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THE INCREDIBLE YEARS® PARENT PROGRAMS

Methods and Principles that Support Program Fidelity

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Learning Goals

1. Learn about Incredible Years parent programs' goals, objectives, and theoretical foundations to promote positive and responsive parenting, build support networks, reduce child disruptive behavior problems, and increase child social and emotional competence.
2. Learn about randomized control group trials related to the IY parent programs.
3. Understand the value of IY Teacher and Child Programs in support of IY parent programs
4. Understand the importance of fidelity implementation of the IY programs using IY training principles and methods and how to balance fidelity delivery with adaptation for the cultural context of every family.
5. Recognize the importance of ongoing consultation and support after initial training.

Introduction

Social, emotional, and behavioral problems in young children are the most common reason parents seek help from mental health professionals. Without intervention, these disruptive behavior problems can lead to poor educational achievement and confer risk for later psychopathology including criminality, substance abuse, and other adverse outcomes (Tremblay, Nagin, & Seguin, 2004). A Cochrane review recently showed that group-based parenting programs improved parenting skills, parental mental health, and children's conduct problems according to parent report and independent observations (Furlong, McGilloway,

Bywater, Hutchings, Smith, & Donnelly, 2012). Interestingly, the severity of conduct issues prior to parents starting the program did not influence program effectiveness. Another recent meta-analysis of 36 controlled trials with preschool children provided robust quantitative support for evidence-based parent interventions being provided as the first-line treatment for early disruptive behavior (Comer, Chow, Chan, Cooper-Vince, & Wilson, 2013). Despite the growing body of evidence to support the effectiveness of group-based parenting programs, the proportion of children and their parents receiving evidence-based programs is decreasing (Comer et al., 2013). Barriers to program availability include financial difficulties, lack of understanding how to deliver such programs with fidelity, and clinician training issues.

This chapter reviews the Incredible Years Parenting Program Series, which is one of the evidence-based, group-based parenting programs for young children included in the reviews and meta-analyses cited above. This chapter will include the theoretical foundation, goals, and core content of these programs as well as the research evidence and the unique methods and principles of delivering the programs with fidelity.

Theoretical Foundations and History

The Incredible Years® Parent Series (IY) was originally developed in 1979 for parents of children ages 4 to 6 years (Webster-Stratton, 1981, 1982). It was designed to reduce the malleable family risk factors that lead to negative outcomes for children, such as ineffective parenting, harsh discipline, neglect and poor attachment, parent isolation and lack of support, and low involvement with day-care providers and teachers. Over subsequent decades the program has continued to be refined and updated based on research and parent feedback with both high-risk prevention populations and treatment populations.

The IY parent training series is grounded in cognitive social learning theories about the development of antisocial behaviors in children (Patterson, Reid, & Dishion, 1992) as well as modeling and self-efficacy theory (Bandura, 1977, 1982), developmental cognitive stages and interactive learning methods (Piaget & Inhelder, 1962), and attachment relationship theories (Ainsworth, 1974; Bowlby, 1980). The parenting program works to break the negative coercive cycle described by Patterson (Patterson et al., 1992) and build positive relationships and attachment between parents and children as well as strengthen parents' support networks with teachers and other parents. The program integrates cognitive, emotional, and behavioral theories, all considered equally important.

Program Goals and Objectives

Currently the BASIC (core) parent training is four different curricula tailored to the developmental stage of the child: Baby Program (4 weeks to 9 months),

Toddler Program (1–2½ years), Preschool Program (3–5 years), and School-Age Program (6–12 years). Each of these programs emphasizes developmentally appropriate parenting skills and includes age-appropriate video examples of culturally diverse families and children with varying temperaments and developmental issues. The specific objectives for each of these programs can be found on the website <http://incredibleyears.com/about/incredible-years-series/objectives/>. In addition to the BASIC program there are also other adjunct programs such as the ADVANCE curriculum, which are described below.

Short-term program goals for parents are improved parent–child interactions and attachment, lessening of harsh and building nurturing parenting, and increased parental social support and problem solving. These positive parent changes, in turn, lead to child changes including increasing social competence, emotion regulation, positive attributions, problem-solving ability, and academic readiness while preventing or reducing externalizing (aggressive, defiant, oppositional behaviors) and internalizing (anxiety, fears, somatic symptoms) behavior problems. The long-term goals for the program are the prevention of conduct disorders, academic failure, delinquency, and substance abuse.

