

Investigating Parental Acceptability of the Incredible Years Self-Administered Parent Training Program for Children Presenting Externalizing Behavior Problems

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This study takes an in-depth look at parental acceptability (i.e., the ability to meet parent needs) of an intervention that has shown strong empirical support for treating and preventing childhood conduct disorder. The authors obtained acceptability data from 30 parents of children ages 5 to 12 years presenting externalizing behavior problems through completion of the Treatment Evaluation Questionnaire-Parent Form and the Incredible Years Parent Program Video Evaluation Form. The Incredible Years Self-Administered Parent Training Program was implemented over 8 weeks with the majority of participants showing improvement. Study results indicated that the Incredible Years Self-Administered Parent Training Program was found to be acceptable with a significant difference in level of acceptability between Video Series 2 and 3. Given the ease of dissemination and acceptable nature of this parent training program, future research on this evidence-based intervention is warranted within a school-based mental health service delivery model.

KEYWORDS *evidence-based interventions, parent training, treatment acceptability, behavior problems*

School personnel are in need of effective treatments for children's behavioral challenges. Effective treatments also need to be acceptable to those who are targeted and they must be able to be carried out with efficiency and integrity.

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The Incredible Years Self-Administered Parent Training Program (IY-SAPT) has been clearly established to be efficacious to reduce and prevent externalizing behavior problems (Hoagwood et al., 2007). Distinguished from other treatments, it has built in treatment integrity measures to ensure that the program is delivered as intended across a diverse group of parents. Yet, to date, parent acceptability data on this evidence-based program has received limited attention within the literature. The purpose of this study was to closely examine the acceptability of this self-administered treatment program when used by parents of children demonstrating externalizing behavior problems.

According to Chorpita (2003), “the last 10 years have seen a revolution in practice development accompanied by a new emphasis on principles of science, improvements in clinical research, and the connection of practice with the latest evidence” (p. 42). Guidelines established by the American Psychological Association Division 16 Presidential Task Force (Kratochwill & Stoiber, 2002; White & Kratochwill, 2005) define evidence-based interventions (EBIs) as those that demonstrate both efficacy (to bring about the intended change in the target condition in controlled settings) and effectiveness (to bring about improvements in the target conditions in the real world). Legislation such as Individuals With Disabilities Education Act (IDEIA, U.S. Department of Education, 2004) and No Child Left Behind (NCLB, 2001) has also influenced the use of EBIs by emphasizing the use of research-based methods in schools. Best practices require the use of EBIs because EBIs have the potential to bridge the gap between research and practice, and they are responsive to a call for greater attention to dissemination within peer-reviewed journal publications in the field of school psychology (Wodrich, 2009).

The IY-SAPT is part of the overall Incredible Years Program that uses a flexible and innovative delivery approach through self-administered manuals and videotapes that last a total of 215 min. It is an especially intriguing intervention to consider within the context of the demands of real-world practice in schools and communities. The program consists of videotapes, parent manuals, homework activities, and refrigerator notes that are focused on strengthening parenting competencies (e.g., monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences, this is done in order to promote children's academic, social and emotional competencies, and reduce conduct problems. The three video series composing this program are titled *Promoting Positive Behaviors in School-Aged Children*, *Reducing Inappropriate Behaviors in School-Aged Children*, and *Supporting Your Child's Education*, respectively. The series is provided on separate videotapes so that parents can review one series at a time. Some topics include the following: the importance of parental attention, how to use praise and rewards, effective limit setting, handling misbehavior, how to communicate effectively, problem solving for parents, and how to support

TABLE 1 Overview of the Incredible Years Self-Administered Parent Training Series

Promoting Positive Behaviors in School-Aged Children Program (36 min)
Part 1: The Importance of Parental Attention and Special Time
Part 2: Effective Praise
Part 3: Tangible Rewards
Reducing Inappropriate Behaviors in School-Aged Children Program (99 min)
Part 1: Clear Limit Setting
Part 2: Ignoring Misbehavior
Part 3: Time-Out Consequences
Part 4: Logical Consequences
Part 5: Problem Solving With Children
Part 6: Special Problems: Lying, Stealing, and Hitting
Supporting Your Child's Education Program (80 min)
Part 1: Promoting Children's Self-Confidence
Part 2: Fostering Good Learning Habits
Part 3: Dealing With Children's Discouragement
Part 4: Participating in Children's Homework
Part 5: Using Parent-Teacher Conferences to Advocate for Your Child
Part 6: Discussing a School Problem With Your Child

your child's education. Table 1 shows a more detailed list of the program content and length of each video series.

