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# The Incredible Years Parent Training Program: Promoting Resilience Through Evidence-Based Prevention Groups

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This article describes an evidence-based preventive group intervention, Incredible Years Parent Training Program (IY). Decades of research have shown that IY strengthens parent and child competencies and in turn reduces child risks for developing conduct problems and other negative life outcomes. The purpose of this article is to examine IY through a resilience lens and highlight how it capitalizes on group process mechanisms to serve as a model preventive group intervention. Future directions and implications for research, practice, and training are discussed.

*Keywords:* incredible years, prevention groups, family resilience, evidence-based practice

Widely researched for over 30 years, the study of resilience has expanded beyond its initial focus on individual factors to include other contexts such as the family (Black & Lobo, 2008; Luthar & Brown, 2007). In turn, clinical researchers have developed preventive group interventions to promote positive parenting behaviors based on this growing literature (Webster-Stratton, 1998b; Webster-Stratton & Reid, 2010a; Webster-Stratton, Reid, & Hammond, 2001a). Most of the evidence-based preventive parenting groups target early onset conduct problems as their principle outcome given the considerable societal burden associated with early antisocial behaviors. Although not often conceptualized from a resilience perspective, these preventive parenting group interventions concurrently promote child and family competencies in addition to their known effects on child conduct problems.

While originally developed to target child conduct problems, the Incredible Years (IY) Parent Program is particularly congruent with a resilience-based prevention approach (Webster-Stratton, 1998b; Webster-Stratton & Reid, 2010a). Backed by a large evidence-base for both prevention and early intervention, IY uses a collaborative group process model to facilitate engagement, empowerment, and support for participating parents (Webster-Stratton & Herbert, 1994). Through this collaborative approach, IY aims to strengthen parenting competencies as a means to prevent outcomes such as conduct problems, substance abuse, and violence while promoting social competence, positive attributions, academic readiness and competence, and emotional regulation. The purpose of this article is to situate IY within a resilience framework and examine this program as a model for the development of exemplary preventive group interventions.

## Resilience Framework

Since the 1970s, investigators have explored the construct of resilience defined as the presence of adaptive outcomes despite exposure to significant adversity (Masten, 2001). More recently, resilience research has expanded to describe not only the process of individual positive adaptation, but also the ability of families to facilitate and exhibit adaptive outcomes. Family resilience includes "characteristics, dimensions, and properties of families which help families to be resilient to disruption in the face of change and adaptive in the face of crisis situations" (McCubbin & McCubbin, 1988, p. 247). In an effort to better understand family resilience, researchers continue to examine how families develop and utilize assets that aid their ability to

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maintain adaptive system functioning when exposed to life's inevitable challenges (J. M. Patterson, 2002).

Several family factors that have been shown to increase the likelihood of adaptive outcomes in the presence of adversity include family member accord, communication, family time, routines and rituals, and support networks. Family member accord describes the ability of the family to act as a cohesive unit, often turning to each other for support in times of stress (McCreary & Dancy, 2004). This characteristic additionally recognizes the ability of resilient families to provide authoritative parenting that includes firmness and consistency yet still remains warm and not too restrictive (Black & Lobo, 2008). Resilient families further tend to exhibit clear, open, and direct family communication, often aiding with collaborative problem-solving during times of conflict (Black & Lobo, 2008). Family time has also been demonstrated as helpful for families. Such time can include family meals, chores, or shared recreation and often contributes a sense of stability within the family (McCubbin & McCubbin, 1988). Family routines and rituals can also provide a source of continuity within the family environment. By promoting feelings of comfort and predictability, maintenance of routines assists families with continued adaptive functioning despite exposure to stress and adversity (Walsh, 1998). Finally, resilient families often utilize support networks for companionship, information, services, and respite (Luthar, Cicchetti, & Becker, 2000). Support networks can provide a valuable source of cohesion while concurrently offering opportunities for sharing and problem-solving.