The IY parent programs were originally developed as a clinic-based treatment program for reducing young children’s conduct problems (high rates of aggression, defiance, and oppositional and impulsive behaviors). They were researched in randomized control group trials (RCTs) with parents who had children (ages 3–8) diagnosed (DSM-III and IV) with oppositional defiant disorder (ODD) and attention deficit hyperactivity disorder (ADHD). Many of these children also were comorbid for internalizing problems and developmental delays. Later the program protocols were revised by the developer for use as a selective prevention program in targeted schools addressing socioeconomically disadvantaged children (greater than 70 percent free lunch). These program protocols were also evaluated in RCTs with families enrolled in Head Start and families involved with child protective services. Currently the programs are being offered both as prevention and treatment programs in a variety of settings such as mental health clinics, primary grade schools, Head Start centers, jails, homeless shelters and residential homes, and in businesses as employee benefits.

The Incredible Years® “Core” BASIC Parent Programs

In the IY *Baby and Toddler Programs*, parents are focused on helping their babies and toddlers successfully accomplish three developmental milestones—secure attachment with their parents (or primary caregiver); language and social expression; and beginning development of a sense of self. Program topics for the baby program include: baby-directed play; speaking “parentese” (language that is melodious, high pitched, elongated, sing-song-like, uses repetition and exaggerated facial expressions); providing physical, tactile, and visual stimulation; nurturing parenting; providing a language-rich environment; baby-proofing to

assure safety and building a support network. The baby program is a minimum of 9–12 weekly, 2-hour sessions with parents and babies present. Parents use the *Incredible Babies* book (Webster-Stratton, 2011a), which includes journaling and developmental and safety checklists. Program topics for the toddler program include: toddler-directed play; descriptive commenting, social and emotion coaching; language-rich specific praise; understanding toddlers' drive for exploration and need for predictable routines; clear limit setting; toddler-proofing to assure safety; and separation and reunion strategies. The BASIC toddler parent program is completed in a minimum of 12–14 weekly, 2-hour group sessions and has its own *Incredible Toddlers* parent book (Webster-Stratton, 2011b).

In the IY BASIC *Preschool Program*, parents are focused on the developmental milestones of encouraging school readiness skills (pre-writing, pre-reading, discovery learning); emotional regulation; and beginning social and friendships skills. Program topics include continuation of toddler topics as well as academic, persistence, and self-regulation coaching; effective use of praise and encouragement; proactive discipline; and teaching children beginning problem-solving skills. The preschool program is offered in 18–20 weekly sessions for high-risk populations and for parents of children diagnosed with ODD or ADHD. There is also a reduced 14-week protocol of this program for low-risk prevention populations. The text for both the Preschool and the School Age programs is entitled *Incredible Years: A Troubleshooting Guide for Parents of Children Ages 3–8 Years* (Webster-Stratton, 2006).

The *School Age Program* focuses on the developmental milestones of encouraging children's independence; motivation for academic learning; and development of family responsibility and empathy awareness. Program topics continue to build on core relationship skills with special time with parents; incentive systems for difficult behaviors; clear and respectful limit setting; encouragement of family chores; predictable homework routines; adequate monitoring; logical consequences; and working successfully with teachers. The *School Age Program* has protocols for 6–8- and 9–12-year-old children (both are 16+ sessions). The older age protocol includes content on monitoring afterschool activities, and discussions regarding family rules about TV and computer use, as well as drugs and alcohol.

In the *Group-based Delivery of IY Program*, all programs involve group-led discussions of a series of age-appropriate video vignettes of parents interacting with children in family life situations. The vignettes represent Latino, African American, Asian, and Caucasian mothers and fathers with children of varying developmental abilities and temperament. Programs have been translated into more than five languages: Chinese, Danish, Dutch, French, Norwegian, Portuguese, and Russian. Currently efforts are being made to translate the programs into Japanese and Arabic. Trained group facilitators use these video vignettes to facilitate modeling, self-reflection, group discussion, problem solving, and to trigger behavioral and cognitive practices. Group size is 10–14 parents. Group facilitators

help parents learn behavior management, self-regulation skills, and developmental principles, which they apply to their goals for themselves and their children.