The IY-SAPT is based on Patterson's (2002) social learning model that emphasizes the importance of the family socialization process. Patterson argued that an increased risk for behavior problems seems to be related to coercive social interactions between caregiver and child in which the caregiver uses aversive reactions to control the child's misbehavior and the child continues to misbehave until caregiver reaches an exhaustion point. Both the child and caregiver's reactions are contingent upon each other, and, over time, the coercive social interactions are escalated by negative affect and limited problem solving, which in turn increase future negative child outcomes (Patterson, 2002). Changing these patterns through learning to deal with children's misbehavior and modeling positive and appropriate problem solving and discipline can help children develop social competence and reduce behavioral problems. In addition, the IY-SAPT program is based on Bandura's (1986) modeling and self-efficacy theories. Specifically, the training approach is based on principles of video modeling, rehearsal, self-management, and cognitive self-control.

The Incredible Years Parenting Program delivered in a group format has been identified as one of 11 blueprint interventions by the Center for Violence Prevention at the University of Colorado (Mihalic, Fagan, Irwin, Ballard, & Elliott, 2002). Such a designation indicates that the program has met stringent scientific criteria (including use of long-term follow-ups, randomized controlled trials, replication by independent researchers, and published in sufficient detail to be effectively implemented by others). The

IY-SAPT has been compared to a group discussion video modeling treatment and a group discussion treatment, with few differences among the three treatment conditions in regard to improved child behavior outcomes, and with all being superior to a control group (Webster-Stratton, Kolpacoff, & Hollinsworth, 1988). The self-administered format was also compared to a self-administered format that added therapist consultation and a control group (Webster-Stratton, 1990). Findings from this study found positive outcomes for both treatment groups in terms of parent report of behavior problems, stress level, and some parenting practices, as well as through observations of child behavior. The therapist consultation group was superior to the self-administered group, however, regarding children's deviant behavior. Another study found that compared with a control group, parents in the IY-SAPT group demonstrated improved parenting practices, as well as some child behavior improvements in home observations; improved practices were maintained after 1 year (Webster-Stratton, Hollinsworth, & Kolpacoff, 1989). Kratochwill, Elliott, Loitz, Sladeczek, and Carlson (2003) compared parent and teacher outcomes for manual and video-based training formats of IY-SAPT with a control group. Their study included children in Head Start with both externalizing and internalizing concerns. Some improvements based on single-case analysis were reported. However, study findings were limited by the lack of integrity with which the IY-SAPT was carried out. Although the Incredible Years Parent Training Series has been used successfully in a self-administered format in real-world settings, limited (Kratochwill et al.) or no (Webster-Stratton et al., 1988) data have been reported concerning its treatment acceptability. Acceptability is a critical component in the transportability of efficacious and effective interventions from controlled to real-world settings (Chorpita, 2003).

Treatment Acceptability

Treatment acceptability (TA) is defined as judgments by laypersons, non-professionals, clients, and other potential consumers of whether a particular intervention is appropriate, fair, and reasonable for the problem or client (Kazdin, 1980). A review of the literature reveals that a number of factors have been hypothesized to affect TA, and a number of models have been developed to explain the relation between TA and various factors within the transportability process of interventions (e.g., Eckert & Hintze, 2000; Reimers, Wacker, & Koepl, 1987; Witt & Elliott, 1985). Witt and Elliot's (1985) conceptual framework highlights the sequential and reciprocal relation among TA, treatment use, treatment integrity, and treatment effectiveness. If a treatment is deemed acceptable, the probability of treatment use and treatment integrity will be high. Also, high treatment integrity increases the probability of effecting behavioral change, which will in turn improve TA.