In the presence of these key promotive factors, adaptive or resilient outcomes at both the individual and family level may be observed. For the child, outcomes could include successful achievement of developmental milestones, academic and social competence, or absence of significant externalizing and internalizing problems (Luthar et al., 2000). Outcomes at the family level may be comprised of flexibility, balance, open emotional expression, collaborative problem-solving, marital commitment and satisfaction, and overall cohesion (Black & Lobo, 2008). Consideration of these adaptive outcomes as related to the factors implicated in promoting resilience provides valuable leverage points for designing interventions aimed at strengthening families' abilities to adapt to challenging life circumstances. Intervening early at the family level capitalizes on an important opportunity to promote positive development and prevent early problem areas from entering negative developmental trajectories that lead to later psychopathology. One such exemplary preventive intervention is the IY Parent Program.

## IY Parent Program

### Description of IY Parent Program

The IY BASIC Parent Program is designed for parents who have children in one of four age groups: 0–1 (Baby Program; 8–9 sessions), 1–3 (Toddler Program; 12 sessions), 3–6 (Preschool or Early Childhood Program; 18–20 sessions), or 6–12 (Early school-age or Preadolescent Program; 12–16 sessions). The primary aim of the IY program is to strengthen parenting competencies as a mechanism for promoting child social competence, emotional regulation, academic success, and positive attributions and in turn reducing children's present and future risk for conduct problems, substance abuse, and violence.

Early Childhood Program groups contain 10–14 participants and each of the 18 weekly sessions lasts between 2 and 2.5 hours. Ideally, food, child-care, and transportation are provided to decrease these common barriers to participation. Groups are facilitated by two trained professionals who typically have a masters or higher education level, experience working with parents and/or families, and knowledge of child development and social learning theory. Training includes 3 or 5-day group workshops that model the collaborative group processes, use of role-plays, and application of videotaped examples. Ongoing supervision includes monthly telephone consultations, peer support meetings, and consultation workshops to view and discuss videotaped group sessions.

Intervention strategies and session content are based on social learning theory principles as well as several decades of research which has clearly documented the typical developmental progression of child conduct problems (e.g., G. R. Patterson, DeBaryshe, & Ramsey, 1989).

More is known about the early developmental contexts that contribute to early antisocial behaviors than perhaps any other child psychopathology condition. For instance, G. R. Patterson, Dishion, and Chamberlain (1993) have described the progression of child conduct problems as a cascade model that begins with a coercive cycle, that is, with repetitive harsh interaction patterns between parent and child. These coercive interactions escalate child behavior problems as well as parent–child conflict and set in motion a predictable developmental sequence of life events outside the family. At school entry, aggressive children are rejected by peers and teachers and more likely to experience academic failure. In early adolescence these children are more likely to align with deviant peer groups and ultimately engage in increasingly violent and delinquent acts. IY is designed to disrupt this sequence by intervening in the pattern early within the primary social context of young children's lives, their family. This intervention utilizes social learning theory to help parents to identify children's prosocial and maladaptive behaviors to provide reinforcements and brief consequences for positive and negative behaviors, respectively.

The IY program progresses through several units that build upon one another. Early units foster the development of skills related to critical promotive factors and positive development before moving on to directly address the management of disruptive behaviors. In part one, parents start by learning strategies to strengthen children's social and school readiness skills and emotional regulation. Vignettes and role-plays are used to model and practice skills of facilitating child-directed play through descriptive commenting as well as performing academic, social, emotional, and persistence coaching (see Webster-Stratton & Reid, 2010b). These activities are explicitly intended to disrupt or prevent the coercive cycle described above while promoting positive relationships and competencies. As the focus of these sessions, coaching during play includes using strategic comments to model and encourage behaviors related to resilience and positive youth development (i.e., positive communication, emotion language, perspective taking, calm and focused persistence through difficult talks).

Next, part two of the program focuses on the concepts of giving children positive attention, encouragement, and praise to promote desired behavior. Parents learn to be encouraging to their children and to use behavior-specific praise when children are displaying appropriate behaviors. Additionally, parents develop skills aimed at modeling positive self-talk and self-praise. Using these strategies, parents are able to provide support for their children and promote the development of self-esteem.

Parts three and four of the IY parent program focus on the use of positive discipline including clear, reasonable commands, consistent household rules and routines, effective limit setting, and handling misbehavior through ignoring, time-out, and logical consequences. Factors related to resilience are promoted particularly through teaching children problem-solving and self-regulation skills through these discipline strategies. Children are taught how to calm themselves down when upset or angry, consider consequences of their emotions and behaviors, and think about situations empathically from another person's perspective.