Home-based delivery. Home-based coach-led versions of all four parenting programs are also available and are recommended as an adjunct to the group model for families referred by child welfare for extra practice with children at home and for makeup sessions when group sessions are missed.

Incredible Years® adjuncts to parent programs

In addition to the core BASIC parenting programs there are also three supplemental or adjunct parenting programs to be used in combination with BASIC for particular populations. First, the ADVANCE parenting program offered after completion of the BASIC preschool or school-age programs was designed for selective high-risk and indicated populations. This program focuses on parents' interpersonal risk factors such as anger, stress and depression management, poor coping skills, lack of support, and ineffective communication skills. The content of this program includes teaching cognitive self-control strategies, problem solving between couples and teachers, communication skills, ways to give and get support, how to set up family meetings, and ways to teach children problem-solving skills. This entire program is an additional 9–12-week supplement to the BASIC programs.

A second optional adjunct training to the Preschool Program is the *School Readiness Program* for children ages 3–4 years (4–6 sessions) that is designed to help high-risk and new immigrant parents support their children's preliteracy and interactive reading readiness skills. A third optional adjunct for the Toddler, Preschool and Early School Age programs is the *Attentive Parenting® Program* for children ages 2 to 6 years. This 8–10-session group prevention program is designed to teach parents social, emotional, and persistence coaching, reading skills and how to promote their children's self-regulation skills and problem-solving skills. The Incredible Years Series also includes complementary curricula for teachers, and children, which utilize similar group training methods and processes.

Evidence-based Research and Evaluation

The IY Series programs have been the subject of extensive empirical evaluation over the past three decades. The programs have been widely endorsed by various review groups including the Office for Juvenile Justice and Delinquency Prevention (OJJDP) as 1 of 11 "blueprint" model violence prevention evidence-based programs for treating and preventing disruptive behavior disorders (Webster-Stratton & Mihalic, 2001). Further, the toddler, preschool, and school-age programs have been researched as prevention programs with high-risk populations (Head Start and primary grades addressing low-income families) as well as treatment interventions with children with diagnoses such as ODD, ADHD, and

internalizing problems across a variety of settings and cultural contexts with high fidelity (Webster-Stratton & Herman, 2008; Webster-Stratton & Reid, 2010). A recent meta-analytic review examined the IY parent training regarding disruptive and pro-social behavior in 50 control group studies where the IY intervention group was compared to the control group. Results were presented for treatment populations as well as indicated and selective prevention studies. The programs were successful in improving child behavior in a diverse range of families, especially for children with the most severe cases, and the program was considered well established (Menting, Orobio de Castro, & Matthys, 2013).

Treatment and Indicated Populations

The efficacy of the IY BASIC parent treatment program for children (ages 2–8 years) diagnosed with ODD/CD and ADHD was demonstrated in eight published randomized control group trials (RCTs) by the program developer (Webster-Stratton, 1981, 1982, 1984, 1990a, 1992, 1994; Webster-Stratton, Kolpacoff, & Hollinsworth, 1988; Webster-Stratton, Hollinsworth, & Kolpacoff, 1989; Webster-Stratton & Hammond, 1997; Webster-Stratton & Reid, 2003; Webster-Stratton, Reid, & Hammond, 2004; Webster-Stratton, Reid, & Beauchaine, 2011).

The BASIC program has consistently improved parental attitudes and parent-child interactions, and reduced harsh discipline and child conduct problems, compared with wait-list control groups. These results are consistent for toddler, preschool, and school-age versions of the programs (Gross et al., 2003). One study (Webster-Stratton, 1994) indicated the additive benefits of combining the BASIC program with the ADVANCE program on children's pro-social solution generation and parents' marital interactions. Consequently a 20–24-week program that combined BASIC plus ADVANCE became the core treatment for parents of children diagnosed with ODD and/or ADHD and was used for the majority of the treatment studies. Several studies have also shown that IY treatment effects are durable 1–3 years post treatment (Webster-Stratton et al., 1989; Webster-Stratton, 1990b; Webster-Stratton, Reid, & Beauchaine, 2013). Recently two 8- to 12-year follow-up studies of families treated with the IY parent program because of their children's conduct problems (Webster-Stratton, Rinaldi, & Reid, 2010; Scott, Briskman, & O'Connor, 2014) indicated that 75 percent of the teenagers were typically adjusted with minimal behavioral and emotional problems. The later study (Scott et al., 2014) also indicated that in comparison with the control condition who received individualized supportive therapy, the mothers in the IY treatment condition expressed greater emotional warmth, supervised their adolescents more closely, and their children's reading ability was substantially improved on a standardized assessment.

