



Adapting The Incredible Years, an evidence-based parenting programme, for families involved in the child welfare system

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Abstract

Families referred to child welfare for maltreatment and neglect are frequently mandated to attend parenting programmes. Evidence-based parenting programmes (EBPs) are under-utilised or not delivered with fidelity for this population. The Incredible Years (IY) parenting programme is an EPB that has been proven to reduce harsh parenting, increase positive discipline and nurturing parenting, reduce conduct problems and improve children's social competence. There is also promising preliminary evidence that IY is an effective intervention for families involved in child welfare and for foster parents. This article describes how the updated IY parenting basic programme is delivered with fidelity to this population.

Key words

Incredible Years parenting programme; child maltreatment; evidence-based programmes; positive parenting skills

Introduction

Each year over three million calls of concern about child maltreatment and neglect are made to child welfare service (CWS) agencies in the US (US DHSS, 2006). 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 are 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, services will be provided to the families at home

(Barth *et al*, in press). Data suggest that 27-44% of families with an open case will have parent training recommended or mandated (Stahmer *et al*, 2005) as a sole treatment to remedy inadequate parenting or as part of a multi-component service plan. Unfortunately, very few of the parenting programmes recommended have empirical support or are evidence-based programmes (EBP; Schoenwald & Hoagwood, 2001). In addition to the problematic parenting skills displayed by parents in these families, children in the child welfare system are at high risk for behavioural

problems. Garland and colleagues (2001), as well as a national survey (NSCAW Research Group, 2002) found that 42-47% of children in the child welfare system have Oppositional Defiant Disorder (ODD), Conduct Disorder (CD) or Attention-Deficit/Hyperactivity Disorder (ADHD). Thus, parenting interventions must be designed to improve parenting skills in the context of parenting children with significant challenging behaviours and attachment difficulties.

Policy-makers and senior managers are often resistant to using EBPs with this population for several reasons. First is the cost of delivering such programmes because they are lengthier and require additional training and supervision for therapists. Second is the belief that manualised EBPs are too narrowly focused and do not deal with the complex and culturally diverse parents and children that usually comprise this population. Third is a lack of understanding about how to deliver and adapt EBPs with fidelity to meet the unique needs of these families. Although there are relatively few studies of evidence-based parent training programmes among families involved in child welfare, estimates indicate that 50-80% of parents involved with child welfare who begin parent training programmes do not complete them (Lutzker, 1990; Lutzker & Bigelow, 2002; Chaffin *et al*, 2004). This high drop-out rate may be because of stressful life circumstances or by virtue of the court mandate that often requires parents' attendance but closes their case before their programme has been completed.

Whatever the rate of attendance, parents involved in child welfare who receive parent training present additional challenges to parent trainers for a number of different reasons. For example, parents may lack motivation or be resistant to attending a mandated parenting programme, especially if they do not feel they need parenting help. Parents may have had their children removed and therefore not be able to practise 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 childcare or transportation) that interfere with their ability to absorb new material or attend groups. They may see their problems in parenting to be a result of the external factors and not believe that parent training is necessary or a valuable use of their time.

Relevance of EBPs for the child welfare population

The relevance of evidence-based parent training programmes for the child welfare population has

been increasingly recognised (Barth *et al*, 2005). Recent field trials of EBPs for families of maltreated children – including Multisystemic Therapy, Family Connections, SafeCare, and Parent Child Interaction Therapy (PCIT) – have had promising results (Corcoran, 2000). For example, a control group study found significant reductions in physical abuse reports among parents who participated in PCIT, an individually-coached programme designed for parents of young children, in comparison with an existing community-based parent training programme (Chaffin *et al*, 2004).

The Incredible Years (IY) basic parenting series is another EBP relevant for use with maltreating families with young children. Several aspects of the IY programme make it particularly effective for families involved in child welfare. First, because it is a group-based programme, it not only costs less than individual treatment but also focuses on building support networks and decreasing the isolation and sense of alienation commonly found among these parents. Because families meet other parents in similar situations, they feel less stigmatised by their situation and more hopeful about their future. Second, the programme makes extensive use of video modelling methods, showing parents vignettes of families from different cultural backgrounds parenting in a variety of parenting styles. The diversity of the vignettes allows most participating parents to identify with the parents in at least some of the vignettes. Parents discuss these parenting interactions and start to form a list of effective parenting principles. Third, the IY programme is delivered in a collaborative discussion format and families are helped to focus on their personal goals and strengths rather than on their deficits. This leads to greater parent participation, motivation and attendance. Fourth, the programme methods focus on cognitive restructuring, emotional regulation strategies and behavioural practice methods of learning rather than on didactic lectures, since these are more likely to bring about cognitive and behavioural change.

Recently the IY parent programmes were updated and revised to include new material and separate programmes for parents of infants (up to one year), toddlers (one to three years), pre-schoolers (three to five years) and school age children (six to eight and nine to 12 years). These revisions are particularly relevant for the child welfare population because of the following additional topics and strengthened focus:

1. Parents learn about normal child development so that they have appropriate developmental expectations.

2. Parents are trained in academic, persistence, social and emotion coaching to help them foster their children's self-regulation and social skills, build their parent-child relationships and decrease their attachment difficulties.
3. Parents are helped to set up predictable routines, schedules and on-going monitoring.
4. Parents learn how to teach their children problem-solving skills.
5. Home safety-proofing and monitoring strategies are ongoing themes in sessions.

The IY Basic parenting programme has been successfully tested in numerous randomised control group studies in the US, UK and Norway as treatment for clinical populations of parents of young children (ages two to 10 years) with diagnosed ODD, CD and ADHD. Results consistently indicate significant reductions in coercive parent-child interactions and conduct problems post-treatment and increases in positive parenting, which have shown sustained effects two to three years later (Schweinhart & Weikart, 1988; Scott *et al*, 2001; Webster-Stratton & Reid, in press). These findings are likely to have great significance to maltreating families who, as noted earlier, report exceptionally high rates of disruptive behaviour, school problems and developmental delays among their children (Lutzker, 1992; Burns *et al*, 2004).