Researchers have used analog studies to identify factors that appear to be related to the acceptability of various behavioral interventions. For example, treatments that use positive approaches rather than negative ones are reported as more acceptable. Those that take less time to implement are also rated as more acceptable (Cowan & Sheridan, 2003; Elliott, Witt, Galvin, & Peterson, 1984; Witt, Elliott, & Martens, 1984). Studies have also shown that the more severe the child's presenting problem, the higher the ratings of acceptability for a proposed treatment (Frentz & Kelley, 1986; Kazdin, 1980). Last, some studies have shown a relation between treatment effectiveness and TA, whereas others have not found a relation (Kazdin, 1981; Von Brock & Elliott, 1987). Research suggests that the IY-SAPT is effective (Webster-Stratton, 1990, 1992; Webster-Stratton et al., 1988), and thus, it should also be found acceptable according to Witt and Elliott's (1985) model.

Purpose of the Study

Although considerable data have now been accumulated on the efficacy and effectiveness of the IY-SAPT, limited data exist on parent ratings of its TA. We investigated the following hypotheses to address this gap in the literature:

Hypothesis 1: The IY-SAPT will be rated as acceptable to parents because it uses both positive and negative procedures, with the majority of procedures being positive. Further, the IY-SAPT has been found to be effective and time efficient, which are key factors related to favorable ratings of TA. Last, the study's sample consisted of parents of children with severe externalizing behavior problems. The severity of behavior problems have been linked to better ratings of acceptability.

Hypothesis 2: Video Series 2: Reducing Inappropriate Behaviors in School-Aged Children will be rated as the most acceptable of the three content areas because (a) it uses both positive and negative procedures and (b) it addresses how to specifically target relatively severe behaviors such as kicking, biting, hitting, and stealing.

Hypothesis 3: Video Series 3: Supporting Your Child's Education will be rated as the least acceptable because educational issues may be less salient compared with reducing the children's externalizing behavior problems, which was the primary purpose of parental participation in this study.

METHOD

Participants

Participants for the study were parents ($N = 30$) of 30 children between the ages of 5 and 12 years who displayed significant externalizing behavior

problems. A total of 24 children were on a stable dose of psychostimulant treatment, and 6 were not on any medication. Both groups of children were included in this study to address the absence of studies that emphasize treatment of diverse samples under real-life conditions (Chorpita, 2003). Parents agreed to keep their children on the dose of medication (or off medication) that had been established before IY-SAPT as a part of consent procedures. This was done to ensure that medication treatment did not confound study results.

The average reported age of the parents and children were 40 years ($SD = 9.67$ years) and 7.53 years ($SD = 2.22$ years), respectively. The sample of parent respondents was primarily female (90%), and the sample of children was primarily male (70%). All child participants met inclusion criteria, including parent-reported diagnosis of an externalizing behavior problem (attention-deficit/hyperactivity disorder [ADHD] or oppositional defiant disorder). Baseline measures of externalizing behavior problems had to fall at least one standard deviation greater than the mean on one of three externalizing behavior measures: Social Skills Rating System-Parent Form (Gresham & Elliott, 1990), Eyberg Child Behavior Inventory (Eyberg & Pincus, 1999), or the Behavior Monitor for ADHD Rating Scales-Parent Monitor Ratings (Kamphaus & Reynolds, 1998). To illustrate the nature of the problems experienced by this group of children, the average t score on the parent-rated Eyberg Child Behavior Inventory was 65 (1.5 SD greater than the mean). Regarding ethnicity, 100% of the parents and 90% of the children were Caucasian. A child and adolescent psychiatrist and a community-based psychologist served as consultants to this community-based project and worked collaboratively with the principal investigator (a nationally certified school psychologist and licensed psychologist) to recruit study participants and identify other practitioners who were likely to treat children with conduct problems. Regarding study results pertaining to effectiveness, 100% of parents reported clinically significant change on at least one subscale of a commonly used measure of adaptive and maladaptive behavior (Carlson, Ogg, Krueger, Segool, & Brinkman, 2006).

