

# Testing the benefits of the IY programme in Ireland: An experimental study (RCT)

*Incredible Years Ireland Study*



**Dr Sinéad McGilloway, Principal Investigator**  
*Department of Psychology, NUI Maynooth*

*The*  
**ATLANTIC**  
*Philanthropies*

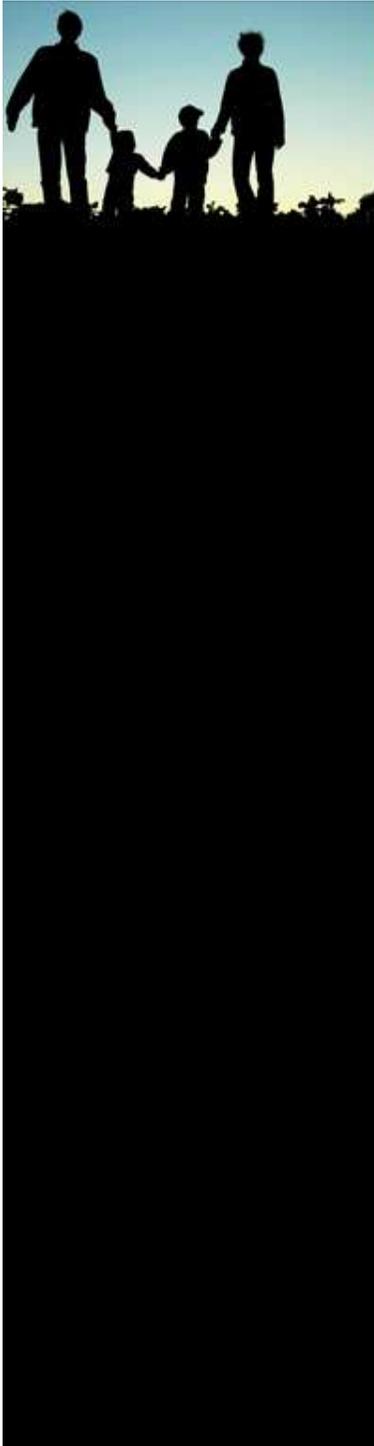
 **Archways**  
Changing lives one at a time

  
**NUI MAYNOOTH**  
Ólascail na hÉireann Mhá Nuad



# Overview

- Our role and who we are
- The Incredible Years Ireland Study:outline
- Current study: IY Parenting Programme
  - research questions
  - overall research design
- The experimental sub-study of the IYP programme: method/procedure
- Key findings (short-term)
- Conclusion
- Next steps



## What is our role?

- To undertake and complete a 3-4yr national community-based evaluation of the Incredible Years programme in Ireland
- To work collaboratively with Archways and other community-based organisations and schools in executing the research -> promote a sense of ownership amongst all key stakeholders
- To act as the objective, honest 'broker' when conducting the research and when disseminating findings



# The Senior Research Team

## NUI Maynooth

- Dr Sinéad McGilloway (Psychology)
- Dr Anne Lodge (Education)
- Professor Donal O'Neill (Economics)
- Dr Yvonne Barnes-Holmes (Psychology)

## Bangor University, Wales

- Dr Tracey Bywater (Psychology and Incredible Years Wales Centre)

## Trinity College Dublin

- Professor Catherine Comiskey (School of Nursing and Midwifery)

## Queen's University Belfast

- Dr Michael Donnelly (Public Health & Epidemiology)