The programme has also been evaluated as a prevention programme in community samples, including socio-economically disadvantaged and multi-cultural groups of parents enrolled in Head Start (as well as in the UK with Sure Start families). Results have indicated that Head Start and Sure Start parents, regardless of ethnic group, became significantly more positive, nurturing and engaged with their children and less harsh and critical in their discipline approaches (Webster-Stratton & Reid, 2003; 2006; Webster-Stratton *et al*, 2004; Gardner *et al*, 2006; Hutchings *et al*, 2007) compared with control group parents. In addition, the children of parents who received parent training became less aggressive and more co-operative and had higher school readiness skills. Moreover, results also showed significant reductions in maternal depression and increases in maternal self-confidence, self-efficacy and problem-solving ability (Gross *et al*, 2003). This is important because of the implications for reducing neglect in families when depression is reduced and parenting confidence increased.

Studies of IY with the child welfare population

In the above Head Start study, 20% of parents reported prior involvement with child protective services (Webster-Stratton, 1998; Webster-Stratton *et al*, 2001). Hurlburt and colleagues (under review) re-analysed these data to determine whether this subset of parents responded differently to the IY programme than those Head Start parents who had no prior child welfare system involvement. The results showed that, irrespective of whether or not they were involved in the child welfare system, parents who received the IY parenting group made significant positive changes in observed parenting practices 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. 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 this analysis are promising regarding the possible 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 programme 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 second randomised study (Linares *et al*, 2006) evaluated the use of the IY programme jointly with foster parents paired with 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 in comparison with the usual care condition, and these results were maintained at one-year follow-up. 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 (Hurlburt *et al*, under review). Biological or foster parents who attended more than six sessions showed more improvement in positive parenting than those attending fewer sessions, indicating the importance of programme dosage. This study provides promise for the use of the IY parent

programme to train both foster parents and birth parents to use similar parenting strategies, to work together to develop behaviour plans and to provide mutual support.

A third pilot study (2007–2009) 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 programme. Fifteen parent groups with an average of eight to 18 parents per group were delivered. Of the 136 families who were signed up for the programme, 70% completed it. (In order to be classified as a programme completer, families could miss no more than four of 16–18 sessions.) Day care and dinners were provided for parents, as was transportation when needed. There were 12 group leaders who were trained and 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 behaviour 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 behavioural characteristics; (b) a Parent Distress subscale (PD) that 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) a 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), which focuses on behavioural 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, non-compliant and demanding behaviours. Parents also completed the Eyberg Child Behaviour Inventory (ECBI; Robinson *et al.*, 1980), which is a 36-item informant report measure of conduct problems for children aged from two to 16 years. Two scores are derived: the Total Behaviour Problems score, which

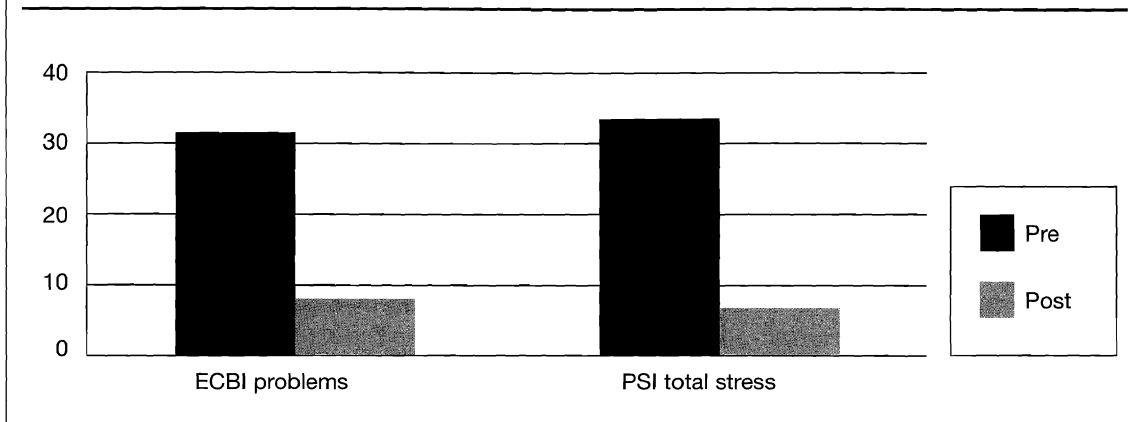
indicates the number of behaviours that a parent perceives as problematic, and the Total Intensity score, which indicates the degree to which those behaviours are a problem. Parents also completed a comprehensive consumer satisfaction questionnaire regarding the treatment they received.

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 subscales ($t [57] = 5.03, p < .001$) 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 and sample size was smaller. Results of the mother reports on the ECBI showed significant reductions in behaviour 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 behaviour problems on the Intensity Score ($t [19] = 3.09, p < .006$).

In this study we were also interested in the extent to which parents and children made clinically significant changes on both measures. Chi-square analyses were therefore used to compare 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 decreased significantly 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 with 8% at post-test (**Figure 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 with 7% after treatment.

Parent satisfaction with the programme 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 programme

Figure 1 Percentage of children in the clinical range on the ECBI at pre- and post-treatment and percentage of mothers in the clinical range on the Total Stress scale of the PSI pre- and post-treatment



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 overall feelings were 6.35 for mothers and 6.04 for fathers. While there was no comparison group or control group in this programme evaluation, the positive evaluations and high attendance rates are very encouraging about the use of the updated IY programme for this population.