Variables and Instruments

TA was operationally defined by a total scale score and subscale scores on the parent-completed Treatment Evaluation Questionnaire-Parent Form (TEQ-P; Kratochwill et al., 2003) and parent-completed total scale score on the Incredible Years Parent Program Video Evaluation Form (Webster-Stratton, 2001). The TEQ-P is a rating form consisting of 21 items that reflect the acceptability, appropriateness, and effectiveness of an intervention strategy using a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The purpose is to help distinguish acceptable treatments from those that are

unacceptable. The TEQ-P was adapted from the Treatment Evaluation Inventory (TEI; Kazdin, 1980), which has an internal consistency reliability of .97 (Spirrison, Noland, & Savoie, 1992). There are three subscales on the TEQ-P: treatment acceptability, perceived effectiveness, and amount of time for improvement (i.e., the level of treatment effectiveness in terms of rate of change). The acceptability subscale consists of 11 items, the effectiveness subscale consists of 8 items, and the amount of time for improvement subscale consists of 2 items. The acceptability subscale scores range from 11 to 66, with higher scores indicating greater acceptability. The effectiveness subscale scores range from 8 to 48, with higher scores indicating greater effectiveness. The amount of time for improvement subscale scores range from 2 to 12, with higher scores indicating faster behavior improvement (Kratochwill et al., 2003). Total scores on the TEQ-P range from 21 to 126, with higher scores indicating greater treatment acceptability. On the basis of Kazdin, French, and Sherick's (1981) formula for the TEI, a midpoint score of 3.5 on each item of the TEQ-P would indicate moderate acceptability rating. Consequently, a total TEQ-P score of moderate acceptability for the 21 items would be 73.5. Therefore, scores at or greater than the midpoint represent adequate ratings of acceptability. There are no additional interpretive guidelines for scores on the TEQ-P; yet, previous researchers (e.g., Kratochwill et al.) have interpreted an acceptability subscale score of 55, effectiveness subscale score of 36, and amount of time for improvement subscale score of 9 to reflect high TA.

The Incredible Years Parent Program Video Evaluation Form consists of four items that reflect perceived helpfulness of the intervention, using a 5-point Likert-type scale ranging from 1 (*not helpful*) to 5 (*very helpful*). An example item is "The content of this videotape was. . . ." The reliability of this measure has not previously been published. In this study, the internal consistency reliability (as measured by Cronbach's alpha) of the Incredible Years Parent Program Video Evaluation Form was .89, indicating a high level of reliability. Total scores on this measure range from 4 to 20, with higher scores representing greater acceptability. Using Kazdin et al.'s (1981) formula previously mentioned, moderate acceptability rating would result from a midpoint of 3 on each item. A total score of 12 would indicate moderate acceptability.

Procedure

The parent training involved the use of an 8-week, self-administered 215-min video series (see Table 1) in the parents' homes. The first series, consisting of three parts, taught parents how to promote positive behaviors in school-aged children. The second series, consisting of six parts, focused on reducing inappropriate behaviors in school-aged children. The final series, also consisting of six parts, focused on supporting the children's education. Workbooks

accompanying each program included short readings with questions designed to involve parents in thinking about parent–child interactions in more depth than might occur during video view alone. Trained doctoral students collected biweekly information about the parents' perceptions of each of the three video series using the Incredible Years Parent Program Video Evaluation Form. At the end of the intervention phase, parents were interviewed using the TEQ-P to determine their overall perceptions of acceptability of the program.

Data Analysis

TA was determined by calculating descriptive statistics (means and standard deviations) of all the parent acceptability ratings and using Kazdin et al.'s (1981) formula to interpret the means and standard deviations. Also, a paired-samples *t* test of parent responses on the Incredible Years Parent Program Video Evaluation Forms was completed to determine the difference in TA ratings among the three video series.

RESULTS

Overall Treatment Acceptability

The total TEQ-P ratings ranged from 73 to 120, with an overall mean of 100.73 ($SD = 11.685$). The mean of 100.73 was greater than the midpoint score of 73.5, indicating that parents found the program acceptable and appropriate for their children (Kazdin et al., 1981). As Table 2 shows, we obtained adequate mean scores reflecting parent-rating of acceptability on all three TEQ-P subscales: for treatment acceptability, $M = 56.80$, $SD = 5.034$; for effectiveness, $M = 35.27$, $SD = 6.028$; and for amount of time for improvement, $M = 8.67$, $SD = 1.729$. These subscale values are similar to Kratochwill et al.'s (2003) findings for acceptability. An aggregate mean score

TABLE 2 Parent Treatment Evaluation Questionnaire Scores

Subscale	<i>n</i>	<i>M</i>	<i>SD</i>	Minimum score	Maximum score
Acceptability score	30	56.80	5.034	43	66
Effectiveness score	30	35.27	6.028	19	44
Amount of time for improvement score	30	8.67	1.729	4	12

Note. For acceptability, scores range from 11 to 66; greater scores indicate better acceptability; for effectiveness, scores range from 8 to 48; greater scores indicate stronger perceived effectiveness; for amount of time for improvement, scores range from 2 to 12; greater scores indicate perception of faster behavior improvement.