Several key methods are utilized by the group facilitators to teach parents to use these skills. In line with social learning theory, group facilitators use video vignettes of parents and children interacting in various family contexts as examples and nonexamples of each skill. These videos become a catalyst for facilitating discussions about the components of quality parent–child interactions. Based on these discussions, parents are then asked to role-play scenarios and verbally process their experience and observations. Such activity and discussion serves as an essential opportunity to practice skills and evaluate how to incorporate them into their own parenting style. Additionally, facilitators encourage the use of cognitive reframing to assist parents with challenging their irrational and/or negative thoughts and replacing them with more positive, coping thoughts that will increase their success in implementing new skills. Facilitators continuously encourage self-praise and self-care as important components of positive parenting. Through group discussions and buddy phone calls, the members are able create a valuable support network for practicing skills and problem-solving inevitable barriers and challenges. In addition to these critical components, groups are assigned homework and readings to encourage at-home application of learned skills.

Further, group leaders make weekly phone calls to individually process and problem-solve.

## Effective Group Process Components

Several key group process components contribute to the demonstrated effectiveness of the IY parent program. As with other parenting groups (e.g., Chou, 2007; Conwill, 1986; Levac, McCay, Merka, & Reddon-D'Arcy, 2008; O'Brien, 2002), underlying group processes in the IY group are mechanisms that enhance curriculum concepts and lead to positive outcomes. Group processes are the powerful group dynamics that evolve during the training of several parents/participants and are the forces at play when several personas are brought together in a group (Conwill, 1986). These powerful group dynamics are theorized to enhance the effectiveness and efficiency of the IY curriculum. In support of this idea, previous research has shown added group benefits when compared to presenting parent training concepts in individual or family based formats (Friedman, 1989; Iwaniec, 1997; Pevsner, 1982).

In the following discussion, these process components are examined through a group developmental framework, a typical organizational structure for discussion of group processes (Brabender & Fallon, 1993; G. Corey, 1981; M. S. Corey & Corey, 1997; Garland, Jones, & Kolodney, 1978; Tuckman, 1965; Tuckman & Jensen, 1977). In a qualitative study of the development of parental coping strategies during IY groups, Spitzer and colleagues (1991) identified five phases that summarize this gradual learning process. Corey and Corey's (1997) stage model of group development (i.e., pregroup, initial, transition, working, ending) significantly overlaps with several (i.e., acknowledging the family's problems, "tempering the dream," "making the shoe fit") of these phases and serves as a useful framework for group process discussion. Each group therapy stage, from the pregroup to final stages, consists of relevant processes that facilitate group members' understanding and skill development. As the group members become more cohesive, they take bigger risks in attempting more difficult parenting strategies, as they feel supported by the group context. Although the role of group processes specifically impacting IY group outcomes have not been empirically examined, the framework is relevant for discussion and is a potential avenue for future investigation.

**Pregroup issues.** As the group is formed, parental engagement is promoted through involving parents in the planning process, inviting all parents to participate to reduce stigma, and making sessions accessible and feasible by offering groups in a convenient location with child care and meals. Conwill (1986) notes that the simple act of having coffee available sets the stage for creating an environment of trust. Maintaining attendance by reducing barriers contributes to feelings of trust and group cohesion (Yalom & Leszcz, 2005).

**Initial stage.** During the initial stage, facilitators demonstrate their expertise in child development, family dynamics, and behavior management strategies through videotape modeling and active solicitation and discussion of the parents' ideas, feelings, experiences, and problem-solving strategies (Webster-Stratton, 1998a). The use of modeling via cofacilitator interactions and video vignettes is consistent with research emphasizing group leader modeling as a way to establish trust during the initial stage of group formation at a time when group members are typically hesitant (Kivlighan, Marsh-Angelone, & Angelone, 1994; Yalom & Leszcz, 2005). This explicit modeling approach parallels the initial group participants' need to focus on others (Dugo & Beck, 1997; Yalom & Leszcz, 2005).

