I am just an ordinary person’ said Carolyn Webster-Stratton soon after I first met her. I had been sitting outside the lecture room at Oxford University where she was holding a workshop and could hear the buzz of interest and excitement. The workshop had ended, but Professor Webster-Stratton was still surrounded by participants wanting every last bit of her knowledge and understanding of how to improve parenting skills and prevent childhood behaviour problems progressing on to serious conduct disorder. The next day she would be the Keynote Speaker at a multidisciplinary conference with representation from the British Government in recognition of the importance of the subject. Internationally renowned as a leading authority on teaching parenting skills and early intervention to prevent antisocial behaviour in children, Carolyn Webster-Stratton is no ordinary person.

Brought up in Canada, Webster-Stratton had what she calls ‘English Parenting’. By this she means firm discipline and clear limit setting in an authoritative manner with little discussion about feelings, but at the same time a strong emphasis on working together as a family team. This is not too surprising as her mother came from the Lake District in England and trained as a teacher, bringing Carolyn up by what she called the mother craft method. The influence of Carolyn’s parents on her future work is very apparent. Her father was a businessman and innovator, which may have contributed to her abiding interest in photography and video. He invented the sqeegee mop and was especially concerned with quality control. He believed that high quality products could best be achieved through working in a collaborative way and by supporting and valuing people.

The school psychologist pronounced that Carolyn would not make it past high school. This was because she did so badly at exams due to exam phobia. In fact she was highly motivated and driven by the high standards she set herself—and also set by her parents. The hard work paid off and in 1966 she entered The University of Toronto to study nursing where she later became the top student in her year. There followed a Masters in pediatric nursing from Yale University, a Masters in public health from Yale School of Medicine and a PhD at the University of Washington, accompanied by various Awards and a Scholarship to eventually become the Outstanding Alumna of Yale University School of Nursing. And she still thought she was just ordinary. Her choice of a nursing career is interesting in view of the fact that her father is an active Christian Scientist and her grandmother’s sister was the first woman reader in the Christian Science church in Boston. They did not acknowledge illness in any conventional way and believed that illness is a reflection of God’s purpose. God heals through a person’s positive thinking and medicine only obstructs this healing process.

During her early nursing career in Toronto Carolyn became interested in public health and the potential for health behaviour change by means of working with groups. This interest led to a trip to Africa in 1970 as part of a project to send white and black Americans together to Africa to promote greater understanding of each other’s cultural heritage. Carolyn went to Sierra Leone where she lived in a mud hut and worked with a physician, the son of the local chief. Her daunting task was to train a group of indigenous people to change the toilet habits of the local people to prevent the spread of schistosomiasis and to promote healthier births and babies. Perhaps the inventiveness and entrepreneurial spirit of her father helped in her approach to this problem because she took a small generator and slide projector with her to Africa. Her slides included pictures of people peeing in a rice field. The slide show and talk was followed by a message sent far and wide on drums to ‘Pee in a Hole!’ On returning home she went on to use similar teaching methods with the Ojibwa Indians of Northern Ontario and the Navajo Indians of New Mexico. Carolyn was keen to learn about different child rearing practices. She wonders whether the practice of binding children to their mother’s backs and carrying their children with them at all times (even in the rice fields) might promote the attachment process. In fact, Attachment Theory plays a big part in Carolyn’s thinking and she considers the nature of the attachment between parent and child as critical to a child’s developmental progress. As a result of these experiences with other cultures, she became fascinated with the way in which modern and traditional methods of medicine could be integrated and how to combine the best of the different styles of parenting and child rearing practices.

