

The Incredible Years



An Introduction to the Incredible Years

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Southern Adelaide Health Service – Child and Adolescent Mental Health Service (SAHS-CAMHS)



Government
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A little bit about us.....

SAHS-CAMHS

- > Teams
 - 2 Metro Teams
 - 5 Country Teams
 - 2 Outreach Services
 - Specialist Youth Service
 - Hospital based team
- > 46 FTE
- > Target population 125,000
- > 22000 contacts per year (2800)
- > Clinician Profile
 - 17% Psychology
 - 45% Social Work
 - 17% Nursing
 - 10% Psychiatry
 - 10% Allied Health





Flinders CAMHS

- > Flinders Medical Centre
- > Staff
 - Team Leader (Psychiatry)
 - Social Work
 - Research Manager (Psychology)
 - Nursing
 - Research Officer (Teaching)
- > Pediatric Liaison
 - CAT (Child Assessment Team)
 - Interlinks
 - Consultation
- > Research
- > Incredible Years

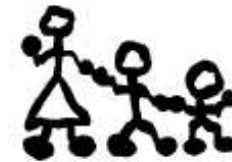


What are we talking about today?

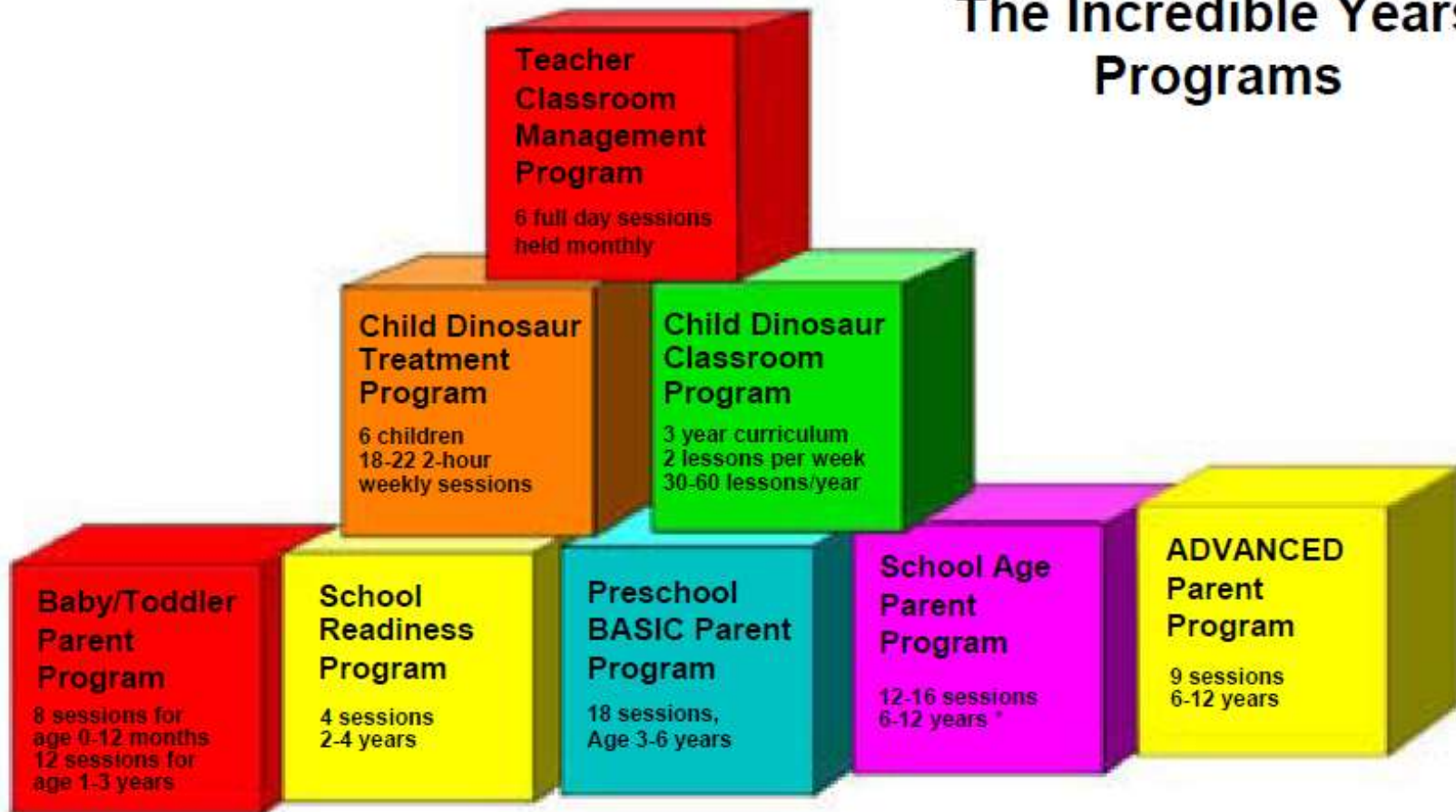


The Incredible Years

The purpose of The Incredible Years training series for parents, teachers, and children is to promote children's use of appropriate conflict management skills, to strengthen social skills, emotional regulation and academic success, to increase self-esteem and to reduce aggressive behavior problems.




The Incredible Years Programs




PARENTS, TEACHERS AND CHILDREN TRAINING SERIES

The Incredible Years



Parent Training
Teacher Training
Child Social Skills, Emotion &
Problem Solving Training

Proven effective programs for reducing children's aggression and behavior problems and increasing social competence and emotional regulation at home and at school.



**VIDEO-BASED DVD PROGRAMS
LEADER MANUALS
BOOKS & TRAINING**

Selected by the U.S. Office of Juvenile Justice and Delinquency Prevention as "exemplary"!

Recommended by American Psychological Division 12 Task Force as a well-established treatment for children with conduct problems.

Empirically supported, comprehensive, and cost-effective programs

VISIT OUR WEBSITE AT WWW.INCREDIBLEYEARS.COM

Tables of Programs, Content & Objectives



Table 1: Content and Objectives of the Incredible Years Parents and Babies Program
Babies Program: 0—12 Months



Table 2: Content and Objectives of the Incredible Years Parents and Toddlers Program
Toddler Program: 1—3 Years



Table 3: Content and Objectives of the Incredible Years Early Childhood BASIC Parent Training Programs (Ages 3—6)

