoughts:

- I don't like it when she acts like that, but I can handle it.
- My job is to stay calm and help him learn better ways to ask for what he wants.
- I can help her learn better ways to behave.
- He is just testing the limits, I can help him with that.
- This is not the end of the world. She is a bright child and I'm a caring mother.
- We will make it over this hump.
- He really doesn't do that much anymore, and has been quite good lately. This is a temporary setback.
- I shouldn't blame my impatience on her. I'll talk to her about it.
- I am doing the best I can to help them learn more positive behaviors.
- I can develop a plan to deal with it.
- I have a lot of coping techniques I can call upon.
- This stress I'm feeling is exactly what the facilitator said I might feel, it is a reminder to use my coping exercises.
- She doesn't really understand what those swear words mean. I'm not going to let it upset me.
- Don't be so hard on myself-nobody's perfect. One step at a time.
- We're getting through this-each day it gets a little better.
- I don't need to take care of everything right now; all I need to do is take care of today.

Examples of Self-Praise Thoughts-Use Them and Model Them for Children:

- I have good self-control.
- I like people.
- I can cope.
- No one can make me mad; it's up to me.
- I can control my thinking and my anger.
- I'm a good parent.
- I try hard.



Once parents have learned to recognize upsetting thoughts and substitute coping thoughts, group facilitators move to the topic of handling stress. The first step is becoming aware of their physiological responses to stressful events and thoughts. Many people report that in stressful situations they experience levels of physical tension, rapid heartbeat, headache, hypertension, and muscle tension that interfere with their behavior and thinking processes. One of the myths about stress is that it happens only in crises or emergencies. In fact, studies show that everyday hassles may actually produce more stress. And parenting certainly can produce a lot of stress. The daily tensions of getting everyone ready to leave for work and school, rushing around doing errands, meeting deadlines, trying to find a baby sitter, not having enough money to pay for school pictures or a birthday present, and so forth, take their toll. Stress results not only from major life events like divorce or moving, but also by seemingly little things, such as children misbehaving or being ill, cereal spilled on the floor, or a pile of dirty clothes. The causes of stress are highly individual. What brings one person to the verge of "losing it" may not bother another person at all. Helping parents learn to manage their stress levels is essential to helping them learn to become skillful, consistent parents.

Personal Time Outs To Calm Down

Modifying negative self-talk and developing a repertoire of coping thoughts helps parents lower their levels of stress. Group facilitators also recommend to parents that they develop the habit of taking personal "Time Outs" from stress that can provide an opportunity for physical, mental, and emotional relaxation and recuperation. In most sports there is provision for Time Out. These breaks give the coach and team a chance to catch their breath, strategize, and then re-enter the game with renewed energy. In our daily lives, however, there are very few Time Outs. Even coffee breaks are usually filled with stimulation rather than relaxation. Certainly there are very few opportunities for recuperation in the average parent's day, especially for at-home parents of young children. And yet it is the at-home parent who is particularly in need of opportunities to catch their breath, strategize, and re-enter the "game" of parenting with renewed energy.



The essence of parental Time Out is for parents to step back from the stress of interacting with their child and refocus on what is essential. Once parents have gained perspective on the situation and calmed their physiological reactions such as racing heart or muscle tension, they have robbed it of the power to overwhelm them. Parental Time Outs may last a minute or they may last an hour—whatever is possible given the circumstances. One to two sessions are devoted to this topic, although aspects of these themes are interwoven throughout every session. Here are some variations on parental Time Out:

Six Variations of Time Out

- Time Out for a Breather. This involves breathing deeply and slowly, ideally in a quiet place. If possible, the parent also practices deep relaxation. Actually, the mere act of deep breathing will result in some degree of muscle relaxation.
- Time Out on the Go. This technique can be used anywhere, while grocery shopping, doing the dishes or sitting at a desk. Parents are taught to systematically tense and relax certain muscle groups and to visualize their muscles relaxing and releasing tension. For example, breathe in, tensing one arm and fist as tightly as possible. Hold for a count of four, then relax fully while breathing out. Repeat for other parts of the body.
- *Time Out for Visualizing*. A third use of Time Out is to visualize or imagine a calm scene. Parents choose their own personal visualization—a cloudless sky, an expanse of ocean, a quiet library, etc. They can use it when they find themselves becoming tense.



• Time Out to Control Anger. While some parents believe that "blowing off steam" by shouting and swearing will drain off violent energy and reduce aggression, outbursts of anger inflame aggression

and violence rather than having a cathartic or beneficial effect. Studies have shown that couples who yell at each other do not feel less angry afterwards; they feel more angry. Angry outbursts are self-reinforcing because they give people a false sense of power. They often feel that their anger forces others to take them seriously or results in others' compliance. Group facilitators help parents to look at the long-term negative effects of anger on themselves and on their children. When parents are taking a Time Out to control anger we ask them to practice their deep breathing and visualization exercises and focus on coping self-statements.

- Time Out for Self-Talk about Stress. Parents are taught to use their self-talk as ways to manage stress—i.e., stopping stressful thoughts by refuting or disputing them, or putting the stress in perspective. For example, tell yourself, "This is normal. Stress is a reasonable and normal response to what I'm dealing with today. This is the way I usually feel when I begin a Time Out." Parents learn to use these feelings of tension as allies in coping with the situation. They serve as a signal for parents to say to themselves, "Relax, take a slow breath. Take it easy." Parents are taught to expect their stress will rise at times and to remember that the objective is not to eliminate it totally but to keep it manageable. The idea is for parents to normalize stress and recognize it as a part of family life. They are helped to think about it as temporary rather than ongoing, to focus on what is controllable instead of what is uncontrollable, to focus on coping rather than on feelings of being overwhelmed, and to define steps they can take rather than blaming others.
- Time Out for Fun. Parents are urged to use Time Out for doing something pleasurable such as reading, going for a walk, taking a bath, etc. The focus is on pleasures involving little or no expense and on those that are nurturing rather than destructive to one's health.

All the above uses of parental Time Out can help parents release tension and anger, regain a calmer physiologic state, and gain a greater sense of control over their own emotional state and their own behavior—thereby helping them be better parents. All might be termed "self-care."

Giving and Getting Support (Part 3)

Research with parent training groups has shown that the notion of parental self-care is a foreign concept especially with low-income families, who are typically



so overwhelmed with daily tasks and depressed about their life circumstances that they feel unable to focus on self-care. For instance, talk about Time Outs for personal or no-cost or inexpensive pleasures, is often met with resistance: "I can't take care of myself—I can't afford a sitter, and I can't leave my children alone to take a walk," or "I can't go to a movie—I don't have a car or any money!" or "You've got to be kidding—I've got enough to do!" The first homework assignment on this

topic is, therefore, for parents to make a list of no-cost things they could do to give themselves a pleasurable break from parenting. Another homework assignment is to list typical daily stressors and come up with a positive strategy for handling the stress. Discussion on



this topic includes an exercise where parents list all possible obstacles to following through with their plan to reduce stress and think about ways to counteract some of these obstacles. As groups hear themselves talk in terms of devaluing themselves and their needs and feeling trapped, they begin to brainstorm ways they could help each other to accomplish this goal. Facilitators help parents develop strategies for building their own support team.

PROBLEM SOLVING FOR PARENTS

Although many people might like to think that the ideal family or a couple has an absence of conflict, we know otherwise. Conflicts and disagreements are inevitable in families and couples—because of competing needs, differences in individual viewpoints, developmental pressures, and so on. What marks a resilient family or couple is not the absence of disagreements and conflict,

but the ability to resolve them to everyone's satisfaction (more or less). Families and couples that can successfully negotiate their differences and can accept compromise, resolving problems collaboratively so that everyone has input and feels that the resolution takes into account



their position, although it may not be exactly what they want, will be better able to maintain satisfying relationships in the face of those inevitable

difficult periods in their lives as individuals and as a family; whereas families and couples who cannot do so will break apart under the strain. The next two portions of the training programs focus on teaching parents problem-solving skills that can help them cope with the inevitable conflicts in all relationships.

Facilitators explain that problem solving is not like other types of discussion. It is neither spontaneous nor natural; it is highly structured. Problem solving involves a specific set of methods designed to enhance one's ability to think effectively about issues and to work towards resolution of the conflict. However, the fact that it is structured does not mean that it must be dull. On the contrary, many families report the fact that it is structured to be an interesting process that brings them together by encouraging flexibility and collaboration.

Problem-solving skills incorporate the communication and cognitive skills learned in the prior sessions. It is important that these be taught first, before the problem-solving content. Anger can cause a narrowing of vision that blocks the ability to define issues and perceive options. It may also fuel the belief that other people have deliberately caused a problem and an attitude that action must be taken immediately, without time for deliberation. Depression can cause withdrawal from the process or a passive attitude towards problems. Parents must have some control over feelings of intense anger or depression before effective problem-solving can begin.

Parents are taught six steps to effective problem-solving:

- 1. Set aside a time and place and decide on agenda,
- 2. Define and describe the problem,
- 3. Goals and expectations,
- 4. Brainstorm solutions,
- 5. Make a plan,
- 6. Evaluate the plan.

There are three parts to this program where parents learn to apply these steps:

Problem Soving about Children's Problems (Part One); Problem Solving about Interpersonal Problems (Part Two); Problem Solving with Teachers (Part Three). See Table 6.

First and foremost, parents can teach these skills by modeling them. It is a rich learning experience for children to watch parents discussing problems with other adults, negotiating and resolving conflict, and evaluating the outcome of their solutions in an appropriate, non-hostile manner. While parents may not want their children to observe all their problemsolving meetings, many daily decisions they make provide good opportunities for them to learn. For instance, children learn from noticing how their parents say "no" to a friend's request. They watch with interest as Dad receives Mom's suggestion to wear something different. Is Mom sarcastic, angry or matter-of-fact in her request? Does Dad pout, get angry, cooperate or ask for more information? Watching parents decide which movie to see

on Saturday night can teach children much about compromise and negotiation. Watching them discuss financial problems teaches children how to carry on a problem-solving discussion in the face of stress and worry.



Problem Solving About Children's Problems (Part 1)

Here parents are taught how to use the six problem-solving steps to address children's behavior problems. This includes defining the problem and goals as well as discussing which solutions or tools are appropriate to use and making a plan for who will take responsibility for carrying out the solutions. Learning these problem-solving steps is key to parents continuing in the future to address problems that arise with their children in a productive way.

Problem Solving About Interpersonal Issues (Part 2)

Next parents learn how to apply the problem-solving steps they have learned for managing their children's problems to their own interpersonal marital disagreements without blaming or criticizing others. These problem-solving strategies are also used for single parents who can use this approach to manage interpersonal problems with good friends and other family members.

Problem Solving with Teachers (Part 3)

Once parents have learned the problem-solving steps outlined in Parts 1 and 2, they are ready to use this technique to work with teachers regarding their children's problems and needs. This approach allows them to share with teachers the tools they have found work with their children and to develop mutually agreed upon goals which can be worked on both at home and in the classrom.

PROBLEM SOLVING WITH CHILDREN

Besides modeling problem-solving skills, parents can teach these to their children directly. But many parents confuse telling their children what to do with helping them learn to problem solve. There are many obvious problems with this approach, for example, parents may tell their children what to do before they have found out what the actual problem is—that is, from the child's viewpoint. Thus, one of the first tasks for parents when their children are engaged in conflict is to try to understand the problem from their child's point of view. Parents need to learn to ask questions such as, "What happened?" "What's the matter?" or "Can you tell me about it?" and to deliver them in a non-accusatory tone so that the child will be more likely to talk openly about it. This questioning not only helps the child to clarify the problem in his or her own mind, but also ensures that the parent won't jump to the wrong conclusion about what's going on. Any solution must be relevant to the child's perception of the situation, and when children believe that their parents understand their point of view, they are more likely to be willing to deal with the problem cooperatively. Rather than being told what to think and having a solution imposed upon them, children are encouraged to learn how to think.

Group facilitators teach parents to help their children learn the same steps to problem solve successfully as they did for themselves: 1. What is my problem?, 2. What are some plans? (brainstorm solutions), 3. What are the consequences? 4. What is the best plan? (evaluate consequences), 5. Am I using my plan? (implementation), and 6. How did I do? (evaluating outcome and reinforcing effort).

Throughout the process, parents can encourage children to talk aloud



as they think and praise their ideas and attempts at solutions. In this way, parents reinforce the development of a style of thinking that will help them to deal with all kinds of problems.

Group facilitators begin by helping parents set up hypothetical problem situations with their children. Through the use of stories or puppets, parents can create prob-

lem scenes and ask their children to come up with as many solutions as possible. Parents are given a list of possible "suppose games" they can play with their children at home for problem-solving practice. For example: Suppose a child much younger than you started hitting you. What would you do? Suppose a boy had been playing for a long, long time with a toy, and you wanted to play with it. What would you do?

After proposing a hypothetical problem, parents encourage their children to think about their feelings as well as those of the other person in the situation and, on that basis, to describe the problem. Parents then invite them to come up with as many solutions as they can. If children cannot think of any to begin with, parents suggest a few. The objective for parents is to make these problem-solving discussions fun by using cartoons, stories or puppets. They might even suggest that they write a story together. Parents are cautioned to avoid criticizing or ridiculing any of their children's ideas, no matter how silly they are. Instead, they are urged to encourage creative thinking and try to model creative solutions themselves.

After generating possible solutions, the next step is to help children look at what would happen if

each solution were carried out. Parents help their children imagine the possible consequences. Often, children are surprised or upset when things don't go as envisioned. This reaction can be partially avoided if they stop and predict several outcomes that might result from their behavior. For instance, a child might say that tricking or hitting a friend to get a toy is a solution. The parent would then help the child to consider the possible outcomes, such as losing a friend, getting into trouble, or getting the toy. The consequences of asking the friend for the toy might include being turned down or ignored or it might get them the toy. After reviewing possible outcomes, parents help their children decide which one or two solutions might be the best. For children between the ages of three and eight, the second step of generating possible solutions is the key skill to learn. While implementation and evaluation are more

easily done by older children, youngsters first need to consider possible solutions

and to understand that some solutions are better than others.

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Parents start teaching problem solving language through use of stories, games and puppets when children are relaxed.

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The fourth step is for parents to help children actually implement a solution (if the problem is a real-life problem). Real-life problem solving, is, of course, much harder than problem solving in a hypothetical or neutral situation. In conflict situations, children may be so angry and upset that they cannot think clearly. Parents will need to be able to calm them through discussion, so they can come up with some solutions. Sometimes children may be so emotional that they need to go for a brief Time Out until they cool off. Occasionally a problem is so distressing that it is best discussed later when both parents and their children have had time to calm down and gain some perspective.

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All treatment studies have used BASIC in combination with the ADVANCE program.

Parents are encouraged to guide their children into thinking about what may have caused the problem in the first place and invite them to come up with a possible solution. If parents want to help their children develop a habit of solving their own problems, they need to be encouraged to think for themselves. Parents can teach their children how to think about a problem but should not teach them what to think about it. The only time parents need to offer solutions is if their children don't have any ideas—but this should not be confused with teaching problem solving.

The opposite occurs when parents think they are helping their children learn problem solving by telling them to work it out for themselves. This presumes that their children already have good

problem-solving skills; but, for most young children, this approach will not work. For instance, if two children are in conflict over a toy, parental ignoring will probably result in continued arguing and the more aggressive child getting the toy. The more aggressive child will be reinforced for his inappropriate behavior (because he got what he wanted), and the other is reinforced for giving in (because the fighting ceased when he backed down). The children learn from this situation, but it is not a lesson we want them to learn.

Family Problem Solving Meetings (Part Two)

For older children, parents learn how to have family meetings to define problems, express feelings and develop solutions.



IY Parent Series Materials (ADVANCE)

The parent training program materials include:

- Seven DVDs (5.5 hours)
- Comprehensive facilitator manual (consisting of over 400 pages of "how to" including facilitator questions for discussion, home activities, and interpretation of video vignettes).
- Parent weekly "Refrigerator Notes" (brief points to remember for the week).
- Home Activity assignments for parents.
- Book for parents titled, The Incredible Years: A Trouble-Shooting Guide for Parents of Children Ages 2-8 (also available on audio CD).
- Refrigerator magnets.
- Advance Pyramid poster. Pyramid shows how the relationship programs build a positive foundation first, with an emphasis on effective communication skills followed by emotional regulations skills. When this is in place the third program on problem solving is more productive.

Supplemental materials include:

• Parents and children conversation card game; Wally's detective books; Piggy bank poster; CD of book.

Program Methods and Processes (BASIC & ADVANCE)

Note: The same training methods and processes are used for all the Incredible Years Programs regardless of whether they are BASIC or ADVANCE in focus.

Parent Training Methods

The group facilitator methods used to improve basic parenting skills include: showing and mediating video modeling of parenting skills, facilitating group



discussion and problem solving, setting up experiential learning through role plays and rehearsals to practice newly acquired parenting skills, coaching small group break outs, brainstorms and buzzes, promoting goal setting and self-reflection and giving weekly home activities.

Video Modeling. Because the extent of conduct problems has created a need for service that far exceeds available personnel and resources, the developer was convinced of the need to develop an intervention that would be cost-effective, widely applicable, and sustaining. Video modeling promised to be both effective and cost-efficient. Bandura's (1977) modeling theory of learning suggested that parents could improve their parenting skills by watching video examples of parents interacting with their children in ways that promoted prosocial behaviors and decreased inappropriate behaviors. Moreover, this method of training would be more effective than other methods (e.g., didactic instruction, lectures, written handouts), especially for less verbally oriented parents, and could promote better generalization (and therefore long-term maintenance) by portraying a wide variety of models in a wide variety of situations and different contexts. Furthermore, video modeling has a low individual training cost when used in groups and lends itself to mass dissemination.

Thus, the Incredible Years Series relies heavily on video modeling as a therapeutic method. Facilitators select from over 250 brief video vignettes showing parents and children of different sexes, ages, cultures, socioeconomic backgrounds, and child temperament styles and developmental abilities. Parents are shown interacting with their children in natural situations, such as during mealtime, getting children dressed, toilet training, taking a bath, going to the grocery store, handling disobedience, resisting going to bed, doing homework, and so forth. Video vignettes depict parents in effective and less effective interactions. The intent in showing less effective as well as more effective examples is to demystify the notion of "perfect parenting" and to illustrate how parents can learn from their mistakes. The video vignettes are used as a catalyst to stimulate group discussion and problem solving, with the facilitator ensuring that the discussion addresses the intended



USE VIDEO VIGNETTES IN A COLLABORATIVE WAY TO ENHANCE TEACHING

topic and is understood by the parents. Our research has indicated that facilitator-led group discussion utilizing video modeling is superior to facilitator-led group discussion without videos, as well as to video alone self-study (Webster-Stratton, 1990b; Webster-Stratton et al., 1989; Webster-Stratton, Kolpacoff, & Hollinsworth, 1988). When the facilitator shows a video vignette, s/he pauses the DVD to give parents a chance to discuss and react to what they have observed. Sometimes group members are uncertain about whether the kinds of parenting interactions they have just observed are appropriate or not. Thus, the facilitator asks open-ended questions such as, "Do you think that was the best way to handle that situation?" or, "How would you feel if your child did that?" (suggested questions and

discussion topics are included in facilitator manual). If participants are unclear about specific aspects of the parent/ child interaction, or if they have missed a critical feature of the vignette, the facilitator shows the group the vignette again. The goal is not only to have parents grasp the intended concept, but also to ensure



parents become actively involved in reflecting on the interactions, problem solving and sharing ideas about parenting strategies. The facilitator can promote integration and relevance of the concepts or behavioral principles by asking how the concepts illustrated in the vignettes apply or don't apply to parents' own situations. For example, a mother makes the following comment after watching a few of the play vignettes:

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Video vignettes
are used by
group facilitators
as a catalyst
to stimulate
self-reflection,
group discussion
and
problem solving.

Mother: I don't have any toys at home. I can't afford toys like those shown on the DVD—I'm living on a welfare check.

Facilitator: You know, even if you had the money it is not important to have fancy toys. In fact, some of the best toys for children are things like pots and pans, empty cereal boxes, dry macaroni and string—why don't we brainstorm some ideas for inexpensive things you could use to play with your child at home?

This interaction between the facilitator and mother illustrates the importance of collaborating with parents in order to be sure the concepts shown on the video vignettes are relevant for their particular cultural and socioeconomic situation.

Role Play and Practice. Role playing or rehearsal practice of unfamiliar or newly-acquired behaviors and cognitions is one of the most common components of parent training programs and has been shown to be quite effective in producing behavioral changes. Role plays help parents anticipate situations more clearly, dramatizing possible sequences of behavior and thoughts. We recommend doing at least three to four brief role play practices during each session.

Facilitators set up the first role plays in the large group choosing parents they think understand the concepts and will be comfortable demonstrating them. They try to reduce parents' self-consciousness and anxiety about role plays by scaffolding them carefully with scripts and careful coaching of the role of the child and parent. It also helps to make the role

Facilitators' DO'S AND DON'TS of Using DVD Vignettes

- Pace showing vignettes throughout the entire session. Avoid waiting until the last half of the session to show the majority of vignettes.
- Allow for discussion with every vignette. Do not run vignettes together without problem solving.
- Allow for parents' first impressions (insights) to be expressed before you offer analysis and interpretation.
- If parents' reactions are critical of the behavior shown in a vignette, balance their perspective by noting some positive features of the parents' behaviors. (If you allow a group to go too negative, parents may feel you could be just as critical of their mistakes.)
- Remember to model a realistic perspective of parenting.
- Pause introductions to vignettes as well as vignettes themselves to clarify terminology, to allow for questions and to be sure parents are understanding and have time to digest the essential content.
- Use video vignettes to trigger replays or practices of vignettes.
- Show "core" vignettes recommended and choose other vignettes according to culture of population being addressed or children's development.
- Be sure to see if principles learned from vignettes can be applied to parents' individual situations at home and their targeted goals.



USE ROLE PLAY TO ENHANCE TEACHING

play humorous through exaggeration. For example, one parent may be asked to go out of the room and shout from a distance (e.g., kitchen) for the child (role-played by parent) to put away the toys. This usually raises chuckles of recognition, for there is no way for the parent to know whether the child is complying or not, or whether the child has even registered the command. After the large group role plays have been demonstrated, the facilitator debriefs by asking the child how she felt and the parent how the experience was for her. The group then gives the parent positive feedback for the skills being demonstrated.

Next the parent group is divided into triads to practice the particular skills being covered in the session such as persistence or social coaching, explaining family rules, or problem solving. During these practices one person is child, another person is parent and the third is observer who watches the interaction with a handout, and offers suggestions if needed. At the end the observer gives positive feedback to the parent for the skills she observed. Then the triads exchange positions.

Because the video vignettes tend to focus on more positive interactions than negative ones, parents of children with conduct problems often react with, "My child wouldn't be that compliant" or "My child would never..." This is the strategic moment for the facilitator to immediately do a spontaneous role play and ask the parent to take the part of their child, "Show me what he usually does, and then we'll try out some different responses." It is better to have the parent demonstrate the negative behavior their child exhibits with a scaffolded response than to show negative interactions on

video, because we find that negative role plays on videos cause parents considerable distress, and they tend to remember those negative vignettes rather than the more positive ones which are the images we want them to retain and model. Weekly evaluations indicate that parents find the role play practice extremely useful to their learning. Usually it is the facilitator who is most resistant to the idea of doing these practices, for effective role playing requires that the facilitator allow him or herself to take risks, to be playful, to be vulnerable, and to relinquish control.

Buddy Buzzes. In order to keep all parents actively involved during the group sessions, facilitators frequently do buddy exercises. Buzzes are when parents are paired up with a buddy to work on a specific exercise such as writing praise statements for their targeted positive behavior, a sticker chart, rewriting negative commands or negative thoughts, or making a reward menu. After these buzzes, the

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Group facilitators use spontaneous role plays to personalize the learning to parents' home situations with their children and their goals.

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pairs share their work with the rest of the group and the facilitator writes down the key points on the flip chart. Buzzes help engage every parent in the group in active participation.

Weekly Home Activity Assignments. Home practices are assigned each week and are an integral part of the parents' learning process. At each session, the facilitator begins by asking parents about their specific home practices and then helps to fine tune any issues that arise.

Facilitator: You can't learn to swim without practicing, and this is also the case with the parenting skills you are learning here-the more effort you put into the home practice assignments, the more success you will have with your child. As your coach, I am here to help you stay afloat and then help you learn all sorts of swimming skills so that you can become self-confident and independent.

The home practice assignments help transfer what is talked about in group sessions to real life at home. They also serve as a powerful stimulus for discussion at the subsequent session. Moreover, home assignments convey the critical message that sitting passively in the group is not "magic moon dust"; parents must collaborate with the facilitator by working at home to make the changes they have targeted with their goals.



The Incredible Babies, Incredible Toddlers and Incredible Years (ages 2-8 years) books are provided to the parents who are participating in the groups (Webster-Stratton, 2011). Each week they are asked to read a chapter to prepare for the subsequent session. For those parents who cannot read, CDs of the *Incredible Years* book is available. Along with the

reading assignment, home activities also involve asking parents to observe and record their own behavior or thoughts as they practice a particular parenting strategy. At the start of every group session the facilitator asks parents to share their experiences with the home activities and reading for the week. This enables the facilitator to see how well the parents are integrating the material into their daily lives. Parents are more likely to take the home assignments seriously if they know the facilitator is going to begin each session by reviewing their progress in completing them.

When a parent questions the usefulness or feasibility of a home activity, this is explored immediately by the facilitator, in a collaborative spirit. For example, a single parent with four young children says she is unable to do 10 minutes of child-directed and coached play time each day with an individual child. The facilitator could respond in any of the following ways to explore ways of overcoming this obstacle:

Facilitator: I imagine you barely have two minutes to yourself all day—let alone 10 minutes with an individual child. I am guessing there are others in the group who are having the same trouble fitting in the play sessions. Let's share experiences and creative solutions that you've all found.

Through this discussion parents in the group might brainstorm a list of ideas about how to fit in the play such as practicing the skills with several children at the same time, fitting the play into shorter sessions of 2-3 minutes throughout the day, enlisting a friend to help out, doing coached play during bath time or dinner time, or even using descriptive commenting during a car ride. The idea is to have the group of parents help to problem solve this issue so that the group takes ownership over the solutions rather than relying on the facilitator to provide all the answers.

Parents brainstorm solutions to their obstacles regarding home activities.

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If the facilitator does not pursue the obstacles parents face regarding doing the home activities,

parents may conclude that the facilitator is not really committed to the home assignments or does not really want to understand parents' particular circumstances. Similarly, when a parent fails to complete an assignment from the previous session, the facilitator should explore the barriers with questions such as, "What made it hard for you to do the assignment?" or, "How have you overcome this problem in the past?" or "What advice would you give to someone else who has this problem?" or "What can you do to make the assignment more realistic this week?" and "Do you think there is another assignment that might be more useful for you?"

Self-Monitoring Checklists and Goal Setting—Personal Folders

Each week parents complete self-monitoring checklists, setting individual goals for themselves for the following week. Even though parents are given standard home practice assignments, they are asked to personally commit to what aspect of the home activities they will try to achieve that week. Each week the facilitators review these goals and give parents personal written feedback as well as placing surprise stickers, chocolate, cartoons, or cards in their personal folders to applaud a particular achievement. These personal folders become a private communication between the facilitator and each parent. Parents place completed homework in the folders each week, record progress on their personal goals, and pick up the facilitators' comments. The personal attention to the home assignments encourage

parents to self-monitor their own progress; facilitators frequently find parents asking them if they can still get credit for the homework assignment if they do it the following week!

Weekly Evaluations. Parents complete a brief Weekly Evaluation Form after every group. This provides the facilitators with immediate feedback about how each parent is responding to the facilitator's style, the group discussions, and the content presented in the session. When a parent is dissatisfied or indicates having trouble with a concept, the facilitator calls that parent to resolve the issue or, if the difficulty is also shared by others, brings it up in a subsequent session.



Weekly Phone Calls and Make-up Sessions. For the treatment model facilitators "check-in" with parents every week with a telephone call, asking how things are going and whether parents are having any difficulty with the home assignments. These calls allow facilitators and parents to get to know one another outside the group—particularly useful in the case of the quiet or

reluctant parents. These calls promote engagement with the program, the relationship with the facilitator as well as revealing how well parents are assimilating the material presented in group. For prevention groups, these calls may occur less often, but we recommend an individual call to any parent who has two neutral or negative weekly evaluations in a row in order to let the parent know the facilitator is concerned about the issues raised in their evaluations and will try to meet their learning needs.

When a parent misses a session, facilitators call them right away to let the parent know the facilitator is concerned about his/her participation and takes absences seriously. It also gives the facilitator an opportunity to help the parent make up the session and do the assignment before the next session.

Parent Training Process

Parent Training as Collaborative. There are many competing parent intervention programs, each with different sets of assumptions about the causes of family problems, the role of the facilitator, the nature of the relationship between parent and facilitator, and the level of responsibility assumed by the parent and the facilitator. What they have in common is that in most parent training, the model is hierarchical: The facilitator's role is

that of an expert who is responsible for uncovering and interpreting past experiences and family dynamics to the family; and the parent's role is that of a relatively passive recipient of the facilitator's knowledge and advice. The child's misbehavior is evidence that the parent is unable to effectively parent, and the facilitator's role is to diagnose and repair the deficit within the parent.

In contrast, the Incredible Years training model for working with families is active, self-reflective and collaborative. In a collaborative relationship, the facilitator does not set him/herself up as an "expert" dispensing advice to parents about how they should parent more effectively. With a root meaning "to labor together," collaboration implies a reciprocal relationship based on utilizing equally the facilitator's and the parents' knowledge, strengths and perspectives. A collaborative model of parent training is non-blaming and non-hierarchical. The collaborative approach to parent training has been described in

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The parent training process is active, self-reflective and collaborative and is based on utilizing equally the facilitator's and the parents' knowledge, strengths, and perspectives.

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detail in a book entitled Troubled Families —Problem Children: Working with Parents, A Collaborative Process (Webster-Stratton & Herbert, 1994).

As professionals, facilitators have considerable expertise in their fields. Does the collaborative facilitator have to renounce this expertise? Not at all. Yet the collaborative training model acknowledges that expertise is not the sole property of the facilitator: parents function as experts concerning their child, their particular family, their community and determining their goals, and the facilitator functions as an expert concerning child development, family dynamics in general, and cognitive and behavior management principles. The collaborative facilitator labors with parents by actively soliciting their ideas and feelings, understanding their cultural context, and involving them in the therapeutic process by inviting them to share their experiences, discuss their ideas, and engage in problem-solving. Collaboration implies that parents actively participate in setting goals for themselves and their children and self-monitoring their home activities and achievements. Collaboration implies that parents evaluate each session, and the facilitator is responsible for adapting the intervention in response to their evaluations. A **○**

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detailed description of the stages parents go through while engaged in this program can be found in the following chapter (Webster-Stratton, 1996).

Collaborative Tailoring. Another aspect of the collaborative facilitator's labor is working with parents to adapt concepts and skills to the particular circumstances of those parents' families and the particular temperament and developmental stage of their child. For example, a parent who lives in a one-room trailer is unlikely to have an empty room for Time Out and will even have difficulty finding a suitable spot to put a Time Out chair. A parent living in an apartment, where walls are not sound-proofed, will be acutely sensitive to the possible reactions of neighbors when s/he tries to ignore the screaming child; with good reason, that parent may

resist using the Ignore technique. These parents may raise objections to the use of Time Out or Ignoring. In traditional (hierarchical) therapy, these would be seen as instances of resistance, and the facilitator would labor to overcome the parents' resistance. In contrast, the collaborative facilitator would operate from the assumption that the parent had legitimate grounds for resisting this aspect of the training, would attempt to understand the living situation and other circumstances of each family and involve the parents in problem solving to adapt the behavior management principles to their particular situation. To take another example, a highly active, impulsive child with ADHD may not be able to sit quietly and play attentively with his parents for more than 5 minutes. Such children will also have more difficulty sitting in Time Out than less active children. As another example, some children are not particularly responsive to tangible reward programs. The facilitator needs to be sensitive to these differences in child temperament and developmental abilities so that s/he can begin to collaborate with parents in defining the approaches that will work for them and their child. Several articles about adapting the program with fidelity according to family interpersonal issues and according to child development factors can be found on the Incredible Years web site (Webster-Stratton, 1998a, 2007; Webster-Stratton & Reid, 2008a, 2010a).

A non-collaborative approach is didactic and non-participative—the facilitator lectures, the parents listen. The non-collaborative facilitator presents principles and skills to parents in terms of "prescriptions" for successful ways of dealing with their children. Homework assignments are rigid, given without regard for the particular circumstances of an individual family. This approach has been rejected because, for one thing, it is unsuccessful. It is actually likely to lead to higher attrition rates and poor long-term maintenance. Furthermore, it is ethically dubious to impose goals which may not

be congruent with parent goals, values and lifestyles and which may not suit the temperament of their child. This is particularly important when there are cultural or class differences between the facilitator and the group, where assumptions arising from the facilitator's own background or training may simply not apply. The collaborative model implies that, insofar as possible, the facilitator stimulates the parents to generate solutions based on their experience with their child, and based on their family's cultural, class, and individual background. When parents come up with solutions they view as appropriate, the facilitator can then reinforce and expand on these ideas.

A collaborative style of facilitation is demonstrated by open communication patterns within the group and the facilitator's attitude of acceptance toward all the families in the program. By building a relationship based not on authority but on rapport with the group, the facilitator creates a climate of trust, making the group a safe place for parents to reveal their problems and to risk new approaches. The collaborative facilitator is a careful listener. S/he uses open-ended questions when exploring

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The essential goal of collaborative intervention is to "empower" parents so that they feel confident about their parenting skills and about their ability to respond to new situations that may arise when the facilitator is not there to help them.

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issues, for they are more likely to generate discussion and collaboration, and s/he encourages debate and alternative viewpoints, treating all viewpoints with respect. The facilitator's empathic understanding is conveyed by the extent to which s/he actively reaches out to the parents, elicits their ideas, and attempts to understand rather than analyze.



Parent Training as Empowerment.

The partnership between parents and group facilitator has the effect of giving back dignity, respect and self-control to parents who because of their particular situation, may be in a vulnerable time of low selfconfidence and intense feelings of guilt and self-blame. It is the developer's hypothesis that a collaborative approach is more likely to increase parents' confidence and perceived

self-efficacy than all other therapeutic approaches. Bandura (1977, 1982, 1989) has called this strategy strengthening the client's "efficacy expectations"—that is, parents' conviction that they can successfully change their own and their child's behaviors. Bandura has suggested that self-efficacy is the mediating variable between knowledge and behavior. Therefore, parents with high "self-efficacy" will tend to persist at tasks until they succeed. The literature also indicates that people who have determined their own priorities and goals are more likely to persist in the face of difficulties and less likely to show debilitating effects of stress.

Moreover, this model is likely to increase parents' engagement in the intervention. Research suggests that the collaborative process has the multiple advantages of reducing attrition rates, increasing motivation and commitment, reducing resistance, increasing temporal and situational generalization, and giving parents and the facilitator a joint stake in the outcome of the intervention. On the other hand, controlling for hierarchical modes of therapy, in which the facilitator analyzes, interprets, and makes decisions for parents without incorporating their input, may result in a low level of commitment, dependency, low self-efficacy and increased resistance, as well as resentment of professionals. In fact, if parents are not given appropriate ways to participate, they may see no alternative but to drop out or resist the intervention as a means of asserting their control over the therapeutic process.

In short, the net result of collaborative parent training is to empower parents by strengthening their knowledge and skill base, their self-confidence, and their autonomy, instead of creating dependence on the facilitator and



EMPOWERING PARENTS

inadvertently perpetuating a sense of inadequacy or helplessness. There is a further reason for this model: Since the program wants parents to adopt a participative, collaborative, empowering approach with their own children, it is important to use this approach with them in the parent program—i.e., to model with them the relationship style the program wishes them to use with their children. This form of training leads to greater internalization of learning in children (and very likely adults).

Parent Training Groups as Building Positive Relationships and Support **Systems.** It is debatable whether there are clearly differentiated criteria for choosing between one-on-one intervention and group training. Research with clinic families has shown that group training utilizing video modeling is at least as therapeutically effective as one-on-one intervention and certainly more cost effective (Webster-Stratton, 1984; 1985). But aside from the obvious economic benefits, there is another benefit to the group format: greater parental engagement with the program, a particularly compelling benefit in the case of low-income single mothers, who are often reported to be "insular" that is, socially isolated, with little support and few friendships. "Insular" parents frequently report feeling criticized and otherwise rejected in their relationships with relatives, professionals, case workers, spouses, and friends. Parent groups can become an empowering environment for these parents, decreasing their insularity and giving them new sources of support. Many parents continue to meet after the group programs end.

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Parent groups can become an empowering environment for parents, decreasing their insularity and giving them new sources of support.

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Many of the parents in our studies initially were reluctant to participate in groups, preferring the privacy of individual counseling. However, after completion of the training, 87.7 percent reported that group discussion was a very useful training method. After having had a successful group experience, many parents were for the first time willing to consider serving on PTA boards or participating in other school and community-related group functions.

In the parent group, parents learned how to collaborate in problem solving, how to express their appreciation for each other, and how to cheer each other's successes in tackling difficult problems. They also learned to share their feelings of guilt, anger and depression, confusion about a new culture or school's expectations, as well as experiences that involve mistakes on their part or misbehaviors from their children. These discussions served as a powerful

source of support. Through this sharing of feelings and experiences, commonality was discovered. Feelings of isolation decreased, and parents were empowered by the knowledge that they were not alone in their problems and that many of their problems were normal. And this sense of group support and kinship increased parents' engagement with the program. For instance, the following comments were made in one group:

Father: You know when this program is finished, I will always think about this group in spirit.

Mother: This group is all sharing. It's people who aren't judging me, who are also taking risks and saying, "Have you tried this? Or have you considered you might be off track?"

Parent Buddy Calls: One of the ways the program helps groups become support systems is by assigning everyone a parent "buddy" in the second or third session. Throughout the program parents are asked to call or contact their buddy each week (buddy pairs are switched several times) to share a specific parenting experience from the week (play time, praise, ignoring).