Spitzer et al. (1991) noted that parents whose children display behavior problems note a lack of connectedness and support from other parents. However, as they begin to feel comfortable in the group setting, parents begin to reveal their angry feelings and their underlying fears of losing control of their anger during discipline of their child (Spitzer et al., 1991). This process is referred to as "acknowledging the family's problems," and is identified as the first phase of Spitzer and colleagues' (1991) five-phase learning and coping process model. Facilitators at this stage create an environment of trust to assist in the sharing of child rearing problems. Linking participant commonalities, such as experiences of stressors, motivation doubts, and negative feelings toward the target child, decreases isolation and increases trust among participants (Conwill, 1986). Group member isolation dissipates as members begin to trust one another

(Chou, 2007; Levac et al., 2008; O'Brien, 2002).

Also during this stage, facilitators intentionally provide positive reinforcement to participants when desired behaviors (e.g., sharing concerns, problem-solving strategies, completion of homework assignments) are observed. This provides a parallel process of using the group to model desired parental behaviors (e.g., the use of positive reinforcement) and allowing members to actually experience the feelings associated when the facilitators use suggested parenting strategies (e.g., feeling proud when praised). This parallel process, or social microcosm, can be explicitly discussed so that participants can empathize with their children and see the value of using the same strategies at home. Unfortunately, the parallel between group and family processes has not been well studied and significant limitations are noted in articles examining this comparison (Sorrels & Myers, 1983; Tsui & Schultz, 1988). However, turning the group's social microcosm to therapeutic use is a strongly recommended strategy (Yalom & Leszcz, 2005). Modeling gradually expands from cofacilitators and videos to include participant role-plays as they move into the transition stage.

**Transition stage.** During the transition stage participants often question the validity and value of the group concepts and cofacilitators often utilize attention to the "here and now" to address those concerns (G. Corey, Corey, Callanan, & Russell, 2003; M. S. Corey & Corey, 2006). According to Yalom and Leszcz (2005) the transition stage is a time of struggling for power among the members and with the facilitators; it is recommended that conflict, as part of the group process, is worked through openly, constructively, respectfully, and in a nonjudgmental manner. Heated discussion between participants with differing views on discipline and participant behaviors to obtain power with the group can be used as metaphors for working through parent–child conflicts (Cohen, 1997).

**Working stage.** As the group progresses to the working stage, facilitators can also increase engagement through the overarching, collaborative process and the sense of empowerment it imparts to group members. The collaborative process implies a reciprocal relationship between facilitators and group members where parents act as the true experts in regards to their children and families. Additionally enhancing engagement and empowerment, a support system is strongly elicited from the facilitation format as parents begin to collaborate as a group. By sharing experiences and related feelings, group members are able to develop a sense of commonality that decreases perceived isolation and increases self-efficacy (Chou, 2007; Levac et al., 2008; O'Brien, 2002). Cofacilitators continue to intentionally link parent comments to highlight commonalities in their child management struggles. By creating an environment in which members feel they are understood and valued, as well as believing they understand and value the other members, they feel supported in a way that allows them to take risks and try new parenting strategies. As parents implement strategies with the target child and find some success, other unexpected changes take place; resistance then appears typically in the form of failure to complete homework. Spitzer et al. (1991) define this process as phase three ("tempering the dream") of their five-phase model of parents learning to cope more effectively with problematic behaviors.

Effective/positive strategies initiated by a group member are emphasized and labeled as "[Julia's] principle," which then becomes an integral part of the group curriculum. The member's specific strategy can be referred to throughout the process and members quickly learn that their ideas are important, relevant, and can be helpful to other group members, leading to stronger cohesion among the group participants. This process is highly empowering to members and increases their engagement in the process. Through these process components, important family factors (i.e., family member accord, communication, routines and rituals, support networks) are modeled and applied within the group context. Additionally, these group processes become empowering as they increase parents' sense of confidence regarding their parenting skills and their ability to adapt to new, challenging situations (Chou, 2007; O'Brien, 2002).