- Program One: Strengthening Children's Social Skills, Emotional Regulation and School Readiness Skills
- Program Two: Using Praise and Incentives to Encourage Cooperative Behavior
- Program Three: Positive Discipline—Rules, Routines and Effective Limit Setting
- Program Four: Positive Discipline—Handling Misbehavior



Table 4: Content and Objectives of the Incredible Years ADVANCE Parent Training Programs (AGES 6—12)

- Program Five: How to Communicate Effectively With Adults and Children
- Program Six: Problem Solving for Parents
- Program Seven: Problem Solving With Children

Table 5: Content and objectives of the Incredible Years Support Your Child's Education Parent Training Program
Program Eight: How to Support Your Child's Education

Table 6: Content and Objectives of the Incredible Years School-Age BASIC Parent Training Programs (Ages 6-12)
Program Nine: Promoting Positive Behaviors in School-Age Children
Program Ten: Reducing Inappropriate Behaviors in School-Age Children




Why the Incredible Years?



In good company.....

- > The Incredible Years is one of a number of programs that target the behaviour of children aged 3-12 through parenting
 - Triple P (<http://www.triplep.net/>)
 - Parent Management Training Oregon (<http://www.oslc.org/>)
 - Parent child interaction therapy (<http://pcit.phhp.ufl.edu/>)
 - Helping the non-compliant child (http://www.strengtheningfamilies.org/html/programs_1999/02_HNCC.html)

(Eyberg, Nelson & Boggs, 2008)



Gareth's top 3 reasons why you should consider programs like the Incredible Years.....

1

Disruptive Behaviour Problems (DBP) in early childhood are common and damaging

> Descriptive

- Children who are oppositional, argumentative, aggressive, disobedient, hyperactive, externalising
- Children and teens who are delinquent, egocentric, callous, and manipulative, impulsive, irresponsible

> Diagnostic (DSM-IV)

- ODD – Oppositional Defiant Disorder
 - “recurrent pattern of negativistic, defiant, disobedient, and hostile behaviour toward authority figures”
- CD – Conduct Disorder
 - “repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated”



> Risk Families

- Child Factors
 - negative emotionality, reactivity, inflexibility, special educational needs, verbal and executive dysfunction
- Parental Factors
 - excessive punishment, inconsistency, poor supervision, coercive parenting style, low warmth, poor communication, marital discord, abuse, neglect, mental health
- Systemic Factors
 - poor schooling, socioeconomic disadvantage, exposure to violence
- Social Factors
 - peer rejection, negative peer influences

