Name of Program/Strategy: Incredible Years

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1. Overview and description

Incredible Years is a set of comprehensive, multifaceted, and developmentally based curricula targeting 2- to 12-year-old children and their parents and teachers. The parent, child, and teacher training interventions that compose Incredible Years are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. The three program components are designed to work jointly to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children.

The parent training intervention focuses on strengthening parenting competencies and fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The Dinosaur child training curriculum aims to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem- solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom. The teacher training intervention focuses on strengthening teachers' classroom management strategies, promoting children's pro-social behavior and school readiness, and reducing children's classroom aggression and noncooperation with peers and teachers. The intervention also helps teachers work with parents to support their school involvement and promote consistency between home and school. In all three training interventions,

trained facilitators use videotaped scenes to structure the content and stimulate group discussions and problem solving.

2. Implementation considerations (if available)

3. Descriptive Information

Areas of Interest	Mental health promotion
	Mental health treatment
Outcomes	1: Positive and nurturing parenting
	2: Harsh, coercive, and negative parenting
	3: Child behavior problems
	4: Child positive behaviors, social competence, and school readiness skills
	5: Parent bonding and involvement with teacher and school
	6: Teacher classroom management skills
Outcome Categories	Education
	Family/relationships
	Mental health
Ages	0-5 (Early childhood)
	6-12 (Childhood)
	26-55 (Adult)
Genders	Male
	Female
Races/Ethnicities	American Indian or Alaska Native
	Asian
	Black or African American
	Hispanic or Latino
	White
	Race/ethnicity unspecified
Settings	Outpatient
	Home
	School
	Other community settings
Geographic Locations	Urban
Implementation History	Since 1987, Incredible Years has been used in hundreds of sites in at least 18 States (Arkansas, California, Colorado, Delaware,

	Florida, Kansas, Kentucky, Maine, Massachusetts, Minnesota, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, and Washington).
	The program has also been implemented in Australia, Canada, Denmark, England, Finland, Germany, Ireland, the Netherlands, New Zealand, Norway, Portugal, Russia, Scotland, Sweden, and Wales. Incredible Years research staff has trained more than 20,000 professionals worldwide. Research articles for both U.S. and non-U.S. evaluation studies are available at http://www.incredibleyears.com/ResearchEval/studies.asp. For examples of agencies using Incredible Years, see http://www.incredibleyears.com/IA/implementation_exmples.asp.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
Adaptations	Incredible Years program materials (e.g., manuals, videos, and parent books) have been translated into Chinese, Danish, Dutch, French, Norwegian, Portuguese, Russian, Spanish, and Swedish.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Selective Indicated

4. Outcomes

Outcome 1: Positive and nurturing parenting

Description of Measures	Positive and nurturing parenting was assessed using the following: Independent observations in the home by trained coders of supportive parenting (e.g., praise, encouragement), positive effect, modeled positive behavior, and problem solving (Dyadic Parent-Child Interactive Coding System Revised and Coder Impressions Inventory)
	Parent reports of positive parenting style (e.g., verbal encouragement, praise and reinforcement, use of incentives and privileges) and monitoring and supervision (Parenting Practices Inventory), as well as the frequency of parent activities with the child (Parent Involvement Questionnaire)
Key Findings	Parents in treatment groups that received the parent training

	alone or in combination with the child and/or teacher training showed a significant increase in positive and nurturing parenting relative to parents in comparison groups (p < .001 to p < .05). The comparison groups received the child training and/or teaching training only or were exposed to control conditions (wait list, regular Head Start, or regular school curriculum and services).
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 6
Study Designs	Experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

