The Incredible Years Programmes in Scotland

INTRODUCTION

The Hospital Education Service provides education for children and young people attending or admitted to hospital. One of the main roles of this service is to ensure minimal disruption to children's education during these difficult times.

This service is provided by Glasgow City Council and serves children and young people from 3 to 18 years of age from all local authorities in Scotland and, on occasion, from other areas in the United Kingdom. The service offers a range of interventions to support children and their families in addressing the additional support needs of children and young people with medical conditions and/or social, emotional and behavioural difficulties.

Janette Lennox is a principal teacher in the Hospital Education Service. Janette is based within Child and Adolescent Mental Health and has been involved in the development and running of a number of group-based interventions for both children and their carers.

AIMS

The Incredible Years programmes were developed by Professor Carolyn Webster-Stratton.

Professor Webster-Stratton and her colleagues at the University of Washington’s Parenting Clinic have worked for over 30 years developing and evaluating training programmes for parents, teachers and children.

The Incredible Years programmes are research-based programmes that have been shown to be effective in reducing children's aggression and behaviour problems and in increasing their social competence at home and at school. The programmes are developmentally based and empirically validated. The emphasis is on the therapeutic relationship using a collaborative process.

The Incredible Years Parents, Teachers and Children Series have two long-range goals.

- The first is to develop comprehensive treatment programmes for young children with early onset conduct problems.
- The second goal is the development of cost-effective, community-based, universal prevention programmes for all families and teachers of young children.

Families and teachers can use these programmes to promote social competence and to prevent children from developing conduct problems in the first place.

Over the past 30 years there have been many randomised control-group evaluations of the parenting series. These have been conducted by Professor Webster-Stratton and her colleagues. Many other independent evaluations have also been done by other investigators worldwide.

Here in Glasgow we were interested in collaborating with Professor Webster-Stratton to pilot both the prevention and treatment programmes locally and to evaluate their effectiveness with Scottish families.
METHOD

Training and collaboration for the programme began in 1999 and the Hospital Education Service successfully completed a pilot of the Child Prevention Programme in a local nursery school in 2001. The evaluation of this pilot project showed positive results and notable changes in children’s behaviour both at home and in the nursery.

Following the success of the pilot programme a larger-scale study was planned. However, due to staff changes and resource implications within Child and Adolescent Mental Health Services (CAMHS) this project was unable to proceed. However, staff were just as enthusiastic and in June 2002 a Parent Training Working Party was set up within the Child Mental Health Service.

This steering group was formed to explore parent training. The aim was to find the most appropriate model of therapy that currently existed and to think how this model might be provided within CAMHS. They also had to take into account the resource implications and the effect on the current professional structure.

Various programmes were considered and, although there was no single model which was felt to meet the needs of CAMHS, there seemed advantages to using the Incredible Years programmes as they could offer parent, child and teacher involvement.

Moving forward

Over the next three years Janette Lennox began to deliver the child prevention and treatment programmes both in mainstream primaries and in the Child Mental Health Service within Yorkhill Hospital. She encouraged other multidisciplinary colleagues to become involved and to train in the programmes to encourage further delivery of all aspects of these programmes. She also continued her own training with support from Education and Health.

In 2005 funding was provided by HeadsUpScotland of the then Scottish Executive, who offered the initial parent group training and consultation days to two representatives from each health board area. This also included some funding for materials and future accreditation costs.

The funding of staff from CAMHS in Glasgow to attend both the parent and child initial training enabled these programmes to be offered to parents and children from all community sites. Some of the programmes have been offered in the community bases and others have been delivered from a central location.

The added support given by the local Health and Education line managers allowed more programme materials to be purchased and offered an integrated approach to the delivery of the Incredible Years Parents, Children and Teachers programmes. It also allowed the group to attend the Scottish Incredible Years Network meetings, where they could link with colleagues across Scotland to share experiences and to continue supporting further training and accreditation of staff.

Locally, a support group was set up for staff involved in the delivery of these programmes within CAMHS to maintain enthusiasm and ensure consistency in the delivery of the programmes.

OUTCOMES

Over the last two years the Hospital Education Service has been able to offer children, their parents and their teachers involvement in the Incredible Years programmes. Initially
they had to offer these programmes separately because of the way staff resources were organised, but have just completed their first combined Parent and Child programme.

**Parent programme**

The parents attend once a week for two hours over a period of 12 weeks. The basic parent training programme comprises four programmes:

- Play
- Praise and Rewards
- Effective Limit Setting and Dealing with Non-Compliance
- Handling Misbehaviour, Time-Out and Preventive Approaches

The Parent programmes are designed as small group discussions with approximately eight participants. The group’s aim is to provide support, reduce isolation and normalise parents’ experiences of bringing up children.

The role of the group leaders is to collaborate with parents and promote reflection and participation. It is also their role to introduce new concepts and offer the parents a chance to practise these.

Each group meeting involves discussion of difficulties combined with viewing of video-taped examples of children’s difficult behaviours. There are opportunities to practise management strategies to use at home, with parents being given home tasks to complete and report back on the following week.

While the parents attend their group the children attend their programme - affectionately known as Dinosaur School.

**Dinosaur School**

Dinosaur School was designed to teach young children (ages 4 to 8) problem-solving and social skills. There is both a prevention and treatment programme. In the treatment programme therapists meet with small groups of six children on a weekly basis for two hours. The programme lasts approximately 18 weeks and covers the following topics:

- Understanding and detecting feelings
- Doing your best in school
- Being friendly and a team member
- Solving problems
- Controlling your anger
- Communicating feelings and ideas to friends and adults

The topics are presented to the children in the group using puppets, video vignettes and role play, and through individual and group activities. As with the parent group, the children are given home tasks to complete and are encouraged through incentives and rewards.

**Teacher Training programme**

There is also a separate Teacher Training programme for use with the children’s teachers. Although we have not yet been able to offer this structured programme we did involve all the teachers through contact pre and post group, weekly written information sheets and teacher evenings. At the end of the programme we visited schools to give both a verbal and written report on each family’s involvement and a pack of materials that could be used with all children.

Through careful pre and post assessment of the parents, teachers and children we were able to evaluate any changes in the parent and child relationship and in the child’s behaviour both at home and at school. These quantitative results have been very
encouraging and have shown positive changes in relationships and behaviour. These changes have been noted both at home and in school.

Our evaluations have also shown an increase in the children’s pro-social behaviours when involved in the children’s group.

Parent and child satisfaction questionnaires were also completed and showed very positive results.

**NEXT STEPS**

The development of these programmes within our service has been a slow but successful and enjoyable process. Many staff have now been encouraged to complete the initial training and deliver these programmes and through the development of the support groups some are now beginning the accreditation route.

It is important to continue to plan and evaluate these programmes and to encourage and support staff to become accredited in each of the programmes being delivered. This will ensure programme fidelity and success in the treatment of these families and allow staff to become mentors and trainers, which will eventually reduce training costs.

We are therefore continuing the process of data collection to provide quantitative evaluations to support the continuation of these programmes. In addition, a group of us are currently in the process of completing a qualitative study looking at the reality of the parents' experiences of attending such a group to try to identify the key factors that influence the success of attendance and completion of the parents' group.

We could not have achieved any of this without the support of Health and Education and without the dedication of all multidisciplinary staff members, who tirelessly work together to offer an integrated approach to improving relationships between children, parents and teachers.

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