(Kazdin, 1997; Burke, Loeber & Birmaher, 2002; Barickmann, 2003; Meltzer, Gatwood, Corbin, Goodman & Ford, 2003; Powell, Lochman & Boxmeyer, 2007)




> Prevalence

- Externalising problems - 12.9% of 4-17 year olds (Sawyer, 2001)
- ODD & CD rates up to 15-16% (Loeber et al, 2000)
- Behaviour problems 25-30% of paediatric presentations (Hewson et al, 1999; Rahmann et al., 2006; Keen, 2007)
- Rates of ODD in clinical CAMHS settings between 28 and 65%, suggest it is “the most common psychiatric diagnosis in epidemiological samples, comparable in prevalence to ADHD” (Boylan, Vaillancourt, Boyle & Szatmari, 2007, p., page 489)



> Stability

- high levels of aggression, attention problems, restlessness at age 5 more than double the likelihood of adolescent antisocial behaviour (Bor et al., 2004)
- Forty-three percent (43%) of those diagnosed with CD will have symptoms at 3 years (Meltzer, Gatwood, Corbin, Goodman & Ford, 2003)
- Fifty percent (50%) of those with significant CD symptoms as children or adolescents will continue to have troublesome symptoms in adulthood (Barickmann, 2003)
- Fifty percent (50%) of those with ODD will continue to have troublesome symptoms 4-5 years down the track including mood and anxiety disorders (Lavigne et al., 2001; Boylan et al 2007; Loeber, Burke & Pardini, 2008)



Disruptive Behaviour Disorders commonly feature in the developmental history of adult:


- Depression
- Anxiety
- Substance use*
- Antisocial personality disorder*
- Mania*
- Schizophreniform*
- Eating Disorder*

Anywhere between 25-60% percent of adults with one of these disorders will have ODD or CD in their history (Kim-cohen et al., 2003)



> Impact

- Longitudinally, antisocial behaviours identified in childhood and adolescence predict
 - crime, substance dependence, mental health and sexual/partner relationships, (Fergusson, Horwood & Ridder, 2005).
- By age 28, individuals with conduct disorder cost systems 10.0 times more than those without problems and much of this cost falls on the family of the child/adolescent (Scott Knapp, Henderson & Maughan, 2001; Romeo, Knapp & Scott).
- Disability from CD and ODD second only to depression in terms of the impact on family, education and peer relationships (Ezpeleta, Keeler, Erkanli, Costello & Angold, 2001)




Elevated externalizing scores at age 11-16 are associated with an increased relative risk of death (19% for each 1 SD above the mean) at age 46, controlling for family covariates and internalizing symptoms



Parenting interventions are currently the best evidenced treatment for DBPs

- > Parent management training programmes are the most comprehensively tested treatment for children (3-12) with disruptive behavioural problems (Nock, 2003; Weisz & Simpson, 2008)
- > Recommended as first line treatments (Eyberg, Nelson & Boggs, 2008)
- > National Institute for Health and Clinical Excellence (NICE, 2006) recommended
- > Preliminary evidence also supports the cost-effectiveness of these interventions (London Economics, 2006)



“The Committee was convinced that parent training/education programmes would result in the achievement of substantial and sustained changes in behaviour in children with conduct disorders, but only when the programmes contained certain essential characteristics. The Committee noted that the **Webster-Stratton Incredible Years Programme** and the Triple P – Positive Parenting Programme are examples that demonstrate these essential characteristics and are sufficiently effective with regard to cost”

NICE, 2006




Emerging evidence supports programs that promote early social & emotional skills in educational settings

- > Emotional self-regulation, social competence, DBPs and parent-teacher involvement predict school readiness, subsequent academic achievement and future mental health
- > Pre-school and school environments key contexts for teaching these skills
- > Particularly important for children from socio-economically disadvantaged populations who have multiple social risk factors



“Mounting evidence from several multifaceted, longitudinal, school-based prevention programs have indicated the promise of prevention programs for reducing risk factors related to academic failure and conduct disorders in adolescence.”

(Webster-Stratton, Reid & Stoolmiller, 2008)



Gareth's top 3 reasons why you should consider the Incredible Years specifically.....