# The Project Team

- Mairead Furlong  
*Doctoral Fellow*  
*Fieldworker*



- Yvonne Leckey  
*Project Co-Ordinator/*  
*Senior Fieldworker*



- Lynda Hyland  
*Doctoral Fellow*  
*Fieldworker*



- Dr Grainne NiMhaille  
*Post-doctoral Research*  
*Fellow*



- Paul Kelly  
*Data Manager*



- Occasional Staff



*Miriam Carroll*

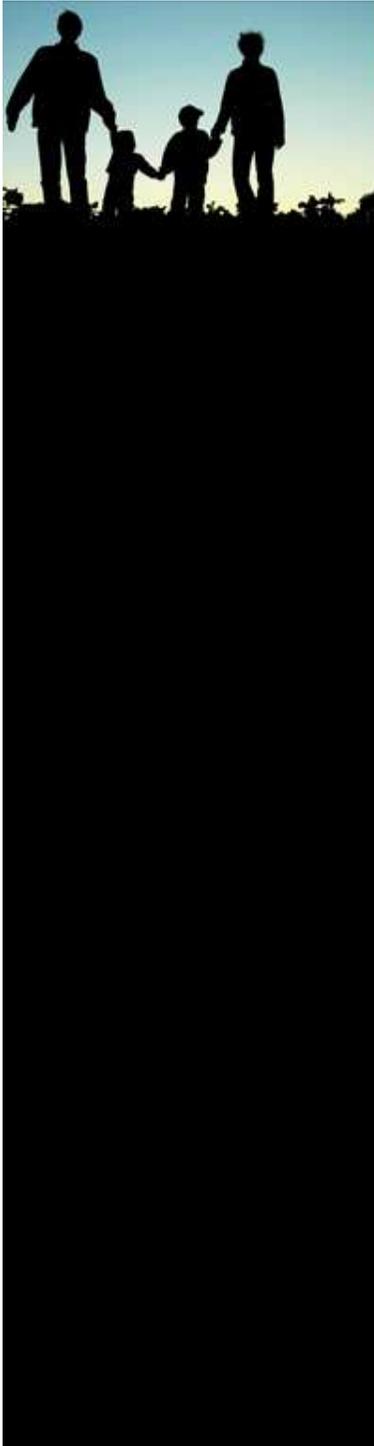


*Emma Cassidy*



# The Incredible Years Ireland Study

- Incredible Years Ireland Study (IYIS) – one of the largest evaluations outside the US
- One of only a very few studies undertaken in a **community setting** and targeting parents, teachers and children
- Will attempt to build upon and develop existing research  
**transferability** and **effectiveness**
- Considerable potential to inform service delivery and to provide best possible evidence to **influence policy and practice** within an Irish context



## IYIS components: an outline

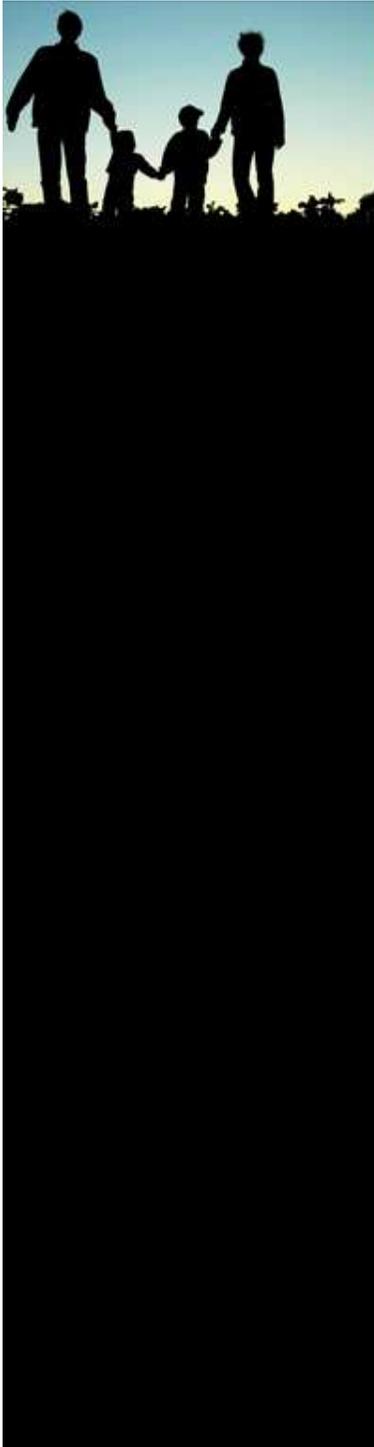
- Three elements:
  - BASIC parent training\*\*
  - Teacher Classroom Management Training
  - Parent, teacher and child training
  
- Multi-site longitudinal study involving three experimental studies/RCTs
  
- Two sub-studies within each RCT:
  - process evaluation/implement.fidelity
  - cost analysis/economic evaluation



# Current study: IY Parenting Programme

## *Key research questions*

- Does the IY parenting (IYP) programme reduce emotional and behavioural difficulties (EBD) in children (aged 3-7 yrs) in the short term?
- Does the IYP programme improve parenting competencies and well being?
- To what extent do outcomes change over time?
- What are the experiences of parent participants and what facilitates/inhibits programme implementation?
- How cost-effective is the programme?



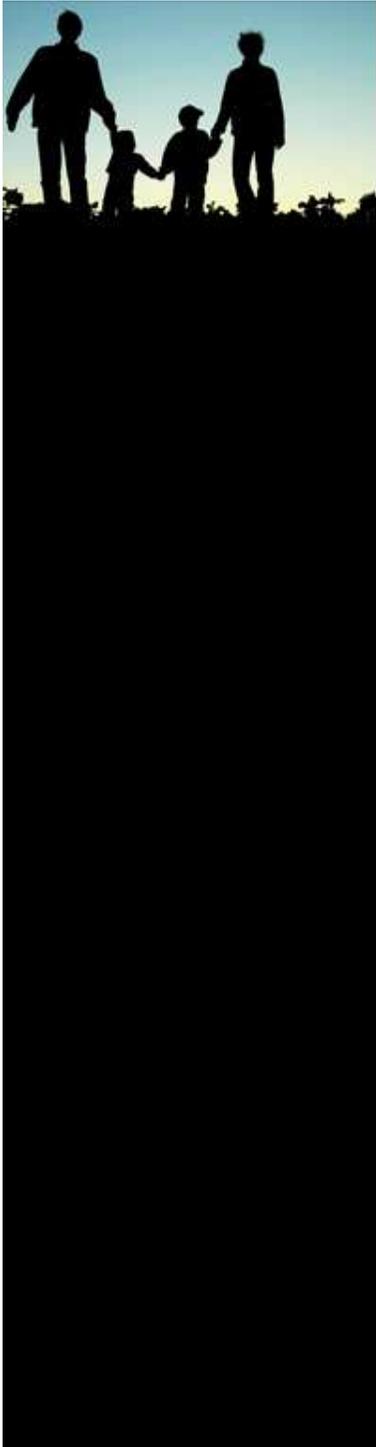
# IY Parenting Programme – Overall design