Outcome 2: Harsh, coercive, and negative parenting

Description of Measures	Harsh, coercive, and negative parenting was assessed using the following: • Independent observations in the home by trained coders of negative/critical parenting (e.g., parental commands and criticisms, negative physical intrusions), other coercive parenting (e.g., lack of acceptance, condemnation and disregard for the child, sarcasm, anger, unreasonable requests), and lax/permissive parenting (e.g., being tentative or overly permissive, having little parental control) (Dyadic Parent-Child Interactive Coding System Revised and Coder Impressions Inventory) • Parent reports of harsh or inappropriate parenting and inconsistent discipline, including verbal and physical aggression (Parenting Practices Inventory), and ratio of critical verbal discipline, including yelling, fighting, threatening physical punishment, or rejecting the child, to positive discipline (Daily Discipline Inventory)
Key Findings	Parents in treatment groups that received the parent training alone or in combination with the child and/or teacher training showed a significant reduction in harsh, coercive, and negative parenting relative to parents in comparison groups (p < .001 to p < .05). The comparison groups received the child training and/or teaching training only or were exposed to control conditions (wait list, regular Head Start, or regular school curriculum and services).
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 6
Study Designs	Experimental

Quality of Research Rating	3.7 (0.0-4.0 scale)
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Outcome 3: Child behavior problems

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Description of Measures	Child behavior problems were assessed using the following:
	Independent observations in the home by trained coders of child deviance and noncompliance (Dyadic Parent-Child Interactive Coding System Revised) and other poor conduct (Coder Impressions Inventory)
	 Independent observation at school or with peers by trained coders of negative behaviors in class, including aggressive, disruptive, and inappropriate behaviors with teachers and peers (Multiple Option Observation of Child Behaviors at School and Dyadic Peer Interaction Scale), and child's ability to problem solve (Wally Child Social Problem-Solving Detective Game)
	 Parent reports of the frequency of child behavior problems (Eyberg Child Behavior Inventory), externalizing and internalizing child behaviors (Child Behavior Checklist), stress resulting from child characteristics (Parenting Stress Index), and negative behaviors commonly exhibited by children that parents perceive as problematic (Parent Daily Report)
	Teacher reports of the child's poor behavioral conduct (Behar Preschool Behavior Problems and Perceived Competence Scale for Young Children); social acceptance, aggressiveness, shyness- withdrawal, and disruptive behaviors (Teacher Assessment of School Behavior); externalizing behaviors (Social Competence and Behavior Evaluation, Preschool Edition); and negative behaviors, including fighting, breaking rules, harming others, and refusing to accept authority (School Health Profile)
Key Findings	Children in treatment groups that received parent training, child training, and/or teacher training showed a significant reduction in behavior problems at home or at school compared with controls (p < .001 to p < .05). Control conditions included wait list, regular Head Start, or regular school curriculum and services.
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 5, Study 6
Study Designs	Experimental, Quasi-experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

Outcome 4: Child positive behaviors, social competence, and school readiness skills

Description of Measures	Child positive behaviors, social competence, and school readiness skills were assessed using the following:
	 Independent observations in the home by trained coders of the child's positive affect and warmth, including smiles, affectionate touch, and positive talk (Dyadic Parent-Child Interactive Coding System Revised), and child's affectionate or pro-social behaviors (Coder Impression Inventory) Independent observations at school or with peers by trained coders of the percentage of time the child was engaged or involved in classroom activities during unstructured time (Multiple Option Observation of Child Behaviors at School); positive communication with peers, such as sharing positive experiences, verbalizing a friendship, and agreeing with a friend (Dyadic Peer Interaction Scale); and ability to problem solve (Wally Child Social Problem-Solving Detective Game
	 and Child Social Problem-Solving TestRevised) Parent reports of child adjustment (Child Behavior Checklist); pro-social behaviors (Parent Daily Report); and other behaviors, such as demonstrating a desire to resolve peer problems and an understanding of others and emotion regulation (Social Competence ScaleParent)
	 Teacher reports of the child's social competence, emotion regulation, and expression (Social Competence and Behavior Evaluation); other pro-social and school readiness behaviors, such as being friendly, staying on task, completing assignments, and being self-reliant (Social Health Profile); and positive behaviors, such as making friends easily and having a lot of friends (Teacher Assessment of School Behavior)
Key Findings	Children in treatment groups that received parent training, child training, and/or teacher training showed a significant increase in positive behaviors at home or at school compared with controls (p < .001 to p < .05). Control conditions included wait list, regular Head Start, or regular school curriculum and services. When the treatment groups were compared, child training alone or in combination with parent or teacher training had greater effects than parent training only, teacher training only, or parent and teacher training combined.
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 5, Study 6