1

The Incredible Years provides a comprehensive set of programs across settings & populations

Population	Programs	Professional
Diagnosed ODD/CD/ADHD	Pre-school, school-age, Advanced, Dina Therapeutic, Teacher	Specialist mental health staff & teachers
Indicated Behaviour Symptoms (4-12)	Pre-school, school-age, Advanced, Dina Therapeutic, Teacher	Specialist mental health staff & teachers
Selective Disadvantage (0-8)	Baby, Toddler, Pre-school, Teacher	Community Health, School counsellors, education
Universal (4-6)	Pre-school, Teacher, Classroom Dina	Community health, education, family support
Universal (babies to 4)	Baby, Toddler & School Readiness	Community health, daycare, family support

2

Incredible Years research & outcomes impressive and continually growing

Program	Outcomes
Parent	Extensively tested: clinically significant improvement in child behaviour (aggression & prosocial) in 50-80% of cases, maintained over time; Improvements in parenting practices (e.g., praise); positive effects on parental stress/depression
Teacher	High teacher satisfaction; trained teachers use more praise, are more consistent, more confident, less harsh and critical, more involved with parents; children of these teachers more compliant and less aggressive
Child	Pilot data showing improvements in self-control, impulsivity, disruptive behaviour across home and school settings
Combined	CT + PT superior to PT alone (peer interactions improved) PT + CR superior to CR alone (school behaviour improves in addition)



The Incredible Years has been successfully implemented across a variety of settings

- > Cultural adaptations
 - Korean Americans, African Americans, Hispanic, Jamaica, Germany, Denmark, UK, Ireland, New Zealand, Portugal, Norway
- > Targeted populations
 - Child protection
 - High risk mothers
 - Primary care
 - Mental health consultation
- > Different diagnoses/ comorbidities
 - ADHD
 - Depression
 - Developmental delay



Summary

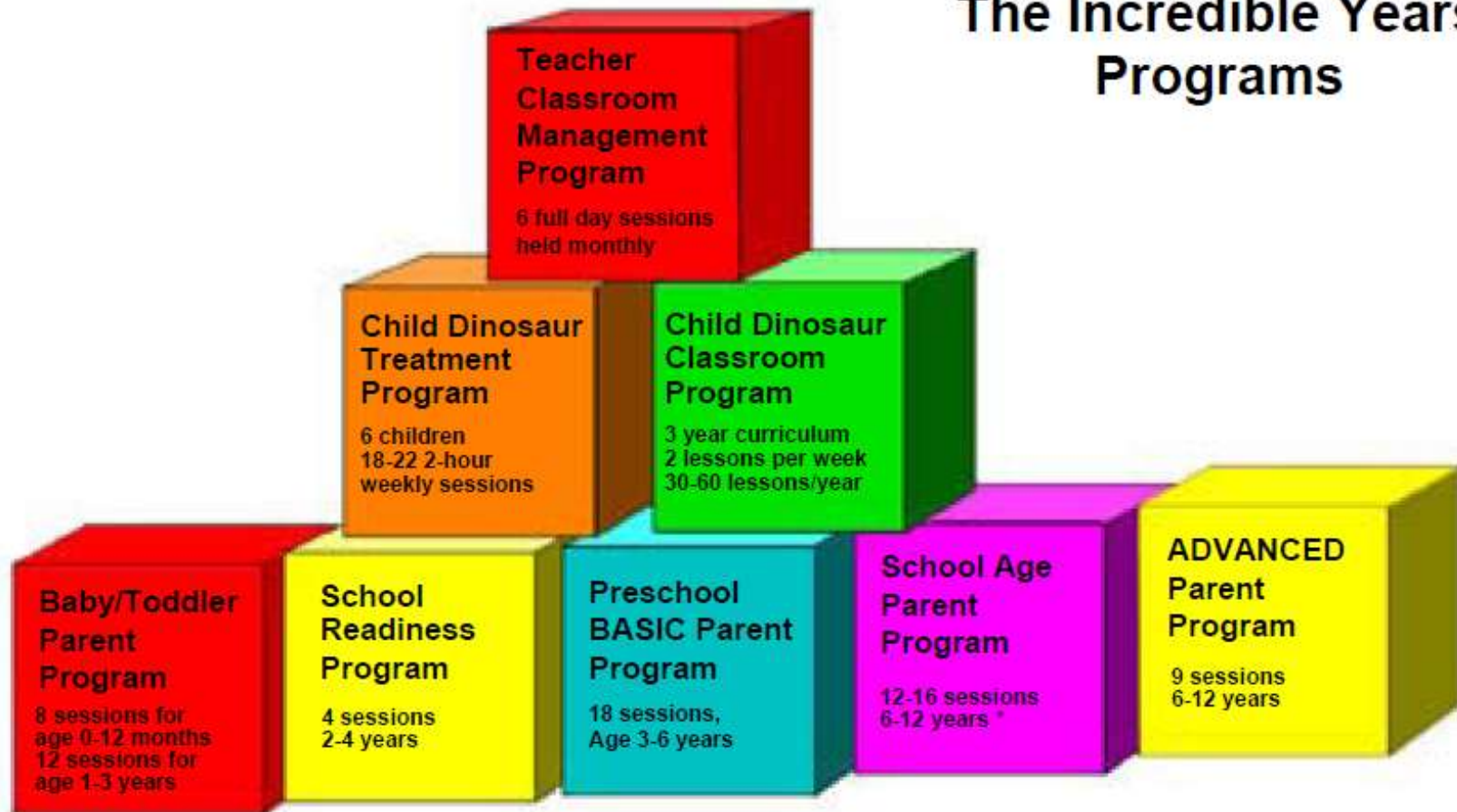
- > The Incredible Years series of programs is an evidence-based approach to childhood behavioural problems, suitable for professionals working in a variety of settings, e.g.,
 - With children with obvious disruptive behaviour problems or families presenting in clinic settings
 - With targeted or at-risk families through community health or education settings
 - As part of the core curriculum in schools and early learning centres