Parents make these contacts in a variety of ways: texting, e-mail, web groups, phone calls, or meeting in person. Initially parents are often hesitant about making these contacts, but as they experience the sense of support they receive from other parents, they express a desire to continue the buddy system. Many fathers voice that this was the first time they had ever talked to another father about parenting. When a parent misses a session, his/her buddy is encouraged to call and share information from the session and convey the message that the parent was missed.

Building Parent Support Outside the Group.

Parents often reported conflicts with partners and grandparents over how to handle their child's problems, resulting in stressed relationships and stressed individuals. Therefore, in addition to building the support system within the parent group, the program also emphasizes building support within the family and home life. The program encourages every parent to have a spouse, partner, close friend, or family member (such as grandparent) in the program with them to provide mutual support. Program follow-up studies as well as those done by others have indicated that the greatest likelihood of relapse occurs in families in which only one person was involved in the intervention (Webster-Stratton, 1985b). During parent groups, partners are helped to define ways they can support each other when one was feeling discouraged, tired, or unable to cope.

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The program strives to build support systems within the parent group, within the family, and within the community.

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Frequently, the energy required to care for children, coupled with financial constraints, leaves parents feeling exhausted, and too tired to make plans to spend time with each other or with adult friends, let alone interact with them. Yet time away from the child with a partner or a friend can help parents feel supported and energized. It helps them gain perspective so they are better able to cope with parenting. Wahler's research has indicated that single mothers who have contact with other people outside the home fare much better in their parenting than mothers without such contacts, while maternal insularity or social isolation results in the probability of intervention failure (Wahler et al., 1993). In the parent group, parents at times



SUPPORTING AND ADVOCATING FOR PARENTS

seemed to have almost forgotten their identity as individuals rather than as parents. Thus, several of the home assignments have to do with doing some "self-care" activity in which parents do something pleasurable for themselves. Paradoxically, the result of spending some time away in "self-care" activities was often a feeling of support and understanding from one's partner or the other adult who made it possible.

Group Facilitator Skills and Strategies—"The Art"

Advocacy. Facilitator approaches such as self-disclosure, humor, and positive reinforcement serve the overall purpose of building a supportive relationship. The facilitator can also actively support parents by acting as advocates for them, particularly in situations where communication with other professionals may have become difficult. In the role of advocate, the facilitator can bring relevant persons, programs and resources to the family, or bring the family to them. For example, the facilitator can arrange and attend meetings between parents and teachers to help them clarify the child's problems, agree upon goals and set up behavior management programs which are consistent from the clinic to home to school.

It must be emphasized that the ultimate goal of this advocacy role is to strengthen the parents' ability to advocate for themselves and for their children. The danger of advocacy is that it can become a "rescue" or an "expert" role, resulting in parents feeling dependent or being uncommitted. An example of this might be the facilitator who makes recommendations to a child's teacher, without the parent being involved. Our approach to advocacy in this situation would be to say to the parent, "We want you to share with the teacher the strategies which you are trying to use at home in order to see whether the teachers might consider setting up a similar program at school." Facilitators accompany the parent and provide support. By giving parents responsibility for their own advocacy, sharing their own solutions and advocating with (rather than for) parents, facilitators again emphasize the collaborative process.



EMPOWER YOURSELF

Identifying Goals of Group. At the initial parent group, parents are asked to share some of their personal experiences with their children, as well as their goals for the training program. The goals for each parent are posted on a flip chart on the wall so that they can be referred to throughout the program. This initial discussion often produces immediate group rapport as parents realize they have shared difficulties and are working toward similar goals. Throughout the training, parents are given home assignments to write down the child behaviors they want to see increase or decrease. These targeted behaviors (e.g., going to bed at 8:00 p.m., not interrupting the

parent when s/he is on phone, etc.) become the focus of principle training. Several times during the program the facilitator draws up a composite list of behaviors parents are working on so that group members can see the similarities in some of their issues. This promotes ongoing group cohesion, as well as attention to individual goals, thereby increasing parents' commitment to the program.

Ensuring Group Safety and Sufficient Structure. One of the most difficult aspects of the facilitator's role is to prevent the group experience from becoming negative. If this should happen, drop out is a certainty. Consequently, during the first meeting the facilitator asks group members to generate rules that will help them feel safe, comfortable and accepted in the group. These rules are kept posted on the wall to be added or referred to if necessary during weekly sessions. Examples include: (a) only one person may talk at a time; (b) everyone's ideas are respected; (c) anyone has a right to pass; (d) no "put downs" are allowed; (e) confidentiality within the room and (f) cell phones turned off and no texting. As the group agrees on each rule, the facilitator asks the group to discuss why they think these rules are important.

For groups that are very verbal and tend to get sidetracked or to digress, it is helpful at the beginning of each session to select a parent to act as a timekeeper. The job of this parent-timekeeper is to make sure all vignettes are covered, to help when a conversation is sidetracking, and to keep the group focused on the main topics for the session. Evaluations indicate that parents become frustrated and disengaged if the discussion wanders, and they appreciate having enough structure imposed to keep the discussion moving along. By rotating the job of timekeeper, the task of monitoring the group discussion becomes everyone's responsibility; everyone is committed to the group functioning well.

The group process can also be disrupted by a participant who challenges the facilitator's knowledge or advocates inappropriate child rearing practices. It is important that the facilitator not seem critical or frustrated with this person's comments, for this is the "coercion trap" many parents have experienced in the past. Instead, the facilitator looks for the relevant points in what the person has said and reinforces them for the group. By conveying acceptance and warmth, even towards a parent who is obviously a difficult group member, the facilitator models acceptance and helps group members see that the goal is to understand and respect everyone.

Explanation as Persuasion. Therapeutic change depends on persuasion. This implies that parents must be given the rationale for each component of the program. It is important for the facilitator to voice clear explanations based upon valid information and knowledge of the developmental literature as well as hard-earned practical wisdom and experience. The treatment

principles, objectives and methods should not be shrouded in mystery. Research has indicated that parents' understanding of the social learning principles underlying the parent training program leads to enhanced generalization or maintenance of treatment effects (McMahon & Forehand, 1984).

However, it is also important that these rationales and theories be presented in such a way that the parent can see the connection with his/her stated goals. For example, when providing the rationale for child-directed play and coaching methods, the facilitator explains how this approach fosters the child's language development, social and emotional competence, commitment to family responsibilities and eventual success in school, while at the same time decreasing his/her need to obtain control over parents with negative behaviors. In this example, supplying the rationale is important, not only because parents may not immediately see the connection between playing with their children more and helping their child be less aggressive, but

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Therapeutic change depends on persuasion. This implies that parents must be given the rationale for each component of the program and how it helps them achieve their goals.

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also because of the connection made between this new aspect of the program and the parents' original reason for seeking help (such as their child's aggressiveness and defiance). If they do not understand the rationale for the play sessions and how it helps them achieve their goals, they may not be motivated to do them at home.

Reframing. Therapeutic change depends on providing explanatory "stories," alternative explanations which help parents to reshape their perceptions of and their beliefs about the nature of their problems. Reframing or cognitive restructuring by the facilitator is a powerful interpretive tool for helping parents understand their experiences, thereby promoting change in their

behaviors. It involves altering the parent's emotional and/or conceptual viewpoint of an experience by placing the experience in another "frame" which fits the facts of the situation well, thereby altering its meaning.

One type of reframing that is frequently used is to take a problem a parent is having with a child and reframe it in terms of child development. Reframing a difficult child's behavior in terms of a psychological or emotional drive such as a drive for exploration and discovery, or testing the security of limits or trust, or reacting to the loss of an important parent, or moving towards independence, helps the parents see the behavior as appropriate or normal—in some cases even positive. Seen in this light, problematic behaviors are the expression of normal emotions and developmental stages. Viewing situations in this manner, parents can see that they are participating in a process of supporting healthy growth for their child. This attitude enhances coping and decreases feelings of anger and helplessness. Understood in terms of children's needs to test the security of their environment or to test the love of their parents, parent-child conflicts become less overwhelming and parents are better able to remain committed to the hard work of parenting.



KEEP YOUR RADAR ANTENNAE TURNED ON AT ALL TIMES

Generational Issues. Another strategy that increases parents' commitment, and promotes empathy and bonding between parent and child is helping the parents see the connections between their own childhood experiences and/or temperament and those of their child. When parents acknowledge similarities between their personality and their child's, the facilitator can

help the parent see how these similarities may result in conflicting reactions for them as a parent, yet give the parent intuitive insight into what parenting strategies might be most useful with his/her child.

The facilitator can also help parents see how their reactions and responses as parents are based on their own experiences as a child (either imitating or reacting to the parenting they experienced) and how these influences may create resistance to alternative parenting styles. There is therefore a place in the collaborative model for brief consideration of the child's and parents' past histories. These stories are often negative, filled with pain, anger, self-deprecation, bitterness, and regret. It may be necessary for the facilitator to help parents "lay the ghosts to rest" before they can apply themselves wholeheartedly and optimistically to problems in the here-and-now.

Reframing the Future. Parents are often skeptical about their ability to change, especially if they see in their behavior a family pattern, for patterns often seem fixed and irreversible. Thus, another function of the facilitator is to counter that skepticism with positive expectations for change. For example, one parent said, "My mother beat me, now I beat my children." In response, the facilitator expressed her confidence in the parent's ability to break the family cycle. Each small step toward change—even the step of coming to a parent training program in the first place—can be pointed to as evidence that the problem is not fixed or irreversible.

Facilitators strive to convey optimism about the parents' ability to successfully carry out the strategies required to produce positive changes Successful treatment depends on the ability of the facilitator to strengthen parents' expectations of

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personal efficacy.

in the child's behaviors. According to Bandura (1989), all psychological procedures are mediated through a system of beliefs about the level of skill required to bring about an outcome and the likely end result of a course of action. Efficacy expectations are thought to be the most important component. Thus, successful treatment depends on the ability of the facilitator to strengthen parents' expectations of personal efficacy ("I am able to do it").

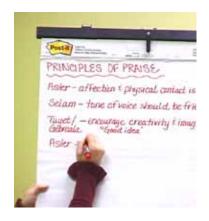


MODIFYING PARENTS' THOUGHTS

Generalizing and Contextualizing. Generalization—the ability to apply specific skills learned in the training to one's own situation, and also the ability to extrapolate from current concerns to future parenting dilemmas—is enhanced by participation where group members are exposed to a variety of family life situations and approaches to solving problems. Another means of enhancing generalization is by group problem solving. The facilitator compiles a list of behaviors that parents want to encourage or discourage and asks the group to come up with as many ideas or tools as possible for dealing with those behaviors. Generalization is also enhanced by what is called "principles training"—pointing out or having a group member state the basic principle that can be applied across multiple situations. These principles are listed on a poster and brought to each session to facilitate continued applications of the principle. Each principle is identified by the group member's name who first stated that principle and recorded in the parents' words (i.e., Tim's attention principle: Behaviors which receive parent attention occur more often. Or Sarah's fun principle: Children want to learn when the experience is fun.)

Families are also engaged in a process called "contextualizing"—asking parents to identify the particular circumstances in which they find it difficult or impossible to apply what they have been learning in the training. Often parents will identify high stress times of the day, such as the first 30 minutes when they get home at night from work, or are late for an appointment, or have relatives visiting, or it is bus time. Parents are encouraged to

identify these vulnerable periods and to strategically plan ways to deal with them. When parents have been successful in maintaining control during a stressful situation, they are encouraged to reflect on this and to share their strategies by asking such questions as, "What made it possible for you to maintain control in such a stressful situation? What were you thinking to yourself at the time? How did you do that?" Here the facilitator aims to help the parents recognize their positive coping skills.



Preparing for Termination and Predicting Relapses. Preparing for the end of the parenting program is critical. Usually parents begin to raise the issue four to six weeks before the end of the training, as they begin to worry about what they will do when they are without the support of the group and the facilitator. Facilitators prepare parents for the inevitable relapses in their parenting skills and children's misbehavior both during the training program and after the program has ended, brainstorming and helping parents rehearse what they will do when there is a relapse. Facilitators reassure parents that mistakes and relapses are "normal" and to be expected, and stress that the important point is to develop strategies to counteract relapses so that family life doesn't become too disrupted. Towards the end of the program, parents are given homework that asks them to identify the particular tool from their parenting tool kit that would be appropriate for a particular child misbehavior. These are reviewed in the subsequent sessions as they learn to integrate all the strategies they have learned since they started the program. (See parenting tools kit on web site and some examples on next page.)

Preparing for the Long Term. Facilitators brainstorm with parents how they can continue to feel supported after the program ends. The following are some of the ideas our groups have discussed:

An ongoing theme reiterated by the facilitator throughout the training program is that it is hard work to be a parent. It is a difficult challenge that very few of us are adequately prepared for. One of the most common mistakes that adults make in relating to children is to go for the short-term payoffs (for example, to give in to a child's tantrum to stop the unpleasant behavior) at the expense of the long-term consequences (the child learns

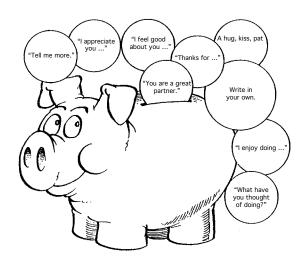




How to Continue to Feel Supported as a Parent

- Continue to meet as a group to support each other once a month. Study some of the other DVD learning modules together.
- Identify two parents from the group who are willing to act as "touch points"—who will keep a set of the DVDs and provide a place to meet to discuss parenting issues which arise.
- Put notes on the refrigerator, telephone, or steering wheel to remind oneself to use specific concepts such as praising good behavior, ignoring inappropriate behavior, and so on.
- Review the notes and handouts with a partner or a friend once every two weeks. Reread or listen to CD portions of the book.
- Reward oneself once a week for working on parenting skills by going out for coffee or to a movie with a partner or a friend.
- Plan discussions of parenting issues with a partner or friend once every two weeks.
- Tell yourself that you are doing a good job!
- Set aside some time to relax and refuel one's energy on a daily basis.
- Recognize that it is okay for parents and children to make mistakes.

to have tantrums to get what s/he wants). The program emphasizes that although the parenting skills presented in this program need to be repeated hundreds of times and take a lot of work, the long-term benefits make it worth the effort—helping a child to become a self-confident, creative, nonviolent, and happy individual. As one of our parents so aptly put it, "You mean there is no magic moon dust?" No, the program has no magic moon



dust to sprinkle; rather, the objective is to encourage parents to be patient with themselves and to be committed to their growth as parents as well as their children's growth and development.

Summary of Incredible Years **Parenting Programs**

In sum, the BASIC and ADVANCE programs are broadly based, focusing on contextual and family interpersonal issues as well as specific parenting skills. They include cognitive, affective and behavioral components. The methods are performance-based, including creative use of role plays or

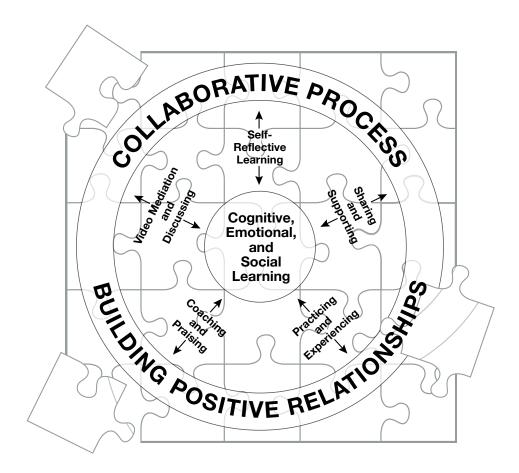
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Group facilitators are the "architects" of building a supportive structure.

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practices, video modeling, coaching, self-management, self-reflection, individual goal setting, parent praise and rewards, home practice assignments and experiential learning. Another essential ingredient in successful parenting training is the elusive, difficult-to-define therapeutic "mix" of applied science, creativity and relationship building. We believe that it is the creative art of collaboration with parents that is key to the success of parenting programs. The facilitator must be extraordinarily skilled in collaborating with families in ways that build positive relationships and promote parents' self-efficiency, sense of competency, empowerment, sharing and hope for themselves and their children. Additionally, by promoting collaboration not just between

the facilitator and parent, but also among groups of parents and with teachers and other community members, the program aims to strengthen parents' awareness of the tremendous and largely untapped support that can be developed both within their families and in their communities. If group facilitators can achieve these aims, they are the "architects" of building a structure that has a possibility of strengthening families and communities over time.



The Collaborative Learning Process

CHAPTER /





Teachers find themselves spending increasing amounts of time attending to students' aggressive, hyperactive and noncompliant behaviors in the classroom. If these behaviors are ignored or if teachers give them negative attention they will continue to increase leading to increased classroom aggression, eventual school failure and antisocial behavior for the child. Moreover, it is known that classroom level of aggression is in itself a risk factor leading to increased aggression in later years. The Incredible Years Teacher Classroom Management training program focuses on promoting the teacher's self-confidence and competence in using positive and proactive classroom management strategies, building positive relationships with students and parents, and



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The combination of teacher and parent training will significantly enhance the outcome for high risk children and those with ODD/CD.

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using productive discipline approaches. It also helps teachers understand how they can teach social skills, emotional regulation, problem-solving and anger management in the classroom. These are the bedrock skills needed in order for children to learn academic skills.

The program is useful for teachers, teacher assistants, psychologists, school counselors and any school personnel working with young children. Our research with children with diagnosed oppositional defiant disorder (ODD) and/or conduct disorder (CD) indicates that teacher training significantly reduces aggression in the classroom, increases cooperation and school readiness and promotes a more positive classroom atmosphere compared with control classrooms which did not have the teacher train-

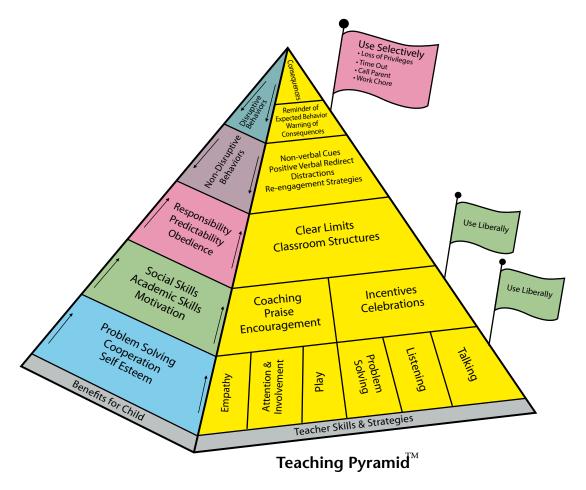
ing component. These findings were replicated with Head Start teachers and assistants with preschool children.

We strongly recommend using this empirically validated teacher program in combination with the BASIC parent program for those working with disadvantaged populations (e.g., Head Start) and for teachers who have children with conduct disorders and/or ADHD in their classrooms. Our research has shown that the combination of teacher and parent training will significantly enhance the outcome for these high risk children. For children with conduct problems whose parents cannot participate in parent training for some reason, we recommend implementing both the teacher training program and the Dinosaur Child Social & Emotion Training Program. Please see the following chapters for details on developing an integrated approach to prevention and management of behavior problems involving school-parent collaborations (Webster-Stratton & Herman, 2010; Webster-Stratton & Reid, 2002, 2007a). These can be found in the library on the Incredible Years website.

We also recommend that facilitators using the Dinosaur Child Training Program complete the teacher classroom management program before conducting child groups, as doing so will enhance their skills at delivering the program.

INCREDIBLE YEARS TEACHER CLASSROOM MANAGEMENT TRAINING PROGRAM CONTENT

- Establishing Positive Relationships with Students and their Parents
- Preventing Behavior Problems—Proactive Teaching
- Giving Attention, Encouragement and Praise
- Motivating Children through Incentives
- Decreasing Inappropriate Behavior—redirecting, warnings, rules, limit setting
- Following Through with Consequences
- Discipline Hierarchies
- Developing Behavior Plans
- Promoting Parent Involvement and Collaboration with Teachers
- Managing Teacher Stress
- Promoting Social and Emotional Competence and Problem Solving



The format and collaborative group process used with the teacher program is almost identical to that used with the parent program. The teaching concepts outlined above and in the teaching pyramid are illustrated with brief DVD vignettes of teachers interacting with students in classrooms. The settings shown on the vignettes include both large classrooms with 28 children and one teacher and smaller special education classrooms with multiple teachers. Group facilitators use these video vignettes to facilitate group discussion, problem solving, and sharing of ideas among teachers. Course participants quickly identify less effective teaching strategies and

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Physical aggression in unstructuctured settings is targeted for close monitoring, teaching and incentive programs.

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learn effective alternatives by watching vignettes of teachers handling problem situations effectively and ineffectively. Group facilitators help teachers discuss important behavior management principles and practice new skills through role-playing practice exercises, small group breakouts for brainstorms and classroom activity assignments. The facilitator's manual contains the complete text of the video narration, an edited recap of the teacher-child interaction for each vignette, a concise statement of important points, discussion topics and questions, readings and handouts, suggested classroom activities, and a list of recommended readings.

The teacher curriculum targets teachers' use of effective classroom management strategies for managing misbehavior, for promoting positive relationships with difficult students and for strengthening social skills in the classroom as well

as in the lunchroom, on the playground, and on the bus. In addition to the topics listed above, teachers are taught to prevent peer rejection by helping the aggressive child learn appropriate problem-solving strategies and helping his/her peers respond appropriately to aggression. Teachers are taught to be sensitive to individual developmental differences (i.e., variation in attention span and activity level) and biological deficits in children (e.g., language and developmental delays) and to respond to these differences with teaching strategies that are positive, accepting and consistent. Physical aggression in unstructured settings (e.g., playground) is targeted for close monitoring, teaching and incentive programs. Teachers are provided with a text when they participate in this training entitled, How to Promote Children's Social and Emotional Competence (Webster-Stratton, 1999). Table 7 describes the content and objectives of this program in more detail and the following chapter describes more details of the program content, method and processes (Webster-Stratton & Reid, 2007b).

Building Positive Relationships with Students (Workshop Day #1)

The teacher training begins with facilitators asking teachers to brainstorm ways they can build positive relationships with their students and their parents, particularly those students for whom they have developed negative feelings. Perhaps the most obvious reason for teachers to develop meaningful relationships with students is because a positive teacherstudent relationship built on trust, understanding and caring will foster students' cooperation and motivation and increase their learning and achievement at school. Moreover, research indicates that students who live in abusive or neglectful homes have better long-term outcomes if they have developed a close relationship with an adult role model, such as a teacher, counselor, or relative during the early years. Consequently, teachers can make a big difference to a child's future when they spend the extra effort developing positive relationships with their students and understanding their family situation.

Facilitators and teachers discuss the many possible reasons why some children are more difficult to manage. Perhaps such children don't perceive teachers in a positive light, and as a result they do not care what teachers want from them. They may distrust teachers because of past negative experiences with teachers or other adults. Perhaps they have come from home situations where the adults are unresponsive or even abusive, or too overwhelmed by their own stresses to meet their children's needs. Children from such homes do not perceive teachers or any adults as caring, supportive, or helpful. As a result, these children may be distrustful of adults, as well as defiant and non-compliant. Children may also be more difficult due to developmental, neurological or biological problems such as attention problems, hyperactivity, impulsivity, inadequate language skills, and so forth. Thus, they may be more easily distracted and find it difficult to listen and follow directions. Finally, children from aversive backgrounds

Table 7: Co	nte	Table 7: Content and Objectives of the Incredible Years Teacher Training Program (Ages 4-10)	le Years Tea	ç	er Training Program (Ages 4-10)
Content		Objectives	Content	[ව්]	Objectives
Workshop #1 Building Positive Relationships With Students	• • • • • •	Building positive relationships with difficult students. Showing students you trust and believe in them. Fostering students' sense of responsibility for the classroom and their involvement in other students' learning as well as their own. Giving students choices when possible. Implementing strategies to counter students' negative attributions and reputations within classroom. Promoting positive relationships with students' parents. Sharing positive feelings with students.	Workshop #1 (Part 2): Preventing Behavior Problems—The Proactive Teacher	• • • • • • • • • • • • • • • • • • • •	Establishing clear, predictable classroom rules. Clear and consistent classroom structure and schedule. Optimal physical environment. Preparing children for transitions. Using guidelines for giving effective commands or instructions. Reductions. Reduction unclear, vague, and negative commands. Understanding the value of warnings and helpful reminders, especially for distractible and impulsive children. Engaging children's attention. Using nonverbal signals and cues for communication. Recognizing the need for ongoing monitoring and pecipitive attention. Giving choices when possible. Communicating with teachers about school rules to reinforce at home.
Workshop #2: The Importance of Teacher Attention, Coaching, and Praise		Using praise and encouragement more effectively for targeted behaviors. Learning about academic, persistence, social and emotional coaching. Building children's self-esteem and self-confidence by teaching children how to praise themselves. Understanding the importance of general praise to the whole group as well as individual praise. Recognizing common traps. Using physical warmth as a reinforcer. Providing nonverbal cues of appreciation. Doubling the impact of praise by involving other school personnel and parents. Helping children learn how to compliment others and enjoy others' achievements. Encouraging students to praise themselves. Strengthening teacher praise for each other and for parents.	Workshop #3: Motivating Children Through Incentives		Understanding why incentives are valuable teaching strategies for children with behavior problems. Understanding ways to use an incentive program for social problems such as noncompliance, inattentiveness, and cooperativeness, and hyperactivity as well as for academic problems. Setting up individual incentive programs for particular children. Using group or classroom incentives. Designing programs that have variety and build on the positive relationship between the teacher, child, and parent. Using incentives in a way that fosters that child's internal motivation and focuses on the process of learning rather than the end product. Providing unexpected rewards and celebration. Providing unexpected rewards and celebration. Using compliment charts for targeted positive opposite behaviors.

Table 7: Content	nter		ble Years Tea	and Objectives of the Incredible Years Teacher Training Program (Ages 4-10)
Content	Object	ectives	Content	Objectives
Workshop #4: Ignoring & Redirecting	•••••	Knowing how to redirect and engage children. Knowing how and when to ignore inappropriate responses from children. Using verbal and nonverbal cues to reengage off-task children. Understanding the importance of reminders and warnings. Tacher learning how to stay calm. Teaching students how to ignore their peers when they are misbehaving	Workshop #5: Follow Through With Consequences	 Using guidelines for setting up Time Out in the classroom. Avoiding common mistakes in using Time Out. Learning how to teach and practice Time Out with students. Handling common misbehaviors such as impulsivity, disengagement, noncompliance, tantrums, and disruptive behaviors. Using the color cards system. Recognizing when to use logical consequences or removal of privileges as discipline. Learning how to use the anger thermometer to help students calm down.
Workshop #6: Emotional Regulation, Social Skills & Problem-Solving		Teaching students how to ask for what they want in appropriate ways. Fostering listening and speaking skills between students. Teaching students how to problem solve through books, games, and puppets. Promoting positive self-talk. Promoting feelings literacy. Involving parents in encouraging their children's social competence and problem solving. Determine students' developmental level of play and adapt coaching accordingly. Learning social and emotion coaching.		



may have low self-esteem and be unmotivated because they lack belief in their own capacity for achievement. Perhaps they're distracted and off-task because they're hungry or tired. Or perhaps they are starved for affection and act out because of the attention that comes their way when they misbehave.

Whatever the underlying reason for the misbehavior, the facilitators help teachers understand the

importance of not taking children's misbehavior or negative attitudes personally or blaming the child for not trying or not caring. Instead, the teacher is encouraged to look past the disruptive behaviors and reach out to the child to develop a meaningful relationship.

Preventing Behavior Problems: The Pro-active Teacher (Teacher Workshop Day #1)

When students are disruptive or behave in ways that are counterproductive to learning, teachers may automatically react with negative emotion. The understandable impatience and frustration teachers feel towards negative behavior in the classroom undermine their ability to think strategically about how best to respond in order to modify the child's behavior. Rather than reacting to problem behaviors when they arise, facilitators help teachers anticipate the kinds of classroom conditions that are likely to produce disruptive or disengaged behaviors and take pro-active steps to prevent them. Research has shown that pro-active teachers structure the classroom environment and school day in ways that make problem behaviors less likely to occur. They establish schedules, "show me five" rules, predictable routines and schedules, consistent limit-setting and norms of behavior that help students feel calm, safe and likely to succeed. Indeed, classrooms that have few clearly communicated standards or rules are more likely to have children who misbehave. In this program, facilitators and teachers discuss some of the pro-active strategies they can use to help create a safe and predictable environment for their students in which problem behaviors are less likely to occur.

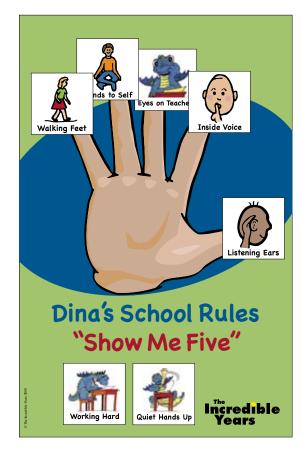
The Importance of Teacher Attention, Coaching, Encouragement and Praise (Teacher Workshop #2)

"Children who need love the most ask for it in the most unloving ways; the same can be said of children most in need of positive attention, coaching, praise, and encouragement."

When we look at the classroom environment to see what factors help students become motivated and successful learners, the quality of the teacher's attention and their relationship with their students emerges as one of the most important. Consistent and meaningful teacher encour-

agement, coaching and praise build children's self-esteem and contribute to trusting and supportive relationships. These forms of attention to positive behavior reinforce and nurture children's growing academic, social and emotional competence.

Yet, our own research and others' has shown that teachers give three to fifteen times as much attention to student misbehavior (e.g., talking out, fiddling, out-of-seat behavior) than to positive behavior. Not surprisingly, this attention reinforces the misbehavior, leading to increased classroom behavior problems, particularly in the child who is starved for adult attention. When teachers recognize the power of their attention as a reinforcer of students' behavior and begin to simultaneously decrease their attention to inappropriate behaviors and increase their use of attention, praise, and coaching for pos-



itive behaviors, they can dramatically impact the individual child and the whole classroom. When students observe what a teacher attends to, they learn the types of behaviors valued by their teacher. In this program, facilitators help teachers understand research on effective ways of giving attention, coaching, praise and for targeted pro-social and academic behaviors. They learn to do academic, persistence, social and emotional coaching similar to that taught to parents. See earlier description of this in the parent section or a more detailed description in the following chapter (Webster-Stratton & Reid, 2009).

"Doesn't praise given to one child make the other children who didn't get praised feel bad?"

Sometimes teachers are reluctant to praise or give positive attention to children with behavior problems because they fear there will be negative ramifications for other children. For example, some teachers worry that if they praise one child, the children seated nearby will feel inadequate because they were not praised. They may also be concerned that it is not fair to praise some children more than others. The facilitator helps teachers understand that as long as they give consistent, positive attention to every child at some time, students will not feel they are being treated unfairly. Over time, with regular doses of positive attention from their teacher, children will feel secure enough in their relationship with their teacher to avoid jealousy when others receive praise. In fact, with time they will even learn to celebrate each others' successes.

Facilitators help teachers understand that, in the long run, giving more coaching, praise and positive attention to the problem child for his or her progress (e.g., "you did a great job sharing the art supplies," or "you are really focused on your work") is beneficial for all the students in the classroom. These labeled descriptions of the expected academic and social behaviors act as a reminder for everyone. In reality, "difficult" children typically have received very little praise and excessive amounts of criticism and disapproval



in the classroom (and at home) in comparison to their peers. They (and their peers) have learned to expect this, and they will behave in ways that fulfill this expectation. Teachers of such children will need to work extra hard to reverse this pattern. It has been said that the children who need the love the most will ask for it in the most unloving ways; the same can be said for the children most in need of positive attention.

It is also important for children to learn to self-evaluate—that is, to pass judgment on their own work and feel pride in their accomplishments without relying on external sources of approval. This is an important long-term goal, yet the teacher needs to be aware of the particular world view of each individual child. For example, children who come from family environments characterized by positive feedback, support, and a relation-

ship with parents that centers on building the child's self-esteem, may already have the self-confidence needed to begin to evaluate their own work. Even so, it is unrealistic to expect young children who are still developing emotionally and socially not to need some external validation for their learning efforts. In fact, adults need this too, regardless of their age or level of self-confidence.

Unfortunately, some children do not come from supportive family circumstances. Instead, children may have experienced a great deal of negative feedback, neglect and even abuse from their parents for misbehaviors. Other children have parents who are so overwhelmed with their own problems that they have been unable to focus on their children's needs or interests, and consequently these children may

Teachers learn to view this added support coaching and praise as a kind of "environmental prosthesis" for the high risk child.

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feel their parents don't care about them. Still other children may have been expelled from previous schools and experienced rejection from teachers and peers. In any case, children come to the teacher with very different experiences of the nature of relationships with adults and varying degrees of self-confidence. The child with behavior problems is likely to have a very negative view of relationships with adults, as well as a negative self-evaluation and low self-worth. If children are left to evaluate their own work, they will likely pronounce it as worthless.

For these children, facilitators help teachers understand the need to supply extra amounts of positive and consistent external scaffolding that was not built in the crucial early years. Teachers can view this added support as a type of "environmental prosthesis" for the child-necessary for academic and social success. This positive teacher encouragement may be necessary for several years before the messages internalize and the child develops a positive self-image and is capable of beginning to self-evaluate in a realistic way.

Biologic factors also play a role in a child's ability to self-evaluate. A child who is inattentive, impulsive, and/or hyperactive will be delayed in learning to self-evaluate, as this requires the ability to reflect on one's actions and anticipate outcomes. Hyperactive and inattentive young children live "in the moment" and do not easily learn from past experiences or anticipate future events. These children need much more external positive scaffolding from the teachers than children who are reflective by temperament.

Motivating Children through Incentives (Teacher Workshop #3)

The facilitator helps teachers focus on the importance of teacher attention, coaching and praise for everyday use in the classroom. However, when students have difficulty with a particular behavior or area of learning, praise and attention may not be strong enough reinforcers to motivate them. Learning to read and write and learning socially appropriate behavior are slow and arduous processes, and children may feel they are not making any progress toward these goals, especially if they have a learning difficulty.

One way of making learning tangible is to use palpable markers such as stickers or tokens, special rewards, and celebrations to provide students with concrete evidence of their progress. Tangible rewards also provide extra incentives for children to tackle difficult learning areas and can sustain a child's motivation until a positive relationship has been developed with the teacher that will make praise and attention more motivating. Positive results from using such incentive programs have ranged from increasing classroom participation, on-task work, cooperative behaviors, and improving spelling and math accuracy to reducing serious behavior problems. When using incentive programs to motivate students to learn something new, it is also important to continue providing social approval. The impact is greater when both types of rewards are combined and each serves a different purpose. Social rewards should be used to reinforce the efforts children make to master a new skill or behavior. Tangible rewards are usually used to reinforce the achievement of a specific goal.

Incentive programs require that teachers and students plan in advance which behaviors will result in rewards. This type of contract is recommended when teachers wish to increase a rare behavior or a behavior that is particularly difficult for a student to learn. Once students learn the new behavior, incentive programs can be gradually phased out and replaced by teacher praise and encouragement.

While incentive programs may seem simple, there are in fact many pitfalls to be avoided if they are to be effective. Thus, program facilitators discuss with teachers some of the erroneous objections that have sometimes been raised to using incentives with students, as well as common problems teachers encounter when trying to set up these programs. Facilitators discuss the most effective and practical approaches to making them work, as based on social learning research regarding incentive systems.

Decreasing Students' Inappropriate Behaviors (Teacher Workshop #4 and #5)

The pro-active strategies discussed in the first three workshops will prevent many classroom behavior

9 A discipline plan is fundamental to pro-active classroom management and increases students' sense of security.

problems from occurring. However, in spite of the best pro-active classroom management on the part of teachers, misbehavior will still occur. When a student disrupts the classroom with misbehavior, teacher responses are likely to be scattered, inconsistent, or merely reactive unless they have already established a clear discipline plan. A discipline plan is fundamental to pro-active classroom management and entails not only clearly delineating rules and expectations, but also explaining to every student the consequences for breaking rules or failing to fulfill expectations. By making sure that students (and parents) are familiar with the discipline plan and understand the consequences, the pro-active teacher ensures that students know exactly how the teacher will respond to misbehavior. The consistency of the teachers' follow through with this plan increases children's sense of security and enables them to anticipate consequences as the natural outcomes of inappropriate behavior.

In general, research has shown that teachers are more likely to rely on punitive or negative consequences than positive techniques when responding to discipline problems, despite the widespread recognition of the limitations and negative effects of punishment (especially when used as the primary strategy of response). Thus, facilitators encourage teachers to enact less severe consequences and less punitive strategies as the first step, also called the "law of least disruptive intervention." In the teacher's discipline plan, consequences should be organized in a hierarchy from the least disruptive **∞**

Consequences should be organized in a discipline hierarchy from the least disruptive intervention to the most disruptive.

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intervention to the most disruptive. For example, when a rule is broken the first time there will be a redirection and distraction, the second time a verbal warning, the third time a privilege will be withdrawn or chore given, the fourth time the child has a talk with teacher at recess, and so on. The major alternatives before resorting to negative consequences such as loss of privileges and Time Out are the strategies of ignoring, self-monitoring, redirecting, and reminders or warnings, as described below.

1. Ignoring. One major strategy for reducing students' inappropriate behavior is ignoring it. In one sense ignoring misbehavior is unnatural, for there is a natural tendency for teachers to attend to students

who are out of their seat or being disruptive or argumentative. However, teacher attention only reinforces such behavior. Ignoring can be a powerful tool for modifying behavior, since it deprives children of the attention they want. While ignoring is highly effective, it is also likely the most difficult teaching strategy to actually carry out. The facilitator helps teachers deal with some of the problems they might encounter when trying to ignore their student's minor misbehaviors. When a teacher uses the ignore technique, she/he may also use proximal praise to a peer nearby to remind the misbehaving child of the appropriate behavior. No ignore is complete until the child's inappropriate behavior stops and the teacher is able to give back attention for a more appropriate behavior. Finally, children in the classroom are taught how to ignore a peer who teases or bothers them and how to give a child who is tantrumming privacy to calm down.

2. Re-directing Misbehavior. It is very important for teachers not to ignore students who are withdrawn or off-task during classroom activities or to allow them to become invisible. While withdrawn behavior may not disrupt other students or disturb teachers, it is significantly problematic for the child who withdraws, for it means that s/he is not involved in the classroom activity and is therefore not learning what s/he should. Furthermore, ignoring such behavior sends the message to the students that the teacher doesn't care and has low expectations of them.