Study Designs	Experimental, Quasi-experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

Outcome 5: Parent bonding and involvement with teacher and school

Description of Measures	Parent bonding and involvement with teacher and school were assessed using the following:
	Independent observations in the home by trained coders of the child bonding with the parent, such as the child being verbally and physically affectionate with the parent, enjoying the parent, and being attached to the parent (Coder Impression Inventory)
	 Parent reports of the frequency of their involvement with the child (e.g., eating together, reading and discussing a book together) and their bonding/satisfaction with the teacher and school (e.g., feeling connected with teachers, welcome in the classroom, able to offer suggestions) (Parent Involvement Questionnaire)
	Teacher reports of their bonding with parents (e.g., calling parents, writing them notes, inviting them to school) and parent involvement with school or teacher (e.g., calling the teacher, attending school meetings, volunteering in the classroom) (Teacher Involvement Questionnaire)
Key Findings	The combination of parent and teacher training resulted in significantly higher levels of parent-child bonding and parent involvement with the teacher and school compared with child training only and control conditions (regular Head Start or regular school curriculum and services) (p < .01 to p < .02).
Studies Measuring Outcome	Study 3, Study 6
Study Designs	Experimental
Quality of Research Rating	3.6 (0.0-4.0 scale)

Outcome 6: Positive and nurturing parenting

Description of Measures	Teacher classroom management skills were assessed using independent observations by trained coders who evaluated the following:
	General classroom factors (e.g., overall disruptive behavior, student responsiveness to rules) and teacher's responsiveness to student needs and support for student

	effort (Classroom Atmosphere Measure)
	Children's interactions with teachers and peers, including teacher's praise and encouragement and use of critical statements (Multiple Option Observation of Child Behaviors at School)
	Teacher behavior and teacher-child interactions in the classroom, including teacher's use of harsh techniques (e.g., threatening, using criticism, inducing guilt), teacher's use of nurturing techniques (e.g., paying attention when child talked, encouraging child to try something new), and percentage of time teacher was inappropriate (Teacher Coder Impression Inventory)
Key Findings	Four of the treatment conditions studied(1) child training alone, (2) parent and teacher training, (3) child and teacher training, and (4) parent, child, and teacher trainingresulted in significantly better teacher management in the classroom compared with control conditions (wait list or regular Head Start) (p < .001 to p < .01). The parent training only condition showed no significant effects relative to control conditions.
Studies Measuring Outcome	Study 3, Study 4
Study Designs	Experimental
Quality of Research Rating	3.7 (0.0-4.0 scale)

5. Cost effectiveness report (Washington State Institute of Public Policy – if available)

Benefits minus cost, per participant Source:

Return on Investment: Evidence-Based Options to Improve Statewide Outcomes - July 2011 Update. Washington State Institute for Public Policy, http://www.wsipp.wa.gov/rptfiles/11-07-1201.pdf.

Benefits and Costs of Prevention and Early Intervention Programs for Youth – 2004 update. Washington State Institute for Public Policy, http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901.

Costs and Benefits of Prevention and Early Intervention Programs for At-Risk Youth:

According to the WSIPP study, this program strategy returns

\$13,466 per individual

in savings that would otherwise be associated with education, substance abuse, teen pregnancy, child abuse and neglect, or criminal justice system.

Interim Report – 2003. Washington State Institute	
for Public Policy,	
http://www.wsipp.wa.gov/pub.asp?docid=03-12-	
<u>3901</u> .	