- Three sub-studies:
  - (1) experimental study (child and parent outcomes)
  - (2) process evaluation – interviews with parents (parent experiences)
  - (3) cost analysis (cost effectiveness and long-term rate of return)

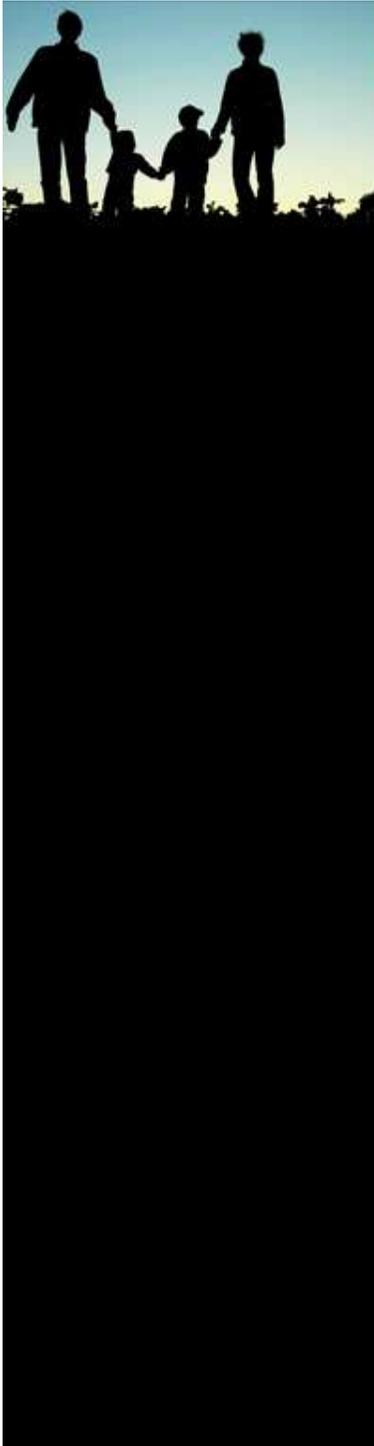


## (1) The RCT – how was it conducted?

- 149 parents (from Dublin and Kildare) agreed to take part and were eligible for inclusion in the study
- 65% were 'at risk of poverty'; 40% lone parents
- Mean age of participants – 34yrs
- Mean age of children - 5yrs
- 60% of 'index' children were boys; all children met eligibility criteria for the study (scored > clinical cut-off on Eyberg Child Behaviour Inventory (ECBI))