Adapting and delivering the IY parent programme with fidelity for the child welfare population

A growing body of research demonstrates a significant relationship between the fidelity of EBP programme implementation and improved outcomes (Elliott & Mihalik, 2004; Fixsen *et al*, 2005). In order to deliver the IY programmes with quality and fidelity, it is important that group leaders understand four necessary principles of delivery. First, core programme components such as essential topics or content must be covered in every group. This includes providing the minimum number of sessions (ie. programme dosage), using the appropriate, age-specific IY parenting programme and mediating and discussing the required number of vignettes. Second, programme fidelity includes key leader skills and group learning methods used to deliver the programme, such as behavioural practice or role plays, the brainstorm and values self-reflection exercises, buddy sharing, cognitive reframing, principle building and the successful implementation of home activities. Third, group and leader alliance

building techniques, such as collaboration and parent involvement, leader praise, enthusiasm and reinforcement, group support and weekly leader and buddy phone calls, are fundamental fidelity alliance concepts. Fourth, the leader must be skilled at making informed clinical adaptations of the IY programme to match the needs of a particular population or family, and the barriers to participation they may encounter, without affecting core components of programme fidelity.

Often fidelity and adaptation are thought of as mutually exclusive endeavors but in the IY model they are considered not only complementary but *necessary* to achieve accreditation in the programme. For example, lengthening the IY parent programme dosage and number of sessions offered, or supplementing with adjunct IY programmes for populations whose baseline parenting knowledge is low or whose children have developmental delays due to neglect, is deemed best proactive practice. Similarly, choosing vignettes that represent the culture of the families represented in the group or the temperament and developmental issues of their children is also considered best use of modelling principles. On the other hand, reducing the minimum number of sessions or core vignettes, or leaving out key programme topics in order to deliver a cheaper or quicker programme, affects the IY theory of change and reduces fidelity and effectiveness. Research has shown that delivering the IY programme with fidelity predicts change in both parent-reported and observed parenting skills, which in turn, predicts change in child behaviour outcomes (Scott *et al*, 2008; Eames *et al*, 2009).

Core content components and topic objectives of the IY parent programme

This section reviews the objectives and core components of the updated IY programme (2006), particularly highlighting those that are relevant for the child welfare population. In the section that follows afterwards, we provide an overview of how the programme can be adapted or expanded on with fidelity to manage the barriers associated with working with families referred by child welfare for problems of abuse and neglect. We have used this enhanced focus when delivering the programme to families involved in the child welfare system – including in the pilot study discussed previously.

Strengthen parent-child relationships and bonding

- Increase parents' empathy towards their children and knowledge of normal child development and needs of infants and children.
- Help parents have age-appropriate expectations and be sensitive to individual differences in children's temperament and social and emotional development.
- Promote parents' consistent monitoring and predictable supervision of children to keep them safe at all times.
- Increase parents' positive thoughts and decrease their negative attributions about their children.
- Encourage parents to give more effective praise and encouragement for targeted pro-social behaviours.
- 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.

Strengthen parents' interpersonal skills and supportive networks

- Teach coping and self-control skills, such as depression and anger management, effective communication skills and problem-solving strategies.
- Help parents develop supportive networks with other parents and family members.

- Help parents develop confidence, be less self-critical and learn to care for themselves.

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 learn anger management strategies and affect regulation so that 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 behaviour plans and develop salient rewards for targeted pro-social behaviours.
- 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 a brief 'Time Out' to calm down.
- Teach parents to help their children manage anger and aggression through 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 an atmosphere of fear or depression.

Informed clinical adaptations of IY content and its relevance for the child welfare population

Enhanced focus: child-directed play and coaching skills programmes – strengthening parent-child bonding and building children's social and emotional competence

The emphasis on child-directed play and academic, persistence, social and emotion coaching are core components of the IY programme but will likely involve more sessions for the child welfare population than other prevention groups. It is important not to move on to the discipline units until parents begin to understand the concept of child-directed play, coaching, praise and incentives and have begun to form more positive relationships

with their children. For this population it is recommended that all the vignettes from the child-directed and coaching programmes be shown (in groups with less challenging populations a subset of the total vignettes is suggested). In addition, these parents are provided with many more intensive behavioural practice play experiences than a typical group. Parents take turns role-playing or practising playing 'parent' or 'child'. Leaders need to simplify skills and do repeated practices before moving on to more complex parenting. This not only provides practice with new parenting techniques but also gives parents an opportunity to see the world from the perspectives of their children, which promotes feelings of empathy for their needs. Parents also have daily home assignments to practise what they are learning. If children are in childcare at the same location as the parenting group, it is ideal to allot some time at the end of each session for parents to practise the new skills with their children under the supervision and coaching from the group leader. Alternatively, parents can receive this coaching and supervision of their parenting skills during a home visit. A home visitor coach manual is available for use by group leaders or case managers who will help parents practise the skills they are learning with their children.

This child-directed play content teaches parents how to provide emotion and social coaching during playtimes in order to strengthen their attachment and positive relationships with their children. Parents learn to provide consistent, positive attention for pro-social behaviours. They learn the value of play and having fun together for promoting their relationship, teaching social skills and improving school readiness skills. When viewing and discussing the video vignettes, parents also learn about children's normal developmental needs for contingent attention, predictable responses and positive emotional experiences. They discover that this undivided parental attention results in their children feeling valued and respected and leads to their increased self-esteem. They also learn about normal development differences in children's temperament, needs for attention and social and emotional development. This helps them to be sensitive and responsive to the cues their children give that they are ready to learn or need extra support, teaching and reassurance. Parents learn to watch, listen to, observe and enjoy their child's thinking process and to follow their child's lead in the play. They learn that children benefit from being in control of certain situations and may actually be more co-operative with their parents

if they have the chance to explore their own ideas and wishes in play. In addition to learning how to be an 'appreciative audience' when interacting with their children, they learn how to communicate with them effectively by refraining from asking too many questions, giving commands, correcting or criticising or trying to teach the 'right' way to play. Instead as academic, persistence and social coaches they learn to describe their children's activities, pro-social behaviours and ability to stay focused on a difficult project. For many parents in the child welfare system this is a foreign and difficult language to learn, which necessitates group leaders not only setting up many practice exercises during group sessions but also helping them write out their scripts and encouraging their practice of this at home during daily play sessions.