TABLE 3 Total Mean Rating for Each Video Series of the Incredible Years Self-Administered Parent Training Program

Video Series	<i>n</i>	<i>M</i>	<i>SD</i>	Minimum Score	Maximum Score
Video Series 1: Promoting Positive Behaviors in School-Aged Children	29	15.17	3.86	8	20
Video Series 2: Reducing Inappropriate Behaviors in School-Aged Children	30	15.73	3.52	8	20
Video Series 3: Supporting Your Child's Education	29	14.44	3.17	8	20

Note. Scores range from 4 to 20; greater scores indicate better acceptability.

of 15.13 ($SD = 3.526$), which is greater than the aggregate midpoint score of 12, was obtained for three video series treated together on the Incredible Years Parent Program Video Evaluation Form, providing further support for parent-rated acceptability of the IY-SAPT. Furthermore, as Table 3 shows, the mean TA rating for each video series exceeded the midpoint rating of 12, indicating that each video series was viewed as acceptable.

Most and Least Acceptable Video Series

The ratings obtained on the Incredible Years Parent Program Video Evaluation Forms were also used to determine which video series was viewed as most and least acceptable. As shown in Table 3, Video Series 2: Reducing Inappropriate Behaviors in School-Aged Children had the highest mean TA score of 15.73, Video Series 1: Promoting Positive Behaviors in School-Aged Children had the second highest mean TA score of 15.17, and Video Series 3: Supporting Your Child's Education had the lowest mean TA score of 14.44. A paired samples *t* test— $t(28) = 2.16, p < .040$ —showed that the TA ratings for Video Series 2 and 3 were significantly different. Yet, the clinical significance of the differences between the series is moderate given the moderate effect size (as measured by Cohen's *d*) difference of 0.39. Paired samples *t* test for Video Series 1 and 2 and Video Series 1 and 3— $t(28) = -.749, p < .460$ and $t(27) = .471, p < .641$, respectively—indicated no significant differences, with effect size scores of -0.15 and 0.21 , respectively.

DISCUSSION

This study is the first to solely focus on the TA of the IY-SAPT, a program which has great potential for widespread dissemination and implementation given its flexibility, ease of use, and the use of standardized manuals that

have been closely researched. As hypothesized, the IY-SAPT was found to be acceptable, suggesting that parents viewed the intervention as appropriate, fair, and reasonable for treating their children's externalizing behavior problems. This finding was expected as the IY-SAPT uses both positive and negative parenting strategies (with an emphasis on positive strategies), which have been proven to be more acceptable than interventions lacking this characteristic (Cowan & Sheridan, 2003; Elliott et al., 1984). Further, the present study's mean acceptability scores obtained on all three TEQ-P subscales are comparable to Kratochwill et al.'s (2003) findings: for treatment acceptability, $M = 55$, $SD = 5$; for effectiveness, $M = 36$, $SD = 7$; and for amount of time for improvement, $M = 9$, $SD = 1$. These findings may indicate that parents prefer interventions that integrate both positive and negative components because such interventions are perceived as a more balanced and realistic way of parenting. For example, parents may be more likely to use negative consequences (e.g., time-out), which can be effective in reducing inappropriate behaviors when used in combination with parenting strategies that increase appropriate behaviors. Therefore, having a positive component provides another means of addressing the child's behavior problems, which creates a balanced parenting strategy.