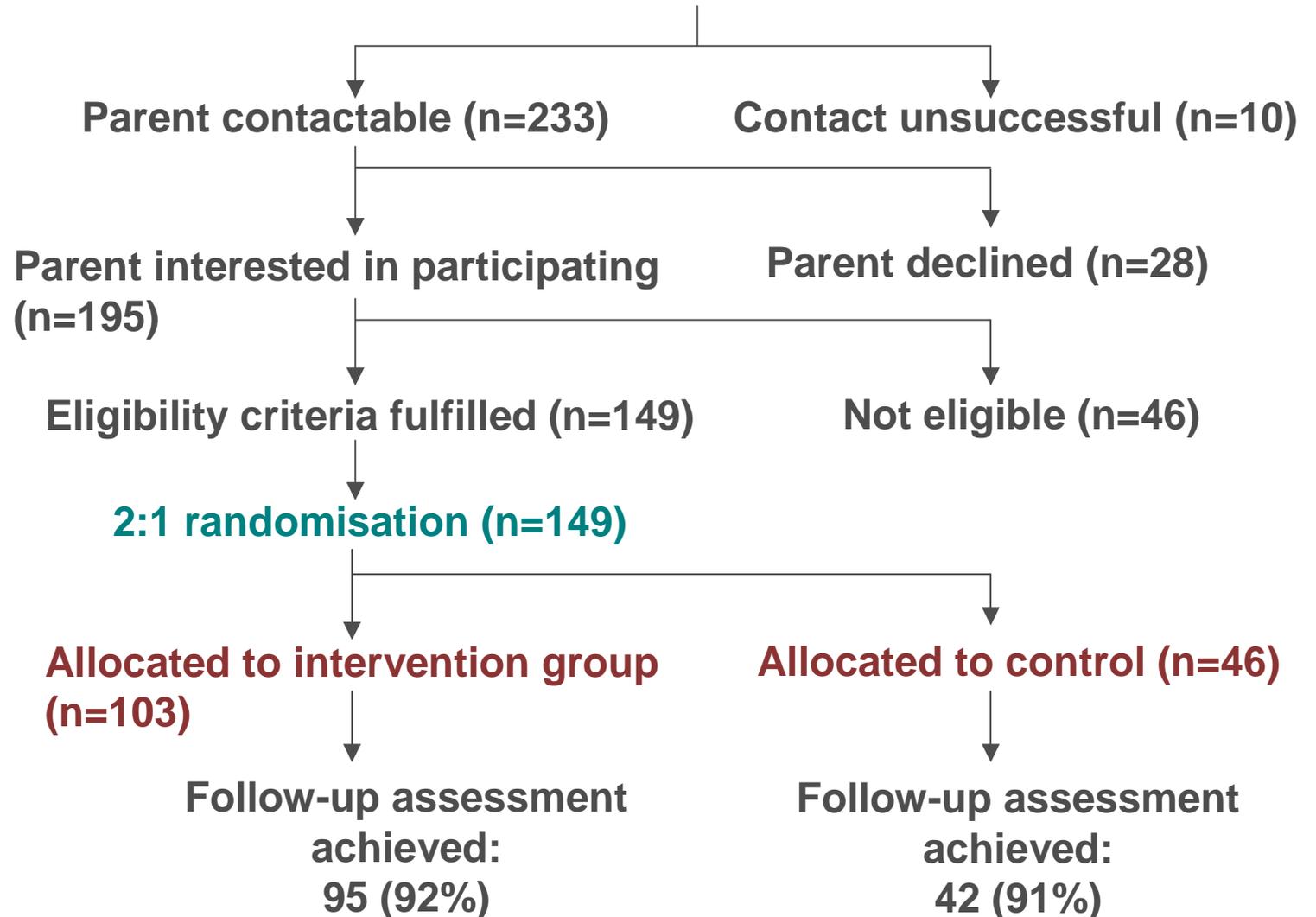


- Parents recruited in two phases
- Assessments conducted at baseline (pre-intervention)
- Randomly allocated on 2:1 ratio:
  - 103 -> intervention group (9 grps)
  - 46 -> waiting list control group
- Assessments conducted again 6 mths later (post-intervention)
- All researchers were blind to participant allocation
- Follow-up rates of 91.5%; 12 people (8I 4C) lost to follow-up



# Overview of participant recruitment and RCT design

**Parents with children (aged 3-7 yrs) referred for problem behaviour and contacted by research team (n=233)**





## Intervention group: compliance

- 65% attended 7 or more sessions (mn=8.3)
- 26% attended three or fewer sessions
- 8 participants in interv group lost to follow-up:
  - 3 attended 0 sessions
  - 4 attended 1-4 sessions
  - 1 attended 12 sessions

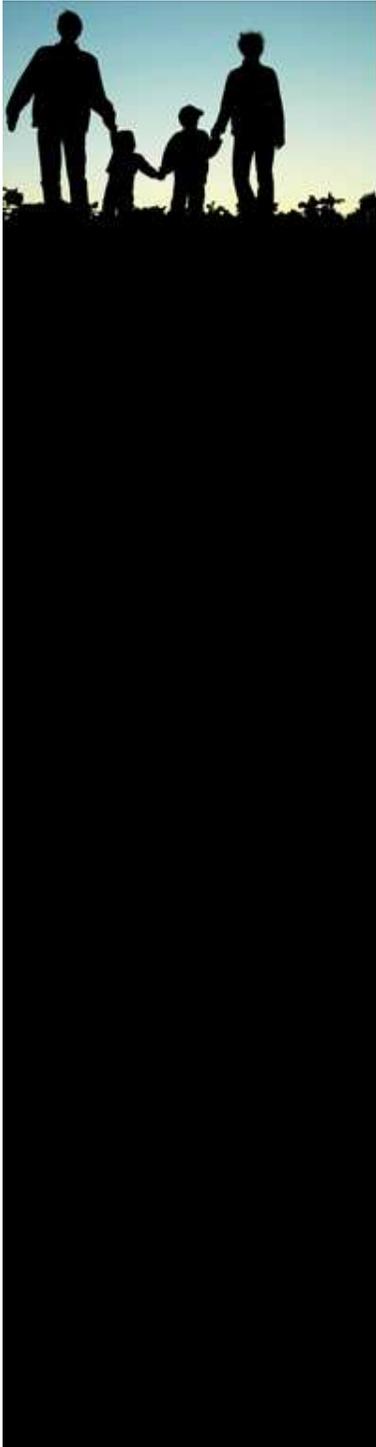


# Key child and parent outcomes

- Child conduct/behavioural problems
- Child social skills/interaction
- Parent competencies
- Parent psychological well being/mental health
- Changes in parent-child interaction (behavioural observation)



- Child-related (parent-report) outcomes:
  - frequency/intensity/type of behavioural problems(ECBI/SDQ)
  - hyperactivity (Conners Scale)
  - pro-social behaviour and communication (SCS)
  
- Parent-related measures
  - personal and demographic information (PQ)
  - parental stress (PSI)
  - levels of depression (BDI)
  
- Independent observation (57%;85/149)
  - parent-child interaction in the home (30mins) -> aversive child behaviours plus positive and critical parenting practices (DPICS-R)



## Characteristics of the two groups at baseline

- No significant diffs between intervention and control groups at baseline
- High scores at baseline on both ECBI and SDQ -> conduct problems and hyperactivity were in 'abnormal range'
- Social interaction/communication difficulties and low overall levels of social competence
- Duration of problematic behaviour – at least 12mths (85%)