6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

Scale	Result	Direction	N	Instruments used for this program
Family Management Attitudes	significant	improvement	155	Managing and Monitoring for Parents of Young Children [APMP05], AM Family Management - Attitudes [P3]
Family Management Skills	significant **	improvement	24	Managing and Monitoring for Parents of Young Children [APMP05]
Parental Attitudes about Youth Substance Use	significant	improvement	162	Perceived Parental Attitudes Toward Youth ATOD Use [F015]
Self Efficacy	significant **	improvement	24	Managing and Monitoring for Parents of Young Children [APMP05]

7. Where is this program/strategy being used (if available)?

Washington Counties	Oregon Counties
Benton/Franklin, King, Pierce	

8. Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	0-5 (Early childhood) 6-12 (Childhood) 26-55 (Adult)	54.5% Male 45.5% Female	Data not reported/available
Study 2	0-5 (Early childhood) 6-12 (Childhood) 26-55 (Adult)	54.4% Male 45.6% Female	91% White 9% Race/ethnicity unspecified

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Study 3	0-5 (Early childhood)	63.6% Female	37% White
	6-12 (Childhood)	36.4% Male	22% Asian
	26-55 (Adult)		19% Black or African American
			18% Hispanic or Latino
			2% American Indian or Alaska Native
			2% Race/ethnicity unspecified
Study 4	0-5 (Early childhood)	90% Male	79% White
	6-12 (Childhood)	10% Female	21% Race/ethnicity
	26-55 (Adult)		unspecified
Study 5	0-5 (Early childhood)	53% Male	51% White
	6-12 (Childhood)	47% Female	19% Black or African
			American
			12% Race/ethnicity unspecified
			10% Hispanic or
			Latino
			8% Asian
Study 6	6-12 (Childhood)	59% Male	38% White
	26-55 (Adult)	41% Female	20% Hispanic or
			Latino
			14% Asian
			14% Black or African American
			14% Race/ethnicity unspecified

9. Quality of Research

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Webster-Stratton, C. (1994). Advancing videotape parent training: A comparison study. Journal of Consulting and Clinical Psychology, 62 (3), 583-593.

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Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.

Study 2

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

Study 3

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

Study 4

Reid, M. J., Webster-Stratton, C., & Hammond, M. (2003). Follow-up of children who received the Incredible Years intervention for oppositional-defiant disorder: Maintenance and prediction of 2-year outcome. Behavior Therapy, 34, 471-491.

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

Study 5

Reid, M. J., Webster-Stratton, C., & Baydar, N. (2004). Halting the development of conduct problems in Head Start children: The effects of parent training. Journal of Clinical Child and Adolescent Psychology, 33(2), 279-291.

Study 6

Reid, M. J., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a classroom social competence and problem-solving curriculum by offering parent training to families of moderate- to high-risk elementary school children. Journal of Clinical Child and Adolescent Psychology, 36(4), 605-620.

Supplementary Materials

Beauchaine, T. P., Webster-Stratton, C., & Reid, M. J. (2005). Mediators, moderators, and predictors of 1-year outcomes among children treated for early-onset conduct problems: A latent growth curve analysis. Journal of Consulting and Clinical Psychology, 73(3), 371-388.

RAND Corporation. (2006). Incredible Years. Retrieved August 2007 from the Promising Practices Network Web site: http://www.promisingpractices.net/program.asp?programid=134

Scott, S., Spender, Q., Doolan, M., Jacobs, B., & Aspland, H. (2001). Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice. British Medical Journal, 323, 194-198.

Taylor, T. K., Schmidt, F., Pepler, D., & Hodgins, C. (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.

Webster-Stratton, C. (1990). Long-term follow-up of families with young conduct problem children: From preschool to grade school. Journal of Clinical Child Psychology, 19(2), 144-149.