Discipline Hierarchies/Steps For Nondisruptive & Disruptive Behavior

"Always choose the lowest, least intrusive first."

Step #8

Repeated Opportunities for New Learning Trials

- · Model, coach & practice alternative desired behaviors
- Praise replacement behaviors
- Circle Time Lessons

Step #7

Review Behavior Plan

- · Check frequency of positive attention for prosocial behavior
- · Check incentive program is motivating child
- · Check that no attention is given during Time Out
- Conference with parent to coordinate home and school program

IEP Step #6

For agressive, destructive behavior

- 3-5 minutes time away or Time Out to Calm Down, Work Chore For noncompliance
- · Time Out followed by command repeated

Step #5

Use small natural and logical consequences e.g.,

• 2 minute recess lost, no computer time, 2 minute loss of free play activity removed for few minutes, loss of privilege

Step #4

Ignore Non Aggressive Misbehaviors e.g.,

· tantrums, whining

Step #3

As child begins to get upset, coach calm down strategies

• e.g., deep breaths, talk about feelings, positive visualization, use turtle shell, positive self-talk

Step #2

Positive Verbal Redirect

Distractions and

Re-engagement Strategies

Incentives for positive opposite behaviors

Step #1

Nonverbal Cues

Clear rules

Predictable Schedules

Transitions Clear

Coaching, Encouragement & Praise

(NO

Consequences must be applied promptly, consistently and quickly followed by a new learning trial.

9

On the other hand, punishing a child who is off-task but non-disruptive is unnecessarily severe and may be counterproductive. Instead, the teacher should redirect distracted students, giving them the opportunity to become involved in more productive activity. In fact, many minor non-disruptive student misbehaviors can be handled unobtrusively by effective use of teacher redirection. This redirection can be nonverbal, verbal or physical in nature. The advantage of this approach is that it doesn't draw attention to the student's misbehavior from other students or disrupt the classroom work being carried out.

3. Consequences. No matter how consistently teachers use ignoring, redirecting, warnings or reminders as strategies for dealing with inappropriate classroom behavior, and no matter how consistently they reinforce appropriate behavior, there are still times when children will continue to misbehave. In these cases, their misbehavior needs to be met with negative consequences.

A negative consequence is something the child does not want, such as being last in line, losing recess, taking a Time Out to calm down in the classroom, missing free time or special activities, or losing privileges. Consequences do not have to be severe to be effective, but they must be applied consistently rather than varying according to the situation. Consequences must be applied uniformly (i.e., they must be the same for everybody) promptly (i.e., immediately after the misbehavior) and quickly followed by a new learning trial. For these reasons, it is a good idea to avoid establishing consequences that are inconvenient to enforce.

Consequences are a way of holding children accountable for their behavior. Students must be familiar with the discipline plan so they can see the negative consequences as the direct result of their behavior. Whenever possible, consequences should be presented as a choice the child has made—for example, "You hit Carl; you have made the choice to go to Time Out to calm down for five minutes."

Natural and logical consequences are most effective for recurring problems where teachers decide ahead of time how they are going to follow through. This approach can help children learn to make decisions, be responsible for

their own behavior, and learn from their mistakes. The facilitator leads teacher group discussions using video vignettes to discuss some of the problems that can occur when setting up logical and natural consequences and effective ways to overcome them. As with the parent program, teachers think about both natural and logical consequences and brainstorm consequences that can be used easily in their classrooms and that are developmentally appropriate for the particular child.

The task for teachers is to provide an ethical approach to discipline: one that teaches students that negative or violent behaviors will not be tolerated, establishes positive expectations for future appropriate behavior, and conveys to them that they are deeply valued and loved despite their mistake. Ideally this discipline plan should be a whole-school plan and not just an individual teacher classroom concern. All teachers have a role for caring for all students when outside the classroom and schools have a commitment to supporting all teachers in managing students with difficult behavior problems. Thus, it is important that all school staff have a consistent discipline method.

Teaching methods discussed such as self-monitoring, ignoring, using logical consequences, and loss of privileges are effective discipline approaches for many disruptive student behaviors. However, 9

The task for teachers is to provide an ethical approach to discipline that establishes positive expectations and conveys students are deeply valued despite their mistake.

a Time Out or Calm Down strategy is reserved specifically for high intensity problems, such as aggression toward peers or teachers and destructive behavior. It is also useful for highly noncompliant, oppositional or defiant children, since compliance is the cornerstone of a teacher's ability to socialize a child. Time Out is probably the most intrusive short-term consequence a teacher will employ for disruptive behavior. It can occur in the classroom as a formal, or semi-formal cool off time or it can involve temporary removal from the classroom to another classroom or a specially designated area in the school.

Time Out to calm down is actually an extended form of ignoring in which students are removed for a brief period from all sources of positive reinforcement, especially teacher and peer group attention. If carried out **∞**

Time Out
to calm down
allows for the child
to quickly return
to the classroom,
where they can
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learning trial and
a new chance
to be successful.

∞

properly, Time Out offers several advantages over other time-honored disciplinary practices such as lecturing or sending a student home. The strategy models a non-violent response to conflict, stops the conflict and frustration, provides a "cooling off" period for both students and teachers to calm down and maintains a respectful, trusting relationship in which children feel they can be honest with their teachers about their problems and mistakes. Time Out allows children time to reflect on what they have done and consider other solutions. It also fosters the child's development of an internal sense of responsibility, or conscience. Time Out to calm down is more effective than sending a child home because it immediately follows the misbehavior and then allows for the child to quickly return to the classroom, where they can experience a new learning trial and a new chance to be successful. Sending a child home, on the

other hand, usually occurs at least an hour after the misbehavior (after parents have been contacted), thus diminishing its power as a negative consequence. Moreover, a student who is sent home has no chance to come back into the classroom and reverse the behavior or repair the situation. Time Out provides the teacher with a chance to teach the student that dangerous behaviors will not be tolerated and will consistently result in temporary exclusion. This permits the rights of the non-disruptive students to be protected as well.



4. Teaching Time Out to Calm Down.

Teachers teach their students how to take a Time Out to calm down and practice it in a fashion similar to practicing a fire drill. The teachers explain at the beginning of the year the Time Out will be used for hitting or destructive behavior. They explain the place for Time Out and then with the help of a puppet model how to take a Time Out to calm down. Students are taught to take deep breaths while in Time Out and to say, "I can do it, I can calm down." With the use of a calm down thermometer teachers explain how the students can get themselves from their hot or red state into a cool or blue state. When this teaching occurs, students practice going to Time Out using their breathing and self-talk skills. The other children are taught how to give a child privacy when he is in Time Out and to use their ignore muscles.

5. Developing a Behavior Plan for Individual Students with Problems.

For the chronically misbehaving child, it is important to develop an individual behavior plan because doing so helps teachers be more precise in how

they focus attention and follow through with the agreedupon consequences. During the training sessions, small groups of teachers develop individual behavior plans for students in their classes. A behavior management sheet can be found on the web site to develop this plan.



www.incredibleyears.com/TeacherResources/index.asp

Target Negative Behaviors. First, facilitators help teachers identify the specific negative behaviors that they want to reduce such as poking, blurting out, using profanities, grabbing, wandering or out of seat behavior, withdrawing, and so forth. It is important that these behaviors be defined clearly. For example, what is meant by disrespect? Some teachers might feel that the rolling of a student's eyeballs is disrespectful, while others might focus on more overt disrespectful behaviors such as swearing or abusive name-calling.

Next, teachers choose which of these misbehaviors they want to initially target for intervention. Once the target negative behaviors have been chosen, teachers observe and record their frequency, intensity and duration, as well as the occasions or situations in which they occur. For example, are the specific misbehaviors more likely to occur in structured or unstructured times (i.e., on the playground, in the lunch room, or hall ways, versus the classroom)? Do problems usually happen on particular days, such as Mondays after a stressful weekend at home? Are behaviors more likely to occur in the afternoons than the mornings? Do they usually occur with particular students? Do they occur under particular situations, such as when there is less teacher supervision, or during transitions? What are the triggers that usually set off the misbehavior? For example, does the

child misbehave when teased, rejected by a peer group, left out of a discussion, or when learning a task that is too difficult or frustrating?

While keeping running records is not easy, this information is critical for teachers in developing an intervention that is based on the specific needs of the student. For example, if the problem occurs more often in the afternoon, it may be necessary to set up a more frequent incentive program for the positive opposite behavior at that time. Or, if the problems occur only in the cafeteria where adult monitoring is minimal, then the intervention may require additional monitoring during lunch times. If the problems primarily occur with particular students, then teachers may want to set up play groupings that separate these children. These records will also enable teachers to monitor any intervention strategies.

Why is the Misbehavior Occurring? (Functional Assessment) Next, teachers formulate a hypothesis about why the child is misbehaving. Using a checklist, they consider some common reasons for child misbehavior, and think about which of the items might apply to this child. For example, is the misbehavior occurring for attention, to vent frustration, to get out of a task or situation that the child feels is unpleasant, or because the child has not been taught or hasn't learned a more appropriate behavior, or because the expectations for behavior are too high for the child's developmental level.

Teachers understanding the child's motivation for and self-awareness of the behavior is also key to developing an individualized and appropriate intervention plan. For example, the child with Attention Deficit Disorder or Hyperactivity will not have the ability to sit still for long periods of time and may not even be aware of twitching or muttering under his or her breath. It would be inappropriate to discipline such a child, for s/he does not have the developmental ability or capacity to perform a more acceptable behavior. On the other hand, children who use misbehavior to gain power over or attention from others will need an intervention that permits them to earn power and attention for the positive opposite appropriate behaviors rather than for inappropriate behaviors. Similarly, the child who is easily frustrated or who avoids stressful and unpleasant situations may need to learn self-control strategies.

Target Positive Replacement Behaviors to Increase. For every negative behavior, teachers need to identify a "positive opposite" behavior to replace it with. For example, for the child who is withdrawn and non-participatory in class, the teacher might target joining in with peers, asking a friend to play or participating in classroom discussions as the pro-social behaviors to be increased. For the child who is impulsive, the teacher might identify waiting with a quiet hand up, or taking turns as important alternative behaviors to encourage. For children who constantly need teacher reassurance, teachers might encourage them to do part of an assignment alone first. For the child who is frequently angry and mad, the teacher might target times when he seems calm, or happy or proud to use emotion coaching with and to encourage. It is important that these targets be achievable (i.e., within the child's capability) and measurable. Identifying the positive goals or behaviors or feelings is key

For every negative behavior, teachers need to identify a "positive opposite" behavior to

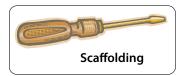
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replace it with. **⊕**9

to the eventual effectiveness of a behavior plan. In contrast, striving to achieve negative goals, such as the absence of pouting, anger, tantrums or blurting out is not likely to be effective because it does help the child (or teacher) visualize a positive alternative.

Positive Proactive Plan. Once the positive behaviors and/or feelings have been identified, teachers must identify the positive strategies that will be used to encourage the behavior. During each of the first three workshop days teachers work on specific parts of this plan, starting at the bottom of the pyramid and working up. This means that they begin with building a relationship with the student, then move to using proactive strategies, targeted praise and coaching, and finally incentives. In small groups, teachers help each other with their plans, brainstorming a menu of ideas. After the brainstorm, the teacher who is working with the student will pick some ideas from the list of strategies and will commit to trying them during the next few weeks. At each workshop day, teachers bring back their plans, discuss what is working, modify aspects that are not working, and then add another level of the plan.

Select Specific Consequences for Negative Behaviors. During workshops 4 and 5, teachers consider evaluate their plans and decide whether they need to use a consequence for the targeted behaviors. In many cases, the initial behaviors have responded well to the positive strategies and consequences



may not be necessary or may be used with much less frequency. Teachers first consider the less intrusive interventions such as redirection, ignoring, and small consequences. For violent or unsafe behavior they will use Time Out to calm down.

Once the plan has been agreed upon, a written implementation plan should be drawn up, detailing who will arrange for the incentives, record the data, call the parents, teach the social skills, set up the self-monitoring plan, and so forth. A date should be set to re-evaluate the outcome.

Facilitators help teachers understand that students receiving individual behavior plans are not getting special privileges. Rather, they are being given individual support, coaching, praise and scaffolding for social and emotional problems in much the same way students with academic problems receive additional tutoring.



Moving Beyond Discipline: Repair and Rebuild. Children who are impulsive, oppositional, inattentive and aggressive will need constant teacher monitoring or scaffolding involving redirection, warnings, remind-

ers and consistent follow through with consequences. However, one of the most difficult but important tasks for teachers dealing with disruptive students is moving beyond Time Out discipline to repairing and rebuilding strained teacher-student and student-student relationships. This process entails letting go of grudges and resentments after consequences have been implemented, welcoming students back as accepted and valued members of the class each day, and continuing to teach them more effective ways of problem-solving. It also means adopting a philosophy of taking one day at a time, allowing the student a new learning opportunity or fresh start each day, as well as practicing forgiveness. Instead of saying, "I hope today is not going to be like yesterday, because if you are...," the teacher encourages the child and predicts a successful day. "I'm glad to see you; today is a new day and a new chance to learn something new."

Emotional Regulation, Social Skills and Problem-Solving Training (Workshop #6)

This final workshop builds on the classroom management strategies taught previously and helps teachers work on how to promote positive reputations for children who are being labeled negatively. Teaching children social and emotional skills as well as problem-solving and anger management strategies are emphasized. Video vignettes depict teachers presenting, practicing, prompting, shaping and promoting social skills concepts to preschool or primary school children and using the classroom management



skills to carry out these tasks. Teaching children these social problem-solving skills helps students learn the thinking and social behaviors involved in making good choices and assuming responsibility for their own behavior.

Moving to Self-Management. The teacher will initially need tight external management and consistent discipline in order to keep difficult and aggressive students under control. Indeed, research has indicated that teacher use of incentives, differential reinforcement, Time Out and negative consequences result in decreased undesired classroom behaviors and increased positive social skills. However, the eventual goal is to shift

away from exclusive teacher management to gradually increasing student self-management and problemsolving skills. This process helps students become less dependent on teachers to provide direction and incentives for their behavior and has the potential to produce more durable and generalizeable behavior gains in situations outside the classroom.

Certainly, one of the central features of many children with behavior problems is the absence of emotional self-regulation and self-management skills. This problem may arise because of the child's development and biology (such as ADHD) or because a child has a distorted self-perception or sense of reality because of his home environment and consequently makes maladaptive and pessimistic self-statements. These children often have difficulty evaluating their own behavior, sometimes having an inflated sense of









their performance and, at other times, being very negative about their abilities and their ability to do something more productive. They may misperceive another's intentions toward them as hostile when, in fact, the person might have been trying to be helpful. Although the degree of selfregulation expected of students will vary with the age, developmental ability and temperament of the child, teachers can begin to foster some selfregulation skills even in young (pre-school) children and for those with severe disabilities. Sadly, these skills are seldom taught to students, especially those with behavior problems.

Self-regulation interventions generally involve a variety of strategies related to changing or maintaining one's own behavior, including problemsolving, self-control, self-evaluation and self-reinforcement approaches. For example, teachers can invite children to reflect about how they did that day to gauge the accuracy of students' self-perceptions and self-evaluation abilities. For children who have poor language skills or emotion vocabulary, a teacher might have a thermometer showing the range from calm (blue for cool) to overexcited (red hot) and ask the child to point to how active or on-task s/he was during certain classroom periods of the day. This activity allows the teacher an opportunity to provide students with specific feedback on the accuracy of their self-perceptions and help them remember times when they successfully calmed themselves down or stayed on task. Thermometers might also be used for students to self-evaluate



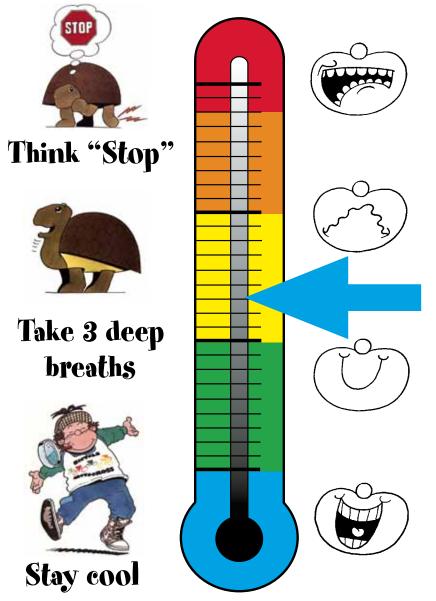
their ability to control their anger or their level of involvement in classroom activities. Oftentimes, children with behavior problems will focus on their mistakes. However, by reviewing the positive aspects of the child's day, the teacher can help the child to gain more positive attributions.

Self-regulation interventions also include self-monitoring approaches such as the "quiet hand up sheet" which is placed on students' desks for them to record each

instance in which remembered to raise their hand. The teacher might also propose that if students meet a certain criteria (e.g., ten quiet hand ups), they can earn a chosen reward. In order to prevent discouragement in students who may not think they can meet this challenge or place a ceiling on

Calm Down Thermometer

I can do it. I can calm down.



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students who are capable of exceeding the challenge, the teacher might use a "mystery challenge," writing the challenge on a piece of paper and placing it in an envelope. When the specified period is completed, the envelope is opened and the students compare their performance against the mystery criteria and earn rewards depending upon whether they matched or exceeded the challenge. This approach makes the self-monitoring procedures exciting and results in a high degree of student involvement. Similar programs could be set up for self-monitoring other behaviors such as on-task or "working" behavior, polite language in class, or completion of a certain amount of work.

Teaching children self-instruction such as the internalization of selfstatements can also be used to modify problem behavior. For example, a child with academic difficulties who is off task a great deal of the time may be thinking negative thoughts which perpetuate the problem (e.g., "I hate school," or "I can never do this, it is stupid"). Teaching positive selfstatements (e.g., "I can do this eventually, I just need to keep working at it") can result in improved on-task work.

Additionally in this workshop teachers are taught how to teach students problem solving steps (see description in Dinosaur Curriculum). They use the Wally Problem Solving books to present possible problems during circle time and then ask the children to help Wally (the puppet) to solve his problem and to act out solutions or show him how to do it.

9

Schools can best serve the needs of their students by becoming more family-centered.

9

Working with Parents

Widespread support for teachers involving parents in their children's learning grows out of convincing evidence that family involvement has positive effects on children's academic achievement, emotional and social competence and school quality. The highly acclaimed book, A New Generation of Evidence: The Family Is Critical to Student Achievement, opens by stating, "The evidence is now beyond dispute. When schools work together with families to support learning, children tend to succeed not just in school, but throughout life" (Henderson & Berla, 1994). Realizing that student's cultural backgrounds, economic conditions, and home environments can

profoundly affect their school adjustment and performance, schools are finding that they can best serve the needs of their students by becoming more family-centered and focused on students' emotional and social needs as well as their academic needs. Some innovative schools are providing nonacademic services to children and their families, such as parent education classes and parent resource rooms, courses for parents to become classroom aides, GED classes, employment training workshops, and special courses to help children learn appropriate social skills, problem-solving and anger management strategies. Such schools demonstrate that the relationships between home and school are beginning to change in fundamental ways.

Despite the evidence of the positive effects of family involvement on a student's academic performance, its potential is still largely ignored in many schools. Many teachers do not systematically encourage family involvement or form partnerships with parents, and parents do not always

participate even when they are encouraged to do so. Several major barriers to family involvement exist in schools. The first barrier is that teachers may discourage parent involvement because they feel they lack adequate time and are too stressed by classroom demands to be involved with parents. Large classes lead teachers to believe they have little time to spend with individual students, let alone with their parents. Furthermore, particu-



larly in light of the pressing demands on teachers' time and energy, administrators may not support their involvement with family members.

A second barrier to parent involvement in children's schooling is the misunderstandings that often occur between teachers and parents. Teachers may believe that parents are neither interested nor qualified in participating in their children's education. Parents, in turn, can feel intimidated by teachers and school administrators and feel they lack the knowledge to help educate their children. New immigrant families may not feel it is their job to be involved in their children's education, rather that is the teacher's job. Moreover, they may not speak the teacher's language and are unable to read the newsletters sent home from teachers. Some parents may have had negative school experiences themselves, resulting in negative feelings about

schools and a lack of trust in teachers. The change in demographic and employment patterns may further complicate the development of strong home-school partnerships. As the population becomes increasingly ethnically diverse, teachers and parents may come from different cultural and economic backgrounds, leading at times to contrasting values and beliefs. Disadvantaged and minority families may face language and literacy barriers, have no access to transportation to and from schools, have no experience asking teachers questions, and fear attending evening school functions if they live in dangerous neighborhoods. Such families may feel so overwhelmed by the stress in their lives that they have little energy to be involved in their child's education. Moreover, the rise in the number of dual-worker families and single-parent working families results in less time for parents to spend on school involvement. All of these barriers, as well as a lack of confidence, poverty, divorce, illness, and job stress, contribute to parents' lack of involvement with teachers and, unfortunately, reinforces teachers' negative perceptions that parents are not interested in forming partnerships with them.

A third barrier to parent-teacher communication is teachers' lack of confidence or skill in working collaboratively with families. This problem is typically the result of inadequate teacher training in general family knowledge, ways of involving parents, how to conduct successful parent conferences and effective communication and negotiation strategies. Studies have shown that there is scant attention in teacher education programs focused on building relationships and partnerships with parents (Chavkin, 1991). Teachers need concrete skills, knowledge and positive attitudes about family involvement in order to create effective partnerships. They need training in family involvement that emphasizes more than traditional parent-teacher conferences and recognizes the additional assistance (e.g., parent education classes and support services) and encouragement that families need in order to help their children in school. Evidence suggests that such assistance may be essential for minority and economically disadvantaged parents, in particular, for whom school involvement is often an intimidating and difficult proposition.

In order for teachers to be successful at collaborating with parents, they must recognize the intrinsic worth of families as contributors to children's learning, as well as be willing to reach out beyond the traditional roles of teachers. Successful partnerships between teachers and parents will result not only in the development of educational programs for students that are based on understanding each student's emotional and academic needs, but

also in teachers feeling less stressed and more valued and supported by their students' families. Working with parents is integrated into all 6 workshops and teachers are provided with teacher-parent communication letters to send home with students for parents to strengthen what their children are learning in the classroom (see website for examples).

Use of the School Readiness Program

In United Kingdom and Ireland teachers are being taught to deliver the School Readiness Program to parents at schools. This 4-session program permits teachers to teach parents the child-directed play and coaching methods to promote their children's social, emotional and persistence skills as well as interactive reading methods. Not only does this support children's learning across home and school (N)

Teachers must recognize the intrinsic worth of families as contributors to children's learning and be willing to reach out beyond the traditional roles of teachers.

with similar language and expectations but it creates a partnership between teachers and parents regarding their children's optimal social and emotional development and academic learning.

Training Methods and Processes for Teachers

Teachers come together in groups of 15 to 18 for six full-day monthly workshops as in-service training to discuss a series of vignettes. A certified/ accredited group facilitator leads these workshops using the collaborative, interactive and self-reflective training methods and processes described in chapter 3 in regard to the parent programs. Group facilitators use video modeling, role-playing and practice interactions, buzz and benefits and barriers exercises with teachers. The facilitator flexibly adapts the cognitive and behavior management principles so they are relevant to each unique classroom, the skill level and experience of the teacher and the cultural context. A paper describing the teacher training process in detail can be found on the web site (Webster-Stratton, Reinke, & Herman, in press). The following are the essential delivery principles that allow for the program to be delivered with high fidelity:



Essential Teacher Training Delivery Principles

Principle 1: Collaboration is essential to learning and developing relationships

Principle 2: Start with teachers choosing goals and self-monitoring progress

Principle 3: The Teaching Pyramid is a road map

Principle 4: Build teachers' confidence and self-efficacy

Principle 5: Address cognitions, emotions and behaviors

Principle 6: Use experiential and self-reflective learning methods

Principle 7: Build support systems, communities and partnerships with parents

Principle 8: Contextualize learning process

Between workshops teachers are given classroom assignments to practice proactive strategies discussed in the workshops, such as persistence, social and emotion coaching, or praising a difficult student, using "proximity praise" during circle time, or setting up a home/school incentive program for an aggressive student. A constant theme throughout this training process is to strengthen the teachers' collaborative process and positive communication with parents, (e.g., the importance of positive phone calls home, regular meetings with parents, home visits, successful parent conferences, weekly letters home from teacher). For indicated children (i.e., children exhibiting behavioral problems), teachers, parents, and group facilitators will jointly develop "transition plans" that detail classroom strategies that are successful with that child, goals achieved and goals to be worked on, characteristics, interests, and motivators for the child, and ways parents would like to be contacted by teachers. This transition plan is passed on to the next year's teachers in order to continue the strategies which have proven to helpful to that child. Ideally, all teachers in a school would receive this training so that there is continuity in approaches from one classroom to the next. The text for use in this training is entitled *How* to Promote Children's Social and Emotional Competence, 1999, revised 2011.

At the end of each workshop, teachers complete a self-reflective inventory of strategies they use or want to strengthen and determine their goals for the upcoming weeks. Between each workshop the group facilitator or a certified Incredible Years peer coach visits the teachers' classrooms. The purpose of these visits is to support teachers regarding their goals and behavior plans and to model teaching skills that the teachers want to strengthen. In addition to these weekly classroom observations the facilitators or peer coaches meet with the teachers to review their self-reflective inventories, behavior plans, and to provide additional training as needed according to teachers' needs.

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Incredible Years Teacher training promotes teacher self-reflective learning and goal setting.

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IY Teacher Classroom Management Series Materials

The teacher training program materials include:

- 7 DVDs (7 hours)
- Comprehensive facilitator manuals
- Self-study teacher manuals
- Wally's detective books for solving problems (4)
- Blackboard notes
- Book for teachers—How to Promote Children's Social and Emotional Competence
- Dina's Wheel of Fortune
- Teaching Pyramid Poster
- Teaching Pyramid magnets

Supplemental materials:

• Self-study training manuals for peer coaches and teachers, teaching tool kit, calm down thermometer, feeling wheels, Wally's Big Book for Solving Problems at School, feelings faces cards, classroom rules cards, "show me five" poster, music CD, social and emotional stickers)

CHAPTER 5



PROGRAM CONTENT: Incredible Years Child Training Series—Dina Dinosaur Social and Emotional Skills and Problem Solving Curriculum

The Dina Dinosaur Social and Emotional Skills and Problem Solving Curriculum is designed to enhance children's school behaviors, promote social competence, self-regulation and positive peer interactions, develop appropriate conflict management strategies, communicate feelings (emotional literacy), manage anger, and reduce conduct problems. In addition, the program is organized to dovetail with the parent and teacher training programs. There is a treatment and prevention version of this curriculum, each with its own set of manuals and protocols.

Treatment Model: For treatment of children (ages 4-8 years) with conduct problems, internalizing problems and ADHD, the program is offered to groups of five to six children in two-hour sessions held once a week for 18 to 22 weeks. For pull out sessions in the school, the program may be offered twice a week for an hour. We recommend that the small group child dinosaur treatment program be offered by counselors or therapists who are treating children who present with oppositional or aggressive behavior problems, ADHD, social delays, peer difficulties, or who are involved with the child welfare system. This program is an ideal companion to the Preschool or School-Age BASIC parent programs because children can be involved in training groups while parents are involved in parent groups. See the following chapters for more detailed descriptions of the treatment model (Webster-Stratton & Reid, 2008a; Webster-Stratton & Reid, 2005).

Classroom Prevention Model: For prevention, there are 60 different lesson plans for each year from preschool through 2nd grade (ages 3-8 years). These lesson plans are offered by teachers 2-3 times a week in 20-minute classroom circle time followed by small group activities to practice the skills taught in circle time. The program spans the year beginning in the fall and continuing through spring. See the following chapters for a more detailed description of the classroom model (Webster-Stratton & Reid, 2004, 2008b).

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It is recommended that teachers who will offer the prevention version of the dinosaur curriculum first take the Incredible Years Teacher Classroom Management training.

Hybrid Model: A hybrid model of the dinosaur curriculum has been offered in special education classrooms and for day treatment. These classrooms usually have 8-12 students and 3 teachers, and have offered the dinosaur lesson plans daily throughout the year. The shorter lesson plan format from the prevention curriculum is used along with the more intensive behavior management strategies from the treatment version of the program.

Note: It is recommended that teachers who will offer the prevention version of the dinosaur curriculum first take the Incredible Years Teacher Classroom Management training series. This will provide them with positive classroom management

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strategies that will support the delivery of the dinosaur school curriculum. Therapists offering the treatment version of the program should have had extensive experience working with children who have challenging behavior.



INCREDIBLE YEARS CHILD DINOSAUR TRAINING PROGRAM CONTENT

- Making New Friends and Learning School Rules (Apatosaurus Unit)
- How to Do Your Best in School (Iguanodon Unit) Learning how to put up a quiet hand; handle other children who poke; learning how to stop, think and check; practicing cooperation skills.
- Detecting and Understanding Feelings (Triceratops Unit)
- Wally Teachers Problem-Solving Steps (Stegosaurus Unit) Learning to identify a problem; thinking of solutions to hypothetical problems; learning ways to handle common problem situations such as being teased, left out, hit; thinking of consequences and evaluating solutions.
- Tiny Turtle Teachers Anger Management (Tyrannosaurus Rex Unit) Recognizing anger; using self-talk, visualization and relaxation methods to control anger; practicing alternative responses to anger producing situations.
- Molly Manners Teaches How to be Friendly (Allosaurus Unit) Learning the concept of sharing, helping, and teamwork.
- Communication Skills (Brachiosaurus Unit) Learning how to listen, speak up, give compliments, apologies and suggestions, and enter into groups of children already playing.

The preschool and early grades are a strategic time to intervene directly with children and an optimal time to facilitate social and emotional competence. Research has shown that a significant relationship exists between poor peer relationships in early childhood and long-term social and emotional maladjustment (Loeber & Farrington, 2000; Loeber et al., 1993).



Table 8: Content a		le Years Chil	nd Objectives of the Incredible Years Child Training Programs r Social Emotional Skills and Problem-Solving Curriculum) for ages 4-8
Content		Content	Objectives
Apatasaurus Un	Apatasaurus Unit: Making Friends and Learning School Rules	Triceratops Unit:	Triceratops Unit: Understanding and Detecting Feelings
	 Understanding the importance of rules. Participating in the process of rule making. Understanding what will happen if rules are broken. Learning how to earn rewards for good behaviors. Learning to build friendships. 	Wally Teaches Wally Teaches Clues to Detecting Feelings Part 2: Wally Teaches Clues to Understanding Feelings	 Learning words for different feelings. Learning how to tell how someone is feeling from verbal and nonverbal expressions. Increasing awareness of nonverbal facial communication used to portray feelings. Learning different ways to relax. Understanding why different feelings occur. Understanding feelings from different perspectives. Practicing talking about feelings.
Iguanadon Unit	iguanadon Unit: Detective Wally Teachers Problem Solving Steps Stegosaurus Unit: Anger Management	Stegosaurus Unit	:: Anger Management
Part 1: Listening, Waiting, Quiet Hands Up Part 2: Concentrating, Checking, and Cooperating	 Learning how to listen, wait, avoid interruptions, and put up a quiet hand to ask questions in class. Learning how to handle other children who poke fun and interfere with the child's ability to work at school. Learning how to stop, think, and check work first. Learning the importance of cooperation with the teacher and other children. Practicing concentrating and good classroom skills. 	Part 1: Identifying Problems and Solutions Part 2: Finding More Solutions Part 3: Thinking of Consequences	 Learning how to identify a problem. Thinking of solutions to hypothetical problems. Learning verbal assertive skills. Learning how to inhibit impulsive reactions. Understanding what apology means. Thinking of alternative solutions to problem situations such as being teased and hit. Learning to understand that solutions have different consequences. Learning how to critically evaluate solutions – one's own and others.



Table 8: Content	and Objectives of the Incredible Years Child Training Programs
Content	Content Objectives
Tyrannosaurus Rex Unit: D	ina Dinosaur Teaches How to Do Your Best in School Allosaurus Unit: Molly Manners Teaches How to be Friendly
Part 4: Detective Wally Teaches How to Control Anger Part 5: Problem Solving Step 7 and Review Brachiosaurus	Part 1: Helping Helping Helping Helping Helping Helping Helping Part 2: Ouderstanding what friendship means and how to be friendly. Part 3: Learning what teamwork means. Teamwork and teamwork means. Learning what teamwork means. Learning what teamwork means. Part 4: Part 4: Part 4: Part 4: Part 4: Practicing friendship skills. Home

In the absence of intervention, child conduct problems intensify after the child begins school, putting the child at increased risk for peer rejection and poor social skill development. Even before the middle grades, most children have already had at least five to six years of experience with peer groups because they have participated in day care centers and preschools since toddlerhood. Morever, many children with behavior problems have been asked to leave four or five schools or group settings by the time they are six years old. Thus, young aggressive children may establish a pattern of social difficulty in the early elementary years that continues and becomes fairly stable by the middle school years. Similarly, the aggressive child's negative reputation and peer group and parental rejection may be well established by middle school (Coie, Dodge, & Kupersmidt, 1990). Even if the child learns appropriate and effective social skills during the middle grades, this pattern of rejection may make it difficult for the child to use these skills to change his or her image (Asher, Parkhurst, Hymel, & Williams, 1990; Bierman, 1989). Thus, intervening at a young age can help children develop effective social skills and emotional regulation early on and reduce their aggressive behaviors before these behaviors and reputations develop into permanent patterns (Loeber & Farrington, 2001).

Moreover, even though parent training is likely to affect parent-child relationships at home, it is less likely to impact peer relationships. To address peer problems, children must receive training in social skills, emotional

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Research indicates that combining child and teacher training with parent training significantly improves the long-term outcome for children with conduct problems.

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regulation and problem solving, and trained teachers must monitor and reinforce the use of such skills at school. Our research has indicated that combining child and teacher training with parent training significantly improves the long-term outcome for children with conduct problems and results in more positive classroom atmosphere with less aggressive peer problems (Webster-Stratton & Hammond, 1997; Webster-Stratton & Reid, 1999b). Our research with the classroom prevention version of this curriculum has also shown that students who received this curriculum from trained teachers were observed to have significantly more social competence and self-regulation skills and reduced conduct problems compared with control students in their classrooms (Webster-Stratton et al., 2008).

DINA DINOSAUR COMPONENT PROGRAMS

The following sections outline the content of each unit of the dinosaur social skills curriculum. References are made to some of the curriculum's key teaching strategies (child-size puppets, role play, video vignettes, and practice activities). All these will be described in detail in a later section of this chapter.

Making Friends and Learning School Rules and How to Do Your Best in School (Apatosaurus and Iguanodon Programs)

When working with children, gaining their cooperation and compliance is key to being able to socialize and teach them. Research has indicated that children with conduct problems are noncompliant about 80-90% of the time a request is made of them by parents or teachers (Webster-Stratton & Lindsay, 1999). Thus, one of the first tasks of using this program with children with behavior problems that is somewhat different from other social skills programs is the emphasis on compliance training procedures. In the first program, children are introduced to Dinosaur School and learn the importance of following the school rules. Children discuss classroom or group rules such as following teacher's directions, keeping hands to selves, raising a quiet hand, using a polite and friendly or inside voice, keeping eyes on teacher and so forth. Rules are shown with laminated cue cards and are demonstrated, role played, and practiced with the children and with the help of life-sized puppets. For small group treatment programs incentives are given (dinosaur chips) to children for complying with rules. The classroom prevention version does not use an intensive class-wide incentive program,

but small rewards or group incentives may be used for classes with high levels of disruptive behavior.

Additionally, children learn that Time Out to calm down is the consequence for hitting or hurting someone else (two of the most important Dinosaur Rules are "keeping hands to self" and "using gentle touch"). Therapists and teachers teach children (when they are calm and well behaved) how to use Time Out to



calm down by showing them video vignettes of children walking to the calm down place, taking deep breaths and telling themselves, "I can do it, I can calm down." Next, Wally the puppet models going to Time Out and staying calm. This is followed by the children practicing all the steps of taking an appropriate Time Out. Children are coached to use positive selfstatements while in Time Out and are taught to help their friends in Time Out by ignoring them and giving them privacy to calm down until they return to the group. Time Out is framed as time away to think and calm down before trying again. It is taught in a respectful way and is not intended to humiliate a child.

When children return to the group after they have taken a Time Out to calm down because of hitting or doing something destructive, therapists or teachers look for the first opportunity to reengage the child and praise him for appropriate behavior. Time Out is conducted in the least restrictive way possible.



Understanding and Detecting Feelings (Dina Triceratops Program)

The program on emotional literacy is implemented after the programs regarding classroom rules and expectations have been discussed, modeled, practiced, and reinforced.

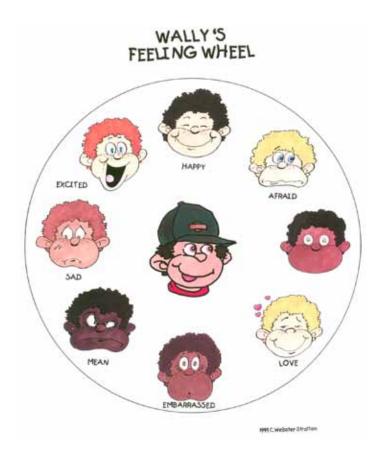
Aggression and inadequate impulse control are perhaps the most potent obstacles to effective problem solving and the formation of successful friendships in childhood. Without help, young children who are angry and aggressive are more likely to experience peer rejection and continued social problems for years afterwards. As described earlier, research has demonstrated that such children have deficits in social problem-solving or conflict management skills. They react to interpersonal conflict situations in hostile ways, without considering non-aggressive or pro-social solutions, and they anticipate fewer consequences for their aggressive solutions. In short, they have difficulty being able to regulate their negative affect in response to conflict situations.

Such children also have difficulty knowing how to "read" social situations because they distort and/or under-utilize social cues. Furthermore, there is evidence that aggressive children are more likely to misinterpret ambiguous situations as hostile or threatening. The tendency to perceive hostile intent in others has been seen as one source of aggressive behavior. Negative social

experiences with parents, teachers and peers, in part the result of their lack of social competence, further exacerbate adjustment difficulties, perpetuate aggressive behavior problems and self regulation difficulties, and reinforce children's distorted perceptions and social cognitions.