Program content with Andy.....



The Incredible Years Programs





Program/Sessions

> Structure

- 2-hourly sessions
- Weekly
- 10-14 participants ideally
- Multiple family members encouraged
- Attendance supports
 - Childcare, food, transport, sundries (gifts, stickers)

> Content

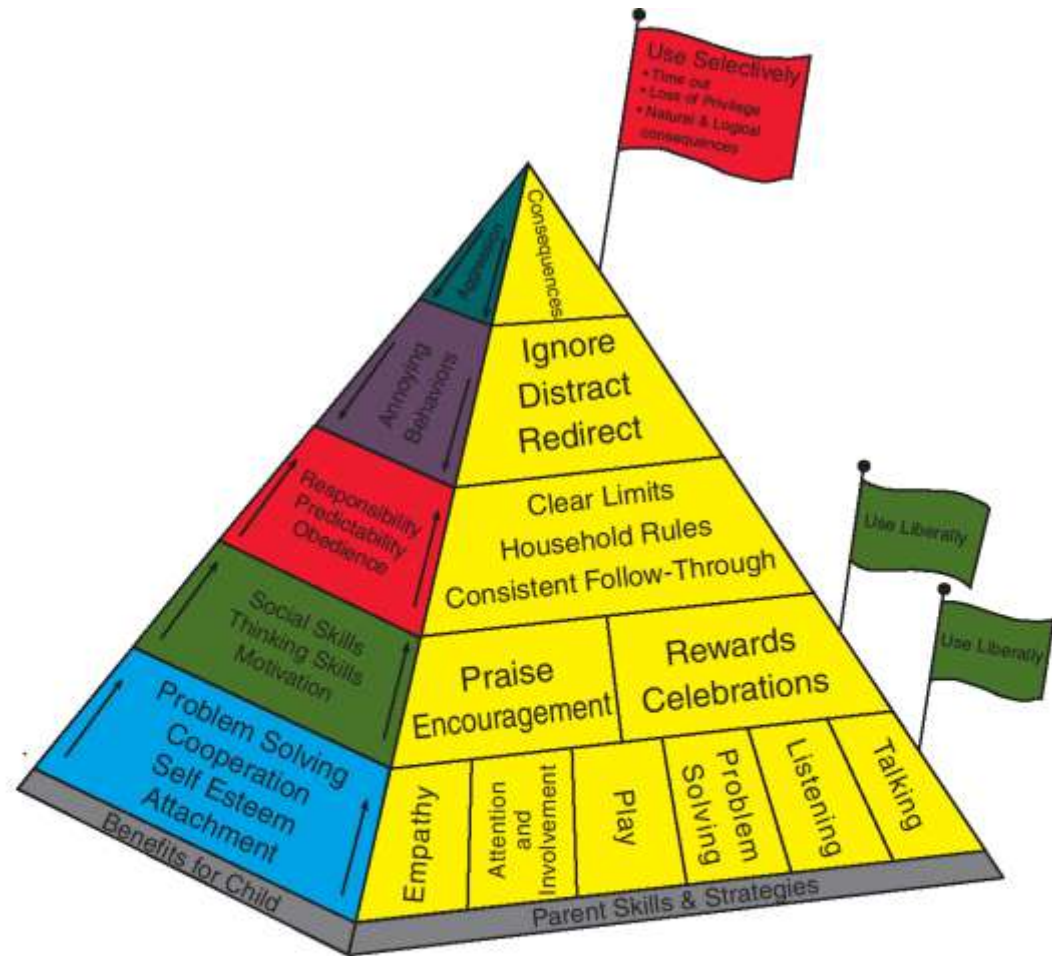
- Collaborative
- Vignettes
- Discussion
- Practice (not role play!)
- Home activities (not homework!)