The BASIC programs have been replicated with treatment populations by independent investigators in mental health clinics with families of children

diagnosed with conduct problems (Taylor, Schmidt, Pepler, & Hodgins, 1998; Drugli & Larsson, 2006; Gardner, Burton, & Klimes, 2006; Scott, Spender, Doolan, Jacobs, & Aspland, 2001; Drugli, Larsson, Fossum, & Mørch, 2010; Scott et al., 2010) and in doctors' offices with toddlers with ADHD symptoms (Lavigne et al., 2008; Perrin, Sheldrick, McMenamy, Henson, & Carter, 2014). Other treatment studies by independent investigators may be found in the recent meta-analytic review described earlier of 50 control group studies evaluating the effectiveness of the IY parent programs (Menting et al., 2013).

Prevention Populations

Additionally, four RCTs have been conducted by the developer with multiethnic, socioeconomically disadvantaged families in schools (Webster-Stratton, 1998; Reid, Webster-Stratton, & Beauchaine, 2001; Webster-Stratton, Reid, & Hammond, 2001). A study on elementary school children evaluated the effects of parent intervention delivered in schools with an indicated, culturally diverse population. Children whose mothers received the intervention showed fewer externalizing problems, better emotion regulation, and stronger parent-child bonding than control children. Mothers in the parent intervention group showed more supportive and less coercive parenting than control mothers (Reid, Webster-Stratton, & Hammond, 2007).

At least six RCTs by independent investigators with high-risk prevention populations have found that the BASIC parenting program increases parents' use of positive attention with their children (praise, coaching, descriptive commenting) and positive discipline strategies, and reduces harsh, critical, and coercive discipline strategies (see review Webster-Stratton & Reid, 2010). These replications were "effectiveness" trials in applied mental health settings, schools, homes post incarceration, and doctor's clinical practices, not a university research clinic, and the IY group leaders were existing staff (nurses, social workers, and psychologists) at the centers or doctors' offices (e.g., Raaijmakers et al., 2008; Posthumus, Raaijmakers, Maassen, Engeland, & Matthys, 2012; Perrin et al., 2014). The program has also been found to be effective with diverse populations including those representing Latino, Asian, African American, and Caucasian background in the USA (Reid et al., 2001), and in other countries such as the UK, Ireland, Norway, Sweden, Holland, New Zealand, Wales, and Russia (Scott et al., 2001; Gardner et al., 2006; Hutchings et al., 2007; Raaijmakers et al., 2008; Larsson et al., 2009; Scott et al., 2010). These findings illustrate the transportability of the IY parenting programs to other cultures and countries.

Fidelity of IY Parent Program Delivery

The fidelity of evidence-based programs (EBP) is an important topic for the delivery of these programs in the field. Fidelity, or intervention integrity, refers

to the degree of exactness with which group leaders or clinicians adhere to the original training program model features, with the goal of replicating original research outcomes (Schoenwald & Hoagwood, 2001). Fidelity can be conceptualized in three dimensions: (a) program adherence, or delivery of core program content and intervention dosage (number of sessions) in the recommended sequence; (b) clinician competence, or the IY group leader's skill level in using the training methods, processes, and learning principles employed in the original program model; and (c) program differentiation, or implementation of the program for the population for whom the program was designed. In addition to the three dimensions outlined here, parent responsiveness, or the level of engagement in the program, is an important component of intervention fidelity. In other words, fidelity encompasses both the quality and quantity of EBP training delivery.

