

Chapter 6

Incredible Years® Parent and Child Programs for Maltreating Families

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History of Incredible Years (IY) Interventions and Conceptual Foundation

Thirty years ago, the Incredible Years (IY) Parent Program (Webster-Stratton, 1981, 1982) was first introduced as a new performance training group-based method for supporting parents, improving parenting practices, and strengthening parent-child attachment. The program was designed to promote responsive and nurturing parenting interactions and reduce harsh or coercive discipline methods. It was hypothesized that positive parent-child relationships and proactive child management skills would reduce children's behavior problems and strengthen their social and emotional competence. The IY Parent Program was designed to overcome limitations of existing parenting programs at that time that relied on verbal training (e.g., didactic lectures) and one-on-one therapy methods. The group format of delivering the IY program addressed parents' need for support as well as the cost and feasibility problems associated with other performance based methods such as individualized videotaped "bug-in- the ear" feedback. The IY Parent program, and all subsequent IY programs, were based on cognitive social learning (Patterson, Reid, & Dishion, 1992), modeling and self-efficacy (Bandura, 1982), attachment and relationship theories (Bowlby, 1988), cognitive brain developmental theories (Piaget & Inhelder, 1962) and problem solving methods (D'Zurilla & Nezu, 1982).

All IY parent programs have used training methods based on video-based and live modeling, active, experiential practice exercises, collaborative discussions and group support as key methods of promoting parent learning and maintaining emotion, cognitive and behavior change. Toward this end, a comprehensive DVD series of actual parent-child interaction video vignettes illustrating positive and less

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S. Timmer and A. Urquiza (eds.), *Evidence-Based Approaches for the Treatment of Maltreated Children*, Child Maltreatment 3, DOI 10.1007/978-94-007-7404-9_6,
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effective parenting behaviors were developed as a tool for use by trained group leaders to facilitate parent group discussions, self-reflection, peer support and problem solving, practice exercises, and collaborative learning. Families involved in the program determine goals for themselves and their children informed by their cultural beliefs, self-manage their decisions regarding assigned home activities, participate in values exercises regarding their short and long term goals, and work with group leaders to recognize and overcome their personal barriers. The group format not only reduces costs associated with therapy but also strengthens parents' support networks and learning opportunities because of observing other parents using the parenting principles to manage behavior problems different from their own.

Since the 1980s, the IY Training Series has been expanded to include three complementary curricula for parents, teachers, and children, all of which utilize similar training methods and therapeutic processes. These programs were designed to reduce the multiple risk factors associated with the development of early-onset conduct problems and children's social and emotional difficulties and to strengthen family and school protective factors. The series has been the subject of extensive empirical evaluation and randomized control group studies for several decades with high-risk populations as well as with parents of children diagnosed with Oppositional Defiant Disorder (ODD), Conduct Disorder (CD) and ADHD (see review of research; (Webster-Stratton, 2012a, 2012c; Webster-Stratton & Mihalic, 2001; Webster-Stratton, Reid, & Beauchaine, 2011).

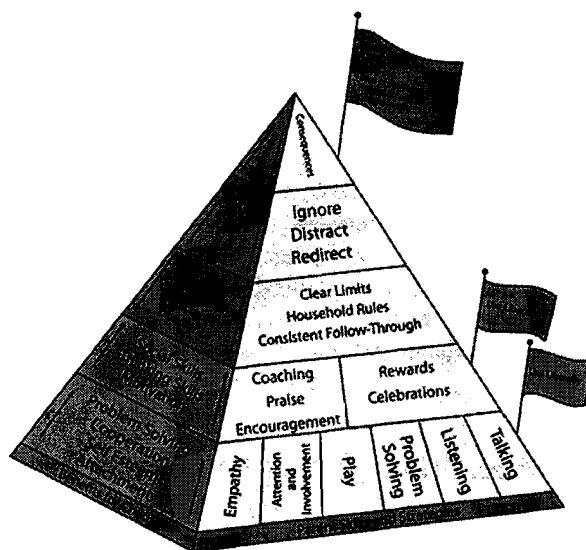
The purpose of this chapter is to describe the conceptual grounding and content of the evidence-based IY parent and child programs, including research evidence and to discuss the rationale for use of both these programs with families involved with child maltreatment. A brief summary of the methods for working with families involved with child welfare agencies and a case study is provided as well as references to other articles that provide more specific details for how to deliver the parent and child programs with fidelity to this population.

Summary of Incredible Years Parent Programs and Evidence-Base

The IY BASIC parenting series, consists of five curricula versions designed for different age groups: Baby Program (9–12 sessions; ages 6 weeks to 8 months), Toddler Program (12–13 sessions; ages 1–3 years), Preschool Program (18–20 sessions; ages 3–5 years), Early School Age Program (14 sessions +; ages 6–8 years) and the Pre-Adolescent Program (ages 9–12years) (16+ sessions). These programs are offered weekly to groups of 8–12 parents and emphasize developmentally age appropriate parenting skills, which help children accomplish their developmental milestones. Goals of the programs are tailored to each targeted child developmental stage. However, all programs include the following goals: (a) promoting parent competencies and strengthening parent-child relationships; (b) promoting a safe home environment with predictable routines; (c) reducing critical and physically

violent discipline and increasing positive discipline strategies; (d) improving parental self-control, depression, anger management, communication skills, and conflict management skills; (e) increasing family support networks.

The IY Parenting Pyramid (shown below) serves as the roadmap for the content and parenting strategies discussed. The bottom of the pyramid focuses on parent tools designed to strengthen parent-child attachment and empathy through focused, child-directed play, academic, persistence, social and emotional coaching methods, sensitive responses, praise and encouragement. This bottom layer of the pyramid provides the foundational scaffolding and nurturing necessary to promote children's developmental growth and is applied liberally. A basic premise of the model is that a positive relationship foundation precedes discipline strategies, and parent attention to positive behaviors should occur far more frequently than attention negative behaviors. Only when this positive foundation is in place do later aspects higher on the pyramid work. Further up the pyramid the focus for toddlers is on predictable rules and routines, clear limit settings and proactive discipline such as ignoring, distracting, and redirecting. For the preschool and early school age programs, the top part of the pyramid also focuses on consequences such as Time Out and loss of privileges as well as teaching children beginning self-regulation and problem-solving skills. The school age programs include all the younger version content material plus additional information on monitoring after-school activities, and discussions of rules about TV, computer use and work chores, as well as drugs and alcohol. Additionally, these older age programs focus on ways to develop successful partnerships with teachers and coach children's homework assignments.