Parents are also asked to participate in pretend play during their play sessions in order to build their children's imaginary worlds. In addition to encouraging fantasy play, parents are taught to be 'emotion coaches' for their children. Emotion coaching involves naming the children's feelings and providing support for expression of positive emotions such as joy, love, happiness, curiosity and calmness (eg. 'Wow! You look so proud that you built that dump truck' or 'I'm so pleased that you're staying calm while you build that difficult model. You've got great self-control'). Parents are also taught calmly to label their children's negative emotions, while providing coping statements about these feelings (eg. 'I see that you're frustrated, but I think you're going to stay calm and try again' or 'That was really hard to share but that was so friendly and see how happy that made your friend feel'). This emotion coaching helps children recognise their own emotions and gives them words to express them and also helps them begin to recognise and understand others' emotions. Frequently parents referred to child welfare may have limited emotion vocabulary themselves, so this training and practice serves the double purpose of helping the parents themselves learn about appropriate expression of feelings. The net result of this added emphasis on child-directed play and coaching is the strengthening of a more secure attachment between parents and children as well as more sensitive and responsive parenting and more parental understanding when reacting to their children's behaviours. It also facilitates the strengthening of children's self-esteem, language skills and academic, social and emotional competence, all of which may have been delayed due to prior lack of adequate cognitive stimulation and language.

For parents with no children at home

Since some parents have had their children removed to foster care, they do not have children at home to practise the play skills. These parents will need extra coaching and practice during the group sessions, and extra sessions may need to be scheduled for this additional practice. This can be accomplished by more frequent small group breakouts where one parent plays child and one plays parent and they rehearse the various forms of coaching. In addition, the sound track of the vignettes can be turned off and parents can practise using descriptive commenting and coaching statements while watching the children who are shown playing on the video vignettes.

For homework, parents are encouraged to practise their play and coaching skills with the children of friends or relatives. Visitation times with their own children are an ideal time to practise the new child-directed play and coaching language. Prior to a visitation time, group time can be used to help parents plan what activity would be appropriate to do with their child and also to anticipate their child's response to seeing and playing with them after a separation. During sessions, they will rehearse how they will greet their children and collaborate with the child welfare visitation worker to provide a fun and stimulating playtime with them, and what they will say and do when it is time for their children to leave them. It is preferable if the visitation workers have been trained in the IY programme and have collaborated with the group leader so they are able to provide coaching for the parent and support the specific parenting skills the parents are trying to learn.

The focus for these parents will also be geared towards helping them address some of their personal needs for confidence-building and enhanced support networks. This is done by broadening their understanding of the purpose of play and showing how play refuels all relationships, not just those with children. The homework assignment for these parents in the first week is to find a time to play or do something enjoyable (give them a prescription to have fun) with another adult, such as meeting a friend for coffee, or taking a walk with a person they find supportive, or doing something nice for themselves. The idea of nurturing oneself and building supportive friendships begins with this first topic on play. This illustrates how the parenting principles are broadened to include relationship principles and to start the journey of improving parents' depressed and despondent affect by building in some joyful times for themselves.

Enhanced focus: praise and rewards programme – increasing positive parenting skills, thoughts and communication with others

When parents are stressed and depressed, they are less likely to praise and encourage their children or even to notice positive behaviours when they occur. Moreover, they are more likely to be irritated, critical or angry about minor annoying misbehaviours. At these times, parents need extra help to identify positive behaviours they want to encourage and to remember to praise these behaviours frequently. The video vignettes in this programme can be used to help them identify child behaviours that could be praised and then to practise thinking of praise statements that clearly describe the desired behaviours. Parents write these statements down on a special piggy bank coin to help them understand that these approaches are an investment in their children's future.

Sticker charts and incentive programmes are used to encourage parents to clearly identify positive behaviours and then to watch for them to occur. They are given colourful stickers and charts to take home so they can see the effect of this positive approach on their children's behaviour right away.

As with the play principle, parents are helped to understand the impact of praise on all relationships; for example, for promoting friendships, encouraging a partner's decision or letting a colleague know she is appreciated. In the group, they practise sending positive notes to their children's teacher about something they enjoy about their children's classroom experience. Finally, in this programme they begin to learn about the importance of positive self-talk or self-praise. They rehearse and record positive motivational statements they can use when they find themselves getting negative, such as: 'I am a good parent; I'm doing my best as a parent; I can handle this; I will cope; I can stay calm; I can help her learn to control herself; I did a pretty good job talking to my welfare worker; No one is perfect – I can do this; I try hard'. Learning to substitute these positive coping statements and self-praise for their negative self-defeating thoughts will be a recurring exercise throughout all the parenting group sessions for parents from the child welfare population.

For parents with no children at home

These parents also learn about the importance of praise for children and, as with play, are given

extra guided practice in the group setting through role plays and rehearsal with the videos of children (parents narrate appropriate praise statements with the sound turned down). For homework they are encouraged to find other children to praise. If they have telephone contact with their children, they can rehearse and practise ways to praise them on the phone and to respond positively to what they are doing in the foster home or at school. To extend their practice with praise, they are asked to praise friends, colleagues, store clerks or other adults they are in contact with. In addition to the self-encouragement statements discussed above, they learn about the importance of praise for building positive support systems. They are encouraged to work on practising positive self-talk and giving themselves rewards (known as caring times) for something they have been successful at finishing or doing. These parents are given homework to set up reward systems for themselves for things that are difficult for them to do, such as exercising, calling a friend, completing some paperwork, paying their bills, organising a teacher conference or cleaning the bathroom. Group leaders can negotiate an added bonus by providing a fun prize for parents who meet a particular goal they have set for themselves.