In this program, teachers/facilitators help children cope more effectively with conflict situations that provoke anger (e.g., teasing, hitting, disappointment) by teaching them problem-solving strategies and communication skills, helping them read social situations more accurately, and showing them how to use positive self-statements and other cognitive mediation stratagems. Before students can effectively problem-solve, however, they need to be able to recognize and regulate their own emotional responses. Facilitators of the Dinosaur Program can play a critical role in helping children learn to manage their anger; for example, by helping children think differently about why an event occurred, preparing them to respond appropriately to situations that typically provoke anger, and encouraging them to employ self-talk and relaxation strategies to keep calm.





Children with behavior problems often have language delays and limited vocabulary to express their feelings, thus contributing to their difficulties regulating emotional responses (Frick et al., 1991). They may also have negative feelings and thoughts about themselves and others and difficulty perceiving another's point of view or feelings different from their own (Dodge, 1993). They have difficulty reading facial cues and distort or underutilize social cues (Dodge & Price, 1994). Therefore, the Triceratops Feelings program is designed to help children learn to regulate their own emotions and to accurately identify and understand others' feelings.

The first step in this process is to help children identify their own feelings and be able to accurately label and express these feelings to others. Therapists and teachers play a critical role in helping children learn to manage their feelings of anger or disappointment by helping them to talk about the

feelings, to think differently about why an event occurred, preparing them to respond appropriately to situations that cause emotional arousal such as being teased or left out, and encouraging them to employ self-talk and relaxation strategies to keep themselves calm. Through the use of laminated feeling cue cards and video vignettes of children demonstrating various emotions, children discuss and learn the words for a wide range of feeling states.

The unit begins with basic sad, angry, happy, curious, excited and scared feelings and progresses to more complex feelings such as frustration, excitement, disappointment, loneliness, and embarrassment. The children are helped to recognize their own feelings by checking their bodies and faces for "tight" (tense) muscles, relaxed muscles, frowns, smiles, and sensations in other parts of their bodies (e.g., butterflies in their stomachs).



Matching the facial expressions and body postures shown on cue cards helps the children to recognize the cues from their own bodies and associate a word with these feelings. Next, children are guided to use their detective skills to look for clues in another person's facial expression, behavior, or tone of voice to recognize what the person may be feeling and to think about why they might be feeling that way.

Video vignettes, photos of sports stars and other famous people, as well as pictures of the children in the group are all engaging ways to provide experience in "reading" feeling cues. Small group games such as "Feeling Dice" or Feeling Bingo are played to reinforce these concepts. Nursery rhymes, songs, and children's books provide fun opportunities to talk about the characters' feelings, how they cope with uncomfortable feelings, and how they express their feelings. As the children become more skilled at recognizing feelings in themselves and others, they begin to learn empathy, perspective taking, and emotion regulation.

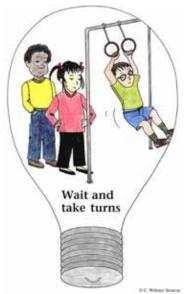
Children also learn strategies for changing negative (angry, frustrated, sad) feelings into more positive feelings. Wally (a child-sized puppet) teaches the children some of his "secrets" for calming down (take a deep breath, think a happy thought, go to his happy place). Games, positive imagery, and activities are used to illustrate how feelings change over time and how different people can react differently to the same event (the metaphor of a "feeling thermometer" is used and children practice using real thermometers in hot and cold water to watch the mercury go from "hot and angry" to "cool and calm"). To practice perspective taking, role plays include scenarios in which the child takes the part of the teacher, parent, or another child who has a problem. The puppets are used to model how to talk about and cope with different feelings. This work on feelings is integrated into and underlies all the subsequent units in this curriculum.



Detective Wally Teaches Problem-Solving Steps (Stegosaurus Program)

Children who are hyperactive, impulsive, inattentive, and aggressive have been shown to have cognitive deficits in key aspects of social problem solving (Dodge

& Crick, 1990). Such children perceive social situations in hostile terms, generate fewer prosocial ways of solving interpersonal conflict, and anticipate fewer consequences for aggression (Dodge & Price, 1994). They act aggressively and impulsively without stopping to think of non-aggressive solutions or of the other person's perspective and expect their aggressive responses to yield positive results. There is evidence that children who employ appropriate problem-solving strategies play more constructively, are better liked by their peers, and are more cooperative at home and



school. Consequently, in this next program of the curriculum, therapists and teachers teach children to generate more prosocial solutions to their problems and to evaluate which solutions are likely to lead to positive consequences. In essence, these children are provided with a thinking strategy that corrects the flaws in their decision-making process and reduces their risk of developing ongoing peer relationship problems.

Children learn a 7-step process of problem solving: (1) How am I feeling, and what is my problem? (define problem and feelings) (2) What is a solution? (3) What are some more solutions? (brainstorm solutions) (4) What are the consequences? (5) What is the best solution? (Is the solution safe? fair? and does it lead to good

feelings?) (6) Can I use my plan? and (7) How did I do? (evaluate outcome and reinforce efforts). A great deal of time is spent on steps 1, 2, and 3 to help children increase their repertoire of possible prosocial solutions (e.g., trade, ask, share, take turns, wait, walk away, take a deep breath, etc.) In fact, for the 3-to 5-year-olds, these three steps may be the entire focus of this unit. One to two new solutions are introduced in each session, and the children are given multiple opportunities to role play and practice these solutions with a puppet or another child. Laminated cue cards of pictures of over 40 solutions are provided in Wally's detective kit and are used by children to generate possible solutions and evaluate



3 What are some other solutions?

whether they will work to solve particular problems. Children practice acting out solutions to problem scenarios introduced by the puppets, the video vignettes, or by the children themselves. In one activity, the children draw or color their own solution cards so that, at the end of the unit, each child has his own detective solution kit. The children are guided to consult their own or the group solution kit when a real-life problem occurs. Activities for this program include writing and acting in a problem-solving play, going "fishing" for solutions (with a magnetized fishing rod), and working as a group to generate enough solutions to join "Wally's Problem-Solving Detective Club." A more advanced solution kit is available for children in primary grades.



Detective Wally Teaches Problem-Solving Steps (T-Rex Program)

Aggression and inadequate impulse control are perhaps the most potent obstacles to effective problem solving and forming successful friendships for children with conduct problems. Without help, these children are more likely to

experience ongoing peer rejection and continued social problems for years afterwards (Coie, 1990). Such children have difficulty regulating their negative affect and thus are likely to react aggressively and emotionally to conflict situations. Furthermore, there is evidence that aggressive children are more likely to misinterpret ambiguous situations as hostile or threatening. This tendency to perceive hostile intent in others has been seen as one source



of their aggressive behavior (Dodge & Somberg, 1987; Walker et al., 1995).

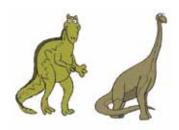
Consequently, once the basic framework for problem solving has been taught, children are taught anger management strategies. Anger management programs based on the work of Novaco (Novaco, 1975) have been shown to reduce aggression in aggressive middle- and high-schoolers and to maintain gains in problem-solving skills (Lochman & Dunn, 1993). Clearly children cannot solve problems if they are too angry to think calmly. A puppet, Tiny Turtle, is used to teach the children a 5-step

anger management strategy that includes: (1) Recognize anger; (2) Think "stop;" (3) Take a deep breath; (4) Go into your shell, and tell yourself "I can calm down;" and (5) Try again. Tiny's shell is the basis for many activities: making a large cardboard shell that children can actually hide under, making grocery bag "shells" or vests, molding play dough shells for small plastic figures (the children pretend the figures are mad and help them to calm down in the play dough shells), and making teasing shields. Each of these activities provides multiple opportunities for the therapist or teacher to help the children practice the steps of anger management. Children are helped to recognize the clues in their bodies that tell them they are getting angry and to learn to use self-talk, deep breathing, and positive imagery to help themselves calm down. Therapists and teachers also use guided imagery exercises with the children (having them close their eyes and pretend to be in a cocoon or turtle shell) to help them experience the feeling of being relaxed and calm.

Video vignettes of children handling anger or being teased or rejected are used to trigger role plays to practice these calming down strategies. Additionally, the puppets talk to the children about problems (e.g., a parent or teacher was mad at them for a mistake they made, being left out of a birthday party, a parent getting divorced or doing something that disappointed them). The situations that the puppets bring to the group are formulated according to experiences and issues relevant to particular children in the group or classroom. For example, if a child in the group is teased at school (and is reacting in an aggressive or angry way), Wally might tell the group that someone at school called him a name, and Wally was so mad that he hit. Then Wally would talk about the consequences of hitting (he felt badly afterwards, and he got in trouble). The group would then generate alternative solutions for Wally and would help him practice the solutions. The child who has this same difficulty at school would often be chosen to act out an appropriate solution with Wally. Throughout the discussion of vignettes and role-play demonstrations, the therapists, teachers and puppets help the children to change some of their attributions about events. For example, Molly explains, "Maybe he was teasing you because he really wanted to be your friend but didn't know how to ask you nicely" or, "You know, all kids get turned down sometimes when they want to play; it doesn't mean they don't like you" or, "I think that it was an accident that he bumped into you."



While teaching effective problem solving will be particularly helpful for high-risk students, it is also important to improve the social skills and cognitive-problem-solving of all students through curriculum-based lessons. Moreover, by including typically developing students with high-risk students in this training, several goals can be achieved. First, the probability of the high-risk students experiencing social rejection and negative stereotypes will be reduced. Second, this inclusion approach promotes classroom social cohesion, empathy among students and more cooperative learning.



Molly Manners Teaches How to Be Friendly and How to Talk with Friends (Allosaurus and Brachiosaurus Programs)

Children with conduct problems have particular difficulty forming and maintaining friendships. Our research, and that of others, has indicated that these children have signifi-

cantly delayed play skills, including difficulties waiting for a turn, accepting peers' suggestions, offering an idea rather than demanding something, or collaborating in play with peers (Webster-Stratton & Lindsay, 1999). They also have poor conversation skills, difficulty responding to the overtures of others, and poor group entry skills. Consequently, in the friendship program, we focus on teaching children a repertoire of friendly behaviors such as

sharing, taking turns, asking, making a suggestion, apologizing, agreeing with others, and giving compliments. In addition, children are taught specific prosocial responses for common peer situations, such as entering a group of children who are already playing, working in a team with other children to complete a project, compromising, and coping with times when peers are not cooperative. As with other new material, children see these friendship skills modeled by the puppets or in video vignette examples and practice using them in role plays and cooperative games.

Timetable and Sequencing

The program recommends that the Dinosaur curriculum start at the beginning of the school year. The sequencing of the program units is critical. For example, the content related to school rules and classroom behavior is taught first so as to have the small group or classroom structure and rules in place for discussing ideas and listening to others. This teaching unit is followed by the unit on feelings, which is necessary in order for children to identify and talk about problems. Next, the problem-solving unit builds on expression of feelings and helps children learn to define problems and learn appropriate solutions (or choices) to different situations. Following this unit, children are taught emotional self-regulation and anger management so that they can calm down enough to use the prosocial solutions they have learned. Finally, the last two units focus on teaching children effective communication with peers and how to make good friends. These two units integrate all skills worked on in the prior units.

Adjusting for the Age, Diagnoses and Developmental Ability of the Children

Children in the small group can vary from ages four to eight years. We believe this mix in developmental ability is optimal because the more verbal children can model language for the younger children and participate in leadership roles. It also means that therapists won't have an entire group of wiggly, nonverbal children. We suggest selecting children in age- and gender pairs so that each child in the group has at least one peer at a similar developmental level. It is also useful to include both boys and girls in a group, although this is sometimes difficult because of the higher rate of referrals for boys. Each group consists of no more than 6 children and 2 leaders. Some groups will need a third adult who can assist with toileting needs or

monitor Time Out. A therapist should never be left alone in the room with a group of disruptive children. Groups of children with varied diagnoses are also recommended (i.e., mix children with oppositional/aggressive behaviors, ADHD, and social delays). This will allow children with different strengths and needs to learn from the modeling of others in the group and will also help to ensure that a group does not become impossible to manage, as might be the case if a group is entirely made up of children with ADHD or highly antisocial behaviors. In a school setting, it might be feasible to include 1-2 exemplary peer models in a group. These children can act as coaches and help model and demonstrate appropriate behaviors for the other children. Often they form friendships with these children which helps change their reputation in the classroom.

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Each group consists of no more than six children and in a school setting, if feasible include one to two exemplary peer models per group.

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TRAINING METHODS AND PROCESSES

As noted from Piaget's early work on cognitive development, methods for teaching social and emotional regulation skills to young children must be commensurate with the children's developmental stage, learning style, language level, temperament, and cognitive abilities. Approaches that are effective with secondary school children are not likely to work with preschoolers. Training programs for older children often require verbal and cognitive skills that early preschool and school age children do not have. This program makes use of the following age-appropriate learning methods and processes.

Video Modeling & Observational Learning. In accordance with modeling and self-efficacy theories of learning (Bandura, 1989), children benefit more from a concrete performance-based approach, such as video and live modeling and behavioral practice activities, than they do from a purely cognitive or didactic verbal teaching approaches. Research attests to the observational modeling impact of television on children's behaviors (Singer,

1982; Singer, 1985) and shows convincingly that children learn a great deal from television. Data on nonviolent and prosocial programs especially

Modeling

designed for young children, such as Mister Rogers, suggest that children show a significant increase in positive behaviors after watching such programs (Singer & Singer, 1983).

The Dina Dinosaur curriculum uses DVD vignettes in every session to provide more effective learning than didactic instruction or sole reliance on behavioral practice; that is, video vignettes can control the presentation of a wide variety of different child models with varying developmental abilities, situations, and home and school settings for children to watch and discuss. We hypothesize that this flexible modeling approach results in better generalization of the training content and, therefore, better long-term maintenance. Further, it is an engaging method of learning for less verbally oriented children, younger children, or children with short attention spans and ADHD.

The number of vignettes shown in each session varies depending on the developmental level of the children in the group and whether the prevention or the treatment version is being used. In the treatment program between 6-8 vignettes may be shown in a two hour session. In the classroom prevention version 1-2 vignettes may be shown in one preschool lesson and 3-4 in a primary grade lesson. Facilitator or teacher training

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Vignettes are selected and adjusted according to the developmental level and needs of children.

workshops provide instruction in how to mediate the vignettes to maximize learning, prompt language use and set up behavioral experiences and practice. Vignettes are carefully mediated to provide optimal learning for the children. Prior to showing a vignette, the facilitator introduces the concept using the puppet (e.g., "Wally said that he wanted to share an idea during circle time, but when he called out his answer, the teacher told him to stop talking.") Next the facilitator prepares the children for what they will see in the vignette (e.g., "Look to see what this little girl does when she wants a turn to talk in circle time."). This helps to focus the children's attention on the salient learning points of the vignettes. After the vignette, the facilitator and the

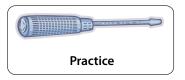
puppet mediate a brief discussion about what was seen in the vignette, to check to make sure that all children understood what was presented. A vignette may be shown twice, if needed. Finally, the teacher helps the children to process the material in other ways: cue cards that picture the key concept are used, children act out scenarios with the puppets, or a game is played to practice the behavioral skill. In the case above, the children might look at a cue card of a character raising a quiet hand, help Wally to practice raising his hand, and then play a game where children raise their hands to participate. The teacher may encourage them to explain to Wally how they stay calm and wait their turn for the teacher to call on them.

Fantasy Play and Puppet Models. Fantasy play provides the context for this program because a high level of sociodramatic play is developmentally appropriate in preschool and early school age children and has been shown to be associated with sustained and reciprocal verbal interaction and high levels of affective role taking (Connolly & Doyle, 1984). Fantasy play gives children the opportunity to develop intimacy (Gottman & Parkhurst, 1980) and work out emotional issues (Gottman, 1983). For preschool age children, sociodramatic play is an



important context in which perspective taking, social participation, group cooperation, and intimacy skills develop. It is a skill to be fostered.

In this curriculum the teacher/facilitator uses near life-sized boy and girl puppets that represent a variety of ethnicities to model appropriate child behavior and evoke children's imaginations and sense of safety. There is also a dinosaur puppet (Dina Dinosaur) who is the director of Dinosaur school and teaches school rules and celebrates children's achievements. As noted above, these puppets narrate the video vignettes and give information about key concepts. For example, when the children first come to "Dinosaur School," Dina Dinosaur teaches them about the school's "dinosaur rules" and how to earn dinosaur chips for good behaviors and group rewards. Tiny, the turtle puppet, teaches children how to control anger by using their "shells" as protection when they become angry. Wally Problem-Solver and Molly Manners, the boy and girl puppets, teach them how to solve problems such as being teased or bullied by others, feeling left out, lying and stealing, coping with disappointment, being afraid and anxious, and making new friends. Other puppets such as Oscar the Ostrich (who hides his head in the sand and has difficulty talking about his problems) and Freddy Frog (who shares his problem of not being able to sit still). The puppets quickly become real to the children and are very effective models.



Role-playing practice. Role-playing activities provide opportunities to practice new skills and experience different perspectives. For example, a puppet and child may act out a difficult situation with the child showing the puppet what solution to use to solve the problem. A

regular activity in the classes is to play the "let's suppose" game. The children role-play a situation such as "Suppose your mother was angry at you for breaking her best vase. What would you do?" With children ages four to



six, usually the role plays involve one child and a puppet so that the facilitator can guide the role play content in a positive direction. Facilitators also use the role plays as chances for the other children in the group to model their listening and waiting skills, and then ask them to give positive feedback to the role-players. Older children put on skits in pairs with one facilitator acting as coach.

Practice Activities—Coaching/Cueing/Reinforcing

For each of the sessions, there are a series of small group activities that can be chosen to practice the skills targeted in that session. For example, a friend-ship session about sharing might be paired with an art project where there are limited supplies and students have to figure out how to share. During a session on cooperation, children might be asked to design their own dinosaur incorporating everyone's ideas. In the problem-solving unit children might be given a problem and asked to think of as many solutions as they can. The problems might be presented on a colorful cue card or in a problem-solving book. Children who are reading and writing can read the problem and write solutions while non-readers dictate or draw a picture of their solutions.

One key component of the small group activities is that the children receive active social, emotional, academic, and persistence coaching from a teacher or therapist. This allows the facilitator to reinforce the ideas learned during the group time and to help children problem-solve small difficulties in the moment. During the small group activity for the treatment version of Dinosaur School, the children are usually divided into two groups of three children with a therapist coaching each small group. For the classroom version, it is recommended children sit 6 to a table, with a teacher or assistant at each table. As this model is difficult to achieve in many classrooms, teachers may set up the small group activity as a teacher guided station during choice time and rotate groups of children through the activity while others play in less structured areas.

For some activities, children might be divided along developmental lines with more advanced children doing a harder version of the same activity than less advanced children. Other times, developmental levels may be mixed so that more advanced children can help the less advanced children. Two to three recommended small group activities are included with each lesson, but teachers can also choose from over 200 other activities if there is a particular academic area that s/he wishes to emphasize. Most of the practice activities described in this program help strengthen writing, reading, sequencing, vocabulary, and discrimination skills.

Thus, this program enhances academic as well as social and emotional competence. For example, reading is enhanced through use of the laminated cue cards, Wally problem-solving detective books, and homework activities books; activities promote communication, language, and writing skills through written stories, pictures of solutions, and play acting. Laminated cue cards are provided for all the major concepts. These cards show a picture (e.g., sharing or quiet hand up) as well as the words that describe the concept. These picture cue cards are very helpful for children who cannot read and are useful nonverbal cues to remind children of a particular skill they might be working on. For example, the therapist or teacher might point to a picture of Wally sharing to remind a child of the

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Practice activities help strengthen academic skills such as reading, writing and language skills as well as social and emotional skills.

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desired behavior in the group. Or a child who is beginning to get angry might be prompted to use the Tiny STOP signal or the anger thermometer as a cue to use a self-calming activity. When the children respond to these visual cues, the therapist praises their accomplishment. The problem-solving unit provides an opportunity for a discussion of sequencing as children learn the steps to solving their problems. All sessions have opportunities to promote

effective learning behaviors, such as verbal and nonverbal communication skills that include collaborating, cooperating, listening, attending, speaking up, and asking questions. These are key skills for a child to learn academic skills and be successful in the classroom environment.

Integration of Cognitive, Affective, and Behavioral Components. Each dinosaur unit uses this combination of cognitive, affective, and behavioral components to enhance learning. For example, the calm down thermometer is used to teach children self-control and to monitor their emotional state. Children decorate the thermometer with pictures of feeling faces from "happy" and "relaxed" in the blue (or cool) section of the thermometer—all the way up to "angry" or "stressed out" in the red (or hot) section of the thermometer. The therapist or teacher can then ask children to describe a recent conflict, and together they retrace the steps that led to the angry outburst. The therapist or teacher writes down the child's thoughts, feelings, and actions that indicated an escalating anger pattern (e.g., "He always takes my toys;" thought. "That really makes me mad;" feeling. "I got so mad that I kicked him;" action). Then the therapist or teacher and child discuss the thoughts, words, and actions that the child can use to reduce his anger. As the therapist or teacher retraces the steps of the angry outburst—s/he helps the child identify the place where he was aware he was getting angry. This is marked as the "Danger Point" on the thermometer. Once the child has established his danger point—he gives a name to the signal (e.g., chill out, cool down, code red, hot engine, etc.). This code word can be the teacher and child's signal that anger or stress has reached the threshold, which triggers the use of an agreed upon calming strategy, such as taking three deep breaths.

Organizing Material to be Remembered. Because young children are easily distracted and possess fewer cognitive organizing abilities and poorer memories than older children, they need help reviewing, practicing and organizing the material to be remembered. The following strategies are used:

- Playing "copycat Wally" to practice the skills learned.
- Providing many video examples of the same concept.
- Using laminated cue card pictures and visuals to teach classroom rules and to remind or prompt children of key friendly behaviors.
- Role-playing with puppets (common scenarios such as being teased, rejected, or making a mistake).
- Reenacting video scenes.
- Using Dina and Wally's detective storybooks to discuss characters' feelings and generate prosocial solutions to problem situations.
- Playing games and small group activities designed to practice key feelings, behaviors and language covered in circle time.
- Using music and physical movement to practice "stop" games with visual cue cards to shout out feeling words or prosocial solutions. Use Dina CD to reinforce language being taught for teach topic.
- Rehearing skills through small group activities.
- Giving homework to practice skills. (i.e., Dina's Detective Homework Manual)
- Sending letters to parents and teachers for treatment model asking them to reinforce the language and behaviors children are learning in the classroom.

Feedback and Reinforcement. During the small group treatment sessions (for children with diagnoses), it is important to offer incentives as well as therapist encouragement and praise. The therapist rewards each child's appropriate behaviors and ability to follow the rules by labeling positive behavior, praising it, and placing a dinosaur chip into a dinosaur bag marked with the child's name. Even puppets receive rewards for positive behavior as well as the children. The children also get a chip each week for bringing in completed homework. At the end of each class, the children count their chips and the therapist records the number of chips earned on their dinosaur charts. The children then trade in their chips for stickers and prizes. In addition to these tangible rewards, children are praised liberally with statements such as, "I am really glad you told us about that; that is really good thinking."

At first, therapists give chips frequently to the children for common behaviors such as listening or following teacher directions or working hard or keeping their hands to themselves. Midway through the program, the charts are individualized, and the chips become harder to earn. For example, one child might work for a chip by staying seated and not interrupting the therapists, while another works to find three positive solutions to a problem. Another child may have the goal of more frequent participation in group discussions or giving a compliment to a peer. Toward the end of the program, therapists give out chips less frequently while continuing with praise and attention.

Note: For the classroom-based version of this curriculum, the teacher may use team points and classroom incentives. (See detailed description in book, How to Promote Children's Social and Emotional Competence).

Fostering Skills Maintenance and Generalization. The children are encouraged to use their new language and behaviors outside the training environment. Because young children find this difficult, therapists and teachers must make great efforts to help children apply the skills learned in their program to their homes, classrooms, and playgrounds. Parents and teachers are asked

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Teachers make the lesson and activities developmentally appropriate for every child.

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to reinforce the concepts taught. For each session, letters are sent to parents and teachers explaining the children's behaviors that should be reinforced at home and at school. Children's dinosaur homework assignments, which they complete with parents each week, reinforce these concepts. Parents should also be given training in social and emotion coaching methods so they can reinforce the behaviors at home. Ideally the parents and teachers of diagnosed children are participating in the Incredible Years parenting and teacher classroom management programs and are utilizing academic, persistence, social and emotion coaching in their interactions with these children at home and in school. (See sample letters on Incredible Years website.)

Making Program Developmentally Appropriate for Every Child. Often teachers ask how the curriculum changes across the age span of 3-8 years. In the prevention curriculum there are three different sets of lesson plans; one for preschool/kindergarten, one for kindergarten/1st grade, and one for 2nd grade. At every level, the children are exposed to the same sequence of topics (from school rules, to feelings, to problem solving, etc...), however the complexity of these topics increases as children get older, and the small group activities associated with the lessons are developmentally tailored to each age. Children who experience the program across multiple years will benefit from review of prior material and will enjoy the mastery they feel as they become familiar with the concepts and topics. Older children will be capable of understanding more nuances, view points, and complexity about each topic. Additionally, because teachers are encouraged to incorporate real situations from interactions in their classrooms to illustrate the concepts, the material always seems new and relevant to the children.

The treatment version of the program is meant to be delivered to children who are 4-8 years old, in mixed age groups. Thus the manual contains a variety of small group activities and recommended games and exercises. Therapists will tailor the activities to the particular developmental levels in their groups, sometimes offering two different versions of the same activity if the group covers a wide developmental span.

Above all, in both the prevention and treatment versions, the therapists and teachers are responsible for making sure that the material is developmentally appropriate for the children in their groups. Not all children of the same chronological age have the same developmental ability. Teachers may slow down the pacing of the material for a group that is struggling with a concept or may add additional activities for a group that is very advanced.

Note: Please see the following papers for more information on how to tailor the treatment or prevention programs according to children's developmental level and/or diagnoses (Webster-Stratton & Reid, 2004, 2008a, 2008b).

Flexibility and Creativity. The "art" of being successful with this curriculum is the therapist or teacher's willingness to be flexible and creative. For example, if an issue arises for a child at home or school, the teacher should take the time to integrate this experience into the session—be it the session on feelings, friendship, or problem solving. The creative teacher will use

"real-life" experiences of the children at home and at school and bring these themes into each session. For example, in a group where there is a family loss, such as the death of a parent or sibling, or a new baby, or a divorce, the sessions can be used as opportunities for the children to talk about feelings and coping skills. This can often be done through the puppets who share with the children a similar experience in order to solicit their ideas about how to handle the situation.

Informing Parents and Teachers. It is important to keep parents and teachers informed about the program so that they can reinforce the newly learned skills at home and at school. Sample letters for parents and teachers are included that explain each unit of the curriculum.



Dinosaur Small Group Series Materials (Treatment)

The child training program materials include:

- 3 DVDs (4 hours)
- Comprehensive facilitator manuals
- Wally's Feeling Wheels (2 types)
- Dina Dinosaur's Wheel of Fortune
- Calm down Thermometer poster
- Wally's Detective Manual for home activities
- Wally's detective problem-solving books for children (set of 4)
- Magnets for children
- Letters to teachers and parents for each program
- 47 laminated, colored cue cards for teaching social skills, basic Wally's "solution" detective kit and problem solving skills
- Stickers 6 types reflecting anger management, social skills and problem- solving
- Book for parents titled The Incredible Years: A Trouble-Shooting Guide for Parents of Children Ages 2–8 (also available on audio CD)
- Book for teachers titled *How to Promote Children's Social and Emotional Competence*

Supplemental materials:

• Experts in Action (sample small group therapy sessions (7 DVDs, 8+ hours) & Leader's Guide



The child training program materials include:

- 3 DVDs (4 hours)
- Set of comprehensive teacher manuals
- Wally's Feeling Wheels (2 types)
- Dina Dinosaur's Wheel of Fortune
- Wally's Detective Manual for home activities
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- 47 laminated, colored cue cards for teaching social skills, basic Wally's "solution" detective kit and problem solving skills
- Stickers 6 types reflecting anger management, social skills and problem-solving
- Book for parents titled *The Incredible Years: A Trouble-Shooting* Guide for Parents of Children Ages 2-8 (also available on audio CD)

• Book for teachers titled How to Promote Children's Social and Emotional Competence

Supplemental materials:

• Experts in Action How to Implement Dina program in the classroom (Pre/K version - 4 DVDs, 3+ hours; Primary version - 8 DVDs, 5+ hours) & Leader's Guide

CHAPTER

6



PLANNING AND IMPLEMENTATION ACCORDING TO RISK LEVEL OF POPULATION

Just as IY facilitators must help parents and teachers build strong foundations in their relationships with children in order to be successful, so must agencies or organizations be sure they provide adequate support and scaffolding for the specific populations they address as well as adequate training, tools and support for the facilitators.

It is appropriate for communities that have high rates of disadvantage, negative parenting practices, low parent-school involvement and children with conduct problems and social-emotional problems to consider implementing the Incredible Years Series. There is an *Agency Readiness Questionnaire* on the Incredible Years web site which can used by administrators to decide if this is the appropriate program for their needs and population and if they have the resources to deliver it.

Link to web site questionnaire

www.incredibleyears.com/IA/incredible-years_ agency-readiness-questionnaire.pdf

CHOOSING PROGRAM COMPONENTS BY RISK LEVEL OF POPULATION ADDRESSED

The BASIC parent program (toddler, preschool or school-age version) is considered a mandatory "core" component of the prevention intervention training series in order to replicate our research results with indicated or selected populations. We recommend that the ADVANCE program be offered in addition to the BASIC program for selective populations such as families characterized as highly stressed, depressed, child welfare referred, or with few supports and/or with marital discord. We also strongly recommend that for indicated children with behavior problems which are pervasive (i.e., apparent across settings both at school and at home) that the dinosaur child training program and/or teacher training program be offered in conjunction with the parent training program. For indicated children whose parents cannot participate in the BASIC program due to their own psychological problems, we recommend both the teacher and child training programs. This chapter discusses how to choose Incredible Years programs according to the community population risk factors.

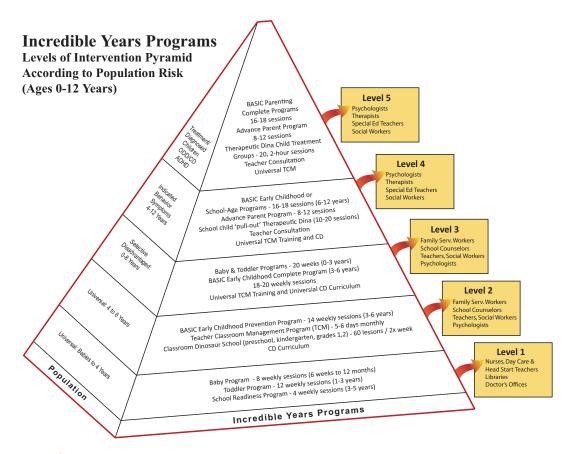
The Incredible Years Programs chosen for dissemination will depend on the characteristics of the population served by the agency or school or health care center.



As seen in this figure, **Level 1** is the foundation of the pyramid and recommends a series of programs that could be offered *universally* to all parents of young children. This includes offering the Baby Program to new parents in the first year of their child's life (6 weeks to 1

year), the Toddler BASIC Program for parents of children ages 1-2 ½ years, and the School Readiness program for parents of children 3-5 years. The Baby Program could be offered as expanded prenatal classes that most expecting parents are already invited to attend, or as part of well child health care visits. Nurses and other health care providers already have extensive contact with families in these contexts, so preparing them to deliver an evidence-based program like IY is a logical use of their valuable time. This can be done in group setting or on home visits utilizing the home coaching one-on-one model.

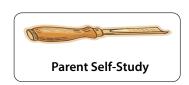
The Toddler Program and School Readiness programs could be delivered to parents in Head Start or day care settings by family consultants or



Full-size version available at www.incredibleyears.com

teachers as a way to promote parent-school partnerships. This is a cost efficient way of disseminating information to large numbers of people as a strategy to optimize positive parent-child interactions and to strengthen children's social and emotional competence and school readiness so that they are ready to start the next phase of their education.

Level 2 also promotes *universal prevention* by offering appropriate IY programs to all parents and teachers of children ages 4 to 6 years. A 14-session group prevention protocol of the BASIC early childhood (or preschool) program for parents is available for this lower risk popula-



tion. An additional advantage of the IY series as a universal prevention program is that many of the DVD programs have self-study manuals so that parents can access the information through self-learning modules, instead of (N)

Train all early childhood teachers in classroom management skills.

needing to attend groups. Parents could complete the self-learning modules through libraries, schools, or pediatrician offices, ideally with the help of trained parent coaches. Self-administered IY is an appropriate universal level intervention for parents and families.

Additionally, providing universal supports for all children at this young age includes enhancing the capacity of day care, preschool, and Head Start teachers to provide structured, warm, and predictable environments at school. Thus, level 2 also involves training all early childhood teachers in effective classroom management strategies using the IY Teacher Classroom Management Program. There is

a self-study version of this program as well for those teachers who cannot attend groups. After this training is completed and teachers accredited, teachers can also have the opportunity to receive training to deliver the classroom dinosaur social, emotional and problem solving curriculum as a universal social skills intervention. This includes three different sets of lesson plans for preschool, kindergarten and grades 1 and 2. Ideally children would receive this curriculum for three subsequent years, resulting in a strong emotional and social foundation by the time they are seven years old. This social and emotional competence is theorized to contribute to higher academic competence as children progress through school.

Level 3 is targeted at "selective" or high risk populations. These are populations that are socio-economically disadvantaged and highly stressed because of increased risk factors such as parental unemployment, low education, housing difficulties, single parenthood, poor nutrition, maternal depression, drug or alcohol addiction, child deprivation, new immigrant status, or lack



of academic preparedness for school. These economically disadvantaged parents would benefit from the complete baby, toddler and early childhood parent program because of the support provided in the groups, the hope for change shown to them by group leaders, as well as

their experiential learning that despite economic obstacles they can provide the best early years of emotional, social and cognitive parenting possible for their children. In addition, the teachers and care providers of these children could receive the classroom management training so that they are skilled at managing classroom behaviors problems, which are exhibited at higher rates in this population. Lastly, children in these families would benefit from the classroom Dina Social and Emotional Skills Curriculum at least twice a week year-round. This investment in building the social and emotional abilities in the first six years of life for these vulnerable children can help to break the intergenerational transmission of disadvantage.

Level 4 on the pyramid 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, or 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. As can be seen on the pyramid, this level of intervention is offered to fewer people and offers a longer and more intensive parenting program by a higher level of trained professionals. These parents or caregivers would complete the entire age-appropriate BASIC parenting program followed by the ADVANCE program. The ADVANCE program helps parents with their own interpersonal difficulties such as anger management, depression, communication skills, problem solving, ways to work collaboratively with teachers and ways to build attachment with children who have had deprived or abusive early experiences.

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Investing in strengthening social and emotional skills in high risk young children can help break the intergenerational transmission of disadvantage.

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The teachers of these children should receive the classroom management training and offer the classroom Dina Classroom Social, Emotional and Problem Solving Skills curriculum. In addition to this Dina classroom

curriculum, children with symptoms of externalizing or internalizing problems or ADHD are targeted to be pulled out of class twice a week for the small group therapeutic Dinosaur Social and Emotional Skills and Problem Solving intervention delivered by school psy-



chologists or counselors or specially trained social workers or special education teachers. These children will meet in small groups (4-6 children) to get extra coaching and practice with social skills, emotional regulation,

persistence coaching and literacy, and problem solving. This will reinforce the classroom learning of this program and will send these children back to a classroom where peers understand how to respond more positively to their special needs. In other words the whole classroom community has learned solutions to how to respond to a peer who may be aggressive or one who is sad or lonely.

Level 5 is the most comprehensive intervention, addressing multiple risk factors and is usually offered in mental health clinics by therapists with grad-

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The goal is to minimize the number of children who will need level 5 intensive services by offering support at earlier ages.

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uate level education in psychology, social work, or counseling. 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. At a minimum the parents will receive the entire BASIC and ADVANCE curriculum for 24-28 weeks while the children attend 2-hour weekly therapeutic small group child Dina groups at the same time. Therapists dovetail these two curricula and keep parents and teachers fully informed of the skills children are learning in their child groups so that they can reinforce these at home or in the classroom. Additionally, if parents need individual coaching in parent-child interactions this can be provided in the clinic setting or in supplemental home visits using the home coaching protocols. Trained home visitor coaches also have IY protocols

for working with parents one-on-one at home to reinforce the skills they are learning in their groups. 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. Successful interventions at this level are marked by an integrated team approach with clear communication among all the providers and adult caregivers in the various settings where these children spend their time. Ideally mental health agencies would embody these services within schools which allows for less stigmatization for parents, greater coordination with teachers regarding behavior plans and more frequently pull out groups for children. Moreover, parents are not required to transport their children and themselves to mental health agencies outside their community.

Taking a Long Term Perspective

A multi-level program like this requires educational and mental health services and policy makers to take a long perspective in their investment dollars for working with children and families. The early costs incurred to ensure children's early social and emotional development will lead to later savings in terms of enhanced academic outcomes and reduced money spent on drug rehabilitation and mental health problems. While there may be some short term cost benefits in terms of change in children's behavior problems, many of the gains will not occur until adulthood when these children grow up and raise the next generation. However, we recognize that funding may not be available to offer all these interventions to all populations, or perhaps funding may come gradually as funders see the benefits of this approach over time. In this context, we believe priorities should include parent training for the indicated and selective populations and teacher classroom management training for all teachers. The more risk factors children face, the greater the need for interventions that include parent, teacher and child programs.

Use of Incredible Years Programs with Child Welfare Populations

In United States in the last decade, child maltreatment rates have hovered between 11.8 and 15.3 per 1,000 children, with 60% of these children experiencing parental neglect (Putman, 2006). On average, nine out of ten children will remain at home after investigation of abuse and/or neglect. Half of the small percentage who are removed from their biological home

to foster care will be returned within 18 months of removal (Wulczn, Barth, Yuan, Jones Harden, & Landsverk, 2005). Studies have shown that parents involved in the child welfare system with substantiated cases of abuse or neglect have significantly higher rates of domestic violence, substance abuse, maternal depression, family instability, and serious mental illness than the general population. Moreover, reports indicate that children who remain in their homes after investigation are significantly less likely to receive family services for indicated problems than those who were removed (Burns et al., 2004). While 27-44% of families with open cases will have

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Very few parents
involved in the
child welfare system
receive evidence-based
programs.