Parenting Pyramid

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 with adults and with teachers, 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.

For a detailed review of research findings for the IY parent programs, see (Webster-Stratton, 2012a; Webster-Stratton & Reid, 2010). Briefly, research from eight randomized controlled trials (RCTs) by the developer and six RCTs by independent investigators with *treatment populations* and four RCTs by the developer and six RCTs by independent investigators with *high risk prevention populations* have found that the BASIC parenting program increases parents' use of positive attention (child directed play, coaching methods, praise, incentives) and positive discipline strategies, and reduces harsh, critical, and coercive discipline strategies. Across age groups, children's conduct problems or externalizing problems with their parents decreased while their positive affect, compliance, and cooperative behavior increased. In studies where parents were offered an extended parenting program utilizing the ADVANCE parent program with a focus on interpersonal communication, problem solving, and anger, depression, and stress management, concurrent improvements in marital relationships, parents' problem solving skills, and reductions in parental stress and depression were found as well as children's problem-solving skills (Webster-Stratton, 1994). The BASIC and ADVANCE programs have been found to be effective with diverse, multicultural populations including those representing Latino, Asian, African American, and Caucasian background in the United States (Reid, Webster-Stratton, & Beauchaine, 2001), and in other countries such as Denmark, Holland, Ireland, New Zealand, Norway, Russia, Sweden, and United Kingdom (Gardner, Burton, & Klimes, 2006; Hutchings, Gardner, et al., 2007; Larsson et al., 2009; McDaniel, Braiden, Onyekwelu, Murphy, & Regan, 2011; Posthumus, Raaijmakers, Maassen, Engeland, & Matthys, 2012; Scott, Spender, Doolan, Jacobs, & Aspland, 2001). It is hypothesized that the programs are easy to translate in other cultures because of the collaborative process and trained group leader's efforts to promote cultural diversity in discussions and vignettes chosen for participants (Webster-Stratton, 2009).

Application of Parent Interventions for Families Involved in Children Welfare

Each year over three million calls of concern about child maltreatment are made to child welfare service agencies in the U.S. (USDHHS, 2011). Almost 90 % of these children remain in their home, some with and many without, an active child welfare case opened. About one-in-four of these allegations of child maltreatment

will be made about families who have had prior maltreatment reports filed. About one million allegations will eventually be substantiated and service cases opened. In about 75 % of those cases, these services will be provided to the families at home (Barth et al., 2005). Data suggest that 27–44 % of families with an open case will have parent training recommended or mandated (NSCAW Research Group, 2003) as a sole treatment to improve their children's safety and healthy development or as part of a multi-component service plan. Unfortunately, very few of the parenting programs recommended have empirical support or are evidence-based (Schoenwald & Hoagwood, 2001).

Although there are relatively few studies of parent training programs among families involved in child welfare, estimates indicate that 50–80 % of those parents involved with child welfare who begin parent training programs do not complete them (Chaffin et al., 2004; Lutzker, 1990; Lutzker & Bigelow, 2002). The drop out rate for child welfare clients may be so high because their life circumstances are generally stressful and take priority over parenting issues, and/or because even though the courts may have mandated attendance in a parenting group, cases are often closed before program completion resulting in parenting not feeling they need to complete them. In addition to issues with completion, parents who receive parent training as a result of their involvement with Child Welfare Services present other challenges to parent trainers. For example, parents may be resistant to attending a mandated group, especially if they don't feel they need parenting help. Or, they may have had their children removed and therefore are not able to practice new skills 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 attend groups. They may see their problems in parenting to be a result of these external factors and not believe that parent training is necessary or valuable. However, the relevance of parent training for child welfare settings has been increasingly recognized (Barth et al., 2005). Recent field trials of EBPs for families of maltreated children ~ including Multisystemic Therapy, Safe Care, and Parent Child Interaction Therapy (PCIT) have had promising results (Corcoran, 2000). For example, a control group study found large reductions in physical abuse reports among parents who participated in PCIT, an individually coached program designed for parents of young children, in comparison with an existing community-based parent training program (Chaffin et al.).

Rationale for the Use of the IY Parent Programs for Families with Maltreated Children

Several aspects of the evidence-based IY BASIC parenting series make it particularly effective for families involved with child welfare due to maltreatment. First, the programs make extensive use of video modeling methods, showing vignettes of families from different cultural and socioeconomic backgrounds with a variety of

parenting styles and child temperament and development. The diversity of the vignettes and settings allows most participating parents to identify with at least some of the parent and child models and therefore accept the vignettes as relevant. Moreover, the observational modeling and practice training approach is more effective learning for some of these families than the more cognitive, verbal training approaches. Second, the group-based program focuses on strategies for building support networks and decreasing the isolation and sense of alienation commonly found among these parents. In addition, the collaborative discussion approach helps parents to target their personal goals and strengths rather than their deficits, and group leaders place an emphasis on individualizing each group members' learning style, knowledge level and abilities. Third, the cognitive, behavioral, affective, and experiential methods of learning (cognitive restructuring, emotional regulation strategies, self-reflection and thought scripts, and behavioral rehearsal) are designed to bring about more sustained cognitive, emotion and behavior change leading to deeper relationship and interaction changes and more sustained results. Fourth, parenting programs are separated by children's developmental stage, which encourages more age-appropriate parenting strategies to be understood and utilized by parents. More detailed information on the group leader therapeutic methods and collaborative process can be found in a book for IY therapists/group leaders (Webster-Stratton, 2012b).