IY Costs? (10 wk School age)

	Dollars	Hours
Fixed costs		
Parent books	282*	
Photocopying	100	
Incidentals	100	
Session running**		90 hours
Variable costs		
Venue hire	\$0-\$300	
Childcare	\$0-\$1000	
Food	\$0-\$1300	
Travel time		0-18 hours
Range lower	482	90
Range upper	3082	108
Total per case		
Group size 10	\$48-\$308	9-10.8 hours
Attrition 20%	\$52-\$385	11.25– 13.5 hours

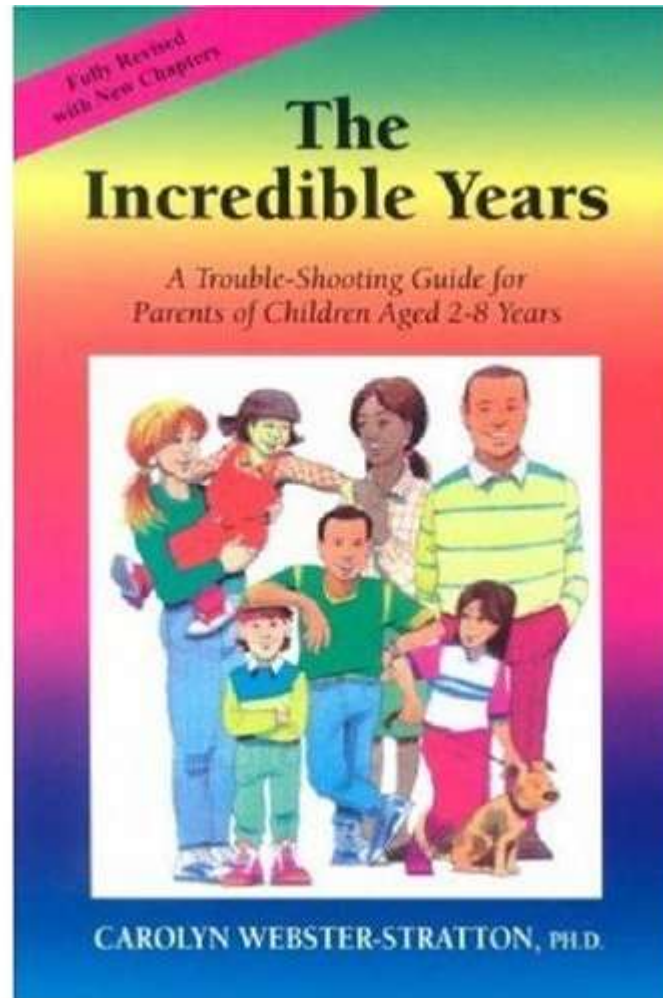
* Based on exchange rate of \$1us – \$1.41au (23/4/09)

**Based on recommendation from program developer of 5 hours per weekly session x 2 therapists. Time may reduce as leaders become more familiar with materials. Availability and quality of admin support will also impact on this total



Parenting Pyramid

The Book!





School Age Program

Content and objectives

- **Promoting Positive Behaviors in School-Age Children**
- **Reducing Inappropriate Behaviors in School-Age Children**



Promoting Positive Behaviors in School-Age Children

Part 1 : The importance of Parental Attention and Special Time

- Understanding how to build a positive relationship with children.
- Helping children develop imaginative and creative play.
- Building children's self-esteem and self-confidence through supportive parental attention.
- Understanding the importance of adult attention for promoting positive child behaviors.
- Understanding how lack of attention and interest can lead to child misbehaviors.



Promoting Positive Behaviors in School-Age Children

Part 2 : Social, Emotion and Persistence Coaching

- Understanding how to use academic and persistence coaching to encourage children's persistence and focus
- Learning to use emotion coaching to build emotional literacy
- Learning to use social coaching to encourage social skills such as being respectful, sharing, cooperating, and being a good team member.