Why does fidelity matter? Convincing evidence exists that program delivery fidelity is predictive of significant positive outcomes across a number of different EBPs, notably parent training programs (Henggeler, Schoenwald, Liao, Letourneau, & Edwards, 2002; Wilson & Lipsey, 2007; Eames et al., 2009). Poor program fidelity, including reduced program dosage and poor quality delivery, has been shown to predict little or no change, challenging the view that some exposure to program components is better than no exposure. Numerous studies have shown that dosage (Baydar, Reid, & Webster-Stratton, 2003; Lochman, Boxmeyer, Powell, Roth, & Windle, 2006) and quality of program delivery methods and processes are related to effect size of outcomes (Scott, Carby, & Rendu, 2008; Eames et al., 2009). Adding consultation and supervision for clinicians increases fidelity of program delivery (Henggeler et al., 2002; Raver et al., 2008; Lochman et al., 2009; Webster-Stratton, Reid, & Marsenich, 2014), which in turn leads to better outcomes. Taken together these findings regarding evidence-based parenting programs lend support to the assertion that higher dosages of these programs and quality delivery lead to more robust effects. Despite this compelling research, most mental health agencies are slicing and dicing EBP's dose and content due to budget barriers.

The IY Program Series provides a stellar example of an EBP that embeds fidelity and adaptation within its design. First, the core features of the program are presented along with the methods and processes that make the intervention effective. Second, the dissemination support mechanisms (training, mentoring, consultation, and coaching) necessary to facilitate high fidelity of implementation of IY parent programs are highlighted. The goal is to clarify the underlying principles and layered supports needed to effectively disseminate the IY programs to audiences with diverse cultural backgrounds and with children of varying developmental, academic, and social-emotional needs. Often fidelity and adaptation are thought of as mutually exclusive, but in the IY model they are considered both complementary and necessary. Finally, implications for future research are discussed.

IY Series Training Methods and Delivery Principles

The IY Series is frequently misunderstood as a fixed-dosage, inflexible, curricular-driven EBP. Instead, the IY Series is better understood as a set of principle-driven, dynamic interventions that were developed in applied settings and are flexibly adapted to each cultural context for parents of children with varying developmental abilities based on ongoing dialogue and collaboration between participants and training group leaders (see therapist text Webster-Stratton, 2012). The big ideas or principles, video-based vignettes, and participant books give structure to the programs, but flexible implementation gives voice to the participants and helps ensure the content fits the context of their lives. By using a principle-driven framework and flexible delivery strategies, the IY programs have proven to impact parent, child, and teacher behaviors across a wide range of settings with culturally diverse groups of participants in repeated and rigorous evaluation studies (Webster-Stratton & Reid, 2010).

The IY program utilizes self-reflective and experiential learning, group support and problem solving, and specific training methods that facilitate parents in learning important behavior management skills along with helping parents manage their own self-regulation and stress. Part of using the IY parent program model successfully is for group leaders to understand how to tailor or adapt the program according to the individual needs of each parent. Group leaders can achieve flexible applications of the manual when there is understanding of the program at multiple levels, including the program model, content, training methods, and delivery principles built into the program to promote a culturally and developmentally responsive structure for delivering the program to diverse populations. Evidence of the success of the IY implementation and adaptation processes comes from the high attendance and parent satisfaction ratings by parents in prior IY studies in varied contexts and multiple countries (Menting et al., 2013).

IY Parent Training Methods

The core IY training methods used to support effective parent learning include having trained group leaders or clinicians who (a) facilitate supportive and collaborative parent group processes and problem-solving interactions; (b) utilize video vignettes strategically selected to model effective parent interactions with children representing a variety of developmental abilities and ages; (c) structure role play and practices for parents to self-reflect and have experiential learning utilizing the newly acquired parenting skills; (d) set up small group breakouts for behavior planning and practices; and (e) assign home activities between group sessions. These training methods are utilized in every group session.

Group Process

A key part of the transportability of IY is that it is delivered in groups. Not only is this approach more cost-effective than individual therapy, but it also allows

group leaders to capitalize on dimensions of group process that facilitate cooperative learning (Brown & Palincsar, 1989; Eames et al., 2009), motivation, and self-efficacy (Bandura, 1982). IY programs attempt to build social networks among parents and reduce the isolation and stigma that they commonly experience, especially those who are struggling with oppositional children. Another advantage of the group is that it allows the group leader to capitalize on the collective knowledge and wisdom of all the parent participants. They learn from each other as much as they do from the group leader. When resistance emerges, the group leader does not argue against it, but rather draws on the group for other perceptions.