Core Content Components and Topic Objectives of the IY Basic Parent Program

This next section reviews the objectives and core components of the updated IY Parent Basic program (2006), particularly highlighting those that are relevant for the child welfare population.

Strengthen Parent-Child Relationships and Bonding

- Increase parents' empathy and responsiveness towards their children.
- Help parents to have age appropriate expectations and to be sensitive to individual differences in children's temperament, social, emotional and cognitive development.
- Promote parents' consistent monitoring and predictable supervision of children in order to keep them safe at all times.
- Increase parents' positive, coping thoughts and decrease their negative attributions about their children.
- Encourage parents to give more effective praise and encouragement for targeted prosocial behaviors.
- Help parents understand how to promote positive parent-child relationships and strengthen their attachment.

- Help parents learn to enjoy their children, play with their children, and follow their children's lead during play interactions.
- Help parents learn to become social, emotion, persistence, and academic "coaches" for their children.

Promote Routines, Effective Limit Setting, Non-punitive Discipline, and Problem Solving

- Help parents understand the importance of predictable schedules, routines and consistent responses, particularly in regard to separations and reunions with children.
- Help parents understand home safety, childproofing, and monitoring strategies are ongoing themes in sessions.
- Help parents learn anger management strategies and affect regulation so they can stay calm, controlled, and patient when disciplining their children.
- Help parents set up and communicate realistic goals for their children's social, emotional, and academic behavior.
- Help parents set up behavior plans and develop salient rewards for targeted prosocial behaviors.
- Help parents use non-punitive discipline and reduce harsh and physical discipline for misbehavior.
- Teach parents how to teach their children self-regulation skills by using brief Time Out to calm down.
- Teach parents to help their children manage anger and aggression by teaching them problem-solving and self-regulation strategies.
- Help parents to provide children with joyful and happy experiences and memories and reduce exposure to adult arguments, violent TV and computer games, and atmosphere of fear or depression.
- Teach parents how and when to use problem-solving strategies with their children.

Preliminary Research Evidence for Use of IY Parent Program for Maltreating Families with Young Children

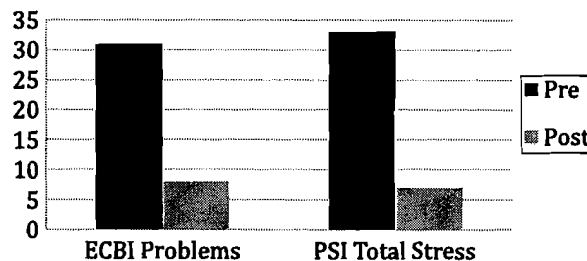
As noted earlier the IY parent programs have been evaluated in RCTs as prevention programs in community samples, including socio-economically disadvantaged and multi-cultural groups of parents enrolled in Head Start (Webster-Stratton, 1998; Webster-Stratton & Reid, 2007; Webster-Stratton, Reid, & Hammond, 2001), as well as in UK with Sure Start families (Hutchings, Gardner, et al., 2007). In the Head Start studies, 20 % of parents reported prior involvement with child protective services for maltreatment (Webster-Stratton, 1998; Webster-Stratton et al., 2001).

Hurlburt (Hurlburt, Nguyen, Reid, Webster-Stratton, & Zhang, 2013) re-analyzed these data to determine if this subset of parents responded differently to the IY program than those whose parents had no prior child welfare system involvement. The results by independent observers in the home showed that, irrespective of whether or not parents were involved in the child welfare system, those who received the IY parenting group became significantly more positive, nurturing, and engaged with their children and less harsh and critical in their discipline compared with a control group of Head Start parents who received no parenting intervention. Overall, intervention outcomes did not differ in any significant way for parents with and without a history of involvement with child welfare and regardless of ethnic group. However, parents with such a history showed higher initial levels of negative and lower levels of positive parenting practices, consistent with other studies comparing matched samples of parents with and without a history of child maltreatment (Lutzker & Bigelow, 2002). The results of these analyses are promising in the sense that they provide further support for the use of the IY parent training model for helping to improve key parenting competencies in the child welfare population. However, because these parents participated in the program voluntarily and were not mandated by child welfare, it is unclear whether the results would be replicated with families who were court ordered or mandated by child protective services.

A pilot study (2007–2009) utilizing the toddler and preschool programs was conducted in Seattle, Washington where child welfare-referred, court mandated families or open cases in which parents mostly had their children at home (but were at risk of having them removed) were offered the updated BASIC parenting program. Fifteen parent groups with an average of 8–18 parents per group were delivered. Seventy percent of families ($N=136$) who registered for the program completed the program. (In order to be classified as a program completer, families could miss no more than 4 of 16 sessions or they were asked to retake the program.) Day care and dinners were provided for parents and transportation when needed. There were 12 group leaders who co-facilitated delivery of the parent groups.

Parents were asked (but not required) to complete pre and post-treatment data on the Parenting Stress Index/Short Form (PSI-SF) (Abidin, 1990) which is a 36-item parent-report instrument of child behavior problems and parental adjustment. The PSI/SF includes four variables (a) a Total Stress score that provides an overall level of stress related to parenting and is derived from interactions with the child or as a result of children's behavioral characteristics; (b) Parental Stress subscale (PD) determines distress in the parent's personal adjustment directly related to parenting such as impaired sense of competence, conflict with child's other parent, lack of social support, restrictions in life and presence of depression; (c) Parent-child Dysfunctional Interaction subscale (P-CDI) focused on parents' view that the child does not meet their expectations and that parent-child interactions are not reinforcing to them. High scores indicate that the parent feels the child is a negative element in his/her life and suggests poor parent-child bonding and risk for neglect, rejection or abuse; and (d) The Difficult Child subscale (DC) focuses on behavioral

Fig. 6.1 Percentage of mothers and children in the clinical range pre and post treatment



characteristics of the children that make them easy or difficult to manage. These are often a result of the temperament of the child and may include defiant, noncompliant, and demanding behaviors. Parents also completed the *Eyberg Child Behavior Inventory* (ECBI; Eyberg & Pincus, 1999) which is a 36-item informant report measure of conduct problems for children ages 2–16 years. Two scores are derived, the Total Behavior Problems score, which indicates the number of behaviors that a parent perceives as problematic and Total Intensity score, which indicates the degree to which those behaviors are a problem. Parents also completed a comprehensive consumer satisfaction questionnaire regarding the treatment they received.