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

- 1. Reliability of measures
- 2. Validity of measures
- 3. Intervention fidelity
- 4. Missing data and attrition
- 5. Potential confounding variables
- 6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Positive and nurturing parenting	3.8	3.8	3.9	3.7	3.6	3.5	3.7
2: Harsh, coercive, and negative parenting	3.8	3.8	3.9	3.7	3.6	3.5	3.7
3: Child behavior problems	3.8	3.8	3.9	3.8	3.7	3.7	3.7
4: Child positive behaviors, social competence, and school readiness skills	3.8	3.8	3.9	3.8	3.7	3.6	3.7
5: Parent bonding and involvement with teacher and school	3.7	3.8	3.9	3.5	3.5	3.5	3.6
6: Teacher classroom management skills	3.7	3.8	4.0	3.8	3.6	3.6	3.7

Study Strengths

The studies employed multiple well-known and commonly used measures to evaluate each outcome. The psychometric properties of each measure were reported. Intervention fidelity was ensured with the use of intervention sessions that were videotaped and reviewed by supervisors, a weekly protocol checklist and supervision, standardized materials, and comprehensive training. The researchers conducted attrition analyses. The use of a randomized control group design decreased the potential for confounding variables to account for the outcomes. Appropriate analyses were conducted for inferring relationships.

Study Weaknesses

In some studies, sample sizes were relatively small, limiting power and some data analysis options.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

Program Web site, http://www.incredibleyears.com

Webster-Stratton, C. (1999). How to promote children's social and emotional competence. Thousand Oaks, CA: SAGE.

Webster-Stratton, C. (2001). Incredible Years parent group leader training: Leader's guide. Seattle, WA: Incredible Years.

Webster-Stratton, C. (2002). Effective classroom management skills training and Dina Dinosaur's social skills and problem-solving curriculum training for the classroom: Leader's guide. Seattle, WA: Incredible Years.

Webster-Stratton, C. (2003). Incredible Years teacher classroom management group leader training: Leader's guide for Dinosaur school treatment program. Seattle, WA: Incredible Years.

Webster-Stratton, C. (2004). Incredible Years child group leader training: Therapist's guide for Dinosaur school treatment program. Seattle, WA: Incredible Years.

Webster-Stratton, C. (2005). The Incredible Years: A trouble-shooting guide for parents of children aged 2-8 years. Seattle, WA: Incredible Years.

Webster-Stratton, C. (Director and Producer). (2006). The Incredible Years: Parent programs preview [Motion picture]. United States: Incredible Years.

Webster-Stratton, C. (Director and Producer). (2006). The Incredible Years: Teacher classroom management program preview [Motion picture]. United States: Incredible Years.

Webster-Stratton, C. (Director and Producer). (2007). The Incredible Years: Dina Dinosaur child program preview [Motion picture]. United States: Incredible Years.

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Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

- 1. Availability of implementation materials
- 2. Availability of training and support resources
- 3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	4.0	4.0	4.0

Dissemination Strengths

Detailed, well-presented curricula are provided for the three individual interventions. Implementer qualifications are clearly described. A full array of high-quality training resources and supports are included for implementers, with systematic guidance provided before and during implementation. A strong emphasis is placed on maintaining fidelity to the model, and well-designed tools are available to assist implementers in monitoring and evaluating performance across a full range of relevant measures.

Dissemination Weaknesses

Implementation and quality assurance guidance is so substantial that some users may have difficulty getting a sense of the program as a whole.

11. Costs

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Program materials	\$1,150-\$1,895 depending on series selected	Yes
Leader training	\$400-\$500 per participant	No
Annual leader consultation	\$600 per participant	No
Certification fee	\$450	No

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Additional Information

Ongoing costs include \$476 for each parent in parent groups, \$775 for each child in child treatment groups, \$15 for each child receiving the Dinosaur curriculum in school, and \$30 for each teacher receiving the teacher training. These costs will vary by location.

12. Contacts

For information on implementation:

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For information on research:

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Learn More by Visiting: http://www.incredibleyears.com