Promoting Positive Behaviors in School-Age Children

Part 3 : Effective Praise and Encouragement

- Knowing how to use praise more effectively.
- Avoiding praising only perfection.
- Recognizing common traps.
- Knowing how to deal with children who reject praise.
- Recognizing child behaviours that need praise.
- Understanding the effects of social rewards on children.
- Doubling the impact of praise.
- Building children's self-esteem and self-concept.



Promoting Positive Behaviors in School-Age Children

Part 4 : Tangible Rewards

- Understanding the difference between rewards and bribes.
- Recognizing when to use the “first-then” rule.
- Understanding how to set up star and point systems to motivate children.
- Understanding how to design programs that are age appropriate.
- Understanding ways to use tangible rewards for problems such as dawdling, non-compliance, sibling fighting, messy room, not going to bed, and being home on time.



Reducing Inappropriate Behaviours in School-Age Children

Part 1 : Rules, Responsibilities and Routines

- Politeness Principle
- Understanding how to establish clear and predictable routines.
- Strategies for encouraging children to be responsible.
- Understanding the importance of household chores.
- Making sure household rules are clear.



Reducing Inappropriate Behaviours in School-Age Children

Part 2 : Clear and Respectful Limit Setting

- The importance of household rules.
- Guidelines for giving effective commands.
- How to avoid using unnecessary commands.
- Identifying unclear, vague, and negative commands.
- Providing children with positive alternatives.
- Using “when/then” commands effectively.
- The importance of warnings, reminders, and giving choices.



Reducing Inappropriate Behaviours in School-Age Children

Part 3 : Ignoring Misbehaviour

- Dealing effectively with children who test the limits.
- Knowing when to divert and distract children.
- Avoiding arguments and “why games.”
- Understanding why it is important to ignore children’s inappropriate responses.
- Following through with commands effectively.
- Recognizing how to help children be more compliant.



Reducing Inappropriate Behaviours in School-Age Children

Part 4 : Time Out Consequences

- Guidelines for implementing Time Out for non-compliance, hitting and destructive behaviours.
- How to explain Time Out to children.
- Avoiding power struggles.
 - Techniques for dealing with children who refuse to go to Time Out or won't stay in Time Out.
- Teaching children how to calm down.
- Understanding the importance of strengthening positive behaviours.



Reducing Inappropriate Behaviours in School-Age Children

Part 5 : Logical and Natural Consequences

- Guidelines for avoiding power struggles.
- Recognizing when to use logical consequences, privilege removal, or start up commands.
- Understanding what to do when discipline doesn't seem to work.
- Recognizing when to ignore children's inappropriate responses and how to avoid power struggles.
- Understanding how natural and logical consequences increase children's sense of responsibility.
- Understanding when to use work chores with children.
- Understanding the importance of parental monitoring at all ages.



Outline—Session Four

Effective Praise and Encouragement

- I. **Welcome**
- II. **Review Ground Rules (If needed)**
- III. **Report on Home Activities**
 - Ask parents about social, emotion and persistence coaching with their child.
 - Reinforce parent participation in reading chapters or listening to CD, practicing, sharing.
- IV. **Topic of Day: Effective Praise—“Bringing Out the Best in Your Child”**
 - A. Do benefits and barriers exercise regarding praise.
Brainstorm ways parents praise (what behaviors were focused on and what words were used).
 - B. Vignettes: Program 9, Part 3: 42—58

Key Concepts

- Labeling praise
- “Give to get” principle—for adults and children
- Attending to learning “process,” not only end results
- Modeling self-praise
- Resistance to praise—the difficulties giving and accepting praise
- Promoting positive self-talk
- Using specific encouraging statements versus nonspecific
- Getting and feeling support through praise and encouragement
- How to promote friendship skill
- Avoiding praising only perfection
- Recognizing social and academic behaviors that need praise
- Building children’s self-esteem through praise and encouragement

- C. “Buzz”
Pair up with another parent and share favorite praise statements. Write these down on Piggy Bank handout sheet.
 - D. Practice (parent coaching/praising friendship skills)
Have one parent act as child and one as parent and practice praise to increase child’s self-confidence. Practice sharing positive feelings with child. (e.g., I enjoy spending time with you.)
Parents practice praise in a special time activity in small groups. (e.g., football, basketball, baking, sewing)
 - E. Do “buzz” on self-praise.
- V. **Review Home Activities**
Ask them to identify positive behaviors they want increased. (make list)
 - VI. **Parent Evaluation**
 - VII. **Closing**



Incredible Years around the world
as well as a few thoughts on IY
barriers and challenges with
Dorothy.....