Results showed that mothers who attended the IY parenting class reported significantly lower scores on the Total PSI Stress ($t [57]=6.53, p>.001$), Parent Distress ($t [57]=5.14, p>.001$), Dysfunctional Parent-child Relationship ($t [57]=4.50, p>.001$), and Difficult Child ($t [57]=5.03, p>.001$) from pre-test to post test. Results showed that fathers reported significantly lower Parent Distress ($t [22]=2.44, p>.02$) from pre-test to post-test. No other father changes were significant, although all scores were in the predicted direction. Results of the mother reports on the ECBI showed significant reductions in behaviors problems on both the Intensity Score ($t [54]=4.08, p>.001$) and Problem Score ($t [51]=3.22, p>.002$). Results of the father reports on the ECBI showed a significant reduction in behaviors problems on the Intensity Score ($t [19]=3.09, p>.006$).

In this study, the extent to which parents and children made clinically significant changes on both measures was analyzed by Chi-square analyses comparing the percentage of children and mothers in the clinical range on each measure at pre-test and post-test. Clinical significance analyses were not performed on the father data because of the small numbers of father reports available. Chi-square analyses showed that for the ECBI problem score, the percentage of children in the clinical range significantly decreased from pre-test to post-test. $\chi^2=3.98 (1), p<.05$. At pre-test 31 % of mothers reported that their children were in the clinical range compared to 8 % at post-test (Fig. 6.1).

Mothers showed clinically significant change on all subscales of the PSI. For ease of reporting, numbers are presented only for the Total Stress score; $\chi^2=8.82 (1), p<.003$. At pre-test 33 % of mothers reported stress levels in the clinical range compared to 7 % after treatment.

Parent satisfaction with the program was also high. Following treatment, parents' average satisfaction scores were 5.7 (1~very low rating, 7~very high rating) on reports of improvements in mother or father-child bonding, improvements in original problems, expectations for program success, confidence in handling current and future problems, and overall feelings. The highest scores (above 6.2) were for confidence in handling current and future child problems, and over all feelings were 6.35 for mothers and 6.04 for fathers. While there was no comparison group or control group in this program evaluation, the high attendance and satisfaction rates and the positive changes in parent and child behavior are very encouraging with respect to the use of the updated IY BASIC parent program for this population.

Finally, a recent study showed that the IY program resulted in attachment-based changes in sensitive parent responding compared with a control group indicating deeper level changes in the parent-child relationship. These results are highly relevant for working with maltreating parents (O'Connor, Matias, Futh, Tantam, & Scott, 2013).

Barriers to Providing Parent Training to Families Involved with Child Welfare

A number of barriers, noted above, may arise when working with families involved in the child welfare system. Below we will outline ways that the IY program can be used to overcome these barriers. In some cases, core components and therapy processes of the existing program are already well suited to working with this population. In other cases, program modifications or adjunct programs that are particularly relevant for the child welfare population are recommended.

One such barrier is that parents involved in the child welfare system may be difficult to engage because they are angry about being required to participate in parent education. The IY parent program, with its emphasis on collaboration rather than didactic prescriptions and its non-blaming and non-confronting focus on parent strengths instead of deficits is designed to counteract parent resistance. From the very first session, parents are involved in setting their own parenting goals as well as goals for their children's behavior. Therapists describe the group process as a partnership between the parents and the group leaders and emphasize that everyone in the group will be sharing ideas and learning from one another. This group process helps to diffuse parents' anger and sense of stigmatization because they receive validation from other group members who are struggling with similar difficulties in their day-to-day parenting experiences. Making new friends and sharing mutual problems and solutions is motivating and supportive for these parents, who often feel isolated and blamed (Coohey, 1996; Roditti, 2005). Moreover, the IY program's incorporation of motivational concepts such as individual goal setting, self-monitoring, reinforcing motivational self-talk, benefits and barriers exercises, peer buddy calls, and group leader coaching helps to promote demoralized parents' active engagement with the program. These program elements are theorized to help parents determine and accept responsibility for what they want to achieve,

to empower parents and enhance attendance. A recent study with PCIT has indicated the usefulness of these concepts (Chaffin, Funderbunk, Bard, Valle, & Gurwitch, 2011).

A second barrier to group attendance is addressed by providing practical assistance for families by offering dinner, childcare, and transportation for the groups. These are offered in all of our community-based groups, not just to families involved in child welfare. Over and over, when families are asked to list reasons for not attending a group, childcare and transportation are among the top reasons listed. Families who do attend the groups always rate the social dinner time as a strong motivator for their ongoing participation.

A third difficulty in working with families involved with child welfare services is that parents are often experiencing multiple stressors that make it difficult for them to focus solely on parenting issues. For example, parents involved with Child Welfare Services have elevated rates of depression (Wilson, Dolan, Smith, Casanueva, & Ringeisen, 2012), have anger control difficulties (Ateah & Durrant, 2005), substance abuse problems, and conflictual relationships with partners that frequently escalate to domestic violence (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). Many of these parents may also require other treatment for these co-morbid issues; however, it is difficult to compartmentalize treatment, and each of these issues is a significant barrier to effective parenting and to participation in a parenting group. For this reason it is recommended that the IY Parent ADVANCE Program be offered in addition to the BASIC Parent Program because it addresses interpersonal parent issues such as anger and depression management as they relate to parenting and also to parents' functioning in their adult environment. Themes of anger management, coping with stress, managing sad and discouraged feelings, problem solving and developing support networks are all incorporated into the IY ADVANCE parent program content. Parents are helped to learn elements of cognitive restructuring and self-regulation such as how to self-praise, substitute coping thoughts for negative self-defeating thoughts, positive imagery, ways to develop positive supportive relationships through weekly buddy calls, strategies for using self-reinforcement when they achieve their goals and calm down strategies.