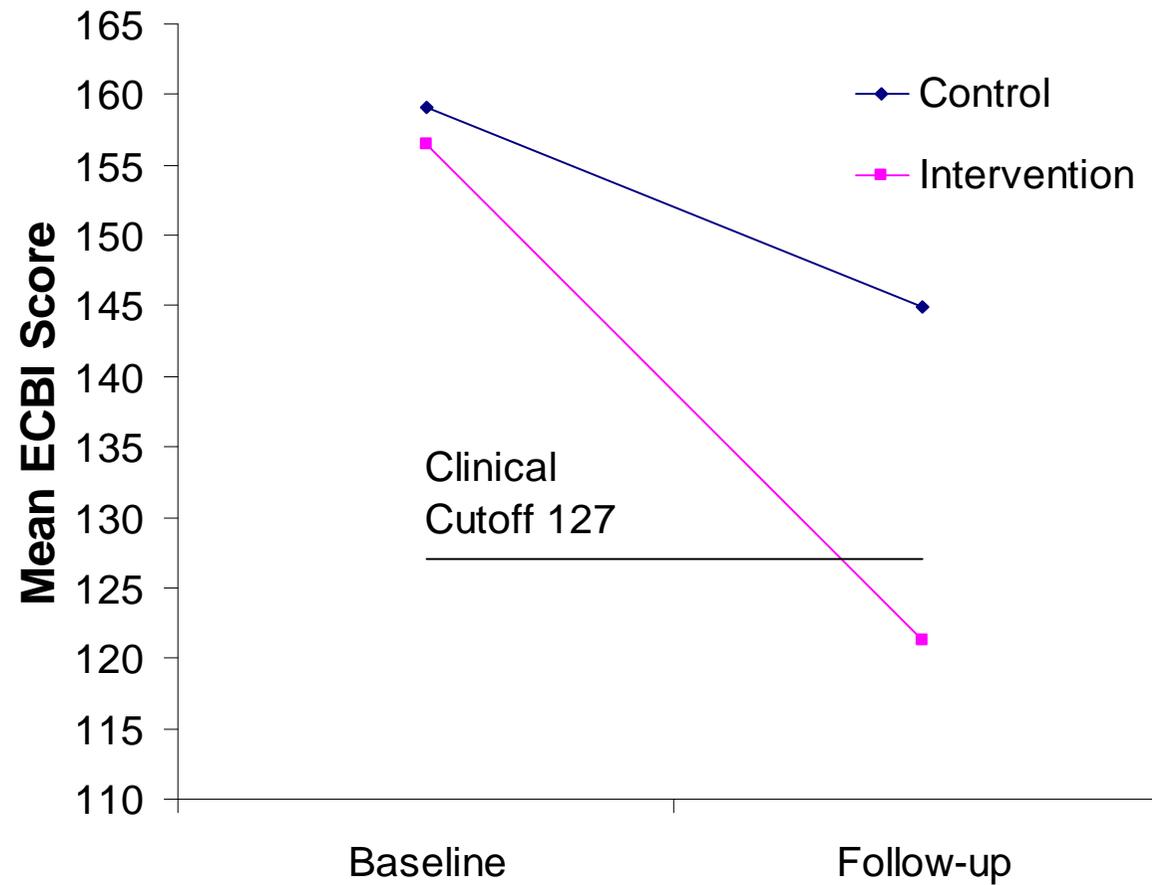


## Key findings: child outcomes (pre-post intervention)

- Important differences (in intention-to-treat analysis) between intervention and control groups at follow-up in child behaviour
- Significantly fewer and less severe problem behaviours in intervtn children when compared to controls -> shifted from 'clinical' to 'normal' or near normal levels at follow-up (Size of these effects: large)
- For example, lower levels of non-compliance, temper tantrums, negative physical behaviours
- Significant reductions in hyperactive-type behaviors (overactivity/restlessness) in interv.grp when compared to controls