Video Modeling

A core feature of the IY Series is that it utilizes social learning, modeling, and self-efficacy theory (Bandura, 1977), which contends that observation of a model can support the learning of new skills. Video-based modeling involves showing participants actual parents using effective behavior management skills. Video vignettes show parents and children in unrehearsed situations, such as during unstructured play, reading times, mealtimes, bath times, going to bed, getting dressed for school, doing homework, grocery shopping, and doing chores. Scenes depict diverse parents with a variety of parenting styles and skill levels using many different strategies. Children in the scenes represent children of different ages, cultures, developmental abilities, and temperament styles. When delivered in groups, video-based modeling has the added benefit of triggering group discussion, self-reflective learning, and practices to reenact vignettes. The goal is not only to have parents grasp the intended concept, but also to have them become actively involved in problem solving, sharing ideas about the vignette, and practicing. In order to make the training personally relevant and bridge the gap between the specific structure and content of the vignettes and the varied backgrounds, situations, and problems represented by the participating parents, group leaders help parents discuss how the concepts illustrated in the vignettes apply or don't apply to their own unique home situations.

Role Play Practices and Experiential Learning

Role play and performance-based practice of unfamiliar or newly acquired behaviors and cognitions is effective in producing behavioral changes (Twentyman & McFall, 1975). Role play practices help parents anticipate situations more clearly, dramatizing possible sequences of behavior and thoughts that occur every day at home. This allows parents to apply behavioral and cognitive principles to situations that are specific to them and their personal situations. Parents are given ample opportunity to participate in role plays and to give and receive feedback about effective parenting practices. Group leaders direct and scaffold these role play

practices and guide discussions through collaborative facilitation strategies and Socratic questioning.

Small Group Breakouts and Buzz Brainstorms

The IY Series uses small group breakouts to stimulate strategies regarding targeting specific “positive opposite” behaviors (that replace negative behaviors) and to engage parents. Thus, the IY Series employs a partnership learning philosophy that uses strategies to give and respect the voices of parents with a reciprocal approach to learning between the parents and the group leaders.

Weekly Home Practice Assignments

The IY group leader assigns home practice activities for every session to help transfer what is learned in the group session to practice at home. Learning about a skill or planning a strategy during the group discussion is one thing, while implementing it with their children at home is another. Parents bring their successes and challenges faced in implementing the strategy at home to the next group session. Thus, the between-weekly sessions practice assignments serve as powerful experiential learning opportunities and stimulus for discussion, review, and refinement of strategies and further role plays in subsequent sessions.

Training and Supporting Clinician/Group Leaders to Deliver the IY Programs

Training for group leaders from experienced IY accredited trainers or mentors is highly recommended because it is more likely to lead to fidelity in program delivery. The 3-day workshops (with a maximum of 25 clinicians) are offered on a regular basis in Seattle, or can be arranged at the agency site through the IY headquarters. The clinician/group leader training process mirrors the methods and processes to be used by group leaders with parents. It includes modeling group leader skills, participant experiential practice mediating vignettes and leading small group discussions, setting up strategic role play practices, collaborative learning, and problem solving (Webster-Stratton, 2006b). However, sending motivated clinicians or group leaders with adequate qualifications to an accredited 3-day training workshop is only the first step in successful program delivery. After initial training, group leaders should be provided with sufficient consultation, support, and video reviews of their group sessions from accredited IY coaches or mentors to ensure quality delivery of the intervention. Research has shown that post workshop coaching, consultation and support leads to high-quality program delivery (Lochman et al., 2009; Webster-Stratton, Reid, & Marsenich, 2014).

In order to ensure fidelity and accreditation/certification it is necessary for group leaders to submit videos of the group sessions they conduct, protocol

checklists, parent attendance lists, and parent evaluations. Those who achieve accreditation are then eligible for further training as IY peer coaches or mentors. Peer coaches provide peer supervision and support to newer group leaders within their agencies. Mentors provide support and supervision to new group leaders and are also able to provide accredited workshop training to new group leaders within their agency or geographic areas. Coaches and mentors allow agencies to become more self-sufficient in the ongoing delivery of the IY program (see website for description of the certification/accreditation process <http://incredibleyears.com/certification-gl/basic-program/>).