Helping Parents Whose Children Are in Foster Care

While nine out of ten children remain at home after investigation of abuse and/or neglect (Wulczyn, Barth, Yuan, Jones Harden, & Landsverk, 2005), some will have had their children removed to foster care and parent training usually mandated as one of the conditions before family reunification can occur. Half of the small percentage of children who are removed from their biological home to foster care will be returned within 18 months of removal. The IY parent program is potentially useful for remediation of these parents' parenting difficulties but requires adaptations. For parents who may not have visitation rights or have only brief weekly supervised visitations, there are limited opportunities to practice the parenting skills they are

learning with their children. According to the IY parent model, regular parenting practice with children at home between group sessions followed by group and leader feedback is a key component of behavior change. Therefore, for this population, group leaders need to show more video vignettes and set up many more coached practices during group sessions where parents alternate between the roles of parent and child in order to experience the perspective of their child as well as practice their parenting skills with other adults in the role of child. While this is typical practice for the IY program, spending more time on these practices helps enhance parents' empathy for their children as well as receive more coaching on their use of the parenting strategies. Additionally, the IY program's use of video modeling, group support, behavioral rehearsal, and in-group practice experiences provide opportunities for parents who are not living with their children to practice, watch, reflect on, discuss and learn appropriate parenting interactions and developmentally appropriate discipline. Expanding on these methods can help enhance the parents' modeling and experiential learning but also requires more time in treatment.

If these parents have visitation rights, they are asked to practice child-directed play and coaching skills during their visitations times. Parents are helped to plan activities to do with their child during visitation and to anticipate their child's response to seeing them after a separation. It is recommended that the visitation supervisors (and foster parents) be trained in the IY program so that their support will be consistent with what parents learn in the group, and they may even model some of the coaching skills themselves. While learning new parenting skills, parents also work on their own coping skills, their ability to manage anger and grief, on enhancing their support networks, and planning ahead for changes they will make when their children are returned home. Moreover, it is recommended that parents who do not have custody of their children when they take the program, repeat the IY group again after reunification so they can receive feedback and support while they are using the new parenting strategies at home with their children. Additionally, at this time group leaders help them strengthen their attachment with their child, a key foundational piece for their successful use of proactive discipline and responsive parenting. They work on the following: challenging negative and unrealistic thoughts and replacing them with positive coping thoughts and developmentally appropriate expectations; developing positive visualizations; determining self-care and pleasurable strategies; utilizing calm down strategies and their support network when needed. As they develop more confidence in themselves, their parenting approaches and understand their child's developmental milestones their relationships improve.

Ideally, foster parents will attend the parenting program with the biological parents. If this happens, foster parents can encourage parents' child-directed play and coaching interactions during their visitations, support parents' attachment and engagement with their children, and support children's emotional adjustment while in foster care. One randomized study has evaluated the use of the IY parent program offered jointly for foster parents and treatment mandated biological parents

(whose children were removed due to child neglect or abuse) in comparison with a usual care condition. Findings indicated significant gains in positive parenting and collaborative co-parenting for both biological and foster parents in comparison with the usual care condition, and these results were maintained at 1-year follow-up. At follow-up, biological parents had sustained greater improvements and reported children with fewer behavior problems (Linares, Montalto, Li, & Vikash, 2006). IY attendance and completion rates for biological parents whose children were in foster care were similar to the Head Start IY study population, who had their children at home. Additionally, biological and foster parents who attended more than six sessions showed more improvement in positive parenting than those attending fewer sessions, indicating the importance of program dosage.

Adding the IY Home Coaching Model for Families Involved with Child Welfare

For child welfare referred parents who have their children at home, it is recommended that in addition to their group sessions, trained IY home visitor coaches work individually with them for a minimum of four home visits. Child welfare case managers, who are typically visiting these families anyway, may be trained to conduct coaching sessions in-home or their group leaders may schedule times for offering the sessions. These home visits are an opportunity to set up parent-child experiential practices and for parents to receive support and reinforcement for their efforts. A home visitor coaching manual with session protocols and parent workbooks are available. If parents cannot attend groups for some reason, the manual offers protocols for offering make up sessions at home or for delivering the entire program at home.

Summary of the IY Child Program and Evidence-Base (Dinosaur School)

The small group child treatment program (aka Dinosaur School) was originally developed in 1990 to directly focus on the social, emotional regulation, and problem-solving deficits of children diagnosed with ODD and externalizing problems (ages 4–8). This therapeutic group program (updated 2012) consists of a series of DVD programs (over 180 vignettes) that teach children problem-solving, emotional regulation, emotional literacy and social skills. The curriculum consists of 18–22 weekly, 2-h group sessions with 5–6 children per group. The two therapists for this program use comprehensive manuals that outline every session's content, objectives, video vignettes, role play practices, and descriptions of small group activities designed to practice key behaviors.

The Dinosaur program consists of seven main topic areas: Introduction and Rules; Empathy and Emotion; Problem Solving; Anger Control; Friendship Skills; Communication Skills; and School Skills. To enhance modeling and practice of child prosocial skills and feelings language, the DVD vignettes involve real-life conflict situations at home and at school (playground and classroom), such as teasing, being rejected, and destructive behavior. The goals of this program are to promote children's social and emotional competencies and reduce aggressive and noncompliant behaviors by doing the following: (a) strengthening social skills (turn taking, waiting, asking, sharing, helping, and complimenting); (b) promoting use of self-control and emotional self-regulation strategies (deep breathing, positive imagery, positive self-talk); (c) increasing emotional awareness by labeling feelings, recognizing the differing views of oneself and others, and enhancing perspective taking; (d) promoting children's ability to persist with difficult tasks; (e) improving academic success, reading, and school readiness; (f) reducing defiance, aggression, peer rejection, bullying, stealing, and lying and promoting compliance with adults and peers; (g) decreasing negative cognitive attributions and conflict management approaches; and (h) increasing self-esteem and self-confidence. More details on the therapeutic methods and process of delivering this program can be found in the following articles (Webster-Stratton & Reid, 2003, 2005, 2008).