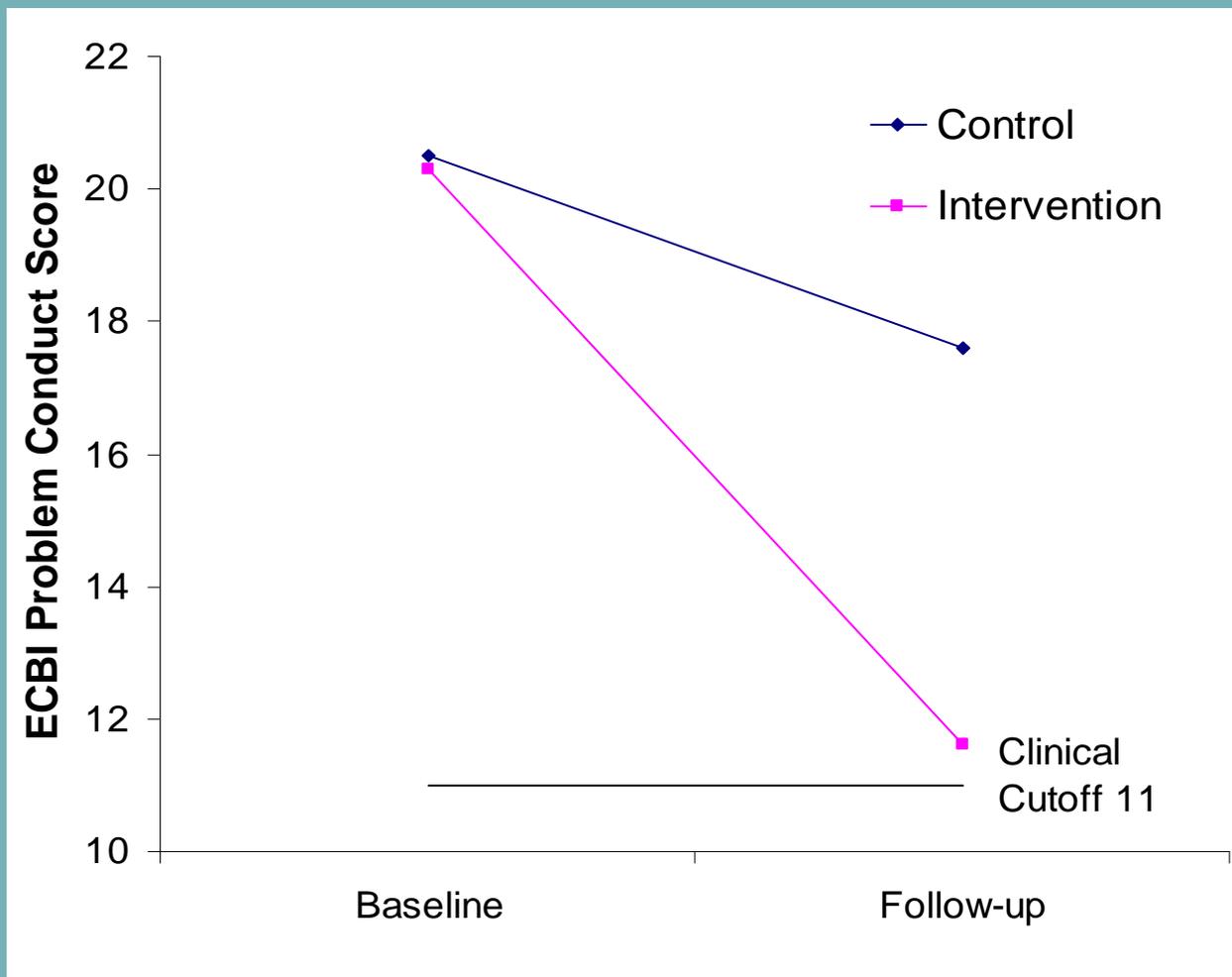


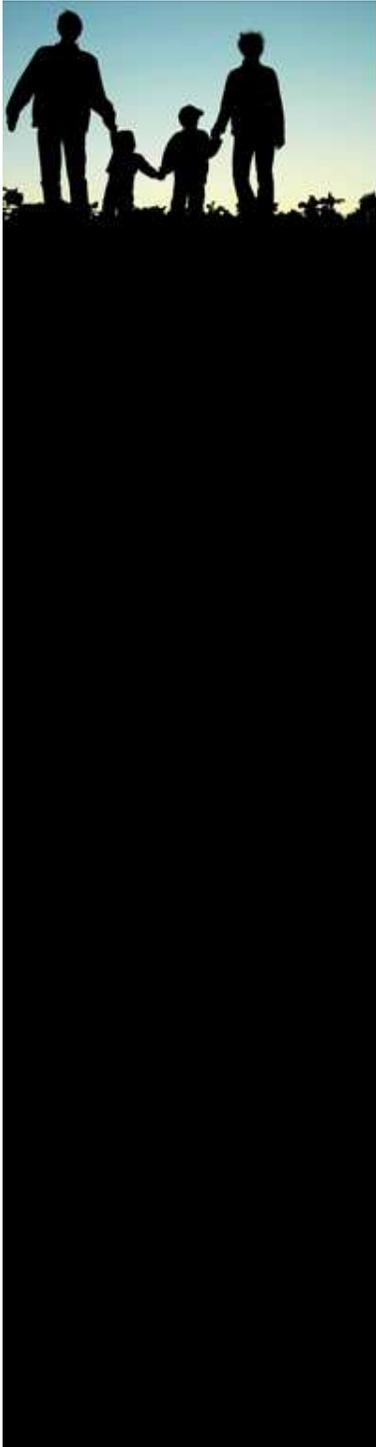
## ***ECBI mean intensity scores for interv. and control groups (baseline and follow up)***