Enhanced focus: positive discipline programmes – increasing children's sense of safety and security

Frequently, abusive parents have unrealistic expectations of their children's behaviour. They do not understand that all children disobey about one-third of the time and all children whine, cry, have tantrums, talk back and are defiant and oppositional at times. In this programme, parents are helped to understand that these behaviours are normal and in fact quite healthy expressions of self-confidence and independence. They are also helped to identify the important and necessary rules for their family and to keep these to a minimum so that they can follow through with them. They learn to reduce excessive and unnecessary commands and criticisms and to give necessary commands clearly, politely and calmly, without fear of their children's response. The key message emphasised here is the ability to state a command assertively and respectfully but without negative affect. This requires parents to use self-control strategies and regulate their negative responses.

Parents identify and record child negative behaviours they want to see less of and the

group leader reviews these to be sure they are developmentally appropriate. Next they set up positive incentive plans for the alternative 'positive opposite' behaviours. For example, if a parent is trying to help an angry child throw fewer tantrums, she would start by labelling and praising her child's calm behaviour during play times or times when her child manages conflict by using her words rather than throwing a tantrum. She learns not to yell at her child for throwing a tantrum, thereby giving it attention.

In addition to learning to establish household rules and to make positive and clear requests, parents also learn about the importance of predictable routines for their children when they go to bed, get ready for school or say goodbye to their children. Frequently, these families do not have routine schedules for daily life. The homework assignment for this programme includes establishing rules and predictable schedules for mornings or evenings, reducing the number of commands and corrections and giving five praises for every correction or criticism. During group sessions parents write down the positive proactive commands they will try to use with their children at home. They are given laminated schedules with picture cue cards and use group time with their peer buddies to establish some predictable routines they will try to set up at home. Parents learn that having predictable household rules and routines leads to them giving fewer commands in a respectful way and results in children feeling safe and secure at home.

For parents with no children at home

If parents have visitation with their children, they are encouraged to think about what rules and limits apply to their visits. As described above, they decide what commands and limits are important to them and which are unnecessary. They then practise how to communicate their expectations clearly, calmly and positively when they see their children. In the group, parents may also discuss the added stresses of setting limits in the brief time that they have with their children, and additional challenges that may come if children are upset and resentful about the separation.

In addition to learning the limit-setting skills with children, an emphasis for these parents is their ability to apply these same principles to other relationships. So, parents are encouraged to think about what is most important to them. For example, in a conflictual partner relationship where there is much fighting and arguing, a parent might

be encouraged to think of one behaviour that she would appreciate having her partner do more of (eg. cleaning up clothes and newspapers from the bedroom floor). She would be encouraged to praise him/her for any efforts in this area, while at the same time reducing the amount of nagging she does for other behaviours. Parents also practise 'speaking up' about their needs and to ask other adults for what they need in a positive, non-critical way. This is a key skill for asking successfully for support from others. Lastly, parents are encouraged to think about life circumstances that are risky or dangerous to themselves or their children (eg. an abusive or substance-using partner). They discuss safe ways to set limits on these behaviours to protect themselves and their children.

Setting up predictable routines in their personal lives can also be challenging for many parents involved with child welfare. Many do not have daily schedules for eating, doing laundry or self-care, and often do not know how to plan their weekly calendars. We recommend giving these parents calendars and helping them work out their goals for the day and the week and learn how to organise their daily lives. Their homework is tailored around helping them to focus on an upsetting aspect of their life, identify for themselves what they would like to change and their goal, and then set up a plan to try to accomplish this.

Enhanced focus: handling misbehaviour programmes – strengthening parents' and children's self-regulation skills

Parents learn successfully to ignore many of the annoying behaviours that children exhibit, such as crying, having tantrums, whining, arguing and sarcastic backtalk. With neglectful parents, the difference in briefly ignoring an inappropriate behaviour and neglecting a child is emphasised in the programme. Developmental guidelines are given to define what ignoring looks like and how to keep children safe while ignoring. The key to using ignoring successfully is that parents learn never to ignore the child but instead to ignore briefly an inappropriate behaviour. Parents are taught that proximity to the child is very important during ignoring and that the most important part of ignoring is to return their positive attention to the child the moment that the inappropriate behaviour stops. Parents also discuss the fact that planned ignoring is only effective when the parent-child bond is strong. Thus, this topic comes

only in the last third of the programme after parents have spent 10-12 weeks building parent-child attachment and learning positive parenting strategies.

Parents are also trained to use a brief 'Time Out' to calm down as an immediate, non-violent and respectful consequence reserved for aggressive behaviour in children aged three to eight. They learn how to teach their children how to calm down in Time Out by deep breathing and positive self-statements such as 'I can calm down; I can try again'. However, the group leader considers carefully parents' readiness to implement Time Out at home with their children. It is important that parents are engaged in regular play times with their children and have learned successfully to coach and praise them for pro-social behaviours before starting Time Out. It is also important that parents have learned some calming strategies to use themselves when they start to use Time Out. This may mean that they practise numerous Time Out scenarios in the group before initiating this at home with their children. Lastly, parents discuss appropriate ways to monitor their child's safety during Time Out. Time Out is not an opportunity to lock a child in his or her room for the rest of the afternoon. Rather it is a brief (three to five minutes) and well-monitored period where children learn to regulate their negative emotions. It is not intended as a humiliating experience for the child, rather a time for the child (and parent) to reflect and to calm themselves. This is followed immediately by a new opportunity for the child to be successful and to receive positive parental attention.

Many of the parents in the child welfare system have used spanking or hitting in the past as their primary form of discipline and have experienced this as children themselves. They are usually unaware of how to use Time Out appropriately or why ignoring strategies work to reduce misbehaviour (withdrawal of parental attention). Therefore, it can be difficult for them to give up spanking or hitting, especially as it often seems to work to get their child to obey in the short run. Group leaders help parents understand the possible consequences of continuing to use hitting as their discipline approach. One of the exercises involves the group brainstorming the advantages and disadvantages of spanking and then contrasting this with the advantages and disadvantages of Time Out. This values exercise allows parents to look at hitting children in an objective and non-blaming way and to think about the consequences of this

approach for themselves and for their children. They discover that in the short term spanking might help them control their child but that its use leads to long-term difficulties for their child in terms of possible escalating aggression and unhappy future relationships with them. In contrast, Time Out delivered in a respectful and calm way is difficult for the parent in the short term because so much self-control is required, but in the long run results in more socially competent children who learn how to self-regulate in Time Out and ultimately enjoy happier relationships. Often this exercise helps parents to think beyond the immediate moment to their goals for themselves and their children in the future. They are willing to give up hitting because of their awareness that it will benefit their child's future success and ability to manage their anger without physical violence (because of the parents' modelling).