Typically this 2-h child program is offered while the parents (biological and/or foster parents) attend the 2-h IY parent program. By offering these programs concurrently, the child group leaders are able to give feedback to parents at the end of the session about the skills children are learning and practicing and how they can expand this learning at home with the dinosaur home activities. In order to enhance generalization of the skills children are learning further, group leaders have regular telephone calls, emails, and communication with the children's teachers and collaborate with them on goals for behavior plans, share strategies that are working well and explain how the targeted prosocial behavior and self-regulation strategies can be encouraged and rewarded in the classroom. Child therapists can provide teachers with materials that may facilitate the learning at school such as the calm down thermometer, solution kit, dinosaur stickers, school rules cards and behavior plans. The Dinosaur School treatment program has been evaluated in three RCTs by the developer (Webster-Stratton & Hammond, 1997; Webster-Stratton et al., 2011; Webster-Stratton, Reid, & Hammond, 2004; Webster-Stratton, Reid, & Stoolmiller, 2008) and one RCT by an independent investigator (Drugli & Larsson, 2006). Several other studies with pre and post data have been reported by independent investigators (Hutchings, Bywater, Daley, & Lane, 2007; Hutchings, Lane, Owen, & Gwyn, 2004). Briefly, results have shown that children who participated in the Dinosaur School program showed more positive interactions with peers, improved emotion regulation literacy skills, more problem solving and friendship skills, and reductions in conduct problems and ADHD symptoms. Compared with the parent alone treatment program, combining the child program with the parent program resulted in significantly enhanced outcomes in regard to peer and school behavior as well as longer term child behavioral sustainability (Webster-Stratton & Hammond, 1997; Webster-Stratton et al., 2004).

Rationale for the Use of the IY Child Program for Maltreated Children

In addition to offering the IY parent group program, the small group therapeutic child treatment program is recommended for this population because research has indicated that children who have been neglected or abused and are in foster care have more behavior problems, self-regulation and emotional attachment difficulties, and other developmental, learning, and social difficulties than typical children (Crick & Dodge, 1994; Fantuzzo et al., 1991; Jaffee, Caspi, Moffitt, & Taylor, 2004; Knutson, DeGarmo, Koeppl, & Reid, 2005; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004). In one study of children involved in the child welfare system in California, 42 % had a psychiatric disorder, mostly ADHD and ODD (Garland et al., 2001).

While this IY child program is being used clinically with this population, currently there are no RCTs evaluating its effectiveness with children who are in foster care or involved with child welfare. However, a study is underway in New York (Linares, Li, & Shrout, 2012) where foster children receive the child dinosaur small group treatment program while their biological parents and foster parents are participating together in the IY parent program.

Selecting IY Programs According to Population Risk Factors

Just as IY group leaders must help parents 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 according to the specific needs of the families. The BASIC parent programs are considered a mandatory or “core” component of the intervention with indicated or selective populations. The longer session protocols for the BASIC program delivery will be needed for high risk or treatment populations or new immigrant populations who find the content unfamiliar or who will need translators. Ideally, high-risk families will start by being offered the baby and toddler programs and continue with the age appropriate program for each developmental stage. This ongoing support is more likely to break the inter-generational transmission of child abuse and neglect than single shot program approaches. For families with mental health problems such as depression, marital conflict and anger problems it is recommended that they receive the ADVANCE curriculum after completing the BASIC program in order to address other family and interpersonal issues and to help support and maintain the changes they have made in their parenting interactions. For families who seem not to be grasping the concepts in group practices, or are reporting difficulty implementing the strategies at home, the home based IY model can be combined with the group training. This gives the parents a support group while also allowing them to have coached practice at home with their children and personalized, private feedback from IY coaches.

For families who have children with developmental problems or diagnoses such as ODD, CD, ADHD and Depression, it is recommended that the child also be

offered the child treatment dinosaur program. Involving the child in a treatment group has several added advantages. First it permits therapists or group leaders to have a fuller understanding of a child's developmental needs when working with parents; it destigmatizes parents feeling the blame for their children's behaviors; and it allows parents to have practice exercises with the children in conjunction with group learning and support. Finally, research shows it improves outcomes for children in terms of their behaviors with peers at school (Webster-Stratton & Hammond, 1997; Webster-Stratton et al., 2004).

Case Example: Robbie

Robbie is a 4-year-old boy who lives with his single mother, Melinda. Robbie's father left when he was 2 years old, and Melinda is unemployed and depressed. She tries to meet Robbie's needs and there are times when she lavishes attention on him; letting him stay up late watching TV with her and then allowing him to sleep with her at night. At other times she does not have the energy to engage with Robbie at all and frequently has left him unsupervised at home or on the playground. Still other times she asks him to do age inappropriate tasks such as make dinner, wash the dishes, or do the laundry and then gets very angry when he refuses or does it badly. He responds by throwing tantrums, which, in turn, fuel her anger or complete withdrawal. Melinda was reported to child protective services by a neighbor who was concerned about her explosive anger and neglectful behavior.

Robbie and his mother participated in treatment together with Melinda attending the weekly 2-h IY parent group at the same time that Robbie participated in the IY child treatment program, Dinosaur School. At the onset of treatment, Robbie had difficulty separating from his mother at the beginning of each dinosaur small group therapy session, and then he was clingy and almost inappropriately attached to the two child group therapists that he had just met. He was extremely volatile, easily irritated, and had dramatic mood swings. At times he was withdrawn and sad, at other times he seemed angry, defiant, oppositional, and noncompliant. In the small group he was interested in other children and seemed to want to make friends, but was easily jealous of any attention that other children were getting from the therapists. During unstructured play times he mostly played alone and rarely initiated verbal interactions with peers except to poke or push them, laugh at them and make unfriendly gestures.