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parent training recommended or mandated, unfortunately very few of the parenting programs recommended have empirical support or are evidencebased programs (EBP) (Schoenwald & Hoagwood, 2001).

In addition to the problematic parenting skills and unrealistic child developmental expectations displayed by parents in these families, children in the child welfare system are at high risk for behavioral problems. Garland and colleagues (Garland et al., 2001) as well as a national survey (National Survey of Child and Adolescent Well-Being (NSCAW) Research Group, 2002) found that 42-47% of children in the child welfare system have Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), Developmental Delays or Attention-Deficit/Hyperactivity Disorder (ADHD). Thus, comprehensive interventions must be designed for these families not only to improve nurturing parenting environments and supportive inter-



personal family interactions in the context of attachment difficulties but also provide specific child programs to strengthen their social, emotional and academic competence and reduce their challenging behaviors.

Policy makers and senior managers are often resistant to using EBPs with this population for several reasons. First is the cost of delivering such programs because they are lengthier and require additional training and supervision for therapists. Second is a lack of understanding about how to deliver and adapt EBPs with fidelity to meet the unique needs of these families. Although there are relatively few studies of evidence-based parent or child training programs among families involved in child welfare, estimates indicate that 50-80% of parents involved with child welfare who begin parent training programs do not complete them (Chaffin et al., 2004; Lutzker, 1990; Lutzker & Bigelow, 2002). This high drop-out rate may be because of stressful life circumstances or, by virtue of the court mandate that often requires their attendance but closes their case before their program has been completed. Whatever the rate of attendance, parents involved in child welfare present additional challenges to parent trainers because of their lack of motivation or resistance to attending a mandated parenting program or because they have had their children removed and therefore are not able to practice new skills they are learning with their children at home. Parents may also have other mental health issues (depression or substance abuse) or stressful life circumstances (violent relationships, low income, lack of child care or transportation) that interfere with their ability to absorb new material or to attend groups.

Several aspects of the Incredible Years programs make it particularly effective for families involved in child welfare. First because it is a groupbased program, it is not only lower cost (than individual treatment) but also focuses on building support networks and decreasing the isolation and sense of alienation commonly found among these parents. Because families meet other parents in similar situations, they feel less stigmatized by their situation and more hopeful about their future. Second the program's use of video modeling methods, showing parents vignettes of families from different cultural and socioeconomic backgrounds allows most parents to identify with the parents in at least some of the vignettes. Third, the program's collaborative discussion format where families are helped to focus on their personal goals and strengths rather than their deficits leads to greater parent participation, motivation, and attendance. Finally, the program methods focus on cognitive restructuring, emotional regulation strategies, and behavioral practice methods of learning rather than didactic lectures are more likely to bring about cognitive and behavioral change in this population.

More information on the clinical skills involved in adapting the program for this population can be found in several articles on the web site (Webster-Stratton, 1998a, 2007; Webster-Stratton & Reid, 2010a; Webster-Stratton & Reid, 2011). The table on the following pages provides an example of how the programs are delivered with fidelity with the child welfare population.

TOOLS AND RESOURCES NECESSARY

Agencies or schools considering using the programs are encouraged to complete and agency readiness questionnaire which will help to outline the costs associated with program delivery. Some program costs are one-time costs (purchasing the program, initial training for therapists). Other costs are ongoing costs associated with each new group (hand outs and books for parents, therapist time, day care, and food for parents). Necessary nonmonetary resources include strong principal or administrative support of the agency delivering the program. For parent and teacher groups it is necessary to have a large room (with comfortable chairs) to accommodate up to 16 parents or teachers as well as a room to provide day care for the children of parents in the parent group. Additionally, a video monitor and DVD player or computer are necessary tools to conduct training.



Adapting the IY Program With Fidelity for the Child Welfare Population

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Core IY components	IY Adaptations (with fidelity)
Standard Topics & Protocols for each of 4 Basic Parenting Programs according to age group targeted (2008 versions)	Cover all standard topics & protocols, but increase the focus in key areas: parent-child attachment, emotion and social coaching, parental attributions and self-talk, positive discipline, monitoring and self-care
Vignette Protocols	Add additional vignettes (beyond core recommended ones) if parents in the group are not mastering material
Program Dosage (18-20 sessions)	Increased dosage may be needed to adequately cover the material since it may take these groups longer to master material
Key Group Teaching/Learning Methods (behavioral practice, principle building, values exercises, tailoring to meet cultural and developmental issues, home activities)	Increased parent practice and role plays in sessions, develop scripts for language skills and cognitions, more explicit teaching about developmentally appropriate parenting practices, adapt home activities for families without children in the home
Alliance building techniques (collaborative learning, buddy calls, weekly leader support calls, praise to parents, incentives for parents)	All standard alliance building techniques apply to this population, but may need increased efforts to engage families by giving more praise, using more incentives, and spending longer to build a trusting relationship between parents and leaders
Food, transportation, daycare	No adaptations needed, but essential to offer these for this population

Adapting the IY Program With Fidelity for the Child Welfare Population, cont.	
Core IY components	IY Adaptations (with fidelity)
Core model does not offer home visits	Add a minimum of 4 home visits to coach parent-child interactions using coach home visit manuals; use these to make up missed sessions
Core model does not address collaboration with case workers or planning for visitation with children	Coordinate with case workers to plan for parent-child visitations. Case workers need to understand the core IY topics and parenting strategies so that they can coach families during these visits
Core model suggests use of IY Advance, Child and Teacher Programs for children with diagnoses or very high risk families	Consider additional IY Programs: *Advance Program to teach anger and depression management and problem solving steps *Child Social, Emotional and Problem Solving Skills Program (Dinosaur School) offered along side parent program

GROUP LEADER OR FACILITATOR QUALIFICATIONS

A key resource needed for conducting the parent, teacher and child groups is group facilitators who are trained and well grounded in this program. Group leaders, therapists or facilitators for the Parent, Teacher and Child training series may come from a variety of disciplines including nursing, psychology, psychiatry, social work, and education. We recommend that at least one of the two leaders have a masters or doctoral degree in their profession and a strong background in child development, counseling and

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Group facilitators'
effectiveness is
determined not just
by their educational
or professional
background but
by their degree
of comfort with
a collaborative
process.

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clinical experience with families. This is important to ensure that group facilitators will have the therapeutic skills needed to manage parents and children with mental health problems and the diagnostic background to recognize when another referral should be made. We have found that group facilitators' effectiveness is determined not just by their educational or professional background but by their degree of comfort with a collaborative process and their ability to promote intimacy and assume a mentor role with families—that is, the kind of leader who listens, asks for clarification, is reflective and non-judgmental, tries to understand what the parent is saying through empathy, is culturally sensitive, helps problem solve, and does not command, instruct or tell the parent or teacher how to parent or teach. At the same time, the group leader or facilitator must also be able to lead and teach—to explain behavioral principles and provide a clear rationale for them, challenge par-

ticipants to see new perspectives, elicit the strengths of the group, and provide clear limit setting within the group when necessary. The facilitator must have a clear understanding of cognitive social learning theory and child development principles.

In order to lead the small group child treatment groups, the therapists must have all the therapeutic skills outlined in earlier chapters, enjoy working directly with children, understand child development milestones and how to utilize social-learning principles to manage challenging behavior.

GROUP FACILITATOR WEEKLY WORKLOAD

Parent and Child Group Facilitator Workload: Approximately 6 hours per week per therapist is needed initially to run each child or parent group (4 hours outside the group, and 2 hours in the group). This includes time for planning materials and preparing vignettes and role plays to be conducted, setting up the room for the session, debriefing with coleader post delivery, peer review of videos of sessions, weekly telephone calls to parents and/or teachers, reviewing parent homework and providing feedback, and regular telephone consultations with certified mentor or trainer. Having a group leader run 2 concurrent groups provides some opportunity for timesaving on planning and preparing for the group. Of course, facilitators' first groups will take longer than later groups because more study or prep time and planning will be necessary as they learn the new program. The facilitator and co-facilitator have equal roles. We suggest that one facilitator take responsibility for the content (showing vignettes) and discussing material while the co-facilitator keeps track of the process – that is, how parents or teachers are reacting to the material and writing down the key principles parents discover and passing out rewards and handouts as needed. Mid way through the 2-hour session there should be a coffee break where the leaders can switch roles.

Teacher Classroom Management Group Facilitator Workload: There are 6 full day teacher training workshops spread out every 3-4 weeks throughout the year. When facilitators are first delivering this program it will take them 6-8 hours to plan each workshop. This will involve studying the DVD vignettes, planning role plays and buzzes, and preparing handouts. In addition, these facilitators will need to plan time to contact teachers between sessions either in classroom observations, individual teacher meetings, e-mails, phone calls, or some combinations of these strategies. Ideally teacher trainers visit each teacher in the training course weekly, conducting a classroom observation and then meeting individually with the teacher to discuss his or her teaching goals and to review behavior plans for students.

Teacher Classroom Dinosaur Delivery Workload: It is highly recommended that two teachers deliver this program together so that one teacher can manage the puppets and practices and the other can mediate the video

vignettes and move about more easily as needed. If there is only one teacher in a classroom, then a school counselor could be the 2nd teacher for these lessons. There should be a minimum of 2 dinosaur circle times each week followed by the small group practice activity. When first learning this curriculum, teachers will need a minimum of 1 hour per week to plan the 2 circle time lessons and small group activities and materials. It is recommended that both circle times and small group activities be videotaped for supervision and review.

TRAINING OF GROUP FACILITATORS

The length of introductory training for parent, teacher and child group facilitators is three days. These training workshops are offered regularly in Seattle, and certified IY trainers or mentors are also available to go on-site to train group facilitators if there are a minimum of 15 participants. Training includes teaching regarding engaging families (for review see Webster-Strat-

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Telephone
consultations, peer
and mentor video
reviews are considered
part of the
facilitators' ongoing
training process.

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ton, 1998a) and teachers and demonstration of the collaborative and experiential process described earlier. A detailed description of our dissemination strategies is found in the following references (Webster-Stratton & Taylor, 1998) (Webster-Stratton & Herman, 2010) and is summarized in chapter 7.

The initial 3-day training workshop is only the beginning of the group facilitators' training process. After the workshop, facilitators study the manuals and video vignettes as well as view the sample group DVD group sessions called *Experts in Action*. Once groups are started, it is recommended that facilitators schedule telephone consultations through the Incredible Years office with certified mentors or trainers every 2-3 weeks. During this time they are asked to video their groups for peer review and to send DVDs of their group for supervision and

feedback. Within a year of the initial 3-day training, agencies should arrange an on-site consultation follow-up training for one day by a certified trainer or mentor. This group consultation involves 8-12 group facilitators who meet together to show DVDs of their groups under the leadership of

an IY mentor or trainer. They will receive feedback and conduct role plays of real group situations. At least one DVD of a group session should be submitted for review prior to on-site consultation. Follow-up on-site training should be provided annually for two years.

It is highly recommended that facilitators running groups meet regularly with other group facilitators for peer supervision. These meetings provide opportunities for facilitators to review videos with peers and to self-reflect regarding their group processes together, to receive feedback

on aspects of their groups that were problematic and to set future goals. A peer review evaluation form is used for these peer review meetings. This collaborative peer review can be very supportive for facilitators and enhance the quality of the group process.



After facilitators have conducted two groups they are eligible for certification/accreditation. We recommend that certified facilitators continue to attend the "consultancy" training workshops every two years. Once group facilitators are certified/accredited they are eligible for additional training to become an IY certified peer coach. Peer coaches provide in-house support for new group leaders and review videos of sessions. Once certified they are eligible for training to become mentors who can deliver authorized workshops in their agencies.

GROUP FACILITATOR CERTIFICATION/ACCREDITATION

The certification/accreditation process is valuable for many reasons. First, the process maximizes the quality of the performance of the group facilitator. It is believed that certified facilitators implementing the full program will achieve results similar to those in the research trials described in the published literature. The process of certification is considered part of the training process in that the facilitator will get feedback from participants and peers on his/her group facilitator ability. Second, certification allows the individual to be listed as a certified group facilitator with Incredible Years so that we can recommend him/her for possible employment as a facilitator of groups in other areas. Third, certified facilitators will be invited to workshops in order to update the programs and share ideas with other group facilitators throughout the country. Finally, certification per-

mits the individual to be invited to become trained as a certified coach. Certified coaches are eligible for nomination to become trained as a mentor to conduct certified training workshops. Becoming a mentor permits the person to train and coach other facilitators in their own agency to deliver IY groups. Chapter 7 provides more information about the certification/accreditation process. Please see the Incredible Years web site for certification checklists and forms to be completed.

www.incredibleyears.com/Certification/process_GL.asp

Note: Certification is required for this program to be used as part of a research project.

IMPLEMENTATION ISSUES

The programs have been successfully replicated with multi-ethnic populations in a variety of contexts. (Reid, Webster-Stratton & Beauchaine, 2001) See article on web site.

> www.incredibleyears.com/Library/paper. asp?nMode=1&nLibraryID=444

Providing a Program that is Culturally Sensitive

Groups have been conducted in Chinese, Danish, Dutch, French, Russian, Spanish, Swedish, Norwegian, Portuguese, Vietnamese, and with multi-



ethnic groups. It is important that the group facilitators understand how to make the material culturally meaningful and sensitive to the individual concerns of families. For example, parents may comment following a vignette, "My children wouldn't be that well behaved," or "We don't praise or play in our culture," or "I can't afford toys like that," etc. The response of the effective facilitator will be to explore these thoughts and reactions by saying, "Show me what your child would do and let's practice

how to respond," or "How would you show your child that you approved of his behavior in your culture?" or "What kinds of things do you have in your kitchen that could bring about a play interaction like this?" In this way the facilitator uses the reactions of the parents to the video scenes to bring out their values, goals, and concerns, thereby making the program sensitive to their needs. Facilitators who become argumentative, defensive, or didactic will lose the involvement of the parents. Please see the article on the web site about affirming diversity- a multicultural collaboration to deliver the Incredible Years parent programs. (Webster-Stratton, 2009)

www.incredibleyears.com/Library/paper. asp?nMode=1&nLibraryID=601

We evaluated the effectiveness of our parent program according to different ethnic groups (i.e., Hispanic, African American, Asian and Caucasian). We found that although there were group differences at baseline assessment on parenting practices and child behavior problems, all four groups showed similar improvements in terms of achieving more positive parent-child interactions and fewer conduct problems. Consumer satisfaction for all groups was uniformly high with no significant differences between ethnic groups (Reid et al., 2001)

Providing a Program which is Sensitive to Socioeconomic Barriers

Facilitators need to pay close attention to the barriers which families face in order to attend a group. Issues such as transportation, day care, dinners, safe location and flexible hours must be attended to or attendance will be low. Please see the following article which addresses issues related to working with economically disadvantaged families (Webster-Stratton, 1998a; Webster-Stratton & Reid, 2010a).

Offering Each Program in its Entirety—Dosage of Program Parent Program Dosage

It is important that each program be delivered with the core minimum number of sessions described for each parent program. Shortening the programs or omitting particular topic areas is not recommended because our research indicates that it is the particular length of the program that leads to the effective results. Sometimes mental health agencies or schools decide to compress the topics into a shorter time frame or omit some programs. This is NOT RECOMMENDED and may not only dilute any chance of obtaining comparable results, but actually may lead to iatrogenic effects i.e., a worsening of children's behavior. For example, if parents are trained in discipline material without the earlier benefit of learning about building

a positive relationship with their child, coaching methods and understanding the importance of praise and the attention rule for strengthening positive replacement behaviors, the information about discipline may actually lead to more punitive responses on the part of the parent and a worsening of child behavior. It is strongly emphasized that the curriculum protocols be followed closely, in the recommended order, and that components of a particular program not be omitted.

It can take longer than the core minimum number of sessions recommended for some groups such as child welfare referred families, new immigrant/ non-English speaking families, or families where the content is completely new.

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Reducing core programs, sequence or clinical methods dilutes results.

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The recommended number of sessions for each of the BASIC parent programs is considered the minimum number but many groups will be 2-3 sessions longer than this. The delivery of the parent program in 10 weeks was evaluated in earlier studies (in the 80's) and it was found that the content of the program could not be completed, nor was there time for parent practices, key methods to ensure parents to learn new ways of interacting. Parents have consistently evaluated the program not being long enough. A recent comparison of the 10-week program with the 20-week preschool treatment program for children with diagnoses showed that the effect sizes were significantly greater for the longer program and that the 20-week program also had significantly improved outcomes in child problem

solving and consumer satisfaction evaluations.

It is also interesting to note that one of our treatment studies showed that the combination of the ADVANCED and the BASIC program into a 22-24-week parent intervention was more effective for parents than the BASIC program alone (Webster-Stratton, 1994). The broader focus including communication, problem solving, anger and depression management resulted in significantly improved outcomes for children in terms of problem-solving skills.

Child Program Dosage

For children with conduct problems the Dinosaur program has only been evaluated using the 18-22 session model. We do not recommend any

fewer than 18-20 weekly sessions because there is no evidence regarding the effectiveness of a shorter program. In another treatment study we compared the 20-22 week parent program with the combined parent plus child program and found that adding the child component significantly improved outcomes in terms of child peer interactions and classroom behaviors compared with parent only condition (Webster-Stratton & Hammond, 1997).

Teacher Program Dosage

The Incredible Years Teacher Classroom Management program fits well with PBS school system (Positive Behavior Support) because the principles are compatible but traditionally PBS has not done well influencing classroom practices. Teachers often think they know most of the strategies the IY program teaches but actual observations indicate they are not actually walking the talk - that is they are not necessarily practicing the behaviors with their students. Because teachers think they know this content, it might be tempting to reduce the dosage of the program. It is important for teachers to understand that the purpose of this training is to develop a support

group for teachers, whereby they can self-reflect on their strategies, share experiences and insights with each other, and select personal goals for improvement. One experienced teacher commented on this by saying, "it is about pulling things you know cognitively from the back to the front of the brain." Experienced and highly skilled teachers can be of great help to new teachers who are struggling with managing their students' behaviors. Therefore, it is not recommended to only offer this curriculum to new teachers or teachers with less effective skills, for this misses the important learning and support that more competent teachers can provide for less skilled teachers. The place that dosage can be altered is by the amount of individual coaching time different teachers will need. Classroom observations by trained IY teacher coaches will reveal those teachers who need more coaching and can be scheduled according to need.

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A key purpose of IY training is to build support teams for self-reflection and problem solving strategies to achieve personal goals.

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SUMMARY

Give Parents Adequate Support

In summary, in order to bring about sustained change in parent interactions, it is necessary to have time for parents to new learn concepts about child development, to practice new behaviors and get feedback, and to develop trusting relationships with other families, teachers and group leaders. This change will be particularly difficult for those parents who are trying to parent differently from the way they were parented. In order to prevent the intergenerational transmission of child abuse and neglect, it is necessary to provide parents with substantial support, adequate scaffolding and sufficient time to solidify their new thoughts, behaviors and feelings. What's more, it is likely that this parental support and structure will be required throughout all their children's major developmental phases.

Involve Teachers

Mental health professionals working with parent or child groups may tend to bypass teachers either because they feel they are already too busy and time pressured or because they think teachers are resistant to receiving further training and conducting collaborative meetings with parents. While this may be true in some instances, it should not deter group facilitators from making every effort to involve teachers in the programs and providing teachers with additional support to make the programs possible.

In regard to the child curriculum, teachers may feel that pulling a child out for the Dinosaur Curriculum will detract from the students' academic success. Because teaching emotional and social competency is a relatively new endeavor, teachers may view it of secondary importance. We counter this tendency by helping teachers and school administrators realize that the teaching and practice activities associated with the program actually target social, emotional AND academic goals such as sequencing, reading and writing skills, abstract thinking and problem-solving. In order to alleviate teachers who are already overburdened with a full schedule, school counselors or nurses help teachers prepare and present the materials. In addition to reducing teachers' heavy workloads, this additional help will most likely results in the program being implemented with greater fidelity to the model.

References for ways to tailor the program for different populations and children with different developmental needs

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- Webster-Stratton, C., & Reid, M. J. (2011). The Incredible Years: Evidence-based parenting and child programs for families involved in child welfare system. In A. Rubin & D. W. Springer (Eds.), Porgrams and Interventions for maltreated children and families at risk: John Wiley and Sons.

^{*}Most available on website in library.

FUNDING AND PROGRAM COSTS

Program Costs*

*Prices subject to change—pricing current on website at all times

The Series has achieved favorable outcomes at cost savings in comparison with usual mental health services. Its focus on a group-based approach and extensive use of video vignettes makes it a cost-effective method of training group facilitators to deliver the program with high fidelity and reaching more families and children than the usual one-to-one approach.

Initial Program Materials Costs (one-time only)

Parent training program curriculum materials (DVDs, manuals, refrigerator notes) are \$1395 for Baby/Toddler program, \$1,595 (\$1895 English plus Spanish) BASIC program, \$995 for the ADVANCE program, and \$1300 (\$1600 English plus Spanish) for the SCHOOL program (discounts are available for combinations of programs and for more than one set of the same program).

There are *Experts in Action* DVDs available, as companions to the Baby program and the other main parent programs, to use as training tools for the group leaders.

Child training program curriculum materials (DVDs, manuals, stickers, laminated cue cards, feeling wheels, etc.) are \$1150 for therapy version, \$1250 prevention version.

There are *Experts in Action* DVDs available for the small group therapy child program, and also two levels for the prevention program– preschool/kindergarten or primary grades—to use as training tools for the therapists and teachers.

Teacher training program curriculum materials (DVDs, manuals, posters, stickers, blackboard notes) are \$1,250. Supplemental materials are available.

Sites can use one set of the above materials to train many groups of parents, teachers or children.

Parent, teacher and child books may be purchased for each participant in a group, and these are charged separately (one book is included in each curriculum order). Price of bulk parent books is \$17.95; teacher books \$37.95; and for children \$25 per set of four Wally books; Babies book \$17.95; Toddlers' book \$18.95; plus shipping and handling costs.

Facilitator Training Costs

Training costs for three-day training workshops (15-25 per group) are charged at a rate of \$1750 per day. There is an extra fee for travel time (half day charge for east coast trips or trips that include air travel plus a long drive and full day charge for European trips) and expenses (airfare, hotel and meals, baggage and ground transfer). Training workshops offered in Seattle on average cost \$175 per day per individual plus travel.

Additional certification costs include technical support; one-day follow-up consultation within one year of initial training; two telephone consultations (recommended) and detailed review of one two hour DVD of facilitators. There is a \$450 certification fee per person for becoming certified (which includes two DVD reviews and written feedback). Phone consultations are \$150 per hour.

On-going Costs

Once materials and training have been purchased and facilitators certified, costs are minimal and can be calculated based on the hourly rate of paying the group facilitators to prepare and conduct groups, plus additional costs for books and materials for participants, food and day care for meetings. See web site for excel spread sheet to calculate up front and ongoing costs for the programs

www.incredibleyears.com/WI/hosting_costplanning.asp

Additional Services

Some additional services such as consultation on research design, program dissemination, and evaluation measures regarding program outcomes are available upon request.

CHAPTER 7



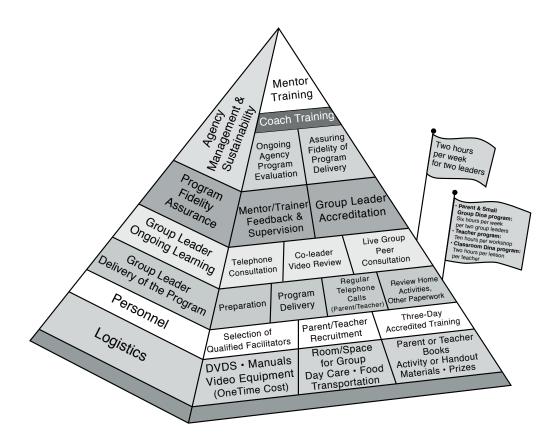
DISSEMINATION MODEL: Seven Strategies for Delivering the Incredible Years Programs with Fidelity

"Overwhelming evidence indicates that the fidelity of implementation of the intervention will not be sustained unless the social and political support is strong and the training and mentoring is adequate" (Kellam & Langevin, 2003).

Identification of evidence-based programs to be offered to particular populations is only the first step in preventing and treating conduct problems and promoting social, emotional and academic competence in children. In order to replicate the published results obtained by the research, attention must be given to the fidelity of the program implementation and the degree to which a program is delivered with the quality intended by the developer.



Many empirically-validated programs have been adopted in different settings with widely varying outcomes. In fact, a low quality delivery of a best practice program (Gottfredson et al., 2000) may not produce any effective results at all. Until recently, little emphasis has been placed upon the best ways to implement programs with fidelity. Some agencies or schools do not recognize the importance of adhering to the program's protocols, dosage, and clinical recommendations and feel that implementation of at least a few program sessions will be better than doing nothing at all.



IY Implementation Pyramid: Assuring Fidelity of Program Delivery



Programs must be implemented with fidelity to the original model to preserve the behavior change mechanisms that made the original model effective (Arthur & Blitz, 2000). This means that programs must be offered with all the core components being delivered utilizing the recommended protocols, video vignettes, program dosage and clinical methods and processes for the prescribed number of sessions. Even after successful effectiveness trials, the critical questions are how to sustain fidelity of intervention within the same setting over time. Additional challenges arise when the goal is to expand the application of an intervention to entire systems with fidelity, be it a school district, or agency or an entire state (i.e., scaling up). And finally, even after successfully scaling up, there is a need to sustain fidelity over time throughout the system (Kellam & Langevin, 2003). At each of these levels of extension, questions arise about selection criteria for who will be trained, with what kind and how much training, and when the training will occur. Additionally, decisions need to be made about how fidelity will be monitored and supported including attention to what social, organizational and political structures will need to be put in place and what type of mentoring model will be employed.

One of the strengths of the IY series has been the attention given to fidelity and adherence. Several studies have informed our decisions about the optimal dosing, training, and mentoring requirements for successful implementation in the short- and long-term. (Scott et al., 2008; Webster-Stratton, et al., 2011) Below we identify key dissemination strategies to assure delivery of the IY programs with fidelity and adherence to key program principles and protocols.

Strategy 1: Assure Standardized Quality Training for Carefully Selected Group Facilitators and Teachers

Selecting group leaders. We recommend that each agency or school prepare a minimum of 2 group facilitators or teachers for training in the new program. Those chosen to deliver these programs should ideally have Masters or higher degrees or professional diplomas in an appropriate field—psychology, social work, nursing, school counseling, teaching etc. They also should have prior experience working with parents and children and preferably have had prior training in child development, behavior management, and cognitive social learning theory. In particular, those chosen should be comfortable leading groups and motivated to support families, teachers and their

children. These professionals should not be mandated to take the training or sent to a training without planning how their work load will be readjusted to allow them time to learn the intervention and to receive supervision and consultation. Programs offered to universal populations may be delivered by trained nurses, day care providers, teachers, and family service workers. Those working with indicated, or selective, or treatment populations should have higher-level education and experience working with these populations. In addition, group leader selection criteria should include interpersonal qualities of empathy, sense of humor, collaborative nature, group leadership skills, and ability to work within a structured program.

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Accredited Trainers and Mentors need to have extensive experience with the program and be accredited as group leaders before training others.

Program training sequence. In addition to providing group facilitators with comprehensive training manuals, fidelity protocols, handouts and DVDs, the initial 3-day authorized training provides small groups of clinicians and teachers with workshops regarding the program content, methods, and group facilitation process. For the parenting programs, all group leaders are required to receive training in the BASIC early childhood program (3-6 years) or BASIC school age program (6-12 years) before proceeding to training in the ADVANCE program. Also those who have received one of the BASIC training programs may attend supplemental training days to learn about the older preadolescent program or the baby program.

For the teacher programs, we recommend that teachers be trained in the classroom management program before being trained in the Dina Dinosaur classroom curriculum. This assures that teachers

have the behavior management skills needed to implement the Dina Dinosaur cognitive, social and emotional curriculum with fidelity.

Accredited IY trainers and mentors who deliver the training workshops are first required to have had extensive experience delivering the program themselves, as accredited group facilitators. They are invited to participate in coach and mentor training because they have been identified as exemplary models for demonstrating fidelity to the IY group processes and methods. They receive further training in workshop delivery, coaching and mentoring methods. Videos of trainers' or mentors' actual group sessions allow group leaders to observe and to model how the trainer or mentor works with groups of parents, teachers or children.

Strategy 2: Provide Ongoing Supervision and Consultation for **Group Leaders and Teachers**

Evidence-based training workshops by themselves are necessary but not sufficient to result in fidelity of implementation delivery (changes in teacher or group leader behavior or adherence to protocols) or program outcomes (clinical changes in consumers). After the initial 3-day training workshop, group facilitators and teachers first need release time to study the manuals, video vignettes as well as the sample DVD group sessions, to practice and prepare their sessions and materials, and to arrange logistics (e.g., food or day care, handouts, classroom materials, transportation). Furthermore research has shown (Joyce & Showers, 2002) that combining the initial training workshop with ongoing mentoring, coaching and consultation maximizes the learning for clinicians as they begin to implement the program and contributes greatly to fidelity of program delivery. Having high program delivery fidelity has been shown to predict significant improvements in parents and childrens' behaviors across a number of different evidence-based practices (Eames et al., 2009; Henggeler, Schoenwald,

Liao, Letourneau, & Edwards, 2002; Lochman et al., 2009; Webster-Stratton, 2011). On the other hand, poor program fidelity and reduced program dosage (in terms of numbers of sessions) has been shown to predict little or no change, challenging the view that some exposure to program components is better than no exposure.

We recommend that IY accredited coaches and mentors provide this support, encouragement and consultation regularly for the group leaders during their first 2-3 sets of groups. Ideally new leaders should have 4-5, 1-hour consultations during delivery of their first group and ongoing consultation as needed.

Group leader consultation, feedback and emotional support from IY mentors and trainers can take several forms and may evolve within an agency 9

Combining the initial training workshop with ongoing mentoring, coaching and consultation contributes to fidelity of program delivery.

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or school. For those sites that are implementing the program for the first time, group facilitator or teacher consultation and coaching will be arranged through IY via regular telephone consultations with IY accredited trainers. Group facilitators are also encouraged to submit a DVD of a group session or lesson from their first group for detailed feedback. After group leaders or teachers have had experience delivering the program, about 6 to 9 months after training, it is recommended that they participate in an in-person group consultation training with IY trainers or mentors either onsite at the agency or school, or at the IY headquarters in Seattle. These group consultation workshops involved small numbers of group leaders or teachers (no more than 12) who come together to share selected portions of their DVDs regard-



ing their delivery of the program. Peer sharing and feedback along with IY mentor or trainer coaching regarding videotaped sessions can be a huge asset in helping group leaders and teachers gain new ways to handle problems that were particularly difficult for them. We believe that

group facilitators who receive this initial training coupled with ongoing supervision, support and video feedback from coaches, mentors and trainers during their first three sets of groups will be ready to submit their application for accreditation as group facilitator (see criteria below in Strategy 5).

Strategy 3: Develop Peer Support Networks Within Agencies or Schools

Weekly peer support and time for planning sessions or classroom lessons is key to continued learning and successful intervention, regardless of a group leader's or teacher's expertise. Often, group leaders or teachers become discouraged when a particular family or child fails to progress. Peer group support in addition to IY trainer or mentor or coach consultation helps the leader to maintain optimism and to find new approaches for resistant



parents, teachers or children. We recommend that group leaders begin videotaping their groups right away and meet weekly with peers for video review and for mutual support. IY recommends that teams of group leaders from the same agency are trained together so that they

can participate in a peer review process. It is extremely difficult for an isolated group leader to receive the support he or she needs to conduct groups. It is also our recommendation that group leaders from the same agency or locale join the peer-review process immediately after training, even if they do not have an active group at the time. When group members share their work and offer constructive support, they not only aid each other in conducting IY groups but also empower themselves as selfreflective thinkers, self-managers, and evaluators.

Strategy 4: Adhere to Program Dosage, Order, and Protocols—Ensuring Implementation Fidelity

Program fidelity. Monitoring group leaders' adherence to session protocols, key content, and therapeutic process principles is another aspect of supervision. Many agency administrators and clinicians believe that they can eliminate parts of a mental health intervention or shorten the number of sessions offered in order to be more cost effective. They may

Peer review process builds self-reflection, support and quality delivery support.

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even cobble together different programs in a smorgasbord intervention. Training, supervision, and accreditation help group leaders and administrators understand that this approach may dilute or may eliminate the positive effects of the program.

Over the past 20 years all of our Incredible Years control group intervention studies have evaluated the combined IY BASIC + ADVANCE programs for families of children with ADHD and conduct problems. In various studies the length of the program has varied from 18-26 sessions. We recently compared the results for families randomly assigned to 20-week, 2-hour session programs with those assigned to a condensed 10-week, 2-hour session program. Results showed that parents in the 20-week program were more confident in their ability to handle their children's behavior and reported fewer child problems and lower intensity of problems on the Eyberg Child Behavior Inventory than parents in the shorter program. Lastly, parents in the longer program reported that their children showed better emotion regulation than those in the shorter program reference. These results support the benefits of the longer dosage program and are consistent with other studies with similar populations that have shown that programs with the most significant and highest effect sizes are 20 sessions or more (Henggeler et al., 2002). It is important that group leaders make efforts to do "make-up" sessions for parents who miss a group session due to illness or schedule conflicts so that they get the full benefits of the intervention.

Our prevention parent program is typically offered in 14-24 sessions that are 2 to 2 1/2 hours in length. Interventions for non English speaking populations with translators run 18-20 sessions. All of our studies with Child Protective Service referred families have run 16-20 sessions. With these high-risk prevention populations we have found that effect sizes increase with more sessions provided (Baydar et al., 2003). The newly updated preschool program (ages 3-6 years) recommends protocol for a minimum of 14 sessions for prevention populations and a minimum of 20-session protocol for children with conduct problems or families referred by child protective services. Offering fewer than the recommended number of sessions for prevention and treatment populations will result in reduced effectiveness of the IY program.

IY protocols for every group session or classroom lesson are carefully designed according to age group and population addressed and designed in order so that one session builds on the prior sessions and learning. The recommended number of sessions on the protocols is considered the *minimum* number of sessions needed, but groups may require more sessions depending on their goals and needs, difficulties with the material, degree of severity of children's problems and their pace of learning and size of the group. In order to prevent the ongoing antisocial trajectory with high risk families

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Offering fewer than the recommended number of sessions for prevention and treatment populations will result in reduced effectiveness of the IY program.

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and promote children's social and emotional competence and positive relationships with their parents it is necessary for parents to make significant changes in their parenting and discipline strategies, attachment with their children and involvement in their children's education. This process of relationship building between parents and children and changing entrenched patterns of parent-child interactions as well as their emotions and cognitions takes sufficient time as well as development of safety and trust in the group.

A critical distinction must be made between implementing the core or the foundational elements of the program and stifling clinical flexibility. It is easy for the former to be misconstrued as the latter. In supervision, group leaders are encouraged to discuss their knowledge and experience, so they collaboratively

tailor the program to unique parent or teacher goals or to child developmental needs. Group leaders and teachers come to understand that the principles that guide the program include being flexible, collaborative with the parent or teacher or child in setting the agenda, culturally-relevant and fun, rather than following a precise script to be recited at parents, teachers or children. When leaders understand this, they realize the program actually encourages the use of their clinical skills and judgment. The most effective group leaders and teachers who deliver this program are those who retain the core elements of the intervention while bringing their clinical creativity to bear in the implementation. Supervision helps them balance pursuit of a particular groups' goals in relation to the group process and issues that are relevant for the entire group.

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The most effective group leaders are those who retain the core elements of the intervention bringing their clinical creativity to bear in the implementation.

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Accreditation

Strategy 5: Promoting Group Facilitator Accreditation and Development of Accredited Peer Coaches and Mentors

A certification or accreditation process allows group facilitators and teachers to continue their learning process after the initial training and to recognize those who strive to become more competent at delivering the programs. Requirements for accreditation include the following:

- Three-day approved training workshop from a certified trainer or mentor for the parent, teacher or child programs.
- Delivery of two complete programs with minimum recommended number of sessions, vignettes & submission of session or lesson protocols indicating adherence to fidelity delivery.
- Peer review of groups with co-facilitator and feedback from peer coach or mentor.
- Satisfactory trainer or mentor review of DVDs of groups (minimum of two sessions). Trainer rates leader's adherence to the program content and methods, as well as their therapeutic skill.
- Attendance at group consultation workshop.

- Submission of weekly consumer evaluations from two groups and final cumulative parent or teacher evaluations. (Evaluation materials are provided with program materials).
- Facilitator self-evaluation of two sessions, group summaries and attendance (of teachers and parents).
- Application

www.incredibleyears.com/certification/process_GL.asp

• Session protocols, checklists and group process evaluations can be found on website.

www.incredibleyears.com/reources/PP.asp

Satisfactory peer review, video, evaluations, adherence to protocols and group attendance indicate fidelity of program delivery of the content and the therapeutic process necessary for accreditation. Group leaders

> who become accredited can reasonably anticipate published outcome studies evaluating the program.

> to achieve effects similar to those achieved in the

To sustain program fidelity and prevent drift away from fidelity, accredited leaders are encouraged to continue to attend ongoing consultation workshops and to continue participating in peer-review groups within their agency. Client evaluations and completed session protocols are also part of the clinician's accountability to the agency. From these accredited individuals, agencies or schools may identify one or two individuals for additional training to become accredited IY peer coaches and some of these may eventually proceed to become accredited mentors. Such individuals are accredited group leaders with exceptional group leadership skills, mastery of the collaborative process, and desire to provide emotional support to other leaders. Peer coaches receive further training in peer coaching and video review processes. They are expected to

co-lead groups or lessons with new leaders or teachers and to provide them with ongoing support and feedback about the program. They review videos of their sessions and give new leaders feedback.

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With certified or accredited group leaders, agencies and schools can begin to develop internal coaches and mentors in order to build a sustainable infrastructure.