Discussions about spanking in the context of a group of parents who have been referred to the child welfare system will involve the reality that many of these parents are being carefully monitored. It is likely that spanking their children may result in additional consequences from the system. This provides an additional incentive to use other methods of discipline, but also may add to parents' resentment about being monitored and their helpless feelings if they feel they do not have other discipline strategies to manage misbehaviour. A discussion of the circumstances around spanking or hitting can also be helpful. Usually parents are spanking at times when they are very frustrated and do not know what else to do to control their child's behaviour. They often feel helpless, furious, out of control and, quite possibly, that they are failing as parents. In other words, they are probably spanking at the times when they have the least control over their own anger and their own behaviour. Providing parents with a chance to explore feelings of guilt, anger, inadequacy, fear of losing their children and other emotions that occur during the use of physical discipline can help parents be more receptive to learning new coping strategies. In addition to learning non-violent discipline approaches, parents learn a variety of ways to manage their own anger that are similar to what they teach their children. These include the following:

1. Recognising anger building up early (through their physiological responses and negative cognitive self-talk).
2. Deep breathing and muscle relaxation exercises.

3. Challenging negative self-talk and re-writing positive self-talk.
4. Using positive imagery.
5. Taking brief Time Outs themselves.

In these ways parents learn to be aware of their body signals when their anger is building and to use strategies to keep it under control, such as taking some deep breaths, imagining a relaxing and pleasant place or time or briefly tensing and relaxing various muscle groups. If they feel they are losing control, they are encouraged to tell their child they are taking a brief Time Out in their bedroom and will return in three to five minutes (this is not recommended for parents of infants and toddlers because of safety issues). Parents will think of an 'emergency' plan if they feel that they cannot handle a situation on their own without losing control. This may involve calling a buddy from the group, enlisting the help of an available family member or friend, calling the group leader, or some other way of obtaining support to defuse a situation. Parents will spend considerable time in groups learning and practising how to challenge their negative thoughts and cultivating more calming, coping and positive thoughts. They will engage in exercises where they re-write their negative thoughts and take them home to practise when they feel they are getting angry with their children.

The final programme in the series is helping parents learn how to teach their children to problem-solve when they are handling conflict situations. Parents help their children learn solutions they can try when feeling angry, sad, hurt or disappointed. If the child Dinosaur Programme is offered in conjunction with the parent programme, parents will have their children's solution kits, which they can use at home to reinforce using appropriate solutions. For child welfare families, it is often difficult to teach their children problem-solving skills because they have difficulty with this themselves. For this reason, taking the advance programme (described below) on adult problem-solving is recommended before the programme on teaching children to problem solve. The advance programme on family meetings is also recommended for the older age programme (eight to 12 years).

For parents with no children at home

The anger management strategies outlined above will be reinforced for these parents by helping them identify what situations cause them to get

angry or react. They are helped to identify times or situations where they could take a personal Time Out before exploding, or could ignore a particular response from someone. Parents are helped to practise self-control strategies, such as stress management, deep breathing, positive imagery and time away to refuel. They practise disputing negative and irrational thoughts and replacing them with more calming and coping thoughts. An anger thermometer is used to help them identify the physiological and cognitive stages of anger build-up and to highlight the importance of stopping this build-up of negative self-talk as soon as they can identify it happening.

Enhanced focus: monitoring and safety

In order to play, praise, set up reward systems, set limits and follow through with consequences, parents must be monitoring or watching their children and know where they are at all times. Particularly in the case of neglecting parents, monitoring is a key theme that is discussed in most sessions. Parents receive information about why they cannot leave children unattended and brainstorm what to do in situations where they feel they have to leave their children alone. Options for appropriate and safe babysitters and childcare are discussed and problem-solving occurs around barriers. Developmental expectations for different age children are also discussed: what level of monitoring is appropriate for an infant or toddler, a child starting school, a nine-year-old or a 12-year-old?

Parents discuss the value of appropriate continual monitoring for promoting their children's social and emotional development and sense of security. They brainstorm the advantages of monitoring as well as the barriers and disadvantages. The parents' ideas are written on a flipchart and reviewed so that participants can see the potential negative outcomes of not monitoring, both for their children and themselves. As part of this discussion, the role of television as a babysitter and the amount of time children spend alone with TV or computers is discussed. Since this takes place after the play units, parents can compare the value of parent-child play with that derived from watching television.

Lastly, other safety issues are covered, with an emphasis on how these change for children of different ages and developmental levels. For the babies and toddlers programme, considerable time is spent discussing child-proofing the home.

Parents' homework involves completing a detailed home safety checklist. Parents and group leaders talk about how child-proofing needs change as children progress through new developmental stages. For early school-age children, guidelines around what activities children can safely do themselves are discussed. For example, the group explores issues such as: at what age can children use the microwave or stove, go for a bike ride around the block, use the internet or answer the front door. The need for adult teaching, supervision and monitoring for all these activities is also emphasised. For the older, pre-adolescent, programme (ages eight to 12 years), the importance of monitoring where children are after school or on weekends and who they are with, or how homework has been completed, or completion of chores is stressed. Parents may mistakenly think that children can be left alone at this age, not understanding the importance of knowing where and with whom children are with at all times.