Foundation of the Parenting Pyramid

For Melinda the IY parent group started with helping her understand the importance of providing Robbie with daily and predictable child directed play times where she consistently gave Robbie positive attention, consistent responses, and positive emotional and social coaching and praise. The goal of providing this predictable,

undivided, focused attention was to help Robbie feel valued, respected, and more secure in his relationship with his mother. Robbie's mother was helped to understand his age appropriate developmental milestones ~ that of forming a secure attachment with her, developing beginning self-regulation skills as well as social friendship skills. She was encouraged to let him be a child rather than expect him to fill the male partner role, to comply with his ideas during play, as long as he was appropriate, and to engage in imaginary play so he could express his feelings. During practice sessions in the group, she was first asked to play the child role while another parent was in the parent role. This practice allowed her to see and experience the world from Robbie's viewpoint, to develop empathy and learn to appreciate Robbie's ideas and feelings such as his fears of abandonment. Melinda was also given many opportunities to practice in role as parent so that she could try out a new and more age appropriate way to interact and communicate. As Melinda continued these play times with Robbie using social and emotional coaching, she could see that Robbie enjoyed this form of attention from her and was imitating her words and behaviors. Her confidence in her skills as a parent began to increase, which, in turn, resulted in her feeling less depressed. In the parent group she also worked on challenging her negative, self-defeating thoughts and substituting positive coping thoughts. Other parents in the group also struggled with depressive and self-blaming attributions, and they provided a support network for each other. With her assigned parent buddy, another single mother from the group, she made a list of low-cost pleasurable activities she could engage in to refuel her energy. One of the ideas they came up with was to set a play date at the park where they met each week so their children could play together. They used this opportunity to practice some social coaching skills, which in turn gave Robbie a chance to practice his friendship skills. Melinda's support system began to increase, as did her hope.

Several home visits were set up so the parent group leader could coach Melinda's play interactions with Robbie at home. They focused on practicing social and emotional coaching which was a foreign language for this mother. As a result with the help of the therapist she developed scripts, written out and laminated on a ring, which she kept on her belt to refer to when she was playing or doing some activity with Robbie. With time this language became more comfortable and she started adding some of her own ideas to the script notes.

By the 6th session Melinda was feeling some success with her play sessions and began using stickers and hand stamps to reward Robbie's "positive opposite" behaviors; that is, when he was calm, used friendly words and complied with her requests. She learned to reduce the number of unnecessary commands and criticisms and instead to give positive and respectful commands as well as to set up a predictable bedtime routine. She called her buddy from the group each night after Robbie was in bed to share her success with this. While there were relapses with Robbie's behavior and times when she lost control, she learned these set backs were normal, indicating that Robbie was testing the limits to see how secure they were and how safe he was. Melinda felt she had a strategy to follow in terms of calming down, a support group to share with each week, and a buddy to call when needed. Her therapist called her each week to see how she was doing meeting her goal for the week and to provide support.

Child Dinosaur School

In the child dinosaur small group of six children, the therapists played with Robbie in ways that would model healthy relationships. Using puppets, therapists modeled setting boundaries on physical touch by teaching Robbie how to ask before touching someone else. He received hand stamps and praise for using friendly words and for gentle touch. Therapists worked on using emotion coaching with a focus on times he was calm, happy, and proud as well as pointing out how other children were enjoying playing with him. They paid little attention to Robbie's sulky or pouty behavior, but continued to model, prompt and encourage him to engage in friendly social interactions with other children. For example if Robbie was sulking, no direct attempts were made to cajole him out of his mood. Rather therapists might say to another child, "Billy, I'm really enjoying working on this art project with you. I bet that when Robbie is ready to join us he'll have some great ideas about what we should add to our drawing. He's a great artist and helpful friend."

Circle times during each child group session focused on watching DVD vignettes designed to model social skills such as sharing, waiting, taking turns, and giving complements. Puppets were an important part of Robbie's treatment plan. He seemed much more willing to share feelings and experiences with the puppets than directly with the therapists. Through puppet play, Robbie began to establish close and healthy relationships with the therapists. Therapists showed Robbie that they would continue to be positive and engage with him, even after he had rejected their attention or been oppositional. This attention was always given strategically so that Robbie received little attention when his behaviors were negative, but was quickly reinforced as soon as he was neutral or positive.

Initially Robbie sought attention from the other children in the group by being disruptive, silly, and loud. The other children were taught to ignore this inappropriate behavior and to give him privacy until he calmed down. Robbie was also put in charge of helping to monitor other children's friendly and positive behavior. This provided him with an opportunity to receive attention and positive approval from the other children. Children were taught to compliment things that they liked about the other children, and therapists repeatedly pointed out and reinforced every instance of friendly behavior they observed. After 4 sessions, Robbie began to report to his parents that he liked Dinosaur school. Two of the other boys in the group became friends with Robbie, and Robbie asked his mother if they could come over to play with him. From this point on, Robbie was consistently positive about coming to the group and Melinda reported that he seemed happy about a group-peer activity for the first time in his life.

In addition to the friendship skills taught in Dinosaur School, Robbie and the other children learned a series of problem solving steps (notice uncomfortable feelings, identify the problem, brainstorm solutions, try out and evaluate the best solution). The therapists tailored the problem solving scenarios to those that were relevant for children in the group, including Robbie. For Robbie, relevant problem-solving scenarios included communicating wants to others in appropriate ways,

personal space, getting peer attention in positive ways, dealing with an adult's anger, and getting help from a safe adult. Another unit in the child group focused on self-regulation and calm down strategies for children to use (going into a turtle shell, taking deep breaths, using positive self talk). Robbie was happy to practice these strategies with the puppets during the group. The therapists also looked for times when they could see that he was beginning to become angry, and would coach him to use the calm-down thermometer and other strategies before he became too upset. Robbie was often receptive to this coaching, and as the group went on, he even began to initiate self-calming strategies without the therapists' prompts.