Cultural Implications

To enhance parent engagement and maximize outcomes among individuals from diverse backgrounds and experiences, programs must be flexible enough to allow for some tailoring and adaptation. Prevention scientists developing interventions and clinicians implementing evidence-based interventions must be aware of the important balance between adaptation and implementation with high fidelity. The IY parent program utilizes a principle-driven approach that provides a guide to gaining this balance. Given that culture is not static and that relevant cultural dimensions are virtually limitless, it is not realistic to develop and rigorously evaluate a new, culturally adapted intervention for each of these dimensions as they change over time. Consider that race, ethnicity, nationality, socioeconomic status, religion, marital status, family constellation, geography, gender, age/developmental status, and neighborhood (among other cultural factors) all interact to influence responsiveness to interventions. When we appreciate this fact, every intervention truly needs to be tailored to the unique cultural context of every individual's life. The only reasonable way for this to occur is for tailoring to be built explicitly into the design of an intervention. For over thirty years, the IY Series has incorporated a principle-driven collaborative and experiential reflective approach to guide effective tailoring, adaptation, and dissemination of effective parenting practices.

Additionally, the need for an infrastructure to support those training and implementing interventions through supervision and consultation as well as ongoing on-site coaching to support change in real-life settings is an important facet of intervention science. These support systems are often neglected or left unmentioned. Without proper training and ongoing support, evidence-based interventions are unlikely to be implemented with fidelity, minimizing the potential outcomes for children and families. In fact, the clinician supports should be considered as an integral part of the intervention. Implications for prevention and intervention science include the need for more transparency in the supports truly needed to adequately and effectively implement evidence-based interventions.

Lastly, intervention development must be thought of as an ongoing process rather than an endpoint given that new data gathered from ongoing research and

clinical practice can inform improvements to the intervention. For instance, the IY Series implementation manuals (including handouts, books, and resources given to participants), vignettes, and even the suggested number of sessions have been refined over time based on these experiences. An important implication for prevention science is understanding that effective interventions continue to evolve and improve based on internal audits and feedback. As a parallel, consider that the safety features of cars continuously improve. Few people, when given the option, would opt to drive the old model without the safety additions of seat belts, and air bags. Gathering data on what works, eliciting ongoing feedback, and actively participating in the implementation of the intervention across a variety of contexts provides the needed information to improve interventions and meet the needs of broader diverse populations.

Conclusion

This chapter highlights the collaborative and systematic processes and principles that allow the IY parenting program to be adapted with high fidelity. Many of these processes and principles have been part of the program from the outset but others evolved iteratively with our research and repeated applications of the program over time and across settings. Continued refinements occur as the program continues to expand and as the science behind it improves. The most important lesson to date is that the principles and processes that support dissemination cannot be afterthoughts; rather they need to be essential, foundational aspects of the intervention if it is to be successfully transported. Only dynamic interventions with identifiable, non-reducible, and measureable elements will be broadly disseminated with fidelity to meet the needs of an increasingly diverse parent and family population.

Key Points

1. Without intervention, young children with disruptive behavior problems are at risk for later psychopathology including criminality and substance abuse.
2. The proportion of parents and their children actually receiving evidence-based programs (EBPs) is decreasing because of financial difficulties, lack of understanding how to deliver such programs with fidelity, and how to adapt programs to the cultural context of every family.
3. Convincing evidence exists that EBP program delivery fidelity (recommended program dosage and quality delivery) is predictive of significant positive outcomes across a number of different EBPs.
4. The Incredible Years (IY) Series utilizes a principle-driven, collaborative approach that guides implementation with high fidelity and adaptation. It has been the subject of over fifty randomized control group studies and shown

to improve parenting practices and children's social and emotional behavior in a diverse range of families.

5. Agencies or countries implementing IY programs need to provide a supportive infrastructure to deliver initial training to clinicians and fidelity implementation through clinician supervision, consultation, and coaching.

Discussion Questions

1. Why is it important to deliver evidence-based programs with fidelity?
2. How is fidelity of the Incredible Years program conceptualized?
3. For the Incredible Years Parent Program, is it possible to make adaptations in the program in regard to the culture of families or the child's developmental status?
4. What are the underlying theories that influence the Incredible Years programs?
5. What populations are the Incredible Years parenting programs suitable for?
6. What are the core parent training methods needed for delivering the Incredible Years programs to parents?
7. What is the rationale for becoming accredited as a clinician to deliver the Incredible Years programs?
8. What outcomes or benefits can you expect if the Incredible Years programs are delivered with fidelity?
9. What is the role of an Incredible Years group leader?
10. What kind of training and support is recommended for Incredible Years group leaders?

Additional Resources

Website

The Incredible Years® programs: <http://incredibleyears.com/programs/>

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