Clinical adaptations to handle barriers to treatment delivery

Above we discussed ways to tailor the IY programme content to families involved in the child welfare system. In addition to the need for content adaptation, there are other barriers that may arise when working with this population. In what follows we outline ways that the IY programme can be delivered to overcome these barriers. In some cases, core therapy processes of the existing programme are already well suited to working with this population. In other cases, we will suggest how group leaders can make informed clinical adaptations with fidelity that are specific to the child welfare population (**Table 1**).

Parent engagement

One 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 programme model, 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 behaviour. Group leaders describe the group process as a partnership between the parents and themselves

Core IY components	IY adaptations (with fidelity)
Standard topics and protocols for each of four basic parenting programmes according to age group targeted (2008 versions)	Cover all standard topics and protocols but increase the focus in key areas: parent-child attachment, emotion and social coaching, parental attributions and self-talk, positive discipline, monitoring and self-care
Vignette protocols	Add additional vignettes (beyond core recommended ones) if parents in the group are not mastering material
Programme dosage (18-20 sessions)	Increased dosage may be needed to cover the material adequately since it may take these groups longer to master material
Key group teaching/learning methods (behavioural practice, principle building, values exercises, tailoring to meet cultural and developmental issues, home activities)	Need to increase parent practice and role plays in sessions, develop scripts for language skills and cognitions, provide more explicit teaching about developmentally appropriate parenting practices, and adapt home activities for families without children in the home
Alliance-building techniques (collaborative learning, buddy calls, weekly leader support calls, praise to parents, incentives for parents)	All standard alliance-building techniques apply to this population, but may need increased efforts to engage families by giving more praise, using more incentives and spending longer to build a trusting relationship between parents and leaders
Food, transportation, childcare	No adaptations needed, but essential to offer these for this population
Core model does not offer home visits	Add a minimum of four home visits to coach parent-child interactions using coach home visit manuals; use these to make up missed sessions
Core model does not address collaboration with case workers or planning for visitation with children	Co-ordinate with case workers to plan for parent-child visitations. Case workers need to understand the core IY topics and parenting strategies so that they can coach families during these visits
Core model suggests use of IY advance, child and teacher programmes for children with diagnoses or very high risk families	Consider additional IY programmes: <ul style="list-style-type: none"> • Advance programme to teach anger and depression management and problem-solving steps • Child social, emotional and problem-solving skills programme (Dinosaur School) offered alongside parent programme

and emphasise that everyone in the group will be sharing ideas and learning from one another. Parents are assigned a buddy (another parent in the group) and are given specific assignments to contact the buddy between groups to share their experiences with each part of the programme. Group leaders also call parents each week to provide on-going support for their home practices. This approach helps to build a support system around parenting issues and diffuse parents' anger and sense of stigmatisation, because they receive validation from leaders as well as 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 programme's incorporation of motivational concepts such as individual goal setting, self-monitoring, reinforcing motivational self-talk, examination of personal belief systems through benefits and barriers exercises, peer buddy calls and group leader coaching helps to promote demoralised parents' active engagement with the programme. These core programme group learning methods help parents to determine and accept responsibility for what they want to achieve within a supportive context.

Balancing collaboration and teaching

Group leaders work to maintain fidelity to teaching the core behaviour management principles, while

helping families see how these principles are relevant for their own goals. The leader balances the need to present basic information that the parents might not know (eg. developmentally appropriate expectations for behaviour) with acknowledging parental perspectives and knowledge and helping parents to see that different parenting styles can be effective. In some child welfare parent groups, parents may need more basic teaching than in a group of parents with more baseline skills. However, because child welfare parents may be more resistant to the programme, the group leader will also need considerable therapeutic skill to bond with parents, to highlight the skills that these parents do have and to empower them to feel as if they can make changes that will benefit their children. In a sense, a group leader working with this population needs to be more directive, and more collaborative, and more therapeutically skilled. For this reason, when group leaders are first learning the IY programme and working with this population, they will need high levels of consultation and support from accredited IY mentors.

Practical barriers: childcare and transportation

Another 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 again, 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.

Addressing other mental health issues

Families involved with child welfare services 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 (US DHSS, 2006), anger control difficulties (Ateah & Durrant, 2005) and conflictual relationships with partners and other family members that frequently escalate to domestic violence (Hazen *et al*, 2004). The content of the Incredible Years parent advance programme addresses many of these issues as they relate to parenting and also to parents'

functioning in their adult family environment, and it is highly recommended that these parents are offered both the basic programme (described above) and the advance programme (described below). Group leaders are also responsible for referring parents to other, more specialised, treatment programmes for substance abuse, domestic violence or clinical level depression.

Out-of-home placement for children

A unique barrier to delivering the IY programme to the child welfare population is that some of the children of the parents in these groups may have been removed from the home before or during parent training. The sections discussed before provide specific modifications that are made in each content area to address this issue. However, these modifications cannot make up for the fact that when children are living with their parents, the parent-child relationship and attachment is built up during the first part of the programme and becomes the foundation for later parent and child behaviour change and proactive discipline. In the absence of this chance for parents to work directly on the parent-child relationship, IY is still potentially a useful training programme for these parents because of its use of video modelling, group support, behavioural rehearsal and discrete skills practice exercises during the group sessions. These methods provide an opportunity for parents who are not living with their children to practise, watch and discuss examples of parenting interactions. The examples from the DVDs, role-plays, and other group members help to prepare parents for their children's return. It is also recommended that parents who do not have custody of their children repeat the IY parenting group after reunification so that they can practise the skills they have learned with their own children.