In 1974 Carolyn had qualified as a nurse and went to work in Alaska where she was involved in a toy lending parent home visiting programme for low income mothers, starting a women’s clinic and contracting with the Alaska Indian Health Service to provide mental health services to Native Americans, including prenatal and parenting classes. Here she took up the post of Nurse Practitioner in the Family and Child Guidance Clinic. She took a Doctoral Programme in Educational Psychology, and obtained a PhD with her dissertation on the Effectiveness of Videotape Modelling Parental Education. In 1983 she became a Licensed Clinical Psychologist but her career path was gradually becoming more academic. She was Director of the Paediatric Nurse Practitioner Programme at Washington University from 1979 and in 1989 was appointed Professor. She had started a parenting clinic in 1982 and in 1990 gave up the Paediatric Nurse Practitioner Programme directorship, to concentrate full-time on the parenting clinic and on research. Her work is internationally recognised and from 1992 onwards she has received a Research Scientist Award from the National Institute of Mental Health. Her
close connection with England has continued as a Visiting Professor at Oxford University and at The Maudsley Hospital in South London. Nevertheless, she is no dry academic, isolated in an ivory tower. She is a ‘hands on’ person who is closely involved with clinical work and with the associated teaching and training programmes.

Most of Carolyn’s high levels of energy and interest are focused on the development and parenting of children between the ages of 3 and 8 years—Piaget’s ‘pre-operational stage’ when there is more scope for developmental flexibility and change. Her involvement in working with parents while in Alaska confirmed the many interactive adverse factors that can cause problem behaviour in children. She notes that key adverse factors affecting the child are learning difficulties, problems with language and symptoms of attention deficit and hyperactivity disorder. Parents who are stressed through poverty, parenting alone, mental health problems, substance abuse and marital problems also contribute to the list of risk factors. Protective factors include parents who have a positive, sensitive and caring attitude to parenting, who use non-violent methods of discipline with close monitoring and who provide clear limit setting. Her work is directed mainly at the management and treatment of aggressive and defiant behaviour as well as the prevention of more serious antisocial behaviour.

It was not until Carolyn was 36 years old and had been married to an academic for fifteen years that she had her first child. She had a boy and a girl who are now lively teenagers. She describes herself as ‘wanting it all’ and would have liked to have had more children if she were younger. To an outside observer it seems as though Carolyn Webster-Stratton has indeed got it all. She seems to have boundless energy and copes with the demands of two jobs, running a family and being an active ‘hands on’ mother. When her children were infants she even managed to fit in breast feeding them for two and a half years. It is interesting to note that she developed the basic parent training program before she had children. The advanced program came afterwards and focuses more on the emotional aspects of parenting.

Carolyn has numerous publications to her name, has written many books and over the years has been awarded research grants totalling many millions of dollars. Unlike most academics, she has also written and produced a series of videos that are used as a therapeutic tool to trigger discussions about parenting childcare. In 1982 she set up the Parenting Clinic at the University of Washington, which has now helped over 1000 families of children with conduct problems through ‘The Incredible Years Programmes’. These involve a number of intensive and group-based programmes aimed at parent training, teacher training, school consultation, and also social skills training, problem solving and anger management groups for children. Her approach emphasises simplicity and fun. For example, children who attend the social training and anger management group go to ‘Dinosaur School’ and there is a puppet called Wally who is especially good at problem solving. The use of visual images associated with clear and uncomplicated information seems to link back to Carolyn’s days in Africa and her work with ethnic minority groups. Unlike many other parenting programmes the Incredible Years Programmes have been evaluated using randomised, control group research studies and found to be effective. She and her colleagues have become more proactive in taking the programmes out into the community—namely Head Start and public schools. They have been working in providing prevention services to high risk families since 1990. In the future Carolyn plans to work more intensively with schools and also with grandparents, who she believes can have a powerful influence on the family.

With all these clinical activities on top of her work as a productive academic, it is fortunate that she has the ability to shut off from work. But then she ‘relaxes’ by getting up at five in the morning to go rowing in an eight! Her family owns a holiday cabin on an island and they enjoy water sports together such as motor boating and kayaking. Carolyn believes that she has a charmed life, perhaps due to inheriting ‘good genes’. She feels she should give something back to life and does this partly through her work with families and by teaching other professionals about her methods but also through working hard at being a mother and a wife. For her it is important to go that bit further and do more than might be expected, such as something personal for the families she is working with, like making a meal for them or buying flowers. It is her belief that relationships are the key to everything. Her final comment was this: ‘Single, quite ordinary individuals such as myself have the power to make a difference in their small corner of the world—whether it be with their family, children, community or something larger. This notion is a belief system I hold firmly—even if, as my mother says, I am always trying to change things—at least I will have said I had fun trying to change things!’

John Pearce