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IY mentors are accredited group leaders and peer coaches who have been selected to receive more extensive training in Parent, Teacher or Child IY workshop delivery and are permitted to offer authorized training workshops within their agency or school. Prospective mentors have



delivered many groups and received ongoing reviews, participated in supervision and consultation workshops, and co-lead training workshops with an accredited IY trainer. Mentors receive ongoing consultation from IY trainers, participate in yearly workshops with other mentors, obtain video feedback on their supervision process, and participate in further training, and updates regarding new program developments and research.

Strategy 6: Supportive Agency or School Infrastructure and Support

No program can be faithfully implemented without adequate resources and internal managerial support for the group leaders or teachers delivering the program. The decision to adopt an evidence-based intervention, such as IY, should reflect a consensus among clinicians, teachers and administrators that the choice of intervention model best meets their goals, the agency or school philosophy, and the needs of their teachers, families and children in their community. In other words, there is a good innovation-agency-clinician values fit. It may be necessary for administrators to readjust clinician/ teacher job descriptions to recognize their time commitments to ongoing training, peer support, supervision, recruiting for and carrying out new interventions. Even though group approaches are more cost effective than individual approaches, administrators may not understand the time or costs needed to assure transportation and food for each session, to arrange day care, to prepare materials for each session, to do make up sessions for families or teachers, and to make the weekly calls to parents and teachers. If socio-economically disadvantaged families are targeted for prevention programs, special attention must be paid to transportation, day care and meals, otherwise families will have difficulties accessing programs and attendance will be low. Sometimes administrators are surprised to find that the initial training does not prepare their clinicians or teachers to start groups the following week. It is imperative that administrators understand that preparation time is needed to start a new evidence-based intervention which involves not only leaders studying the DVDs and training manuals and meeting in peer-support groups to practice with their colleagues as

described above but also time to recruit families, to assure appropriate referrals, and to organize appropriate day care which may also involve some additional training.

The administrative staff and internal advocates need to assure that there are plans for ongoing consultation and supervision from the outside IY trainer. An IY trainer is an accredited group leader and mentor who either has a doctorate or has worked with the developer of the program for many years. The IY trainer collaborates with the organization's internal advocate or mentor, provides consultation to clinicians and administrators regarding program implementation, and anticipates possible barriers and difficulties with high fidelity dissemination. Changes may be necessary in policy, regulation, funding and support. The IY trainer is in an excellent position to advise the administrators in ways to support clinicians' change efforts. The IY Agency Readiness Questionnaire (available on the IY website)

www.incredibleyears.com/IA/Launch.asp

can help administrators understand what is needed to support the clinician's training, the clinician's needs for logistical support, and the clinician's ongoing consultation and supervision. This will be important for them to understand at the start in order to assess the feasibility of implementing this program. It is best if there is an administrative champion, ideally a

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Interpersonal contact provided by the internal advocate is a critical ingredient in adoption of programs.

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trained mentor, within the agency who understands the workings of his or her own organization, as well as the requirements of the new program. Research shows that clinicians, who are left to champion a program without an active administrative champion, quickly burn out from the extra work, resent the lack of support and time, and often leave the agency (Corrigan, MacKain, & Liberman, 1994). Interpersonal contact provided by the internal advocate is a critical ingredient in adoption of new programs (Backer, Liberman, & Kuehnel, 1986). Administrative champions are often more important to the long-term success of the intervention than the clinicians.

Administrators may select promising clinicians and persuade them to learn this new intervention. The program will attain a strong reputation if it begins with a few enthusiastic leaders or skilled teachers rather than if it begins with a mandate that all clinicians or teachers adopt the program. Those who are not risk takers, late adopters, will venture into new programs only after respected colleagues are successful (Rogers, 1995). Encouraging and supporting selected group leaders who become accredited to continue training to become accredited as peer coaches or mentors builds the infrastructure of a sustainable program. At first, the IY trainers provide direct support to the clinician or teacher, as detailed in Strategy 4. However, the goal is to make agencies or schools self-sufficient in their ongoing training and in their support of the program. Administrators can also provide important reinforcement to group leaders or teachers by recognizing and rewarding those who work to become accredited and achieve high quality delivery of the program. Reinforcement, both social and tangible, is important to their ongoing commitment and adherence to this program. Moreover, when administrators promote accreditation as a way of supporting evidence-based practice, group leaders and teachers appreciate that they are working toward goals and a philosophy that is highly valued by the organization.

Training, coaching and support infrastructure for the parent, teacher and child program can be found on the website. See table on next page.

www.incredibleyears.com/IA/implementation.asp

Strategy 7: Monitor Quality Assurance and Evaluation

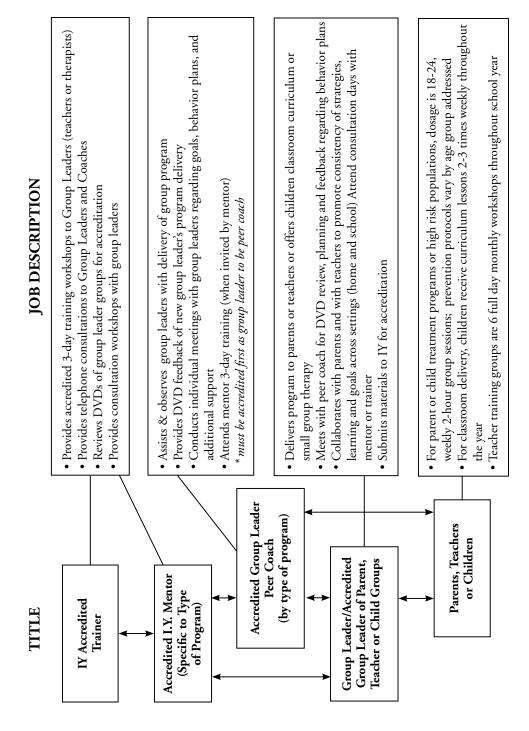
IY mentor and trainer training quality assurance. Quality assurance procedures are used consistently through out all aspects of IY training. First

only IY accredited trainers or mentors provide the training. Individuals who enter the mentor training process are supervised by accredited trainers and mentors and receive in-person feedback from them. When they have completed this training and are ready to do a solo workshop,



they offer a workshop and submit videos of this workshop for review by an IY trainer. They also submit the workshop protocol checklist documenting what they have covered in the workshop along with workshop evaluations from participants. All accredited mentors or trainers who do workshops must submit daily evaluations and final evaluations of their workshops along with their workshop checklist and daily attendance list to Incredible Years in Seattle. If there are issues in regard to evaluations the Incredible

為条 Incredible Years Programs Training, Coaching, and Support Infrastructure



Years administrator follows up to explore the issue and whether it can be remedied. Participant registration each day at workshops is entered into an IY data bank acknowledging completion of the entire training hours.

Evaluating group leader or teacher evaluations and adherence to program model. Embedded in the training of group leaders or teachers are efforts to enhance the quality of program delivery. Part of the delivery of this program (and accreditation process) includes weekly evaluations by participants, final summative evaluations, submission of attendance registers, and completion of each session's protocols. Completion of these detailed session protocols allows administrators to determine if group leaders or teachers are adhering to program fidelity such as showing required video vignettes, engaging in recommended practice exercises, brainstorms and using the key learning principles. It is also possible to determine if parents or teachers are doing the recommended home activities or classroom behavior plans and reading chapters and succeeding in achieving their goals.

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Agencies and schools
need to provide
internal audits
regarding their
outcomes by collecting
pre and post data and
comparing these with
published studies.

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Group leaders who have offered the IY program with high fidelity have had considerable support and ongoing monitoring by their workplace administrators. Such administrators have supported their work towards accreditation, monitored their ongoing evaluations and given group leaders time for peer review and technical support. The role of the workplace or administration in promoting and monitoring program fidelity, monitoring and sustainability is further described in an article on the web site (Webster-Stratton, 2006b).

In addition, we recommend that administrators conduct ongoing program evaluation by collecting assessments of desired program outcomes. Specific outcome measures used may vary by the agency setting and the level of intervention. Ideally, agencies should collect baseline and follow-up data about changes in child externalizing and internalizing symptoms as well as changes in parenting or teacher classroom management skills. When possible, we encourage agencies to use some of the same measures used in

the trials that established the program efficacy: high quality parent-and teacher-rating scales such as the Achenbach Child Behavior Checklist and the shorter symptom reports such as the Eyberg Behavior Checklist. A useful measure of parenting behaviors is also available on the IY website.

www.incredibleyears.com/measures/forms_GL.asp

If possible, it is important for agencies to track other tangible outcomes associated with the program including group attendance and parent and teacher feedback; child academic achievement and school attendance; and feedback from other care providers who work with the child and family.

Questionnaires to evaluate agency implementation effectiveness can be found at the following web page:

www.incredibleyears.com/IA/Impementation.asp

CHAPTER

8



EVALUATION

STUDIES BY PROGRAM DESIGNER

Incredible Years Parent Programs—Treatment Population

The Incredible Years BASIC Parent Training program initially began as a *treatment program* for parents of children with clinically significant conduct problems. As discussed earlier, the program is designed to enhance participants' parenting skills and includes training in child-directed play, coaching methods, discipline techniques (using praise, rewards, and limit-setting rather than punitive techniques such as hitting or spanking), handling misbehavior and problem solving. While the first evaluation study was conducted using a community sample of 35 families with child behavior problems, the parent program has since been evaluated by the developer in eight other randomized studies as treatment for more than 800 children ages three to eight with conduct problems and ADHD. The BASIC program has been shown to significantly improve parental attitudes and parent-child

interactions, reduce parents' use of harsh discipline, and decrease child conduct problems, including noncompliance, deviance, and externalizing behaviors (Webster-Stratton, 1982a, 1982b, 1984, 1988, 1989, 1990a, 1990b, 1994, 2004; Webster-Stratton & Hammond, 1997) as well as internalizing problems (Webster-Stratton & Herman, 2008) and ADHD symptoms (Webster-Stratton, Reid & Beauchaine, 2011).

Incredible Years Parent Programs—Prevention Population

The BASIC program has also been evaluated as a *selective prevention program* in three randomized trials with families enrolled in Head Start centers and primary grade schools serving socio-economically disadvantaged families. Sample children were considered at high risk for conduct disorder problems because of the increased number of risk factors associated with poverty. Results of the Head Start studies indicated that the parenting skills of intervention mothers and the social competence of their children significantly improved compared to those receiving the usual Head Start services (Reid et al., 2001; Reid et al., 2007; Webster-Stratton, 1998b; Webster-Stratton et al., 2001a). Similar results were found for parents in primary schools whose children were selected due to parent and teacher reports of clinically significant rates of aggressive behaviors (Reid et al., 2007).

The positive results of the BASIC program have been maintained for 3 years after intervention, when comparing intervention groups' baseline and follow-up scores, and up to one year after intervention, when comparing intervention and control groups. A recent 10 year follow-up of children with early onset conduct problems treated with the parenting program indicated that 77% of children had had no major delinquent acts and 82% no criminal justice system involvement. Post treatment factors predicting negative long term outcomes (delinquent acts) were mother reports of aggression and observations of mother-child coercion (Webster-Stratton, Rinaldi, & Reid, 2011a).

Replications

The BASIC treatment program has been replicated with children with conduct problems by independent evaluators in US as well as in Canada, UK and Norway. Additionally 6 independent replications of the prevention program with high risk populations have been conducted in US as well as UK, Wales, Ireland and proven effective in strengthening parenting skills and reducing child behavior problems. (See references at the end of this chapter.)

Incredible Years Parent ADVANCE Programs

The ADVANCE program for parents was created in response to evidence indicating that family factors such as marital distress and hostility, social isolation, and poor parent problem-solving skills are related to children's negative behaviors. The program targets these areas by enhancing parents' communication and problem-solving skills, teaching them better means of personal self-control (including coping with anger, stress, and depression), and encouraging them to foster their children's problem-solving skills. ADVANCE has been evaluated as an add-on component or incorporated to BASIC in four randomized treatment studies, with results demonstrating positive results in promoting parents' use of effective problem-solving and communication skills, reducing maternal depression, and increasing children's social and problem-solving skills (Webster-Stratton, 1994; Webster-Stratton & Hammond, 1997). Participants have been highly satisfied with the ADVANCE program, and the dropout rates have been low, regardless of the family's socioeconomic status. Effects have been sustained for up to two years after intervention (when comparing intervention families baseline and follow-up scores) (Webster-Stratton, Reid, and Hammond, 1999).

An academic skills training parent component (SCHOOL) was originally developed as an adjunct program to help parents better support their children's education but is now included as an integral component of the standard School-Age BASIC program for children ages 6-12 years. The program teaches parents ways to promote their children's selfconfidence, foster better study skills, help their children cope with disappointment, become more involved in children's homework, and communicate more effectively with teachers. The program has been evaluated as both an indicated and selective prevention program, with results indicating improvements in parenting strategies, as well as in children's social skills and behavior at school. The School Readiness program was developed for parents of preschool children to promote their social and emotional competence and reading readiness. This program is currently being researched in Wales and Ireland.

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The ADVANCE
program enhances
parents' communication
and problem-solving
skills and
teaches them
better means
of personal
self-control.

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Teacher Classroom Management Training Programs

A fourth training component, the Teacher Classroom Management Training program, was created to strengthen teachers' classroom management skills, build more positive relationships between teachers and students, train teachers to teach social skills, emotional regulation and problem solving, and help teachers foster prosocial behavior and social competence and reduce conduct problems in the classroom. This component was evaluated by the developer in one randomized study with teachers of children diagnosed with conduct disorders and in two randomized studies with teachers working with high risk populations (Head Start) wherein teachers received a series of 6 monthly workshops targeting the aforementioned areas. Evaluations demonstrated improvements in children's behavior in the classroom (including less hyperactivity, antisocial behavior, and aggression, and more social and academic competence) and teachers' classroom management skills. Observers noted that teachers receiving training were less critical, harsh, and inconsistent, and more nurturing in their interactions with students (Webster-Stratton et al., 2001a; Webster-Stratton et al., 2004).

Two studies by independent investigators have replicated the developer's findings using the teacher program as a single group training approach in combination with mental health consultation in low-income, high-minority Head Start classrooms in Chicago (Raver et al., 2008) and North Carolina (Williford & Shelton, 2008). Teachers were found to have higher levels of positive classroom climate, teacher sensitivity, and behavior management than control classrooms. A third study in Wales with Sure Start (Hutchings et al., 2007) without the coaching component has shown similar results. A fourth study was conducted in Jamaica with teachers of 24 preschools in inner-city areas of Kingston. Schools were randomized to intervention or control conditions. All teachers in the intervention schools were trained in 8-9 full day workshops (Baker-Henningham, Walker, Powell, & Meeks Gardner, 2009). Large benefits were found for teacher classroom management practices and improved classroom atmosphere.

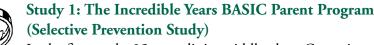
Significant improvements were also seen in the behavior of children in intervention classrooms according to independent observations compared with control classrooms. A fifth study evaluated the recently updated program offered in weekly 4-hour sessions (rather than monthly day-long workshops) with one of the lowest income and highest unemployment counties in Michigan and follow-up data found sustained improvements in teachers' perceptions of positive management strategies and their use (Carlson, Tiret, Bender, & Benson, 2001). Finally, a sixth study evaluated the self-study method of training teachers compared with self-study plus consultation model and found significant differences between groups in teacher confidence, use of positive instructional practices and acceptability in favor of the self-study plus consultation condition. Positive trends also favored the combined training in terms of students' increased social competence (Shernoff & Kratochwill, 2007). In all but one of these studies the intervention was delivered in a group teacher format and training time varied from 4-9 days (32-56 hours).

Child Training Program (Dinosaur School)

The fifth and final child program, the Dina Dinosaur Curriculum, involves strengthening children's problem-solving, social, and communication skills; and training children in emotional competence and anger management. The curriculum was originally designed for

children aged four to eight who are presenting conduct problems, and it has been evaluated as an indicated treatment program in two randomized studies. Results of the first study, in which children received the Dina Dinosaur curriculum and their parents received BASIC and ADVANCE, indicate that combining these components is effective in reducing children's behavior problems at home, enhancing children's problem-solving skills, and improving parenting behaviors (Webster-Stratton & Hammond, 1997). The second study, which included a combination of parent, teacher, and child training, demonstrated effectiveness in strengthening children's academic and social skills at school, improving children's interactions with peers, and reducing children's behavior problems at home and school (Webster-Stratton et al., 2004). A prevention version of the Dina Curriculum has been developed for use by teachers in the classroom with lessons offered 2-3 times a week through the year. A randomized study with 153 teachers and 1,768 high risk students (Head Start and schools with greater than 60% free lunch) indicated significant improvements in children's social competence and self-regulation, school readiness skills and reductions in conduct problems in the classroom and more positive parent involvement (Webster-Stratton et al., 2008).

The following section presents the details of each study according to population characteristics, measures used, post intervention changes, and sustained effects.



In the first study, 35 non-clinic, middle-class, Caucasian mothers and their three- to five-year-old children (23 boys and 12 girls) were recruited with a flyer announcing a parent program designed to help parents manage child misbehavior. Interested mothers were continuously assigned at random to one of two groups:

- Videotape-based group therapy (BASIC) (n=16)
- Waiting-list control group (n=19)

Those assigned to the BASIC group met weekly for four, two-hour videotape modeling sessions, which was an abbreviated version of the BASIC program described previously. Those assigned to the wait list control group received the BASIC program six weeks after the first group.

Assessments were conducted at baseline, immediate posttest, six-week follow-up, and one-year follow-up. They included mother reports on the Parent Attitude Survey (PAS, measuring parents' perceptions of the parentchild interaction including confidence, causation, acceptance, understanding, and trust) and Eyberg Child Behavior Checklist (ECBI, a 36-item assessment measuring children's behavior problems and assessing two domains: problem and intensity). Laboratory observations (behind a one-way mirror) of mother-child interactions were conducted by observers blind to the intervention condition, who assessed children's positive affect, negative affect (defined as negative verbal behavior; teasing; direct hostility, including hits, threats, snatches; and other aggressive acts), nonacceptance, dominance, and submissiveness, as well as mothers' positive affect, nonacceptance, dominance, lead-taking, and watch behaviors. At baseline, there were no significant differences between groups on demographic characteristics or dependent measures.

At immediate posttest, there were significant differences on four of five mother behaviors that favored the intervention group, with mothers showing fewer lead-taking, dominance, and nonacceptance behaviors, and more positive affect (but no change in mother watch). Intervention children showed improvement on several observer variables, with significant differences in the expected directions in negative and positive affect and submissive behaviors. According to the ECBI, treatment mothers rated significantly less intense behavior problems in their children than did those in the control group, but there were no group differences according to mother report variables on the PAS. At the six-week follow-up, the initial changes in observed behaviors were maintained in the treatment group, and nearly identical changes were replicated with the waiting list control group after they received the program.

One-year follow-up measures were completed by 32 of 35 mothers (91%). Comparisons were performed for (1) pretreatment vs. one-year post-treatment, and (2) immediate post-treatment vs. one-year post-treatment. At one-year, most positive behavior changes found at post-treatment were maintained. While there continued to be no significant group differences in mother reports on the PAS, mothers continued to report a significant reduction in the number and intensity of behavior problems (according to the ECBI) since baseline, although there was a non-significant increase in these behaviors from post-treatment to one-year post-treatment. In addition, observers found that mother behaviors during parent-child interactions continued to improve, with mothers demonstrating significant changes in the expected directions on all five variables, including improvement in mother watch behaviors (which was not found at post-assessment). Although there was a significant decrease in mothers' positive affect since post-assessment, the variable continued to be significant at one-year. According to observer reports of children's behavior, children's negative and positive affect were no longer significant at one-year, but intervention children showed a significant decrease in nonacceptance/oppositional behavior and dominance from baseline to the one-year follow-up, a change not found at post-assessment. Children also demonstrated improvements in submissiveness from baseline to one-year.

Follow-up analyses also compared mothers' reports of behavior problems on the ECBI and behavioral interactions to normative data on similar populations. At baseline, participating children's ECBI Problem and Intensity Scores were significantly higher than "normal" four year-olds, with 38 percent of the sample more than one standard deviation above the mean of the normal population. One year later, there was no longer a significant difference between the two populations. At baseline, intervention children also differed from the normal population in positive affect behaviors, but this difference was not demonstrated at follow-up. Similar results were found for mothers. Intervention mothers were significantly more submissive and

less positive than normal mothers at baseline, but there was no difference between groups at follow-up (Webster-Stratton, 1981; Webster-Stratton, 1982a; Webster-Stratton, 1982b).



Study 2: The Incredible Years BASIC Parent Program (Indicated Prevention Study)

A second study included 35 clinic-referred, low-income mothers with children aged 3-8 (25 boys and 10 girls) who had sought help at a children's hospital for their children's behavior problems.

Mothers were admitted to the study based on their reports of children's oppositional behavior (e.g., refusing to follow commands, tantrums, and aggression) and were considered at high risk due to the single-parent status of many participants (54%), low socioeconomic status, low mean education level, high prevalence of child abuse, and the large number of negative behaviors of their children. Participants were continuously and randomly assigned to one of three groups:

- One-on-one personalized parent therapy (n=11)
- Videotape-based group therapy (BASIC) (n=13)
- Waiting-list control group (n=11)

Both treatment groups attended nine weekly sessions (18-20 hours) of therapy. The one-on-one treatment consisted of individual therapy in which facilitators "modeled" parent skills, and parents role-played interactions with their children while facilitators gave direct feedback via a microphone in the parents' ear (i.e., "bug-in-the-ear" therapy). These sessions focused on improving general parenting skills and correcting targeted child behavior problems. The BASIC program consisted of groups of parents discussing over 180 videotape vignettes of parent-child interactions. Because children did not attend these sessions, parents did not model behaviors or receive feedback on their performance. Those in the waiting-list control group were assigned to one of the two treatment groups three to four months after baseline measures.

Assessments were conducted at baseline, post treatment and one-year follow-up. Assessments included parent reports of behavior problems (using the Child Behavior Checklist, CBCL; Eyberg Child Behavior Inventory, ECBI for intensity and total number of problem behaviors; and Parent Daily Reports, PDR, to rate positive and negative child behaviors and use of spanking), blinded observations of parent-child interactions at home (assessing mothers' praise, critical statements, total commands, ineffective commands, and no opportunities; and children's deviancy and noncompliance); and teacher reports of children's problem behaviors in school (using the Behar Preschool Behavior Questionnaire, PBQ, which was only completed at the one-year follow-up). There were no significant differences at baseline between groups on demographic or outcome variables.

At post treatment, the BASIC and one-on-one groups both showed improvement on mother and child behaviors, with no differences between the two treatment groups. Thus, the BASIC treatment was as effective as the high-cost, one-on-one therapy, and both treatments were superior to the control group in regard to attitudinal and behavioral changes. More specifically, BASIC treatment children were significantly different from the control group on five of the six parent reports of children's problem behavior, with fewer total and less intense behavior problems according to the ECBI, fewer negative and more prosocial behaviors, and less use of spanking by mothers (but no changes according to the CBCL). According to independent observations, BASIC mothers improved on four of five measures of parenting skills (compared to two of five for the one-on-one treatment approach), and intervention children had less noncompliance (but not deviance) than control children.

At the one-year follow-up, 32 of the 35 families were reassessed (88 percent), and, again, no differences were noted between the two treatment

groups in terms of demographic characteristics. Approximately 70 percent of both groups maintained significant positive behavioral changes at the one-year follow-up. Compared to baseline scores, BASIC children demonstrated continued improvements in parent reports of children's problem behaviors, as measured by both the CBCL and ECBI, and blinded observations indicated improvement in BASIC mothers' critical behaviors and total praise, as well as in children's noncompliance and total deviance. It is noteworthy that child deviance, which had shown borderline decreases at post treatment, showed significant changes one year later. There were

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The BASIC group
program
was five times
more cost-effective
than one-on-one
therapy.

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no significant differences according to teacher reports of children's problem behaviors. The BASIC program was five times more cost-effective than oneon-one therapy, using 48 hours of facilitator time compared to 251 hours of facilitator time. Families who had little or no social support were most likely to relapse following treatment (Webster-Stratton, 1984).



Study 3: The Incredible Years BASIC Parenting Program (Indicated Prevention Study)

A third study was conducted to ascertain the most useful and cost-effective component of the BASIC program (facilitators, videotapes, or group discussions). The sample included 114

families of varying socioeconomic background who were either self-referred (43 percent) or professionally referred (57 percent) to the study based on their children's clinically significant problem behaviors. Study children ranged in age from 3 to 8 years and included 79 boys and 35 girls. Parents were continuously and randomly assigned to one of four groups:

- Videotape-based group therapy (BASIC) (n= 28)
- Individually self-administered videotape modeling therapy (IVM) (n=29)
- Group therapy alone (GD) (n= 28)
- Waiting-list control group (n= 29)

The 28 mothers and 20 fathers in the BASIC condition met weekly at the clinic for twelve, two-hour sessions in which groups of 10 to 15 parents and a trained facilitator discussed over 200 videotaped vignettes. The 29 mothers and 20 fathers in the IVM condition met weekly at the clinic for 10 to 12 self-administered, hourly sessions in which they watched videotapes with no facilitator present. The 28 mothers and 19 fathers in the GD condition met in groups of 10 to 15 persons with trained facilitators to discuss parenting practices but did not watch any videotaped vignettes. Finally, the 29 mothers and 21 fathers in the control condition had no contact with facilitators, although they did receive the bi-weekly calls concerning their children's behaviors. After 12 weeks and repeat assessments, these individuals were assigned to one of the three treatment conditions.

Assessments were conducted at baseline, one month after treatment, and at one and three years after treatment. Assessments consisted of parent reports of behavior problems (CBCL, ECBI Intensity and Total Problems); mother bi-weekly reports of children's negative and prosocial behaviors (PDR); mother reports of discipline (PDR, including spanking, time out, and low rate events such as fire-starting and running away); parenting stress level (using the Parenting Stress Index, PSI, to assess parents' depression, competence, isolation, spouse support, health, attachment, and restricted role); blinded observations of parent-child interactions in the home (assessing parent praise, critical statements, no-opportunity commands, and affect, as

well as children's total deviance and noncompliance); and teachers' reports of child behavior problems at school (using the PBQ). At baseline, there were no significant differences between groups in demographic or family background characteristics.

At post-treatment, all measures of parent and children's behaviors were significant when the combined treatment groups were compared to the control group. For mother reports of children's behavior problems, BASIC mothers reported significant changes according to the CBCL and ECBI, and BASIC fathers reported significant changes according to the CBCL and ECBI Intensity. IVM mothers reported improvement on the ECBI and CBCL measures, while IVM fathers reported improvement on only the CBCL score. Last, GD mothers reported improvement on the ECBI Intensity and Total Problem Behaviors, while fathers reported no changes. Only BASIC mothers reported improvement on the PSI measure of parenting stress. According to mothers' observations of children's problem behav**∞**

Changes generally favored the combined video and group treatment (BASIC).

However, the self-administered treatment (IVM) also showed many significant improvements.

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iors, both BASIC and IVM mothers reported improvement on 4 of 5 behaviors (negative behaviors, low-rate events, spanking, and time out for BASIC children, and positive and negative behaviors, spanking and time out for IVM children), while GD mothers noted improvement in negative behaviors, spanking, and low-rate events. Teachers of children whose parents were in the BASIC and GD groups reported improvements in children's behavior at school, with no changes reported for IVM children. Similarly, observers found that only the children whose parents were in the GD and

BASIC groups improved on measures of child deviance displayed during parent-child interactions. Last, observer reports of mother behaviors during parent-child interactions revealed significant effects for 4 of 4 mother behaviors for the BASIC group, 2 of 4 for the IVM group (mother criticisms and positive affect), and 3 of 4 for the GD group (positive affect, commands, and criticisms). Similarly, observer reports of father behaviors demonstrated significant improvements in 2 of 4 BASIC father behaviors (criticisms and praise), 2 of 4 IVM father behaviors (commands and criticisms), and 1 of 4 GD father behaviors (positive affect). In summary, each treatment appeared to be effective in improving parent and child behaviors, and relatively few differences were noted between treatment groups on most outcome measures. Where changes were found, they generally favored the BASIC treatment. For example, the BASIC condition was the only group to show a significant reduction in mothers' reports of parenting stress, a reduction in the fathers' reports of the intensity of child behavior problems (on the ECBI), and an increase in both parents' praise statements. Surprisingly, given their lack of direct facilitator contact and lack of group support, the IVM treatment also showed many significant differences when compared to the control group, and was at least as effective as the GD treatment; however, cost-effectiveness was the major advantage of the IVM treatment (Webster-Stratton et al., 1988).

At the one-year follow-up, 94 of 114 parents (93.1 percent) were assessed, and all significant behavioral changes reported at post-treatment were maintained. When analyses compared baseline and one-year follow-up scores, all treatment groups reported fewer child behavior problems according to the CBCL and ECBI, and there was a trend for BASIC mothers and IVM fathers to report further reductions in these measures since post assessment. Comparing baseline and one-year scores, all treatment groups also showed significant improvement in child negative and positive behaviors, less spanking, and reduced parent stress levels. In addition, observer ratings indicated improvements in parent-child interactions, with all three groups of mothers demonstrating increased praise and positive affect and those in the BASIC group displaying fewer critical statements since baseline. Changes in father behaviors were similar, with reductions for all three treatment groups in commands and criticisms, improvement in praise for BASIC and IVM fathers, and improvement in positive affect for BASIC and GD fathers. While there were no differences between any of the treatment and control groups according to teacher reports of children's problem behaviors, observer ratings of children's behaviors demonstrated improvement in all three groups for noncompliance and deviance when interacting with fathers, and noncompliance and deviance for BASIC and IVM children when interacting with mothers. As in the post assessment analyses, there were few overall differences between groups, but consumer satisfaction ratings indicated that the BASIC treatment was superior. With each of the treatment programs, 70 percent of the sample showed clinically significant improvements to within normal ranges (Webster-Stratton et al., 1988).

Three-year follow-up information was obtained from 83 mothers (82 percent) and 51 fathers (73 percent), and attrition analyses indicated no differences between groups in demographic characteristics, reports of child adjustment, parent psychological status, or life stressors. Comparison of the three-year follow-up and baseline scores indicated that parents in all three treatment groups reported significantly reduced total behavior problems and increased child social competence on the CBCL. Overall, BASIC was somewhat superior in producing long-term results, with BASIC fathers reporting significantly lower CBCL total behavior problems and externalizing scores than either GD or IVM fathers. Similarly, analyses comparing one-year and three-year follow-up data revealed a significant deterioration

in GD parents' reports of children's externalizing scores and in IVM mothers' reports of total problem behaviors, whereas BASIC scores remained stable. No other three-year results are available.

Assessment of the clinical significance of the program revealed that 44 mothers (53.7 percent) and 35 fathers (74.5 percent) reported their children as having CBCL scores in the normal range at the three-year follow-up. There were also improvements according to teacher ratings on the PBQ. At baseline, teachers reported that 47 (61 percent) children were behaving in the normal range and 30 children (39 percent) were in the clinical range. At the three-year follow-up, teachers rated 61 children (73.5 percent) as normal and 22 (26.5 percent) as deviant.

Of those children who did not reach clinically normal scores ("non-responders"), significantly more

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At the three-year follow-up, teachers rated 61 children (73.5 percent) in the normal range and 22 (26.5 percent) in the clinical range.

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had mothers who reported lower incomes, depression, and alcoholism in their immediate families. In addition, significantly more nonresponders (81.8 percent) than responders had mothers who were single or divorced. Thus, it appears that marital distress may be largely influential in children's response to treatment (Webster-Stratton, 1990b).



Study 4: The Incredible Years Self-Administered BASIC Parent Program (Indicated Prevention Study)

A fourth study was conducted to determine how to enhance the effectiveness of the self-administered videotape therapy while maintaining its cost-effectiveness. The sample included clinic-

referred parents representing a wide socioeconomic range, and 43 children (34 boys and 9 girls) aged three to eight who had clinically significant levels of behavioral problems according to the ECBI. Parents were assigned to one of three groups:

- Individually self-administered videotape modeling program (IVM) (n=17 mothers, 9 fathers)
- IVM plus facilitator consultation (IVMC) (n=14 mothers, 7 fathers)
- Waiting-list control group (n=12 mothers, 7 fathers)

Parents in the IVM condition received the self-administered program described in Study Three, with parents attending an average of 10, weekly, one-hour sessions. The parents in the IVMC condition received the same intervention and were also offered two, two-hour consultations, one halfway through the program and one at the end of the program, which they could use to review any aspects of the program they did not understand. Parents in the control group were assigned to one of the two treatment conditions after post assessments were completed.

Assessments were conducted at baseline, one month after treatment, and one year after treatment. Assessments consisted of parent reports of children's behavior problems (CBCL, ECBI Intensity); parent personal adjustment (using the PSI to measure parent depression, competence, isolation, spousal support, health and restricted role); parent bi-weekly reports of children's prosocial and negative behaviors and spanking (according to the PDR); blinded observations of parent-child interactions in the home (assessing parent praise, critical statements, no-opportunity commands,

and affect, as well as children's total deviance); and teachers' reports of child maladjustment at school (using the PBQ). Baseline analyses revealed no significant differences between groups according to demographic or family background characteristics.

At the one-month posttest, mothers in the IVM treatment group reported significantly fewer child behavior problems according to the ECBI intensity score, reduced stress levels, and less use of spanking compared to those in the control group, while IVMC mothers reported improvement in stress levels and spanking. Neither group indicated changes in children's behavior according to the CBCL, in mother observations of children's positive or negative behaviors according to the PDR, or in teacher reports of children's behavior at school. Home observations indicated some improvement during mother-child interactions. Compared to the control group, IVM mothers exhibited more praise and positive affect, IVMC mothers displayed more positive affect (with no significant changes in commands or criticisms), and IVMC children were observed to be less deviant. There were relatively few differences on the outcome measures between the two treatment conditions, but IVMC children

were observed to be significantly less deviant than the children in the IVM group, suggesting that combined treatment was superior (Webster-Stratton, 1990a).

A follow-up assessment was conducted on 100 parents from all three conditions (including the waiting-list control group after they received treatment and the parents from the IVM group in Study 3) to determine maintenance of effects and characteristics of families who benefited from this approach to training. At the one-year follow-up, 39 percent of mothers, 43 percent of fathers and 41 percent of teachers continued to report children's behavior problems in the abnormal range. Single-parent status, depression, high negative life stress, and low SES status were significantly correlated with mother and teacher reports of child conduct

The self-administered program (IVM) should not be the sole treatment used with highly stressed families.

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problems as well as observations of child deviant behavior. These findings indicate that the self-administered program should not be the sole treatment used with highly stressed families (Webster-Stratton, 1992). Study 3 indicates the added advantage of the group support approach.



Study 5: The Incredible Years BASIC Parent Program (Selective Prevention Study)

A fifth study examined the effectiveness of the BASIC program as a selective prevention intervention with a sample of 426 Head Start mothers and their four-year-old children (53% boys).

Families generally faced multiple risk factors, including low income (85% receiving welfare), single-parent status (55%), mother depression (42%), and substance abuse problems (28%). Approximately 37 percent represented minority groups, including Asian, Hispanic and African American families. Seven Head Start centers were included in the study and were randomly assigned to two groups:

- An experimental group in which parents, teachers, and family service workers participated in the intervention (BASIC and some teacher training), in addition to receiving the regular center-based Head Start program (n=296)
- A control group in which parents, teachers, and family service workers participated in the regular center-based Head Start program (n=130)

In the first year, 3 Head Start centers were randomly assigned to the experimental group, while two centers were assigned to the control condition. In the second year, the original experimental group received an additional year of the intervention; the original two control group centers were assigned to the intervention group; and the remaining two centers were assigned to the control condition (and would receive the intervention in the third year).

Families in the experimental condition were invited by Head Start staff (family service workers) to participate in the intervention, which was similar to the BASIC program described in previous evaluations (although slightly abbreviated). Parents in the intervention group received nine, weekly, twohour group sessions led by trained facilitators who were family service workers employed by Head Start. In the second year of the study, four parents who had emerged as group facilitators in the first year were trained as co-facilitators. All Head Start family service workers (teachers and aids) assigned to the intervention group participated in a two-day workshop to familiarize them with the BASIC program so that their classroom management style would be consistent with the strategies parents were learning. The teacher workshop also included instruction on increasing parents'

involvement in the Head Start program and strengthening communication and interactions among teachers, family service workers, and parents. Those assigned to the control condition received the regular Head Start services, which included topics such as stress management, nutrition, and self-care.

Assessments were conducted at baseline, immediate post-treatment, and one year after the intervention and included parent reports of children's behavior problems and social competence (CBCL, ECBI) and of their discipline approaches, including harsh discipline, inconsistency, limit-setting, and positive reinforcement (according to the Daily Discipline Interview, DDI). Blinded home observations of parent-child interactions were also conducted, assessing positive parenting techniques (including praise and positive affect), critical statements, commands, and non-verbal affect (valence), as well as children's deviance/noncompliance, negative affect/valence, misbehavior, poor conduct, positive affect, and positive behaviors. Teachers reported on children's social competence and externalizing behavior (using the Teacher Report

Head Start centers
and schools are
ideal service delivery
settings because
they are
nonstigmatizing.

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Form, TRF); however, at the one-year follow-up, only a random sample was used (including teachers of 90 intervention and 46 control children). Parents and teachers both reported the frequency of parents' involvement in children's activities at school and their communication with teachers.

426 families (296 experimental and 130 control) completed baseline assessments, 394 families (264 intervention and 130 control) completed immediate post assessments, and 296 families (75 percent of those completing post assessment) completed assessments at the one-year follow-up (189 intervention and 107 control). At baseline, the two groups were not shown to differ significantly on any risk factors, except that the control group included more minority children (47 percent versus 32 percent). There continued to be no significant differences between the two groups in risk factors other than ethnicity at the one-year follow-up.

At post assessment, observer reports indicated that intervention mothers improved on all four parent behaviors during interactions with their children, as mothers made significantly fewer critical remarks and commands, used less harsh discipline, and were more nurturing, reinforcing, and competent compared

to mothers in the control group (who remained stable). Intervention mothers reported that their discipline strategies also improved, as they were more consistent, used fewer physical and verbally negative discipline techniques, and were more appropriate in their limit-setting techniques. In turn, the children of mothers in the intervention group exhibited significantly less misbehavior, noncompliance, deviance, and negative affect, and more positive affect, while the control children's behavior remained unchanged. Similarly, teachers reported that the intervention children showed increased social competence, while the control children remained stable. Although mothers did not report increased contact or satisfaction with their children's school, intervention teachers reported significant increases in parents' involvement and contact with school, whereas control teachers' reports remained stable.