**Ending stage.** Typically a task included in the ending stage is to assist participants in generalizing their learning to real life (G. Corey et al., 2003; M. S. Corey & Corey, 2006; Yalom & Leszcz, 2005). Spitzer et al. (1991) found that IY parents often have trouble generalizing their

parenting techniques without explicit help from the group facilitator. However, parent group sharing and problem-solving together "provided a rich array of examples . . . which helped enhance parents' understanding of how to generalize the skills learned" (p. 423). The use of collaborative discussions during which parents facilitate each others' generalization of skills is identified as the fourth phase of Spitzer et al.'s (1991) five phase process of effective parental coping entitled "making the shoe fit."

The ending stage is also a time for members to review the group process, outcomes, and conceptualize how the group experience impacted them. At this point in the IY curriculum, participants have moved from a punishment-focused parenting perspective to one focused on desired behaviors. IY group participants also often note a significant shift in positive feelings toward their child(ren) and an increase in parenting self-efficacy (Webster-Stratton, 1998b).

## Evidence Supporting the IY Parent Program

**Intervention trials.** IY is arguably the most studied intervention for child conduct problems; over a dozen rigorous randomized clinical trials support its efficacy with a wide range of children and families (Webster-Stratton & Reid, 2010a). Based on its extensive research base, IY was selected by the U.S. Office of Juvenile Justice and Delinquency Prevention as an exemplary best practice program and as a Blueprints Model Program for violence prevention (Center for the Study and Prevention of Violence, 2007). The efficacy of the IY parent treatment program for children (ages 2–8 years) diagnosed with ODD/CD has been demonstrated in seven published randomized control group trials by the program developer and colleagues at the University of Washington Parenting Clinic (Reid, Webster-Stratton, & Hammond, 2007b; Webster-Stratton, 19811992, 1982, 1984, 1990a, 1992, 1994, 1998b, 1998b; Webster-Stratton & Hammond, 1997; Webster-Stratton, Hollinsworth, & Kolpacoff, 1989; Webster-Stratton, Kolpacoff, & Hollinsworth, 1988; Webster-Stratton, Reid, & Hammond, 2004). In addition, the IY parent program has been replicated in five research projects by independent investigators in mental health clinics, or doctor's offices with families of children diagnosed with conduct problems (Drugli & Larsson, 2006; Lavigne et al., 2008; Scott, Knapp, Henderson, & Maughan, 2001; Spaccarelli, Cotler, & Penman, 1992; Taylor, Schmidt, Pepler, & Hodgins, 1998).

Although these original studies of IY focused on clinical populations, they strongly imply the preventive benefits of IY. Consider that early onset antisocial behaviors (that characterized all children in these trials) place children at risk for an assortment of negative outcomes in adolescence and adulthood including violence, delinquency, and substance abuse. Thus, studies showing that IY treatment effects are potent and durable (Webster-Stratton, 1990b) can be taken as evidence that IY may prevent these downstream, predictable consequences. Perhaps, most notable, Rinaldi (2001) conducted an 8- to 12-year follow-up of families treated with IY because of their children's conduct problems. She interviewed 83.5% of the original study parents and adolescents (ages 12–19 years). Results indicated that 75% of the teenagers were typically adjusted with minimal behavioral and emotional problems. These favorable outcomes stand in sharp contrast to the maladaptive adolescent adjustment that typically occurs for untreated children with early onset conduct problems (G. R. Patterson et al., 1989).

**Prevention trials.** Over the past decade, several large randomized trials have more directly evaluated the parent program as a selective prevention program with multiethnic, socioeconomically disadvantaged families from Head Start (Reid, Webster-Stratton, & Baydar, 2004; Webster-Stratton, 1998b; Webster-Stratton, Reid, & Hammond, 2001b). In all of these prevention studies, the IY parenting intervention has been shown to promote effective parenting practices, improve school-family relations, promote child competence, and reduce child problem behaviors. The first of these group-randomized trials was conducted with 394 families (Webster-Stratton, 1998b). Parents in the IY parenting condition were independently observed at home to use less harsh and punitive practices, more positive interactions, and more competent strategies after the intervention compared to the control group. In turn, their children had lower rates of behavior problems and more positive affect. Teachers also reported favorable changes in the family and

child. Most of these improvements were maintained at 1 year follow-up.