Another explanation for the acceptability of the IY-SAPT found in this study may be its inherent time efficiency (Elliott et al., 1984; Witt et al., 1984). When compared with other types of interventions, such as a group discussion treatment or group therapy, the IY-SAPT has been proven to be more time efficient because it requires no therapist time and less time commitment from parents (Webster-Stratton et al., 1988). The videos last 215 min, and parents reported spending about 2 hours per week watching and practicing the concepts presented in the IY-SAPT. This is relatively convenient for working parents, especially for single parents who may be unable to commit to implementing time-consuming interventions given other demands in their lives. The established effectiveness of the IY-SAPT and the improvements found in those who went through this treatment program might have also contributed to its acceptability, as demonstrated by Von Brock and Elliot's (1987) study. Also, the acceptability ratings provide support for the last link in Witt and Elliot's (1985) model, which argues that effective treatments have a higher probability of being viewed as acceptable. Further research on the link among acceptability, efficacy, and integrity are clearly warranted to advance understanding of the mechanisms of action behind evidence-based approaches such as the IY-SAPT.

The present study is the first to use the Incredible Years Parent Program Video Evaluation Form to measure TA. Video Series 2: Reducing Inappropriate Behaviors in School-Aged Children, the only series using both positive and negative strategies to target the relatively severe behaviors (i.e., kicking, biting, hitting, and stealing) received significantly higher mean acceptability ratings than did Video Series 3: Supporting Your Child's Education. This

finding supports previous studies that found interventions using both positive and negative strategies, as well as those targeting more severe behavior problems, are viewed as more acceptable relative to other treatments (Cowan & Sheridan, 2003; Elliott et al., 1984; Frentz & Kelley, 1986). Although Video Series 2 received a higher mean rating score than did Video Series 3, the score was not significantly different from that obtained for Video Series 1: Promoting Positive Behaviors in School-Aged Children. In addition, there was no significant difference between the mean ratings of Video Series 1 and 3. Therefore, the second and third hypotheses were not supported. This may be because of the small sample size. Future studies are important to further examine within program acceptability differences.

In conclusion, the IY-SAPT has been used successfully in a self-administered format (Kratochwill et al., 2003; Webster-Stratton, 1990, 1992), but limited data exist about its acceptability. The TA of the IY-SAPT is an important component in its transportability from controlled to real-world settings because favorable TA reduces the likelihood of lack of compliance and maintenance (Reimers & Lee, 1991; Witt & Elliott, 1985). Last, the parent-rated acceptability of the IY-SAPT found in this study implies the potential acceptability of this program for other parents of children who display externalizing behavior problems. Additional studies carried out within school-based settings, by practicing school psychologists, would be an important next step in this line of research.

Limitations

The present study has several limitations. First, the instruments used have limited interpretability beyond qualitative descriptors (e.g., “strongly disagree” versus “strongly agree”). Second, the small sample size (as well as lack of ethnic, racial, and geographic diversity among participants) limits the generalizability of the findings. Increasing the sample and recruiting parents from diverse backgrounds would improve the generalizability of the present study’s results. Third, a less-established TA instrument (i.e., the Incredible Years Parent Program Video Evaluation Form) was used at the end of each video series, whereas the more established instrument (i.e., TEQ-P) was used at the end of the study. Using the TEQ-P at the conclusion of each video series and at the end of the entire program might have provided a better means of investigating which parts were perceived as most and least acceptable. Fourth, TA was only assessed after the intervention was implemented. Assessing TA both before and after an intervention has been implemented can be helpful in assessing the effect of the implementation process on consumers’ perceptions of TA, as well as the link between treatment effectiveness and TA (Reimers et al., 1987). Last, randomization of participants to alternative treatments (or control groups) would have provided a better

sense of the relative acceptability of the IY-SAPT in comparison with another treatment for externalizing behavior problems. Despite these limitations, the present study is the first to focus solely on treatment acceptability of the IY-SAPT for modifying externalizing behavior problems.

Implications for Practice

It is important for school psychologist to be knowledgeable about and recommend interventions to consumers that are most likely to actually be implemented and continued across time. In recommending interventions, school psychologists must consider factors that might impede implementation and, in doing so, match suggested treatment approaches with individual families' characteristics and their preferences. In light of new legislation such as IDEIA and NCLB, there is an increasing focus on cost-effective outcomes. Therefore, school psychologists need to recommend and/or use interventions that have been shown to be acceptable and effective. Additional information about the cost and research associated with the IY-SAPT can be found at <http://www.incredibleyears.com>. In summary, knowledge regarding potential treatment options for children with externalizing behavior problems will provide valuable information for some of the millions of children, families, and schools affected by these challenges.

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