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Intervention mothers showed significant improvements in positive parenting and discipline and their children showed fewer behavior problems compared to control families.

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One year later, when children were in kindergarten, improvements in the intervention mothers' parenting skills and in their children's affect and behavior were similar to those found at post assessment. Compared to their baseline scores, mothers' reports at one-year showed significant improvements in their discipline techniques, including decreases in harsh discipline style and inconsistency and increases in appropriate limit setting, versus no changes for the control group. Observers also noted significant differences between groups for all four mother behavior variables, with BASIC mothers demonstrating increases in positive affect, praise and physical positive behaviors; and decreases in negative affect and harsh or critical discipline styles. Control mothers showed no changes in these behaviors. Regarding child behavior, mother reports showed no change in ECBI or CBCL measures of child adjustment for either group at the one-year assessment, which was

also true at post intervention, but observer reports indicated that BASIC children improved on four of six behaviors, including increases in positive affect and positive behaviors, and decreases in negative affect and misbehavior, compared to no changes for control children. There were no differences between groups according to a small sub-sample of kindergarten teacher reports of children's behaviors (Webster-Stratton, 1998b).

At post assessment, a test of clinical significance indicated that 69 percent of the high-risk mothers in the BASIC intervention showed a 30 percent reduction in critical statements, compared to 52 percent of the control mothers. Also, 73 percent of children showed at least a 30 percent reduction in negative and noncompliant behaviors at home, compared to 55 percent of the control group. However, neither of these differences remained significant at the one-year follow-up (Webster-Stratton, 1998b).



Study 6: The Incredible Years BASIC Parent Program and ADVANCE (Indicated Intervention Study)

A sixth study examined the effects of adding the ADVANCE intervention component to the BASIC intervention and was created based upon evidence that family factors such as marital

distress and hostility, social isolation, and poor problem-solving skills are related to children's negative behaviors. The sample was comprised of 78 clinic-referred families (half of whom were self-referred and half professionally-referred) and their 3 to 8 year-old children (58 boys and 20 girls). The majority of parents were Caucasian and low- to middle-class. Families were included in the study if children met the DSM-IV criteria for Oppositional Defiant Disorder and/or Conduct Disorder. They were then randomly assigned to one of two conditions:

- BASIC training (n=39 mothers and 30 fathers)
- BASIC + ADVANCE training (n=37 mothers and 27 fathers)

All families received the BASIC training, which was the standard 12-week, two-hour program described previously. After BASIC ended, 38 families were randomly assigned to the ADVANCE training condition, in which parents received 14 weeks of two-hour group training sessions focused on improving communication skills (replacing destructive styles of communication with effective ones such as active listening and expressive speaking), personal self-control (i.e., coping with anger, stress and depression and substituting positive self-talk for depressive, blaming self-talk), and problem-solving (with spouses, family members or employers); ways of giving and receiving support; and fostering children's problem-solving skills.

Families were assessed at baseline, immediately following BASIC treatment, and immediately following the ADVANCE intervention. Assessments included parent reports of child adjustment (CBCL and ECBI), parent competency (using the PSI to measure parent depression, competence, isolation, spousal support, health and restricted role), anger/aggression and marital adjustment. Observers blind to the study rated parent-child interactions at home, assessing parents' praise, critical statements, and non-intrusive statements, and children's deviance (including whining, crying, physical negative behavior, yelling, and noncompliance). In addition, couples were videotaped in a laboratory discussing problems, and their interactions were coded by blinded observers completing the PS-I CARE assessment, rating problem-solving techniques, communication skills, and marital collaboration or engagement. Children were also assessed via a social problem-solving test. Baseline analyses revealed no significant differences between the two groups in demographic characteristics or child behavior problems.

When analyses were conducted after the ADVANCE program, child adjustment (according to the ECBI), social competence (using the CBCL), and deviance (according to observations) significantly improved for both treatment groups, compared to their baseline scores. Parent-child interactions also significantly improved for both treatment groups, with parents demonstrating fewer critical statements and more praise and reflective statements. In addition, both groups of parents reported decreases in distress and depression. There were some differences between groups at post assessment. Compared to the BASIC-only group, ADVANCE children showed significant increases in the total number of solutions generated during problem solving. Blinded observations of parents' marital interactions indicated significant improvements in ADVANCE parents' communication and problem solving skills, and collaboration, compared to parents who received only the BASIC program. However, there were no differences between ADVANCE and BASIC-only groups in parent reports of marital satisfaction, anger or stress levels; parent reports of children's behaviors (according to the CBCL and ECBI), or observations of child deviance (Webster-Stratton, 1994).

In terms of clinical improvement, all children were in the abnormal ECBI range at baseline, but 41 (53.2 percent) moved into the normal range and 36 (46.8 percent) remained abnormal after the ADVANCE training. Similar results were found for the CBCL. Whereas 49 mothers (64 percent) reported abnormal CBCL behavior problems at baseline, 26 (53.1 percent) showed a change into the normal range at follow-up.

Results also indicated that fathers' improvement in marital communication skills significantly reduced their number of criticisms in parent-child interactions, and fathers' improved marital satisfaction was related to children's improvements in social skills. These results indicate that improving families' personal distress and interpersonal issues can greatly affect both parents' and children's skills. In addition, the fact that only one family dropped out of the ADVANCE program attests to its perceived usefulness by families. Moreover, all the families attended more than two-thirds of the ADVANCE sessions, with the majority attending more than 90 percent of the program.

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Study 7: The Incredible Years BASIC Parent Program + ADVANCE + SCHOOL + TEACHER Training (Selective Prevention Study)

A seventh study examined the effectiveness of adding parent academic skills training (SCHOOL) and teacher training (TEACHER) components to the BASIC and ADVANCE programs. The addition of these components was based on feedback from parents indicating that they wanted more help in promoting their children's academic and social competence, and it was anticipated that a more comprehensive intervention would result in children's reduced conduct problems, greater academic readiness, and increased social competence at school as well as home. This study included a sample of 272 Head Start mothers, 272 fouryear old children (148 boys and 124 girls) and 61 teachers. As in Study 5, many of the families in this study faced multiple risk factors for child conduct problems, including low education, low income, parent substance abuse, depression, and spouse or child abuse. In addition, 63 percent of the families represented ethnic minority groups, including predominantly African American, Hispanic, and Asian American ethnicities. Fourteen Head Start centers (34 classrooms) were randomly assigned to two groups:

 A CONTROL condition in which parents, teachers, and family service workers participated in the regular center-based Head Start program (n=81)

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High risk Head Start
populations need
parent interventions
that bridge the
transitions to regular
public schools and
involve teachers.

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Parents were recruited into the experimental condition by Head Start family service workers and teachers during summer and fall orientation. The experimental condition included four components: the standard BASIC parent training program, an abbreviated version of the ADVANCE and academic skills training (SCHOOL) programs, and a teacher training program (TEACHER). The first three components were held for parents of children attending Head Start and consisted of 16 weeks of two-hour group training sessions led by Head Start family service workers. The twelve-week standard BASIC program was offered to parents in the Head Start year, and a four-week abbreviated version of ADVANCE and SCHOOL was offered in the kindergarten year. Whereas the ADVANCE component

targeted parent problem-solving skills and strengthening their relationships with partners, the SCHOOL program promoted parents' increased communication with teachers; techniques for encouraging children's reading, academic and problem-solving skills; arranging child "play dates;" and coaching positive peer play skills. The final component, the TEACHER training program, focused on improving teachers' classroom management and discipline skills, building relationships with students and parents, and helping instructors promote students' social and emotional competence. All Head Start teachers and aides in the intervention group received six, monthly workshops sequenced over the first year of the intervention. Those in the control centers received the usual Head Start services, which included parent education in stress management, nutrition, self-care, and dental care.

Assessments were conducted at baseline, post intervention, one year, and two years post intervention (through grade one). They included parent reports

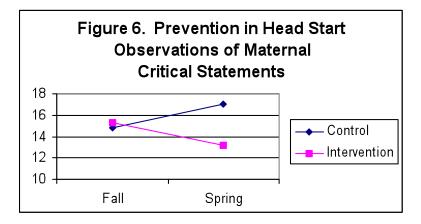
of children's behavior at home (using the CBCL and ECBI); teacher reports of children's conduct problems at school (using the Social Competence and Behavior Evaluation, SCBE, to measure social competence, emotional expression and adjustment difficulties; and the teacher ADHD checklist to assess the presence of attention deficit hyperactivity disorder); and blinded observations at home and at school (assessing children's noncompliance and deviance at home, and conduct problems and the amount of time engaged in activities at school). Construct scores combining observational and report data were calculated for negative (harsh discipline, critical parenting) and positive (monitoring, praise, consistent discipline, positive affect) parenting styles; parent-teacher bonding (primarily assessing increased communication between parents and teachers and parent involvement in school activities); child conduct problems at home (noncompliant, aggressive, and disruptive behaviors) and at school (including children's aggression, noncompliance, ADHD symptoms, engagement and social competence); and observer reports of teacher classroom management style (including teachers' positive techniques and harsh discipline, and classroom atmosphere). Analyses revealed several differences between groups at baseline, with the experimental group

reporting significantly more risk factors than control group members. Specifically, the intervention group contained fewer boys, more minority members, higher rates of mother depression and stressful life events, and lower annual incomes. Attrition analyses done at the one-year follow-up indicated no significant differences between groups in terms of demographic and baseline risk factors.

At post assessment, intervention mothers had significantly lower scores on the negative parenting construct and higher scores on the positive parenting construct compared to control mothers. Parent-teacher bonding was significantly higher for intervention mothers who attended six or more intervention sessions than for control mothers. In terms of children's behaviors, intervention children showed significant improvements on the conduct problems at school construct (including lower reports of hyperactivity and antisocial behaviors and more social competence),

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Children who were in the "highest risk" category at baseline showed greater clinically significant reductions in aggressive and noncompliant behaviors than high-risk children in the control group.



and children of mothers who attended six or more sessions showed significant improvement on the conduct problems at home construct, compared with control children. In addition, children who were in the "highest risk" category (based on observations of high rates of non-compliant and aggressive behavior) at baseline showed greater clinically significant reductions in aggressive and noncompliant behaviors than high-risk children in the control group. Teachers' behavior also improved, with instructors in the intervention group having significantly higher scores on the classroom management construct than control teachers.

When baseline scores were compared to the one-year follow-up measures, some intervention effects remained. Parents who attended more than six sessions continued to have lower scores on the negative parenting construct and higher scores on the positive parenting construct. Although children in the high-risk category maintained their clinically significant reductions in behavior problems, there were no longer significant improvements in children's conduct problems at home (although there was a trend in the expected direction). Parent-teacher bonding was significant at the one-year follow-up, but in the reverse direction, with intervention mothers showing less bonding with teachers than control mothers. Observer reports of teachers' classroom management and children's behavior at school were not available (Webster-Stratton et al., 2001a)

Effectiveness of the BASIC Program for Ethnic Minorities. Data from Studies Five and Seven (those using Head Start samples) were combined in order to compare the effectiveness of intervention according to ethnic group, with analyses differentiating between Caucasian, African American, Asian American and Hispanic participants. Results indicated that significant changes occurred regardless of the ethnicity of the family and all ethnic groups had high consumer satisfaction for the program. However, some differences emerged when scores on the consumer satisfaction survey were rank-ordered, with Caucasian mothers consistently rating the program somewhat more critically than the other three groups. In terms of attendance, Asian mothers had the highest rates and Caucasian parents attended significantly fewer sessions than Hispanic and African American parents (Reid et al., 2001).

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Significant changes occurred regardless of the ethnicity of the family. All ethnic groups had high consumer satisfaction.

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with Oppositional Defiant Disorder (ODD) and/or Conduct Disorder (CD) often reveal that improvements do not generalize from home to school, and that teacher reports do not always indicate marked reductions in children's behavioral problems at school. Based on this evidence, the Child Training (Dina Dinosaur curriculum) component of the Incredible Years program was developed, targeting children aged four to eight. This intervention identifies the child as the agent of change and combats child risk factors such as poor problem-solving, empathy, communication, and social skills; negative attributions; limited emotional language; loneliness; and peer rejection.

The Dina Dinosaur curriculum was evaluated in a randomized trial with 97 clinic-referred children (72 boys and 25 girls) ages four to seven. Families were primarily Caucasian (85%), 68% were two-parent, and the majority were low- to middle-income. Children were selected for inclusion based on meeting the DSM-IV criteria for ODD and/or CD. Children and their parents (95 mothers and 71 fathers) were randomly assigned to one of four groups:

- Child training only (Dina Dinosaur Curriculum) (n=27)
- Parent training only (BASIC + ADVANCE) (n=26)
- Combined parent and child training intervention (n=22)
- Waiting-list control group (n=22)

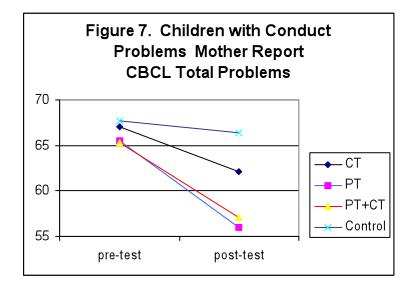
The Dina Dinosaur curriculum consisted of 18 weeks of two-hour sessions focusing on empathy training, problem-solving training, anger control, friendship skills, communication skills and overcoming difficulties at school. Children met in small groups (six children) which allowed participants to collaborate, share ideas, and develop bonds to each other. Parents and teachers were involved by helping with homework assignments and receiving regular letters outlining key concepts being taught and suggesting home or classroom reinforcement of particular behaviors.

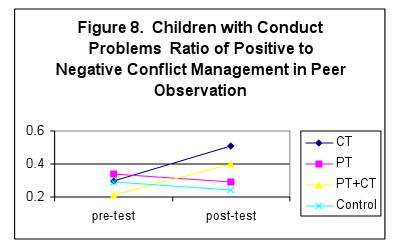
Those assigned to the parent training condition received the BASIC and ADVANCE programs, including 22 weekly sessions that reviewed the concepts described in the earlier evaluations. Parents in the combined intervention received the BASIC and ADVANCE programs while their children participated in the Dina Dinosaur curriculum. Families in the waiting list control condition were randomly assigned to one of the three intervention conditions after eight or nine months.

Families were assessed at baseline, two months after intervention and one year after treatment. Assessments included parent reports of children's negative and positive behaviors at home (CBCL, ECBI, PDR), teacher reports of child behavior at school (PBQ), and child problemsolving testing (PPS-I CARE). Blinded observations were also conducted, including observations of parent-child interactions at home (assessing parent commands and criticisms, praise, positive affect, and negative valence, as well as children's deviance, positive affect/warmth), laboratory observations of children playing with a friend (using the PPS-I CARE to note problem-solving and conflict resolution skills), and laboratory observations of parents discussing their child's behavior (assessing parent's problem-solving and collaboration skills on the PS-I CARE). There were no significant differences between groups in demographic or family background characteristics at baseline, nor in parents or teacher reports of child misbehavior.

At post treatment, all treatment groups improved on many of the parent and child behavioral variables, relative to the control group. More specifically, the treatment groups were superior to the control group according to parent reports of child adjustment (CBCL, ECBI), mother observations of children's positive and negative behaviors (according to the PDR), observations of children's conflict management skills during peer interactions, and parent stress. In contrast, there were no significant differences between treatment and control groups according to teacher reports of problem behavior or in observer reports of child deviance or positive affect displayed during parent-child interactions.

When the individual groups were compared to the control group and to each other, the child training program was found to have some unique beneficial effects on children's behavior. Children receiving the Dina Dinosaur curriculum only demonstrated significant improvements in observed conflict management skills when interacting with peers compared to those receiving parent training only, and those receiving child





training (either alone or with parent training) demonstrated better problem-solving skills than the parent training only group. Those receiving parent training (either alone or with child training) demonstrated significantly more positive parenting behaviors and parent collaboration compared to control families and those receiving child training only. For example, those receiving parent training only improved on all four observed mother behaviors (including commands/criticisms, positive affect, praise, and negative valence), while those in the combined condition improved on three of four behaviors and those in the child training only condition improved on only one variable. Similarly, fathers in the parent training only condition improved on 3 of 4 variables compared to the control group, while those in the combined and child training only conditions had no improvements. In addition, those receiving parent training only had better mother reports of children's problem behavior (according to the CBCL) and reduced stress compared to those receiving only child training. Finally, those receiving the combined parent and child training interventions demonstrated more mother praise compared to those in the control group and the child training only intervention.

Results obtained after one year demonstrate continued improvements in parent and child behaviors since post assessment, as well as the emergence of several additional significant findings. Comparing one-year measures to baseline scores, all three treatment groups had significantly fewer child behavior problems (CBCL, ECBI and PDR), better child problem-solving skills, less spanking, improved parent behavior during parent-child interactions (including fewer criticisms and commands, less negative valence, and more positive affect), and lower parenting stress levels. In addition, observers rated intervention children as demonstrating less deviance and more positive affect and physical warmth at home, compared to their baseline scores, a finding not found at post treatment. While teacher reports at the one-year follow-up show intervention children having increased behavior problems since the post assessment, those in the abnormal range of the ECBL at baseline demonstrated significantly improved behavior at the one-year follow-up, for all three treatment groups.

Overall, the combined parent and child training group appeared to have the most positive effects in the broadest array of behaviors. It was superior to the child training only intervention in improving parent behaviors in their interactions with children (particularly in mother praise and parent collaboration) and in reducing children's problem behaviors. In addition, it produced better results than the parent training only program in children's social problem-solving skills.

Moreover, analyses of clinically significant improvements (measured by a reduction in total child deviant behaviors at home) revealed that the combined parent and child intervention showed the most sustained effects in child behavior at the one-year follow-up. Children in the combined intervention group showed a 95 percent decrease in deviant behaviors since baseline, compared to reduction of 74 percent for those in the child only condition and 60 percent for those in the parent only condition (Webster-Stratton & Hammond, 1997).

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Overall, the combined parent and child training group appeared to have the most positive effects in the broadest array of behaviors.

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Study 9: Parent BASIC + ADVANCE + SCHOOL + TEACHER Training + CHILD Training Programs (Indicated Intervention)

This evaluation was conducted primarily to assess the effects of the Incredible Years Teacher Training curriculum on teachers' and youths' behaviors. The randomized trial included 133 clinic-referred families, the majority (85%) of whom were Caucasian. Families were admitted to the study if their children (ages four to eight) met the DSM-IV criteria for early onset Oppositional Defiant Disorder or Conduct Disorder. Families were randomly assigned to one of six groups:

- Parent training only (BASIC + ADVANCE) (n=23)
- Child training only (Dina Dinosaur Curriculum)
- Parent training, academic skills training, and teacher training (BASIC + ADVANCE + SCHOOL + TEACHER)
- Parent training, academic skills training, teacher training and child training (BASIC + ADVANCE + SCHOOL + TEACHER + CHILD) (n=22)
- Child training and teacher training (CHILD + TEACHER) (n=40)
- Waiting-list control group

The parent training only group received 22, two-hour weekly sessions covering the BASIC and ADVANCE components described previously. Those assigned to the child training only group received 18 weeks of the Dina Dinosaur curriculum described in Study 8. The third condition included the BASIC and ADVANCE program, as well as the academic skills (SCHOOL) and teacher training (TEACHER) programs similar to those discussed in Study 7. In this evaluation, however, the teacher program consisted of four full-day workshops offered monthly, and a minimum of two school consultations in which the parent and group facilitator met with the teacher to create an individual behavior plan for the targeted child. Periodic phone calls were made to teachers to support their efforts and to keep them apprised of the progress of the child at home. Families in the waiting list control condition were randomly assigned to parent training condition after eight or nine months.

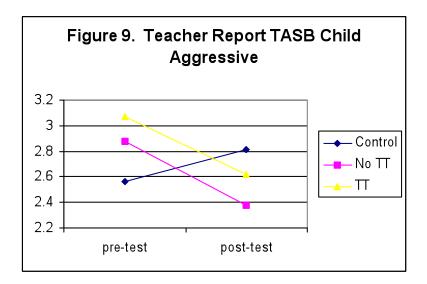
Families were assessed at baseline, two months after intervention was completed and one year and two years after post assessment. Assessments included parent reports of children's behavior (CBCL, ECBI, PDR), teacher reports of aggressive child behavior, blinded observations of parent-child interactions at home, child problem-solving testing, laboratory observations of children playing with a friend, and blinded school observations of teachers' and students' behaviors. Baseline analyses revealed no significant differences between groups.

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Combining parent academic skills training with training for teachers improves children's outcomes in the classroom.

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At the immediate posttest, results indicated that combining parent academic skills training with training for teachers improves children's outcomes by strengthening academic and social skills in the classroom, promoting more positive peer relationships, and reducing behavior problems at school and home. Classroom observations of teacher behavior favored those receiving training, with trained teachers less critical, harsh, and inconsistent, and more nurturing compared to control teachers. Classroom atmosphere was also consistently better for those receiving teacher training. In addition, results indicated that teacher training conditions had significant improvements in teacher reports of children's aggressive and prosocial behaviors (TASB), behavioral conduct (Harter), academic competence, and antisocial behavior (CABI). Intervention children were also observed to improve in measures of peer aggression during structured and unstructured situations, compared to control children (Webster-Stratton et al., 2004).





Study 10: Parent BASIC + ADVANCE + Child Dinosaur Training Programs (Indicated Intervention)

This evaluation was conducted primarily to assess the effects of the Incredible Years Parent Program and Child small group Dinosaur Training for children diagnosed with ADHD. The

randomized trial included 99 clinic-referred families whose children (ages four to six) met the DSM-IV criteria for Attention Deficit Hyperactivity Disorder. Families were randomly assigned to one of two groups:

- Parent training (BASIC + ADVANCE) plus Child Dinosaur training (n=49)
- Waiting-list control group (n=50)

The parent training group received 20, two-hour weekly sessions while their children received 20 weeks of the Dina Dinosaur curriculum described in Study 8.

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Both mothers
and fathers reported
treatment effects
for children's
externalizing,
hyperactivity, inattentive
and oppositional
behaviors, and
emotion regulation
and social competence.

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Families were assessed at baseline, two months after intervention was completed and one year after post assessment. Assessments included parent reports of children's behavior (CBCL, Conners, ECBI), teacher reports of aggressive child behavior (TRF), blinded observations of parent-child interactions in the laboratory, child problem-solving and feelings testing, and blinded school observations of students' behaviors in the classroom. Baseline analyses revealed no significant differences between groups.

Mothers reported significant treatment effects for appropriate and harsh discipline, use of physical punishment, and monitoring, whereas fathers reported no significant parenting changes. Independent observations revealed treatment effects for mothers' praise and coaching, mothers' critical statements, and child total deviant behaviors. Both mothers and fathers reported treatment effects for children's externalizing, hyperactivity, inattentive and oppositional behaviors, and emotion regulation

and social competence. There were also significant treatment effects for children's emotion vocabulary and problem-solving ability. At school teachers reported treatment effects for externalizing behaviors and peer observations indicated improvements in treated children's social competence (Webster-Stratton, Reid, et al., 2011).



Study 11: Child Dinosaur Classroom Program (Selective Prevention)

This evaluation was conducted primarily to assess the effects of the Incredible Years Teacher Classroom Management plus the Child Social and Emotional Curriculum (Dinosaur School)

for economically disadvantaged populations. Head Start, kindergarten and first grade teachers were selected because of their high rates of families living in poverty. Matched pairs of schools were randomly assigned to the intervention or control conditions. In the intervention classrooms teachers offered the curriculum in biweekly lessons throughout the year. They sent home weekly dinosaur homework to encourage parents' involvement.

- Teacher training plus Child Dinosaur classroom training (CR)
- Control group

Children and teachers were observed in the classroom by blinded observers at the beginning and the end of the school year. Results reported from multi-level models of 153 teachers and 1,768 studentes indicated that teachers used more positive classroom management strategies and their students showed more social competence, emotional self-regulation, school readiness skills and reduced conduct problems. Intervention teachers showed more positive involvement with parents than control teachers. Satisfaction of the program was very high regardless of the grade levels (Webster-Stratton et al., 2008).



Study 12: Parent Program (Indicated Prevention)

This evaluation (Reid et al., 2007) was conducted primarily to assess the effects of the Incredible Years Parent Program for elementary children. As described in Study 11 pairs of culturally diverse and disadvantaged schools were randomly assigned to the

intervention or control conditions. All children received the 2-year classroom intervention beginning in kindergarten. In addition, indicated children were randomly assigned to receive the parent training plus teacher classroom training or only the teacher classroom training.

- BASIC parent plus teacher CR Training (n=89) (parent +CR)
- Classroom-Only (n=66) (CR)
- Control classrooms (n=97)

Mothers in the combined condition reported that following parent intervention, children showed fewer externalizing problems and more emotion regulation than children in the teacher only training or control condition. Blinded home observations showed that mother-child bonding was stronger in the combined condition than in the control condition and intervention mothers were significantly more supportive and less critical than classroom only condition or control condition. Teachers reported mothers in the parent condition were significantly more involved in school and their children had fewer externalizing problems than in the control condition.



Study 13: Improving Therapist Fidelity **During EBP Implementation**

This randomized, controlled trial compared two models for implementing the IY parent selective intervention program for high risk children. Community-based mental health ser-

vice organizations in California delivering the program under a Standard Implementation Model (SIM) received all the program materials (manuals, IY DVDs, and parent handouts) and participated in a one-time accredited 3-day training, which is consistent with many continuing education training models. The Enhanced Implementation Model (EIM) included all elements of SIM plus ongoing technical support, video review of therapy sessions and consultation for therapists and agency supervisors from accredited IY trainers. Comparisons were made between the SIM and EIM conditions in regard to fidelity of program delivery which was measured by independent observations of group sessions, group leader session protocol checklists, and parent satisfaction forms.

Overall fidelity across both conditions was above average for both groups in 7 of the 8 domains measured. Thereapists in the EIM condition were significantly stronger in 4 of the 7 domains measured: practical support, collaboration, knowledge, and skill at leading vignettes. Results indicated that consultation and supervision beyond the standard 3-day training does enhance therapist skills and adherence to the EBP model. Further analyses is currently being conducted to evaluate how program delivery fidelity affects intervention outcomes (Webster-Stratton, Reid, Hurlburt, & Marsenich, in submission).

Summary Regarding Evaluations of The Incredible Years Programs

As the results indicate, the Incredible Years Series appears highly effective in reducing child conduct problems by promoting children's social competence, reducing parents' violent or harsh methods of discipline, and improving teachers' child management skills. Moreover, the Incredible Years many components have been successfully implemented with both clinic children referred for conduct problems and young children at high-risk for developing conduct problems. For the former, the program has been able to stop the cycle of aggression leading to delinquency, drug abuse and involvement with the criminal justice system for approximately two-thirds of the treated families (Webster-Stratton, Rinaldi, et al., 2011a). In addition, it has enhanced protective factors such as positive parenting, effective classroom management strategies used by teachers and strengthening children's social competence for the high-risk socioeconomically disadvantaged children ages 3-8 years and their families.

A number of studies have been conducted to evaluate the moderators and mediators of the parent programs (Beauchaine et al., 2005) (Reid et al., 2004) and for the small group child program (Webster-Stratton et al., 2001b) as well as the effects of the program with populations of different ethnic backgrounds (Reid et al., 2001).

Independent Replications

The BASIC parent program has been replicated by at least 4 independent investigators in mental health clinics and doctors' offices with families of children diagnosed with conduct problems (Drugli & Larsson, 2006; Lavigne et al., 2008; Scott et al., 2001; Spaccarelli et al., 1992; Taylor et al., 1998) as well as by 4 independent investigators with indicated populations (children with symptoms) and high risk populations (families in poverty) (Gardner et al., 2006; Gross et al., 2003; Hutchings, Gardner, et al., 2007; Miller Brotman et al., 2003; Scott et al., 2010) and with foster parents (Linares et al., 2006). These replications were "effectiveness" trials done in applied mental health settings, not a university research clinic, and the therapists were typical therapists at the centers. Five of the above replications were conducted in the United States, two in United Kingdom, and one in Norway. This illustrates the transportability of the BASIC parenting program to other cultures.

The teacher program has been replicated by 5 independent investigators in Wales, US, and Jamaica with preschool children (Baker-Henningham et al., 2009; Hutchings, Daley, et al., 2007; Raver et al., 2008; Shernoff & Kratochwill, 2007; Williford & Shelton, 2008). Currently 3 studies are underway by independent investigators evaluating the effectiveness of this training with primary grade teachers (kindergarten through grade 2). There have been no replications with teachers regarding diagnosed children.

The child small group treatment program has been replicated in Norway in conjunction with the parent BASIC program (Larsson et al., 2009).

See Table on the next page for summary of studies with Incredible Years programs.

FUTURE ADAPTATIONS AND RESEARCH

Connecting Incredible Years (IY) to Other Prevention Initiatives:

Incredible Years can be integrated with other universal prevention programs. Most notably, school-wide PBS has been implemented in over 7,000 schools across the U.S. and has been shown to reduce population incidence of behavior problems (Bradshaw, Koth, Bevans, Ialongo, & Leaf, 2008). The effect of school-wide PBS may be enhanced by broadening its scope. First, although PBS attends to the multiple subsystems within schools, more structured supports may be needed at the classroom and student levels (i.e., school-wide PBS does not include a specific teacher or child training curriculum). Given that IY and PBS share very similar theoretical groundings, the IY Teacher Classroom Management and Classroom Dina programs may provide an ideal complement to the PBS model. Second, PBS was developed to promote positive school climates and does not have a systematic method for supporting parents and families. Offering the IY Parent programs within PBS schools holds promise for promoting consistent environments across home and school settings.

Using existing service structures: Many public schools now house family resource centers to support school-parent connections. These centers have developed with the growing recognition of the importance of family support to ensure student learning and reduce behavior problems at school. These centers may provide an optimal home for the IY series both in terms of personnel and space. One model that has been supported by research is the Adolescents in Transitions Program. Staff devoted to these centers would be logical choice for IY group leader training. These centers offer universal services (information and brochures). The IY DVD series and books would be a perfect complement to the library of these centers giving all families access to these resources. The families of children showing early signs of emotional or behavior problems (self-referred or referred by school staff) receive a Family Checkup (see (Dishion & Kavanagh, 2003)an intensive evaluation of child and family strengths and symptoms followed by personalized feedback delivered using motivational interviewing strategies. The Family Checkup meeting culminates with a menu of options for pursuing

Summary of Treatment Results for Studies Evaluating the Incredible Years Programs			
Study Information			
Program Evaluated	Number of Studies ¹	Investigator: Developer or Replication	Program Independent Population: Prevention or Treatment
Parent	8	Developer	Treatment
Parent	4	Developer	Prevention
Child	3	Developer	Treatment
Child	1	Developer	Prevention
Teacher	1	Developer	Treatment
Teacher	2	Developer	Prevention
Parent	6	Replication	Treatment
Parent	6	Replication	Prevention
Child	1	Replication	Treatment
Child	1	Replication	Prevention
Teacher	3	Replication	Prevention
Outcomes			
Variable Measured		Effect Size ²	
(Observation and Report)		Cohen's d	Most Effective Program
Positive Parenting Increased		d=.4651	Parent
Harsh Parenting Decreased		d=.7481	Parent
Child Home Behav	rior		
Problems Decreased		d=.4167	Parent
Child Social Competence		d=.6979	Child
School Readiness and Engagement		d=82-2.87	Child and Teacher
Child School Behavior Problems		d=.71-1.23	Child and Teacher
Parent-School Bonding		d=.57	Teacher
Teacher Positive Management		d=1.24	Teacher
Teacher Critical Teaching		d=.32-1.37	Teacher

- 1. All studies used randomized control group design and are cited in the reference list.
- 2. Effect sizes include both treatment and prevention studies conducted by the program developer. The range of effect sizes represents the range for a particular outcome across all studies that included that outcome measure. The information to calculate effect sizes for independent replications was not available.

additional supports and services to address any identified problem areas. Depending on the specific problems and goals, any or all of the Parent, Child, and Teacher IY programs could be on the menu of options for parents to select their preferred intervention.

Population Studies: All of the research with IY has been for selective and indicated prevention populations and diagnosed children. There is a need for population-level trials that evaluate the effectiveness of universal interventions (see pyramid) on a large scale to parents of children 0-6 years and for teachers or day providers of this age group. Recently a doctoral student in Norway has completed a universal study comprised of the first 6 sessions of the BASIC program. The results are very promising (Reedtz, 2010). We hypothesize that universal prevention such as this will mean that fewer children develop behavior symptoms or antisocial behavior and more children will be school ready and therefore have higher academic success.

IY and Other Symptoms and Disorders: Given its focus on promoting child competencies and providing supportive and structured environments, the IY series has proven to be helpful in addressing other common child symptoms beyond conduct problems. Emerging evidence suggests that the IY Parent program may also help reduce ADHD (Hartman et al., 2003; Webster-Stratton, Reid, & Beauchaine, 2011) and depressive symptoms (Webster-Stratton & Herman, 2008). IY is also routinely administered to families with high needs including those who have been court-referred for services, who have children with developmental delays, and who have foster children with severe behavior problems. Although additional outcome studies are needed to confirm the benefits for these specific populations, available evidence and the program's guiding theory suggest these are very appropriate applications of the program. These recent extensions of understanding how IY Parent programs impact a range of child symptoms and problems suggest that future evaluations of all IY programs should consider these collateral benefits. A number of papers are provided on the web site for how to make adaptations of the program to address specific needs of particular populations or children's development needs while maintaining program fidelity (Webster-Stratton, 1998a, 2007, 2009; Webster-Stratton & Reid, 2008a, 2010a).

CONCLUSION

Agency and school personnel charged with improving the well-being of children and families now have several options for delivering best practices in their work that are grounded in an extensive knowledge base. At the same time, it has become clear over the past decade that successful implementation of evidence-based programs, including the Incredible Years series, requires a serious sustained commitment of personnel and resources. We have learned much about the necessary ingredients for successful transporting efficacious practices like Incredible Years into real world settings. Most importantly, we have learned that Incredible Years can be disseminated with high fidelity and sustained over time. Some of the critical factors include selecting optimal group leaders or teachers to deliver the program; providing them with quality training workshops coupled with ongoing supportive mentoring and consultation, peer and administrative support; facilitative supports; and ongoing program evaluation and monitoring of program dissemination fidelity. Although it may be tempting for convenience sake to ignore the growing dissemination literature, doing so almost certainly will result in ineffective and unsustainable programming. Given that there are time and costs involved in delivering even ineffective programs, a much wiser choice would be to invest in resources known to sustain high quality evidence-based practices. Only then can we be sure our time and efforts have not been wasted.

Some Sample Studies

Please refer to the Incredible Years web site library for the continually updated research with these programs. Many of the articles can be downloaded from the web site for review. Here are a few sample studies.

Parent Program—Replication Treatment Studies

Taylor, T. K., Schmidt, F., Pepler, D., & Hodgins, H. (1998). A comparison of eclectic treatment with Webster-Stratton's Parents and Children Series in a children's mental health center: A randomized controlled trial. Behavior Therapy, 29, 221-240.

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

- Scott, M. J., & Stradling, S. G. (1997). Evaluation of a group program for parents of problem children. Behavioral Psychotherapy, 15, 224-239.
- 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.
- 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.
- Drugli, M.B., Larsson, B., Fossum, S., and Mörch, W-T. (2010). Fiveto Six-Year Outcome and its Prediction for Children with ODD/CD Treated with Parent Training. Journal of Child Psychology and Psychiatry. 15 (5), 559-566.
- 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, 1123-1132.

Parent Program—Replication Prevention Studies

- Miller Brotman, L., Klein, R. G., Kamboukos, D., Brown, E. J., Coard, S., & L., S.-S. (2003). Preventive intervention for urban, low-income preschoolers at familial risk for conduct problems: A randomized pilot study. Journal of Child Psychology and Psychiatry, 32(2), 246-257.
- Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., W., J., & Grady, J. (2003). Parent training with families of toddlers in day care in low-income urban communities. Journal of Consulting and Clinical Psychology, 71(2), 261-278.
- Brotman, L. M., Grouley, K. K., Chesir-Teran, D., Dennis, T., Klein, R. G., & Shrout, P. (2005). Prevention for preschoolers at high risk for conduct problems: Immediate outcomes on parenting practices and child social competence. Journal of Clinical Child and Adolescent Pyschology 34, 724-734.
- 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.

- Hutchings, J., Gardner, F., Bywater, T., Daley, D., Whitaker, C., Jones, K., et al. (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.
- Lavigne, J. V., LeBailly, S. A., Gouze, K. R., Cicchetti, C., Pochyly, J., Arend, R., et al. (2008). Treating Oppositional Defiant Disorder in primary care: A comparison of three models. Journal of Pediatric Psychology, 33(5), 449-461.
- Hutchings, J., Bywater, T., Williams, M. E., Shakespeare, M. K., & Whitaker, C. (in press). Evidence for the extended School Age Incredible Years parent program with parents of high-risk 8 to 13-year olds. Child and Adolescent Mental Health.
- Ogg, J. A., & Carlson, J. S. (2009). The self-administered Incredible Years parent training program: Perceived effectiveness, acceptability and integrity with children exhibiting symptoms of Attention-Deficit/Hyperactivity Disorder. Journal of Evidence- Based Practices for Schools, 10(2), 143-161.
- Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C., et al. (2009). Randomised controlled trial of parent groups for child antisocial behavior targeting multiple risk factors: the SPOKES project. The Journal of Child Psychology and Psychiatry.
- Reedtz, C. (2010). Promoting positive parenting practices in primary care: Outcomes in a randomized controlled risk reduction trial. Unpublished Dissertation for Doctor Philosophiae, University of Tromso, Tromso.
- Scott, S., O'Connor, T. G., Futh, A., Matias, C., Price, J., & Doolan, M. (2010). Impact of a parenting program in a high-risk, multi-ethnic community: The PALS trial. Journal of Child Psychology and Psychiatry.