Incredible Years around the world

> USA - Seattle

- The “home “ of the Incredible Years Program
- Incredible Years website, administration, library, research, resources, workshops/training, certification, product maintenance
- University Of Washington Parenting Clinic
 - established 1980
 - interdisciplinary teams
 - for parents, therapists and teachers of children 4-8 years
 - treatment and prevention





Incredible Years around the world

Centres under the auspices of IY Seattle

- > United Kingdom
 - Wales
 - England
- > Republic of Ireland
- > New Zealand
- > Norway



Incredible Years around the world

Centres under the auspices of IY Seattle

- > Links to IY website
- > Training advertised - IY website
- > Groups, research and evaluation
- > Support for accreditation
- > Advocacy
- > Advice and support

A Snapshot from around the world

Where	Significant Outcome/Research
Incredible Years Seattle USA	Intervention over 1000 families, child diagnosed conduct problems Prevention Head Start
The Incredible Years Wales Centre	WAG, Parenting Action Plan for Wales Sure Start Services
Archways Ireland	established Jan 2007 to promote the roll-out and evaluation of IY Funding <i>Atlantic Philanthropies</i>
The Werry Centre New Zealand	Collaborating with Maori leaders to ensure culturally appropriate
DCSF London	Parenting Early Intervention Pathfinder 8-13 yo – 3 programs inclg IY
Norway	?



Incredible Years in Adelaide

> CWYHS-CAMHS

- History

- Program introduced 2006

- Service model – collaborative

- IY Coordinator

- Group leaders - 35 CWYHS staff and 35 from partner agencies

> SAHS-CAMHS

- History

- Program introduced 2006

- Service model – treatment option for identified clients

- Currently

- 26 Trained group leaders

- Service area – metropolitan and rural

- Fidelity - guidelines

Incredible Years in Adelaide

> SAHS-CAMHS cont.

- 16 groups
- Programs
 - FMC Team
 - 10 groups
 - 6 School Age
 - 1 “Add on”
 - 1 Basic
 - 1 Advanced
 - 1 Dina School





This is what we've found so far..

- > Children (n=36)
 - Significant improvements in 5 behavioural/emotional domains (conduct, hyperactivity, prosocial, peer, emotion)
- > Parents (n=28)
 - Significant reductions in self-reported depression, anxiety and stress
- > Processes in place to greatly increase data collection around groups in both CAMHS regions



Challenges

- Funding – Costs tend to be more “visible” than with “routine therapies”.
- Attendance Supports – booking appropriate venue, transport, organising child care, food, etc
- Administrative support – preparation prior to a group can be significant.
- Maintaining fidelity – Both personally, and on an organisational basis, eg ensuring trained workers, accessing appropriate supervision, following treatment protocol, etc





Recent feedback.....

Dear Andy and Dorothy,

Thank you for all your help + support, my family and I are much happier now. You provide an awesome program which has helped me very much + I am so thankful to have been part of the Incredible Years

Best wishes



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For references, please contact Dr Gareth Furber (gareth.furber@gmail.com)

Our data, in more detail.....

Data Relating to Children

Age range = 4-12

Average Age = 8

Gender balance = 2:1 (male:female)

Mean SDQ Total pre-group (51) = 24.1 (Abnormal Range)

Mean SDQ Total post-group (36) = 17.7 (Borderline to Abnormal cusp)

Subscales (calculations based on 31 pre-post)

Conduct	Pre = 6.24	Post = 4.22 (Abnormal → borderline abnormal)*
Hyperactivity	Pre = 8.04	Post = 6.03 (Abnormal → borderline)*
Emotional	Pre = 5.57	Post = 3.92 (Abnormal → borderline)*
Peer	Pre = 4.22	Post = 3.44 (Abnormal → borderline abnormal)*
Prosocial	Pre = 5.84	Post = 6.92 (Borderline → normal)*

(* = Statistically Significant at $p \leq .05$)

Our data – continued...

Data Relating to Parents/ Guardians

Mean Depression Score pre-group (46) = 13.17

Mean Depression Score post-group (28) = 9.36

Moderate to Mild *

Mean Anxiety Score pre-group (48) = 11.13

Mean Anxiety Score post-group (28) = 7.36

Moderate to Mild *

Mean Stress Score pre-group (47) = 18.6

Mean Stress Score post-group (28) = 14.0

Moderate to Mild *

“Since coming to the service, are your child’s problems”

About the same – 24.2%

A bit better – 51.5%

Much better – 24.2%

(* = Statistically Significant at $p \leq .05$)