Group constellation

Group constellation is an issue to consider when organising a parent group. A group could consist entirely of mandated parents or could be a mixture of mandated and non-mandated parents. Both kinds of groups have advantages. If all parents in a group have been mandated, the group formation provides them with support from a number of other families who are experiencing the same challenges. Group members may share the sense of anger, shame or despair about the circumstances that have required them to be in the group. This collective experience may be useful in group bonding and also may lead to

group goals and discussions about ways to change parenting interactions to avoid future involvement with Child Protective Services (CPS). On the other hand, a group that consists entirely of parents who are mandated to attend may initially be more difficult to motivate and engage. Also, it may foster parent negativity about being victims of the system rather than focusing attention on effective parenting. One of the advantages of doing the IY programme in mixed groups (parents who are mandated combined with those who volunteer) is that parents listen to one another talking about their goals. This gives parents who are mandated a chance to observe other parents openly acknowledging that they want to be a calmer or a more positive parent, or to hit and scream less, or to find ways to manage their children's behaviour problems. This group disclosure process helps the parents who are mandated begin to realise that other parents have similar issues and are being proactive about finding solutions, regardless of their level of involvement with CPS. It is important that parents' goals for themselves and their children be revisited throughout the programme, because this allows all parents to change their views about what they might want to accomplish and to take on more responsibility for their own learning.

Supplementing with additional IY programmes

For families who are involved in the child welfare system, it may be useful to combine the basic parent programmes (toddler, early childhood or school-age versions) with other supplemental IY programmes.

The advance IY parent programme

It is highly recommended that this population receive the advance programme in addition to the basic programme. Typically, the advance programme is offered after the basic programme is completed and takes another eight to nine sessions, making up a total of 24–26 sessions. The advance programme is recommended because it focuses on adult interpersonal issues. Parents learn effective communication skills with partners and teachers, more in-depth ways to cope with discouraging and depressive thoughts, more practice with anger-management strategies, ways to give and get support from family members and other parents, and effective problem-solving strategies. However, as we have seen, some of these advance programme themes are

woven throughout the basic programme. For instance, in every unit in the basic programme, there is an emphasis on how the behaviour management principles they are learning can help them cope with their own emotions and their other adult relationships as well as with their child's behaviour and emotions. If this is done skilfully and consistently, parents will have some experience with many of these concepts, even if the advance programme is not offered afterwards. In particular, the adult problem-solving programme from advance is recommended for parents of all age groups.

IY home visitor coaching and model

In addition to the IY basic group meetings, we recommend that trained home visitor coaches work individually with parents and children for a minimum of four visits to help them practise the skills they are learning in their groups. Sometimes case managers are visiting these families anyway, so if they are trained in the IY programme it is an opportunity to rehearse and reinforce skills parents are learning in the groups with their children. A coaching manual for home visitors with home session training protocols is available, as are workbooks for parents. If parents miss group sessions, these protocols can be used for home visit catch-up sessions. Moreover, for parents who cannot attend groups due to work schedule difficulties, the manual offers protocols for leaders to offer the entire programme at home with parents. This usually takes about 20 sessions to complete.

IY Child Dinosaur treatment programme

For parents in the child welfare system who have children at home, the small group child treatment programme is recommended in addition to the parent programme. This promotes children's social, emotional and problem-solving skills. It is important for this population because research shows that children who have been neglected or abused have more behaviour problems, self-regulation and emotional difficulties and other developmental, learning and social difficulties (Fantuzzo *et al*, 1991; Crick & Dodge, 1994; Jaffee *et al*, 2004; Knutson *et al*, 2005). This programme takes 18–24 weeks to complete and is offered concurrently with the parent group. It also allows for the possibility of joint parent-child activities where parents are able to practise new skills with their children in some sessions. In mixed groups where at least some parents are living

with their children, those who are not living with their children can still be involved in the joint parent-child play sessions. Parents who do not have a child to practise with may be paired up for practice with other parent-child dyads under the supervision of the group leader.

Summary

We have discussed how to deliver Incredible Years core programme principles and adapt the programme with fidelity to meet the needs of intact families referred by child welfare as well as families where the children have been removed from the home. These evidence-based programmes 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, there is no research to provide evidence regarding the efficacy of their use. Moreover, these families are complex and in the highest risk category for re-abuse and maltreatment if not adequately trained and supported. Data in the parenting literature supports the notion that parenting curricula need to be substantial to produce sustainable effects with challenging populations (Kazdin & Mazurick, 1994). Data from the IY programmes has shown that the dosage of the intervention received and the fidelity with which it is delivered is directly linked to changes in parenting and child behaviours (Baydar *et al*, 2003; Eames *et al*, 2009). Our standard treatment recommendation for child welfare families referred because of abuse and neglect is a minimum of 18 two-hour sessions delivered by accredited IY group leaders who have high levels of support and consultation.

Parent participation in the full IY programme is expected to improve the parent-child relationship, increase parents' sense of competence and self-control, increase the use of positive discipline strategies, predictable schedules and monitoring and reduce the rates of harsh and physical discipline. In the long term, we expect that these improvements in parenting will lead to lower rates of re-abuse, fewer re-reports to child welfare services and more academically, emotionally and socially competent children. In order to break the inter-generational cycle of parent-child violence and neglect, it is also necessary to provide enough training and support to therapists to ensure programme fidelity with the goal of these children getting the best parenting possible.

Summary of implications for policy and practice

- Young children involved in the child welfare system frequently have mental health diagnoses such as oppositional defiant disorder, depression, attachment disorders and Attention Deficit Hyperactivity Disorder.
- Evidence-based programmes are under-utilised with families who are involved in the child welfare system because of child abuse and neglect. This population is in need of comprehensive, intensive, evidence-based programmes delivered by highly skilled and trained clinicians who need ongoing support and consultation to deliver programmes with fidelity.
- Evidence-based interventions need to identify core components clearly and describe how to make programme adaptations with fidelity for these complex families and diagnosed children.
- There is a need for more research evaluating the effectiveness of evidence-based programmes for parents involved in the child welfare system due to child neglect and abuse.

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Author note

Carolyn Webster-Stratton has disclosed a potential financial conflict of interest because she disseminates these treatments and stands to gain from favourable reports. Because of this, she has voluntarily agreed to distance herself from certain critical research activities, including recruitment, consenting, primary data handling and data analysis. The University of Washington has approved these arrangements.