Teacher Program—Replication Prevention Studies

- Carlson, J. S., Tiret, H. B., Bender, S. L., & Benson, L. (2011). The influence of group training in the Incredible Years teacher classroom management program on preschool teachers' classroom management strategies. Journal of Applied School Psychology, 27(2), 134-154.
- Hutchings, J., Daley, D., Jones, E. E., Martin, P., Bywater, T., & Gwyn, R. (2007). Early results from developing and researching the Webster-Stratton Incredible Years Teacher Classroom Management Training Program in North West Wales. Journal of Children's Services, 2(3), 15-26.

- Raver, C. C., Jones, S. M., Li-Grining, C. P., Metzger, M., Champion, K. M., & Sardin, L. (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. Early Childhood Research Quarterly, 23, 10-26.
- Shernoff, E. S., & Kratochwill, T. R. (2007). Transporting an evidence-based classrooom management program for preschoolers with disruptive behavior problems to a school: An analysis of implementation, outcomes, and contextual variables. School Psychology Quarterly, 22, 449-472.
- Baker-Henningham, H., Walker, S., Powell, C., & Meeks Gardner, J. (2009). A pilot study of the Incredible Years Teacher Training program and a curricullum unit on social and emotional skills in community pre-schools in Jamaica. Child: Care Health and Development.
- Williford, A. P., & Shelton, T. L. (2008). Using mental health consultation to decrease disruptive behaviors in preschoolers: adapting an empirically-supported intervention. Journal of Child Psychology and Psychiatry, 49(2), 191-200.

Child Program—Studies

- Barrera, M., Biglan, A., Taylor, T. K., Gunn, B., Smolkowski, K., Black, C., et al. (2002). Early elementary school intervention to reduce conduct problems: A randomized trial with Hispanic and non-Hispanic children. Prevention Science, 3(2), 83-94.
- 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.

CHAPTER





PROGRAM REPLICATION

Description of Program Replications

The Incredible Years Parent, Teacher, and Child Series has been replicated by different agencies and individuals. In this section some experiences of the independent agencies which have used this program with trained facilitators are described. These accounts reveal some of the implementation issues and barriers to implementing the programs and some of the changes that were made to the program.

In particular, the following report includes written contributions by Ted Taylor, Oregon Research Institute, who implemented the parent treatment program in a Children's Mental Health Setting in Canada, Judy Hutchings, University of Wales, and Willy-Tore Mørch and Siri Gammelsaeter in Norway who has implemented the parent, teacher and child prevention programs throughout Wales and Norway.

Please see www.incredibleyears.com/IA/implementation_exmples.asp on the web site for samples of different agencies using the programs in different countries.

Replication in a Childrens' Mental Health Center in Canada The Lakehead Regional Family Center Incredible Years Project

Ted K. Taylor PhD and Fred Schmidt

Background

In 1993, the Lakehead Regional Family Center (LRFC) began offering the Incredible Years parenting program as part of its regular services. The Lakehead Regional Family Center is the Children's Mental Health Center for Thunder Bay, Ontario, Canada, serving a population base of a little over 120,000. The agency has an annual caseload of over 1,500 children and families per year.

Dr. Ted Taylor introduced the idea of offering the program at the Center, based on the extensive research available at that time supporting its efficacy. Dr. Taylor attended a one-day training workshop with Dr. Webster-Stratton in June of 1993, and led the first three groups offered at the Center that fall with three other clinicians, one of whom was Dr. Fred Schmidt, a longer serving psychologist at the Center. Dr. Schmidt was very supportive in advocating for the use of the Incredible Years program as a central piece of the Center's treatment services. These clinicians, along with several others, participated in a weekly "peer learning group" to discuss how each of the groups were going and to read and discuss various chapters by Dr. Webster-Stratton on the clinical process of leading the groups. That same winter the peer learning group was expanded as five additional groups were offered. Each of these groups had at least one leader who had led the program at least once previously. The peer group continued to meet regularly to offer support related to running the groups.

The agency showed clear administrative support for this initiative in the early stages of this process, and this was critical. The process of introducing a new service into an agency is a delicate one, and challenges will naturally emerge (Webster-Stratton & Taylor, 1998). Administrators showed support for what became known as the "Webster-Stratton Project" by authorizing such things as childcare and rides for parent groups offered in the evenings, and ultimately arranging for an evening receptionist to make it easier to offer services in the evening. The agency also paid for Dr. Webster-Stratton to review and offer clinical feedback on several videotapes of leaders conducting their early groups. This support, along with

consistent support by some well-established clinicians in the Center, was key to ensuring that the program succeeded in the way that it did.

In the spring of 1994 the agency received notice that a grant written by Dr. Taylor & Dr. Schmidt to evaluate the Incredible Years program in a randomized controlled trial had been funded. This funding, combined with supplemental financial support from LRFC, allowed five clinicians to attend a three-day training workshop in Seattle, as well as an additional consultation day with Dr. Webster-Stratton. Although the clinicians had all led the program by this point, they found the training immensely helpful. Being already familiar with the content of the program, the clinicians were able to attend much more heavily to the therapeutic process modeled by Dr. Webster-Stratton in the training workshop. There was general agreement among the therapists that ideally therapists would attend a workshop before leading groups, receive feedback of videotape sessions, participate in a peer learning group, and attend a supplemental workshop after leading one or more groups. The Incredible Years program continues to be offered, several years after the completion of the study, and after Dr. Taylor, the original initiator, had left the agency. Much of this success is due to the continued leadership and efforts of Dr. Schmidt and the other clinicians who were the early adopters of the program.

Lessons Learned and Recommendations

We believe that our success in implementing the Incredible Years program with fidelity was assisted by our regular communications and assistance with Dr. Webster-Stratton. We would support the following recommendations:

- Develop a collaborative working relationship between clinicians/ providers and administrators to deal with implementation problems as they arise.
- Look for and encourage an individual(s) within the organization who can oversee and "champion" the use of the program.
- Begin with a small group of interested and committed clinicians/ providers and slowly incorporate the new program into the organizational service structure.
- Ensure all staff receive proper training in the intervention.
- Help clinicians understand their role as change agents.
- Implement the entire intervention without compromise.

- Provide ongoing supervision, education, and peer support to clinicians/providers throughout the program.
- Provide organizational support and internal administrative advocates.
- Involve an external agent for consultation and support.
- Pair new providers with experienced providers as the intervention expands.
- Evaluate the outcomes of the program (attendance, drop-out rates, pre-post change) and compare to the outcomes achieved when the program was originally validated.

Lessons Learned in Recruiting Families into the Program

One important issue which must receive attention is the recruitment of families into the groups. It was our experience that we were most successful in recruiting and retaining families into the program if families had an opportunity to meet personally with one of the group leaders prior to the group to learn more about it and to establish a relationship with one of the individuals leading. Additionally experience suggested that this was particularly successful if they were referred to the group early on in the process of receiving assistance at the Mental Health Center. If families had already worked for a number of sessions with a therapist individually, they were typically much more reluctant to commit to attending a parenting group led by someone else. Therapists or other referral agents who were successful in persuading families to meet with one of the group leaders to learn more about the group were usually individuals who were familiar with the program and who presented it to families as a genuinely valuable service that they really believed would be helpful for the family. Thus, our two strongest recommendations related to recruiting families are.

- 1. Ensure that referral sources (other therapists, principals of schools etc.) are familiar with the details of the program, can answer a variety of questions about it, and present it to families in an enthusiastic manner.
- 2. Parents have an opportunity to meet with at least one group leader prior to the group, to ensure they understand how the group will run and what will be expected of them as participants, and to begin the process of developing a relationship with one of the group leaders.

Change Process

Some of the biggest lessons learned from this replication relate to the organizational challenges of bringing a new service into an agency. Simply put, we underestimated the impact that bringing a new service into the agency would have on the staff. While many staff were highly supportive of the new program, there was some significant resistance by others. Parent groups typically have to be offered in the evenings, and this is not always popular, especially if therapists have been used to usually having daytime appointments. Additionally, change is an inherently challenging process, and requires patience on the part of the innovators of a new program. Bringing change too quickly to an organization can amplify these challenges. Clear and consistent support from administration, offered in a number of ways, was necessary to overcome these obstacles.

Additionally, the parenting program draws heavily on social learning theory, teaching parents strategies such as praise, rewards, and time-out. Many of the popular press philosophies actively oppose these approaches, claiming (without evidence) that they are harmful to children. Some of the most widely disseminated parenting programs, including Parent Effectiveness Training, Systematic Training for Effective Parenting, and Active Parenting all oppose, to varying degrees, some of the strategies taught in the Incredible Years program. Therapists who have led these programs in the past may welcome the change in philosophy, or may be resistant to it. An agency that ignores these issues in introducing the program is certain to have problems arise as a result. Perhaps two of the most critical steps to ensuring this change process is a positive one are creating an environment that values empirically supported practices and clinical excellence, and ensuring that administrators understand their role in showing support for a new initiative. Below are recommendations we have put together as a result of this process.

Policies that Promote Empirically Supported Practices

- Educate staff in the importance of empirically supported practices, and how to identify them. Develop a culture within the organization that strives for and values clinical excellence.
- Create a list of empirically supported practices relevant to your agency, and make that list widely available.
- Put together a small steering committee that will oversee the implementation of empirically supported programs.

- Keep everyone in the system informed of the empirically supported practices that are being implemented in the system.
- Build in recognition for staff who become trained in, certified in, and implement empirically supported practices.
- Collect and place an emphasis on outcomes. (If all you emphasize is how many clients come through the door, that is all you will get.)
- Prioritize training money.
- Prioritize and prepare for the adoption phase of a new intervention.

The Role of Administrators in the Adoption Process

- 1. Plan that the adoption phase of a new intervention is a "special time."
 - Allocate special money for training that doesn't compete with regular training options.
 - Allow for a slow adoption phase.
 - Carefully select staff who will be enthusiastic, flexible, and open to supervision.
 - Allow staff extra time due to the initial learning curve.
 - Reinforce managers for paying extra attention to and supporting early adopters.
 - Allow usual policies and procedures to be modified during the pilot phase to support the program (e.g. If the agency isn't usually open at nights, but the new program must be offered then, pay a support staff to keep the building open to allow clients in.).
 - Pay for consulting with someone familiar with the intervention.
 - Pay lots of attention to the adoption and the adopters and maintain an "all or none" attitude during implementation.
- 2. Address constructively the problems that naturally arise in adopting a new program.
 - Let people know the appropriate channels for expressing suggestions or feedback related to the new service. Let them know you expect some challenges, that this is natural, and not the fault of early adopters. This could be done through a working group consisting of both administrators and front-line staff who can take a leadership role in jointly dealing with issues that arise.
 - Deal pro-actively with differing theoretical orientations presented by staff and by those who want to deviate from the usual protocol in the implementation process.

- Listen and respond to legitimate challenges/concerns that are aired appropriately and publicly. Input and the ability to influence the process to some degree is key to allowing people to feel ownership of change.
- Be willing to make accommodations that recognize the extra work or hardship involved in offering the new service (e.g., allow staff several options for dealing with extra evening work involved in a new project, such as saving up to take several days off in a row.)
- Let people know that criticizing the approach or early adopters outside of these channels will not be tolerated during the pilot phase. Backbiting and gossip drain early adopters enthusiasm and cause others to hold back support, and serve no useful purpose. Monitor and enforce this.
- If early adopters are too enthusiastic, or are building resentment by bringing change too quickly, privately guide them to slow down to gain support from others. Reassure them that you greatly value their work and initiative, especially if others become vocal in their objections.
- Show regular, public support for the new intervention. If it is clear that administration is supportive of and values those who take risks by trying something new, they will be more willing to do so, and to support others who do.

The Role of Clinicians/Providers in the Adoption Process

- Allocate ample time to learn the theoretical and clinical basis to full and skilled implementation. The learning process cannot be rushed or hurried.
- Initially co-lead with someone who is skilled and experienced in the program.
- Allow one or two staff to take a leadership role in the implementation process and to network with other experts in the field. Participate in a peer learning group where issues about the use of the program can occur and new staff can come "on board" within a safe and supportive environment.
- Be open and receptive to feedback from colleagues. Strive for clinical excellence and quality, not just quantity.
- Make full use of an external consultant on adapting the program for your clientele and organizational structure.

- Be accountable for outcomes and support evaluation of treatment effectiveness.
- Build in community linkages and support.
- Find ways to maintain enthusiasm and emotional energy for continued intervention.
- Deal with adoption difficulties in a constructive, positive, and problem-solving manner.
- Keep lines of communication open with administrators and colleagues.

Evaluation

In the fall of 1994 the agency began the randomized controlled trial evaluation of the program in which 46 families received the Incredible Years groups, 46 received usual care, and 18 served as a wait-list control for four months. This study is written up in greater detail in an article by Taylor, Schmidt, Pepler & Hodgins, 1998.

The majority of families who sought help for difficulties managing their child's behavior were open to receiving the Incredible Years parenting groups as their initial (and often only) service. Two-thirds of the appropriate families agreed to participate in the study, when declining to participate meant automatically receiving but waiting for the usual services at the Center. The experience at LRFC suggests that if families are only offered the opportunity to participate in a parent group after they have established a relationship with a therapist, fewer will choose to attend if the group is being led by someone else. The most opportune time to ask families to participate in a group is when they are first seeking help.

The majority of parents reported significant improvements in their child's behavior after attending the Incredible Years parenting group. The groups appeared to be somewhat more effective than the usual eclectic service in which the family worked individually with an experienced therapist. Parents were highly satisfied with the Incredible Years groups. Satisfaction rates for the parenting groups were extremely high, significantly higher than the satisfaction rates for working one-on-one with a therapist. Some children and families continued to experience difficulties after the completion of the groups, and may need continued assistance.

DEVELOPING THE INCREDIBLE YEARS PROGRAMS IN WALES Professor Judy Hutchings and Dr. Tracey Bywater, Bangor University

Our beginnings with the parent program

Initial training for staff in Wales to deliver the IY Basic parent program for parents of children aged 3-6 years was organized by the first author in 2000 and program delivery started in one Child and Adolescent Mental Health Service in the same year. The programme rapidly spread to local community based early intervention Sure Start services, with leaders reporting success for parents and the desire to continue delivering the program. A peer support group was formed at the outset to trouble shoot, share experiences and look at each other's videotapes. Early on we also undertook a survey to see what problems leaders were having, such as insufficient time and lack of resources, and results were fed back to service managers.

By 2003, unlike the Sure Start projects across England where services were given funds but left to decide what to deliver (Belsky, Barnes, & Melhuish, 2007), eleven Sure Start services in North Wales were all delivering the IY BASIC parent program. This created a research opportunity and funding was obtained for a randomized controlled trial (RCT) evaluation of the program's effectiveness with identified high-risk three- and fouryear-olds. All IY fidelity components were incorporated into the trial; accredited training, weekly supervision of videotaped sessions, completion of weekly checklists, the provision of materials for leaders and parents, lunches, transportation and child-care. Short- and longer-term outcomes (Bywater et al., 2009; Hutchings, Gardner, et al., 2007) were impressive for the entire sample, replicating those achieved by the program developer, including similarly high retention rates. Good outcomes were also achieved for the children with the most disadvantaged, typically hard-to-engage, families and clear evidence that change in parenting behavior mediated changed child behavior (Gardner, Hutchings, & Bywater, 2010). Other outcomes included significant improvements in parental stress and depression levels and in the behavior of the sibling nearest in age to the index child, suggesting generalization of skills learned to other family members. In a study of a sub-sample of children at risk of ADHD, independent improvements were found in child hyperactivity and inattentivity (Jones, Daley, Hutchings, Bywater, & Eames, 2007, 2008). A further study of the

session video-recordings demonstrated that levels of leader praise and reflective behaviors predicted change in the same behaviors in intervention families (Eames et al., 2010).

The success of the Welsh Sure Start study had an important impact on service development in Wales. The research outcomes were monitored by the Welsh Assembly Government (WAG) and, as a result, funding to develop the parent programs in Wales was incorporated into their Parenting Action Plan for Wales (Department for Training and Education, 2005). This provided training places for staff from the 22 counties across Wales to enable delivery of the IY parent program. Services had to commit to delivering the program and to providing adequate resources for it to be delivered with fidelity. All 22 counties accessed the training and have since delivered the parent program.

In the meantime the research has continued. The IY Toddler parent program has been researched with parents of one- and two-year-olds, in an RCT in nine Flying Start communities across Wales (Griffith, 2010; Hutchings, Griffith, Bywater, Gridley & Whitaker, in preparation) and with nursery staff (Bywater, Hutchings, Gridley, & Jones, submitted). The IY BASIC parent program has also been evaluated with Welsh foster carers (Bywater et al., 2010) and we have recently recruited services from across Wales into ongoing research trials of the parents and babies and school readiness parent programs.

From parent to child and teacher programs

By 2002 we started to deliver and evaluate the child and teacher programs and our pilot trials were achieving good outcomes (Hutchings, Bywater, Daley, & Lane, 2007; Hutchings, Bywater, Eames, & Martin, 2008; Hutchings, Daley, et al., 2007; Hutchings, Lane, Owen, & Gwyn, 2004). An RCT of the teacher program showed extremely positive outcomes in terms of changes in both teacher (Hutchings, Martin, Daley, Williams, Jones, Eames & Whitaker, in prep) and that together with a pilot of small group Dina (Hutchings, Bywater, Gridley, Whitaker, Griffiths & Martin, in press) led to funding for a large scale RCT of the therapeutic Dino school program. As these results filtered through, and because the IY philosophy matched WAGs developing discovery-based Foundation Phase early years education approach, further government funding incorporated support for

the child and teacher programs with training and resources. WAG funding is now in its fifth year and continues to support training across Wales in the parent, child and teacher programs.

We now have a firm evidence base with ongoing Wales-wide research evaluating the programs. The IY parent and teacher program books have been translated into Welsh and our annual conferences and newsletter, that disseminate good practice and research findings, are also partly funded by WAG. Our IY Centre in Wales has developed a workshop to help managers to understand fidelity issues and undertaken two Wales-wide surveys to provide feedback to managers on the needs of program leaders. Over a tenyear period, from delivering the first IY parent programs in 2000, we have succeeded in researching and disseminating all of the programs in the IY Series across Wales.

Outcome measures

In all of our research studies, unlike the efficacy trials, where funding was provided for both the delivery and the evaluation of the programs, our work has been undertaken entirely with program delivery by local health, social care and the voluntary sector staff and evaluation by the independent Bangor University based research team. Our assessment tools are drawn from multiple sources and are of public health benefit, including reductions in observed and reported child behavior problems, child developmental measures, parent and teacher behavior and parental mental health measures. Data has been collected by observers blind to allocation condition with inter-rater-reliability undertaken on 20% of observations. Our findings are consistent with those of the program developer. We have published data on exposure showing high levels of engagement and retention and described our strategy for ensuring integrity of intervention through supervision and leader accreditation (Hutchings, Bywater, & Daley, 2007; Hutchings, Bywater, Eames & Martin, 2008). Service delivery costs for the BASIC parent program have been independently collected by the Centre for Economics of Health, Bangor and the results published (Edwards, O'Ceilleachair, Bywater, Hughes, & Hutchings, 2007), and costs of the IY Toddler Parent program have also been collected. Our research has made a significant contribution to the evidence base showing the effectiveness of the IY programs delivered in real world service settings.

The challenges in taking the IY program to scale across Wales

The development of the program across Wales has been a bottom up process, starting, in 2000, with the co-ordination of the first leader training and subsequent co-ordinated peer supervision among the early implementers to support delivery with fidelity. A survey of those leaders showed that they had great enthusiasm for the program but difficulty in being appropriately resourced. The establishment of Sure Start across Wales in 2001 provided opportunities for work with local services, building on existing strong relationships established over the first author's previous 25+ years of work in the area which included a joint appointment between the National Health Service and Bangor University. This type of contract considerably facilitated the high quality evaluation and effective dissemination that we have been able to achieve.

Common barriers to effective large-scale dissemination include people that are resistant to change and/or believe, without evidence, that what they do is effective, that manualised programs undervalue clinical skills and judgments and that programs do not address cultural differences. A further barrier is the belief that when evidence-based programs fail it is because they don't work whereas typically it is because they do not have the resources, sufficiently skilled or trained staff or the time to deliver them effectively. Our bottom up development in Wales, accompanied by rigorous research and attention to fidelity has successfully overcome many of these barriers. Our small rural communities are very different from those of the population of Seattle but there are common problems and we have successfully demonstrated that the IY programs work just as well here. Our motto is "If it doesn't work you are doing it wrong!"

Many of the recognised challenges of going to scale in Wales were reduced as a result of the small-scale bottom up development leading to the larger RCT of the Sure Start implementation across North Wales. This fed into the emerging Welsh Assembly Government (WAG) strategy "the Parenting Action Plan for Wales" (2005). The research outcomes, recognised as being of international significance, meant that the lessons learned about fidelity in setting up and supervising the Sure Start trial (Hutchings et al., 2007a) were taken on board in the discussions with WAG[p3].

Building in effective training and supervision

The WAG contract, offered to the 22 Authorities in Wales, included that they agreed, in return for free training, to ensure that their staff were fully

resourced with time to deliver the program and for supervision and that they would provide all additional resources such as crèche facilities, suitable venues, etc. However authority resource provision is difficult to monitor and although by 2008 all 22 Authorities were delivering the parent program agreed implementation process needed to be assessed. In 2008, WAG funded a survey of service managers and group leaders to assess effectiveness of delivery. The resulting evidence from group leaders, documenting ongoing challenges in terms, particularly, of sufficient time to deliver the program well, was disseminated to WAG and to service managers.

Despite the successes to date there are many challenges ahead not least the potential funding restrictions arising from the present severe cuts in Government funding. Early intervention requires sustained support from politicians but the key long-term goals, such as reductions in adolescent criminality, and health and social service use fall outside the political time frame of elected governments.

Our long-term IY dissemination goal is that each of the 22 Authorities in Wales will establish in-house training and delivery supervision. To date, there are 20 program leaders that are either accredited or have completed part of the accreditation process. Six authorities have trained accredited group leaders to be peer coaches and provide in-house supervision. Three have in-house mentors providing leader training. So in the ten years since the initial IY parent program leader training in Wales we have had some significant successes to report but also face ongoing challenges in effective dissemination. We have benefitted from being a small country as this has made access to political decision makers easier and also from having undertaken rigorous research at a time when there was growing understanding at Government level of the importance of outcomes as opposed to outputs. Our dissemination activity has been successful, with many published research and discussion articles (www. incredibleyearswales.co.uk).

The maintenance of a research team within Bangor University has ensured that a culture of evaluation has been disseminated across Wales with ten authorities having partnered with us in one or more of our RCTs of the IY programs. Information on service evaluation is part of both basic leader training and manager workshops and the growing expectation on the part of Government for evidence of outcomes is supporting this. The Society for Prevention Research guidelines (SPR, 2004) and the NICE guidance (NICE, 2006) on how to overcome barriers together provide useful information on how to achieve this important goal. In Wales the collaboration between service providers and researchers has considerably aided the process of establishing the IY programs in regular service settings with fidelity.

Final comments

We are celebrating the fact that from small beginnings in one CAMHS service ten years ago the IY parent program is now being delivered across Wales, 148 groups in 2008 (Hutchings, 2008) with continuing WAG funding to support leaders to deliver the program well and achieve accreditation. There is still a long way to go to ensure that all of the Welsh families that need help get effective evidence based services that achieve the outcomes shown in both efficacy and effectiveness trials of the IY programs but, with the support of WAG, we have made a great start on this in Wales.

INCREDIBLE YEARS IN NORWAY 1999-2011 Willy-Tore Mørch and Siri Gammelsaeter

The Incredible Years training series was introduced in Norway in 1999. In a search for efficient intervention programs for children and adolescents with behavioral problems, the Ministry of Children and Family Affairs invited the Norwegian research council to propose alternative evidence-based interventions for this group. A group of experts delivered a report in 1998 proposing different programs with a strong research base. The IY training series was one of the proposed evidence-based programs chosen in Norway for improving the quality of the treatment for children ages 3-8 years with behavioral problems.

Research in Norway

The Norwegian implementation of the IY training programs includes a randomized clinical control trial assessing the effect of IY Basic parenting and IY small group child treatment program for children diagnosed with Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) offered by the University of Science and Technology in Trondheim and the University of Tromsø. A randomized control trial assessing the effect of a shortened version of the IY Basic Parent program as an universal prevention program was conducted in 2008 (Reedtz, 2010). At the present time, an ongoing randomized control study assessing the effect of the IY teacher training program in Norwegian schools and kindergartens is being conducted and is planned to finish in 2013.

A nationwide dissemination of the IY training programs, organised by an implementation group at the University of Tromsø was initiated, based on the results from the Norwegian clinical trial. The effects of the clinical trial (Larsson et al 2008) were comparable to the results from the research conducted by the program developer (Webster-Stratton & Hammond, 1997) and independent research groups (Scott, Spender, Doolan, Jacobs & Aspland, 2001; Taylor, Schmidt, Pepler & Hodgins, 1998). A five- to six-year follow up study, published in 2010, confirms the results from the clinical trial showing that two thirds of the children do not meet the criteria for the diagnosis ODD and CD (Drugli et al 2009). A decision regarding a nationwide dissemination of the IY teacher program will be made when the results of the ongoing study are completed.

The IY work, both research and dissemination, has been funded by the Norwegian Ministry of Health, in an effort to support the development and use of evidence-based methods in the treatment of conduct problems in children.

Program Dissemination Plan

The work with the dissemination of the IY programs in Norway is based on the knowledge of the importance of the core elements in implementing evidence-based programs with fidelity, and has been done in cooperation with the program developer Professor Carolyn Webster-Stratton.

A comprehensive infrastructure to support the dissemination of IY has been built up during the last eight years. An important part of successful implementation involves the coaching, mentoring and supervision of the group leaders. In order to train and support group leaders, mentors have been trained and accreditated in all of the IY programs. In addition, IY Norway has just started the training of peer coaches. The peer coaches will play an important part in the training and support of new group leaders in the years to come so that they can deliver the program with fidelity and will become accredited.

The implementation group at The University of Tromsø plans and organises the dissemination, in collaboration with the IY mentors.

Selecting Agencies for Training

The agencies who want to implement the IY programs go through an application process to ensure that they are ready to implement the program with high fidelity. A slightly modified version of the IY Agency Readiness Questionnaire (ARQ) is used for this purpose. To be included into the implementation program the agency must pass an examination of the allocated resources described in the ARQ before receiving the training. When the agency is ready to start delivering the program, they are offered the training workshops, the IY equipment (manuals, puppets etc) and supervision free of charge. Regular supervision and consultation are offered to both new and accredited group leaders. As a part of the contract between the IY implementation group and the agencies, the group leaders are expected to work towards accreditation as group leaders. Supervision attendance is required if the agency or group leaders want to continue to be a part of the IY implementation in Norway.

To date more than 90 agencies have implemented one or more of the IY Parent, Teacher or Child programs. More than 1200 people have been trained in one of the programs in the past eleven years and of these, 143 are now accredited.

Evaluation and Assuring Ongoing Quality

The implementation group at the University of Tromsø conducts an annual survey by Quest back, to monitor the group leaders fidelity to the program (dosage, components delivered, therapy process etc), and the number of families exposed to the program during the previous year.

Implementing an evidence-based program with fidelity is a demanding process. Maintenance of group leader competence and program fidelity demands an ongoing monitoring of the agencies delivering the program. The most common threats of fidelity are cuts in resources to deliver the program from the agencies, reduction of intervention dosage, selection of wrong target groups and sudden changes in the agencies' priorities.

Norway has done a thorough job in planning and setting up the premises to participate in the dissemination program including agency readiness preparation, written contracts between the IY and the agencies, ongoing supervision and monitoring of the delivery. Even though Norway has many skilled group leaders, who deliver the program with good skills and adherance to the program protocols and methods, threats of fidelity are disclosed regularly. Such disclosures activate reactions from the implementation

team including renegotiations of the contract, reminders of contract contents, help to prioritize activities or other consultation to the agencies concerning IY program delivery. So far, reactions to fidelity threats have been successfully solved in collaboration between the IY Norwegian staff and agency leaders.

> A MODEL EVIDENCE-BASED AGENCY **DEVELOPING INCREDIBLE YEARS IN MANCHESTER:** THE CHILDREN AND PARENTS SERVICE (CAPS) Dr. Caroline White, Head of CAPS Early Intervention, Consultant Clinical Psychologist

The Setting and Agency

The city of Manchester is the seventh most deprived district in England, with 30 of its 32 electoral wards in the 10% most deprived wards in the country. With a resident population of approximately 450,000, and 6.5% (29,250) under 5 year olds, it is clear there are many young children in Manchester living in poor and stressful environments. The Manchester Children And Parents Service (CAPS) is a multi-agency, pre-school, early intervention service which aims to deliver effective, evidence based interventions to pre-school children and their families to improve child outcomes. At the heart of service delivery is the Incredible Years parent programme (IY), delivered by a range of highly trained and skilled, multiagency workers.

The Start Up Phase

CAPS was established in 1998 as a CAMHS-led (Child and Adolescent Mental Health Service) multi-agency partnership with Manchester Local Authority and Family Action (previously Family Service Unit and Family Welfare Association), a voluntary sector family support agency. This followed a successful bid for NHS Modernisation Fund monies to target pre-school children and their families most at risk of developing clinically significant behaviour problems later on. Initially two teams consisting of one clinical psychologist (one of which is the author) and one family support worker each were trained in the Incredible Years parent programme and delivered a rolling programme of IY parent courses throughout the

city in children's centres and nurseries. The clinical psychologists also provided community based pre-school psychology clinics and training to tier one professionals.

The establishment of the service was based on the success of an initial pilot previously carried out in Little Hulton, a highly disadvantaged area in Salford, where Incredible Years courses had been delivered successfully (by the author) in community settings with impressive results. The lessons learnt from this pilot were i) the necessity for crèche provision for parents whilst attending courses, ii) the importance of evaluation using standardised measures and iii) the strategic benefits of having a multi-agency steering group to be held accountable to. This data and strategic infrastructure provided the crucial initial, local evidence to convince key partners that the CAPS bid was likely to be both effective and successfully implemented.

Within the first year it became clear that the assertive outreach approach, adopted by the CAPS team, was critical in engaging hard to reach families and the role of the family support worker was essential in achieving good uptake to courses and successful retention of parents. Whilst referrals were accepted, the CAPS model encouraged self-referrals in order to be accessible and less stigmatising. The introduction of an 'application form' rather than a 'referral form' was part of this process and proved to be effective, with approximately 80% of all applications coming directly from parents. To this day, referrers are encouraged to complete application forms with parents, to include the parent's signature, rather than to write a referral. In this way parents become more engaged in the process of accessing the service from the outset and uptake rates are high.

In addition, leaflets and posters were distributed in all community settings and the family support workers used children's centres and nurseries to recruit parents by talking to them when they left or collected their children and hosting coffee mornings. Also, regular liaison, consultation and training by the clinical psychologists to all tier one workers ensured that awareness of the IY parent course was high and that a thorough knowledge base of the programme was shared.

Approximately two-thirds of all parents assessed fell routinely in clinical ranges for depression (using the Beck Depression Inventory) and twothirds of their pre-school children were in clinical ranges for problem behaviour (using the Eyberg Child Behaviour Inventory). This highlighted the high rates of previously unmet need and the importance of early identification and intervention for behaviour problems.

Meeting the Escalating Demand

Whilst CAPS was successful at targeting the most vulnerable families and demonstrated effective outcomes for both parents and their children, it quickly became clear that demand greatly outweighed the resource available. With the introduction of local Sure Start programmes, from 1999, the additional resource enabled the service to expand over the next few years. In 2001 the initial 3 year funding became permanent due to the success of the service. By 2005, in Manchester, there were 11 local Sure Start programmes investing in CAPS to deliver additional IY courses, clinics and training locally, on a needs-led basis. A further, larger Sure Start investment expanded CAPS in 2006 to provide a comprehensive, city-wide, pre-school early intervention service.

Commitment to High Quality Delivery

Commissioners were keen to invest in a service that delivered effective, evidence based interventions with fidelity. Throughout the expansion it was imperative to ensure high quality delivery and that standards were maintained. All too often good interventions are diluted by the pressure from commissioners and managers to deliver services cheaper, faster and shorter to more people. This inevitably results in a waste of resource as front line workers are left trying to balance the demands of patients and managers eventually delivering weakened, ineffective interventions, to too many families.

The adherence to IY treatment protocols, accredited training and videotape supervision were therefore paramount to CAPS' continued success and effectiveness. The investment in good working relationships with key partners, strategic leads and senior managers was critical in ensuring their understanding and commitment to these standards. In addition, commissioners also needed to understand the additional resource implications for this and the importance of them. The head of CAPS (author) therefore worked hard to maintain these links, through face-to-face meetings, regular report writing and through representation on local authority steering groups and boards. In recent years, their representation has been invited onto strategic, decision making boards both

locally (e.g. local authority Parent Board, Think Family Board) and nationally (e.g. Parenting Early Intervention Pathfinder, National Academy for Parenting Practitioners).

Another key element to the maintenance of this adherence to treatment fidelity was the head's own continuing professional development as first an accredited IY group leader, then an accredited IY mentor who was able to offer authorized workshops within the agency and finally an IY trainer for any area. Following the initial IY accredited training and first groups in 1997, videotape supervision was sought from the programme developer, Prof Carolyn Webster-Stratton, and becoming an accredited IY parent group leader was achieved in 1999. After further training and supervision the head of CAPS became an IY accredited mentor (2000), enabling the service to deliver their own accredited workshops and supervision to the team. This was very important in terms of the large expansion that took place with the additional Sure Start funding and ensured that staff were trained to the highest standards and received regular video supervision. As head of service it also meant that staff were released to attend ongoing supervision and its importance was understood throughout the team and key partner agencies. In 2001, the head became an accredited IY trainer.

Developing Partnerships and Expanding Services

A separate development in 2003 used Children's Fund monies to establish a multi-agency, training resource team within the same partnership. Following the success of CAPS, commissioners wanted to expand the service to deliver IY parent groups to parents of 5-8 year olds, in community settings. The team was established with existing CAPS team members who were therefore already experienced and accredited IY parent group leaders. The funds also allowed the team to support the development of another team member becoming an IY mentor. The team was commissioned to train any worker in Manchester to deliver IY parent groups providing that agency or organisation were committed to delivering the courses. One of the team would co-deliver the agencies first group with them and they were supported to attend regular videotape supervision.

The CAPS worker would also work very closely with the head teacher or manager of the agency, outlining the commitments required and the importance of treatment fidelity. Written contracts were utilised to clarify

each partner's role and expectations. Over time a certificate scheme was also developed to reward those agencies and schools who delivered effective parent groups consistently and whose staff attended videotape supervision. These elements were considered very important in establishing long term commitment and effective parent group delivery to the model.

Many schools were very keen to access the training and deliver parent groups and to date over 700 staff have been trained in Manchester. Not all those trained were intended to run groups. Many places were given to staff to ensure an understanding of the IY principles, to ensure consistency across settings; and some senior managers and commissioners were also trained for strategic reasons. It was very important that they had a thorough understanding of the commitment required and the resources needed to support their staff in delivery.

Developing a Supportive Infrastructure

It became clear very quickly that the IY mentor and trainer could not provide supervision on this scale to all those trained. It was also not feasible to train yet more mentors and further workshops were not needed. In response to this the trainer and mentor worked in collaboration with the programme developer to create a new level of accreditation as an IY peer coach. These were experienced, accredited group leaders who had further training to provide videotape feedback to new group leaders. This was achievable and impacted greatly on raising the quality of the new agencies' delivery. The establishment of accredited trainer, mentor, peer coaches and group leaders was crucial in developing the roll out of the IY programme and provided the necessary infrastructure to support effective parent groups, delivered with fidelity.

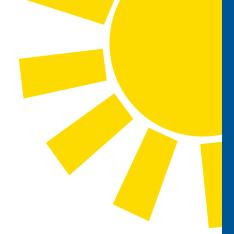
The combination of internal structures for training and videotape supervision, a commitment to accreditation and the constant monitoring and evaluation of all groups was essential in the continued success of CAPS. In addition, the long term investment in relationships with key partners, senior managers and commissioners was vital for the necessary external systems to support the implementation. Annual reports were published each year to highlight outputs and outcomes and this allowed everyone to understand the impact of the service on the children and families in Manchester. See example of report on IY web site.

www.incredibleyears.com/IA/CAPS_annual-report.pdf

In recent years further grants have been received and existing funds continued. The addition of Extended Schools funds, Parenting Early Intervention Pathfinder (PEIP) monies and currently the Early Intervention Grants have ensured the continued delivery and development of CAPS. These have enabled the provision of IY School-aged Programme (8-12 years) and most recently IY Baby and Toddler Programmes (0-3 years) and the School Readiness Programme. In the current financial climate, Manchester has seen 2000 job losses and 45 million pounds (26%) cuts from the local authority's children's services, and the de-commissioning of their Early Years provision. Budgets are tight and commissioners have difficult decisions to make regarding which services to cut and which to maintain. CAPS has survived a turbulent 12 months in this respect and the evidence would suggest the reasons for this are the service's commitment to delivering evidence based interventions with fidelity, the establishment of supportive internal and external infrastructures, the continued commitment to accredited training and supervision and the consistent monitoring and evaluation of outcomes. Hopefully, this will also provide the bedrock for a successful future.

APPENDIX





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Building Children's Social and Emotional Competence



The Incredible Years® Parents, Teachers and Children's Series are evidence-based programs evaluated in numerous randomized control group studies by the developer and other independent researchers to prevent and treat behavior problems in young children. This series was selected as a Blueprints for Violence Prevention program in 2001 because it was shown to reduce risk factors for violence and crime. Additionally the

programs have been shown to promote protective factors such as positive parenting and teaching focused on strengthening children's social and emotional competence and school readiness.

This book is an update of the 2001 Blueprints Book Eleven and provides a synthesis of 30 years of research as well as detailed descriptions of each the programs which were updated in 2008. In addition, information about disseminating the programs in ways that assure program fidelity delivery and help agencies and schools develop stable infrastructures is described. Links to other documents and forms on the web site are included.



Dr. Carolyn Webster-Stratton is a licensed clinical psychologist, nurse practitioner, and Professor Emeritus at the University of Washington. She is the recipient of the prestigious National Mental Health Research Scientist Award and developer of the Incredible Years Parents, Teachers and Children's Series. These are three interlocking, evidence-based training programs designed to promote children's social, emotional and academic competence and to prevent and reduce behavior problems in children.