Top of Parenting Pyramid

The second half of the parenting program helped Melinda to use positive, proactive discipline. In this part of the program, one key strategy is strategic planned ignoring. Parents are taught to temporarily withdraw their attention at times when their children are engaging in behaviors such as whining, tantruming, rudeness, or back-talk. This was challenging for Melinda because, while she had reduced unnecessary commands and criticisms, it was very difficult for her to understand the rationale for the ignoring strategy. She worried that Robbie would not understand what was expected of him if she ignored his behavior and that ignoring was not a strong enough message, particularly for his rude verbal behaviors. However, given her success with the first part of the program, she was willing to give ignoring an experimental try. At first Robbie was persistent with his tantrums and would scream loudly that she didn't love him. Melinda worried that others hearing this would report her to child protective services. She was inclined to catastrophize the situation and worry that Robbie's behavior was irreversible, and he was on the path to becoming a delinquent like his father. She learned to change her negative thoughts by using her coping and reframing self-talk (e.g., "He will feel safer when he knows there are predictable limits." "He is only 4 and if I help him now, he won't become a delinquent). With support from the therapists and her buddy, Melinda was able to ignore several very violent temper tantrums, after which she could see that while Robbie still had tantrums, they were less intense and shorter. The therapists stressed the importance of giving positive attention back to Robbie as soon as the tantrum subsided. This, too, was difficult for Melinda because she was often still very angry and dysregulated herself and had trouble letting go of this anger once Robbie had calmed down. Again, her buddy was helpful in supporting her; the two mothers called and talked to each other whenever one of them was frustrated with her child's behavior. They were encouraged to remind each other that it was okay to vent to each other and to feel frustrated, but that they need to let go of the anger and move on in order to help their children see that positive behavior resulted in positive attention from their mothers.

Robbie's relationship with his mother had improved considerably, and he had learned more appropriate social behaviors and emotional language from his mother

and in dinosaur school, but there were still times his behavior was aggressive or unsafe. Since it was clear that Robbie was desiring his mother's positive attention, the therapist then felt Melinda was ready to learn how to teach Robbie Time Out to calm down, reserved exclusively for aggressive behavior. This was practiced three to four times in parent group sessions with specific plans for what would happen if he refused to go or wouldn't sit in the chair. Additionally, since Robbie had learned and practiced this Time Out to calm down strategy in dinosaur school, Melinda learned to use the exact same script and language for sending him to Time Out at home. She reviewed calm down strategies with Robbie, including taking rocket breaths, thinking about his happy place, and using positive self-talk. Melinda was surprised how easily Robbie went to Time Out and noticed that he even reminded her of the words he could use (e.g., "I can calm down and try again"). The therapist called several times and let Melinda know she was available for any consultation needed. In week 17 of the program, Melinda learned how to teach Robbie problem solving steps, and they practiced using puppets how to solve hypothetical problem situations. Again since Robbie had learned problem solving and practiced many proactive solutions (e.g., sharing, helping, teamwork, ignoring, complimenting) in Dinosaur School he enjoyed helping teach his mother how this drama game worked to solve lots of problems.

Post Treatment Results

Robbie's behavior improved at home first as Melinda began to have a more predictable routine for meals and bedtimes, combined with frequent coaching and positive play interactions designed to build targeted emotion language and social skills. There continued to be explosive incidents throughout the treatment period, but they became less frequent, and Melinda became more confident in her ability to handle the problems. The Dinosaur child group quickly became a reinforcing activity for Robbie, and he made some of his first friends in the group. Melinda reported that he was proud of these friends and proud of his ability to help them. This was in sharp contrast to his negative feelings and resistance to attending these groups at the beginning of the program.

At the end of the group treatment, therapists recommended follow-up group booster sessions and therapist check-ins for Melinda to ensure that she had support to continue to use the skills that she had learned in the group and to help her cope with new issues that came up. Although Melinda had made huge changes during the group, her history of depression and isolation as well as Robbie's continued challenging behaviors made her vulnerable. While this was not mandated, when offered by her therapist Melinda was receptive to the idea of attending the ADVANCE parent program, stating that she was worried that without the support of the group, she would slip back into old habits with Robbie.

Assessment post treatment based on home observations and parent reports indicated that Robbie had significantly fewer behavior problems, and these improvements were maintained 1-year later. Melinda was actively reengaged in responsive

parenting and strategic use of her attention for positive behaviors. She continued to meet monthly with a therapist and more informally with several other parents from the group, who became a close support network for her. One year after treatment, Robbie was observed to be compliant to approximately 60 % of his mother's commands, which was a huge increase. Melinda reported that she still experienced Robbie's behavior as overwhelming and challenging, at times, but that she was also able to step back from these feelings and to draw upon the strategies that she had learned in the group. "Now, when I think about it, I know what I should do. That's a huge difference for me. Before I just yelled or gave up, and I felt that Robbie was winning. Now I feel like I know how to be in charge of him in a way that lets us both win in the end."

Concluding Remarks

The Incredible Years (IY) parent and child programs are evidence-based programs, which seem relevant and offer promise for use with maltreating families with young children. These programs have demonstrated ability to improve parent-child relationships and to build parents' own sense of competence and self-control as well as strengthen their supportive family and community networks. While it is not uncommon for child welfare agencies to seek briefer interventions than IY, it is recommended that because these families are complex and are in the highest risk for re-abuse and maltreatment, they need a comprehensive treatment plan that addresses parenting training, family interpersonal and support needs, and children's problems with attachment, emotional regulation, social skills and cognitive development. With adequate support and training with the full array of IY treatment programs spanning children's developmental stages, it is hypothesized that, in the long term, these parents' improvements in parenting will lead to lower rates of re-abuse, fewer re-reports to child welfare services and more socially and emotionally competent children. Research documenting the effectiveness of the IY programs and other evidence based practices for this very high-risk population should be a national public health priority.

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