Webster-Stratton et al. (2001a) conducted another group randomized selective prevention trial (study entry was based on poverty status, a general risk factor for behavior problems) with 272 children in Head Start. They found that families assigned to a combined IY program that included parent and teacher involvement had improved parenting skills and parent-teacher bonding as well as reduced child behavior problems at school relative to children in a comparison group. In another prevention trial with over 800 children in Head Start, Reid et al. (2004) reported significant favorable effects of IY parent training on independently observed child conduct problems and prosocial behaviors.

Most recently, Webster-Stratton and colleagues have attempted to extend these findings to an elementary age population. In a recent indicated prevention trial with 433 elementary school students who had elevated but not clinical symptoms, Reid et al. (2007a) found that students in the IY-Parent condition showed fewer externalizing problems and more emotion regulation than children in a control condition or than those who received a classroom intervention only. Direct observations of families showed stronger child-mother bonding and more supportive and less critical parenting for those in the IY-Parent condition. Moreover, teachers reported that mothers assigned to IY-Parent were significantly more involved in school and rated their children as have fewer externalizing problems. Collectively, the results from these studies not only show the preventive effects of the IY program but also highlight the feasibility and acceptability of using the program with multiethnic populations, including non-English speaking populations. These findings have been replicated by three independent investigators in selective and indicated prevention trials (Brotman et al., 2003; Gardner, Burton, & Klimes, 2006; Gross et al., 2003).

**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 or prevent inattention (Hartman, Stage, & Webster-Stratton, 2003) and depressive symptoms (Webster-Stratton & Herman, 2008). For instance, in a sample of 181 children randomly assigned to receive IY or to a wait-list control group (Webster-Stratton & Herman, 2008), it was found that children in the IY group had significantly lower depressive symptoms at posttreatment and that effects were mediated by changes in parenting effectiveness. The treatment response was strongest for children who had elevated depressive symptoms at baseline. 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.

## Future Directions

### Research

Given its original focus on reducing childhood psychopathology, many of the intervention studies described above focused on minimizing risk factors. Further research is needed to more closely align IY with a resilience perspective. One step would be to include measures of positive outcomes beyond focusing solely on the prevention of pathology. Examples of positive outcomes might include measuring happiness, life satisfaction, and overall well-being for both parents and children who attend these groups.

Another step is to consider additional mediators of therapeutic effects to include finite aspects of group process and other promotive factors such as family involvement with schools, social supports, and resource access and use. Treatment component analysis studies of IY have shown that the combination of group discussions, highly trained interventionists, and video modeling produced the greatest impact on parenting compared to treatment that included

only one of these components (Webster-Stratton et al., 1989; Webster-Stratton et al., 1988). However, few studies to date have elaborated these findings to specify the type and timing of group discussions that are most helpful and concrete behaviors of trained interventionist that are most impactful in promoting effective group processes.

Future studies on this topic can build off the seminal work of Patterson and Forgatch (1985) who studied the microsocial therapeutic processes that fostered family engagement versus resistance during parent training interventions. They found that questioning and supportive responses by therapists reduced family resistance whereas teaching and confronting responses produced immediate increases in family resistance. In one study, for instance, teach and confront responses were followed by a threefold increase in family resistance responses within a few seconds (G. R. Patterson & Forgatch, 1985). In a subsequent study, they showed that there were optimal growth curves of family resistance consistent with the hypothesized stages of group process (Stoolmiller, Duncan, Bank, & Patterson, 1993). Resistance trajectories associated with the best outcomes were characterized by low levels during initial sessions, followed by increasing resistance during the middle phases (consistent with the transition and working through stages of groups), and finally a reduction during the final stage. As these studies were focused on family interventions, it would be important to replicate these findings during the delivery of group parenting interventions like IY.

Finally, further research is needed on a population level to determine if IY is successful as a universal prevention program (e.g., delivering IY to new or expecting parents without regard to their risk status). Existing research has revealed IY's promise as a selective preventive intervention (e.g., for families with a risk factor such as lower socioecomomic status), thus it is reasonable to examine its potential of impacting families on a broader scale.