## *ECBI mean problem scores for intervtn and control groups (baseline and follow-up)*



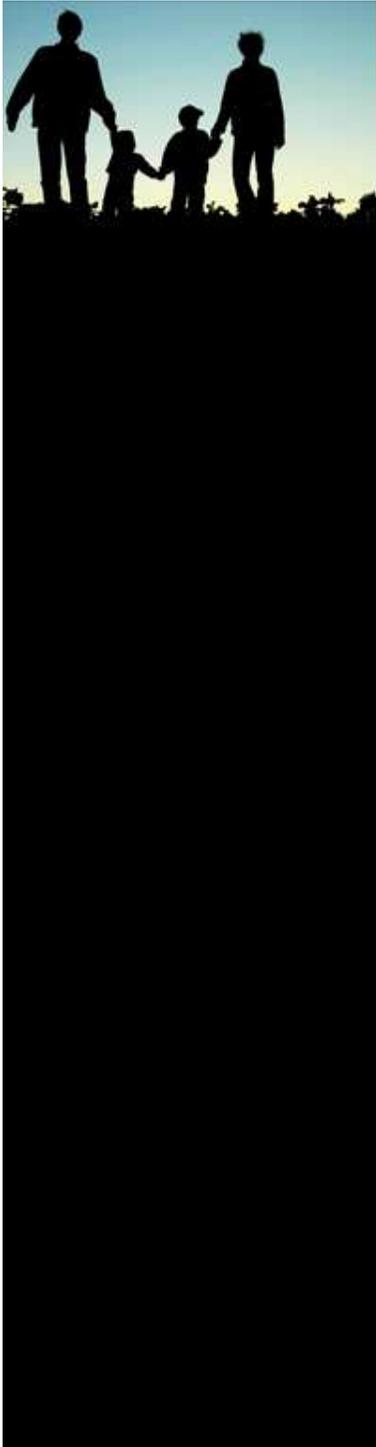


- Significant improvements in pro-social behaviour, social interaction and communication in intervention children
- Some improvement in peer problems and emotional symptoms in intervention group children, but failed to reach statistical significance
- Obs data – significant decline in negative child behaviours in intervention group children
- A significant increase at follow-up, in negative behaviour in the control group children



# Parental outcomes

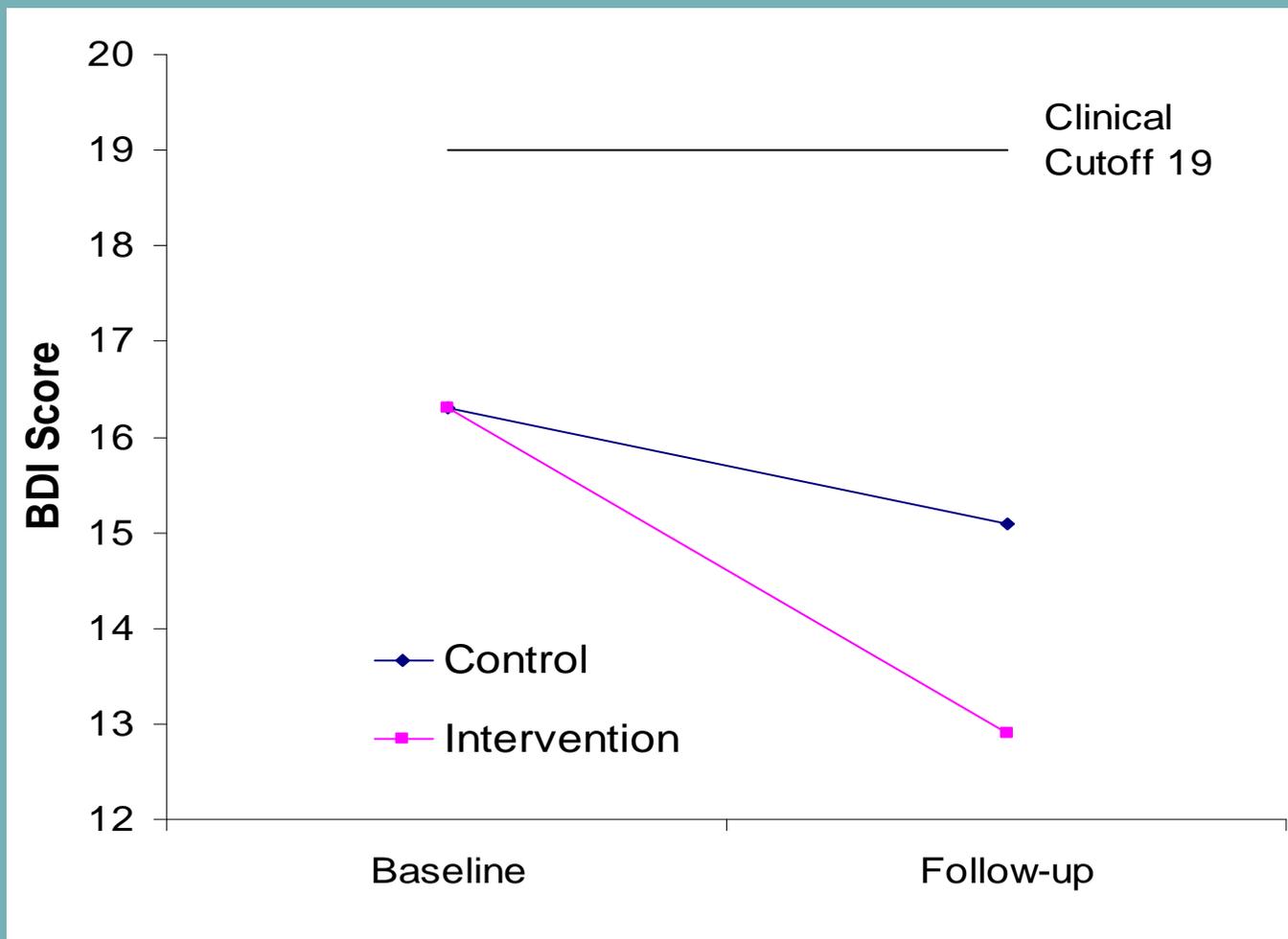
- At baseline, both interv and ctrl group participants experiencing above-norm levels of parental stress/distress
- Experiencing 'mild to moderate' depression
- One in five families had a member who had a drug/alcohol addiction
- 42% reported little or no support from family or friends