## Practice

IY programs fit within a public health continuum of intervention (i.e., universal, selective, indicated; see Webster-Stratton & Herman, 2010). At the universal level, IY can be implemented by professionals who have regular contact with families (e.g., family advocates, nurses, school professionals) at key developmental periods. For instance, IY babies program could be offered to all expecting parents by nurses and other health care professionals as a strategy for promoting health family functioning from the very outset of life. At the selective level, these same professionals might offer groups to families with identifiable risk factors. For example, given the well-established relation between poverty and risk for child conduct problems, providing IY groups at preschools for low-income families (e.g., Head Start) may help mitigate this risk. Finally, at the indicated level, professionals can provide IY groups for families and children showing early symptoms and signs of distress.

Although beyond the scope of this article, it is also important to note that other IY programs can complement the IY parent program (see Webster-Stratton & Herman, 2010). For instance, the IY series also includes evidence-based child social skills programs as well as teacher training programs. These programs can be combined with the parenting intervention to provide settings conducive to health promotion across the multiple contexts of children's lives.

In addition to the program's ability to be implemented across the intervention continuum, the IY Parent Program also has the potential as an intervention that could be broadly implemented to promote family resilience in families of diverse cultural backgrounds. While some researchers have indicated that parents belonging to minority groups are difficult to engage in programs, more likely to drop-out of programs, less receptive to positive parenting strategies, and demonstrate less improvement with discipline practices, other investigators have suggested that IY is effective with minority populations (Webster-Stratton, 1998a). Several randomized control group trials of IY with culturally diverse families revealed few differences in outcomes across ethnic groups, high reported satisfactions levels by the families, and minimal drop-out rates (Gross et al., 2003; Reid, Webster-Stratton, & Beauchaine, 2001; Reid et al., 2007a). To further facilitate the broad use of IY with multicultural parent groups, the developer has identified general principles which guide a more culturally responsive delivery of the intervention (Webster-Stratton, 2009). By accepting, acknowledging,

and respecting cultural, linguistic, and other family differences, these principles direct IY leaders toward a more successful and inclusive intervention approach. As a result, professionals who work with families can utilize the IY Parent Program not only as an effective prevention and early intervention which supports family resilience, but also as an affirmative program for families of culturally diverse backgrounds.

## Training

With increasing interest in and emphasis on evidence-based interventions, well-established programs like IY are well-positioned to serve as model programs for training practitioners. The skills embedded in learning to deliver IY represent *best practices* (micro counseling and group facilitation skills, effective child behavior management principles, using modeling, role plays, and feedback), not simply a *best program*, and thus have value beyond whether or not a practitioner ultimately uses IY. In other words, IY trained practitioners learn essential skills for working with families in general. Emphasizing the resilience framework described above holds the added benefit of teaching practitioners to consider the broad intervention spectrum in their work and target promotive leverage points rather than simply intervening on risks or after problems occur.

## Conclusion

The IY Parent Training Program promotes positive parenting, problem solving, consistency, cohesion, and use of family support networks which each support the development of family resilience (Black & Lobo, 2008; Webster-Stratton, 2008). The goal of IY is to teach parents to provide responsive and nurturing parenting to their children, which is an important factor implicated in promoting family member accord and consequently, family resilience (Black & Lobo, 2008; McCreary & Dancy, 2004). IY promotes these skills through modeling and practicing child-directed play and liberal use of praise by parents. To establish clear expectations and increase child compliance, IY also teaches parents to use clear and direct commands along with predictable family routines. Further, an important aspect of family resilience is for families to develop support networks to make emotional connections and gain information (Luthar, Cicchetti, & Becker, 2000). Through collaborative group problem-solving and buddy phone calls between parent participants, support networks are developed and maintained as a part of group process.

Although IY was originally developed as a clinical treatment for diagnosed children, many recent investigations have extended the application of IY parent programs to preventive contexts. Additionally, from its inception IY has targeted promotive as well as risk factors. Thus, the marriage of IY literature with resilience is a logical step. Some of the critical elements that underlie the success of IY include its emphasis on a strong theory to guide intervention development; rigorous and continuous evaluation of program effects; systematic training and monitoring of facilitator skill and fidelity; repeated modeling and practicing core skills; and collaborative, Socratic approach to group facilitation and process. The success of IY as a well-established exemplary program can serve as a model for the development and advancement of preventive group interventions more generally.

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