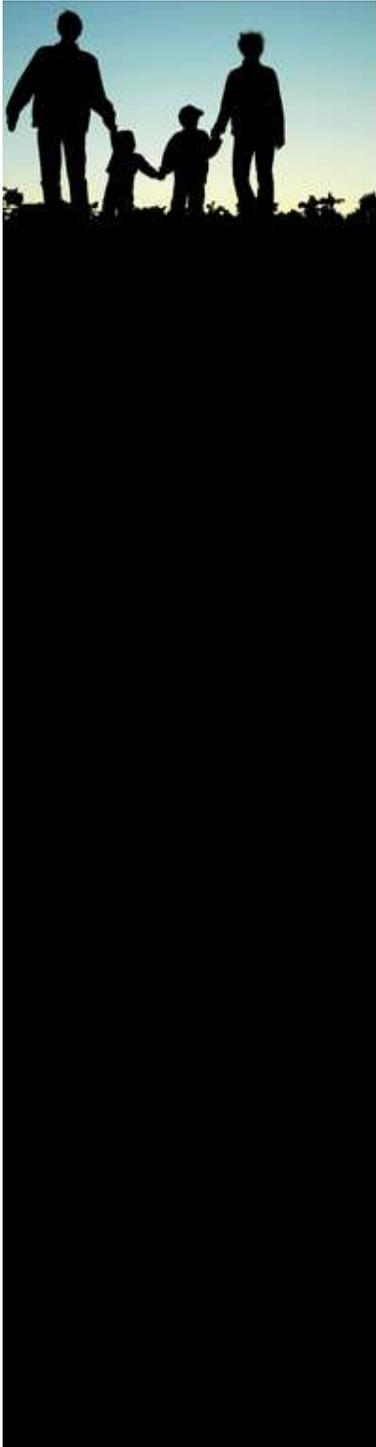


- At follow-up: intervention group significantly less stressed and more competent with respect to their parenting role
- Considerable improvements in depression levels when compared to the control group
- Incidences of critical parenting significantly reduced at follow-up in intervention group; some improvement also in positive parenting



# BDI mean scores for intervtn and control groups (baseline and follow-up)





## Conclusion

- Results demonstrate the success and overall effectiveness of the IY BASIC parenting programme in an Irish context:
  - reducing child conduct problems
  - improving parenting skills or competencies
  - improving parental well being
  
- Results supported and amplified (and extended) by:
  - qualitative work (process evaluation)
  - cost analysis/cost-effectiveness



- Conduct difficulties are detectable, preventable and treatable but...
- Resistant to intervention if not treated early; 75% treatment success rate for <10s; 25% for adolescents
- Findings have important implications in the longer term  
-> potential reductions in: juvenile delinquency; school drop-out; entries into the Criminal Justice System; and adult mental health problems
- Considerable long-term costs -> health, education, social services and CJS



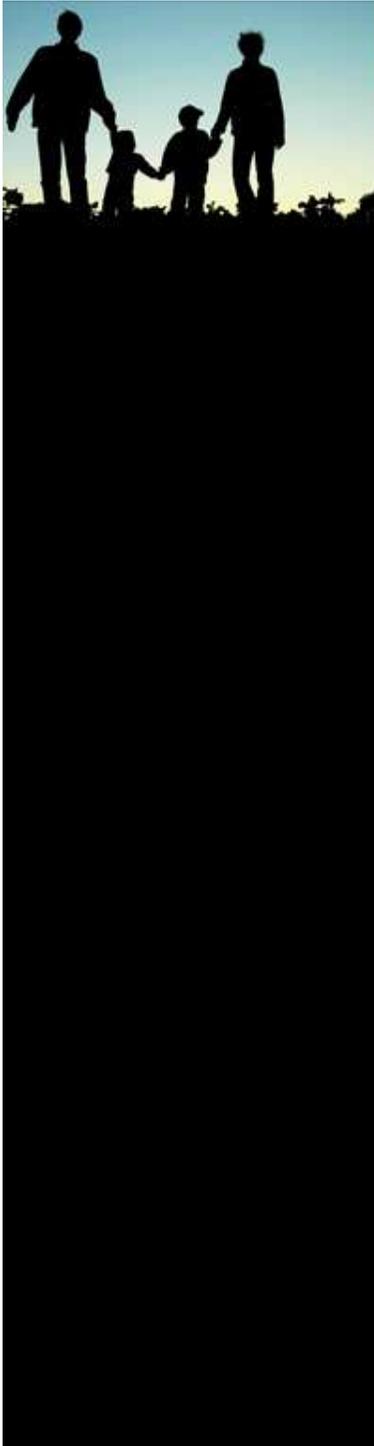
# Next steps

- Examine longer term (12-mth) outcomes (including sub-group analysis) in parent trial
- Complete 12-month follow-up of TCM RCT; complete analyses of TCM data
- Complete process evaluations and cost analysis of the above
- Finalise design of, and implement third combination RCT (Dublin)
- Continue to work collaboratively with Archways -> disseminate findings -> maximise impact -> policy and practice



## A note of thanks to...

- All members of the research team
- All of the Archways staff, IY Group leaders/facilitators and other community-based organisations for their commitment to, and help with, the research
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[www.iyirelandstudy.ie](http://www.iyirelandstudy.ie)

[Sinead.McGilloway@nuim.ie](mailto:Sinead.McGilloway@nuim.ie)

[www.nuim.ie/academic/psychology](http://www.nuim.ie/academic/psychology)

