The Incredible Years® (IY) Parent Programs: Four Decades of Evidence-Based Parenting Support, Research, and Delivery

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In T. Del Vecchio, T. D., Ph.D. And Terjesen, Ph.D., Handbook of Behavioral Parent Training, American Psychological Association. (in press)

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Carolyn Webster-Stratton, M.S.N., M.P.H., Ph.D. is a Licensed Clinical Psychologist, Pediatric Nurse Practitioner, and Professor Emeritus at the University of Washington (UW). She is the founder and developer of the Incredible Years® Series for Parents, Children, and Teachers. During her time at University of Washington, she was Director of the UW Parenting Clinic and Pediatric Nurse Practitioner Program. Over four decades ago, she began developing and researching the Incredible Years programs. She has conducted numerous randomized controlled group studies to evaluate the effectiveness of indicated prevention programs for promoting children's social and emotional competence, school readiness skills, and preventing conduct problems in high-risk populations. She has also evaluated the teacher, parent, and child treatment programs protocols for children diagnosed with Oppositional Defiant Disorder, ADHD, anxiety and developmental delays. She has published numerous articles and books for parents, teachers, therapists and children. She continues to do IY trainings, update programs and consult regarding research.

Abstract

In this chapter, we review the Incredible Years® (IY) parent programs (Webster-Stratton, 2011, 2015, 2021), as part of the larger comprehensive IY Series for parents, teachers and children. The IY parent programs are a set of well-established evidence-based parent-focused interventions designed to promote children's social and emotional competence and academic readiness and to reduce conduct problems in young children. With over four decades of research support, the IY parent programs have undergone considerable empirical evaluation, content updates (e.g., updated video vignettes, adaptations for specific populations), and have been identified as a gold-standard intervention for the prevention of future behavior problems in young children. The IY parent programs focus on increasing the use of positive parenting strategies, decreasing harsh discipline, and improving parent, child, and family well-being. The following chapter encompasses an overview of the IY parent programs, including its scientific foundation and theory of change, target populations, and relevant considerations when working with specific subpopulations. In addition, it focuses on session content and dosage, training, research, and considerations for future research directions. This chapter provides a thorough integration of the extensive evidence base supporting the efficacy of the IY Parent Programs with a diverse range of participants from various socioeconomic, racial, cultural, and ethnic backgrounds.

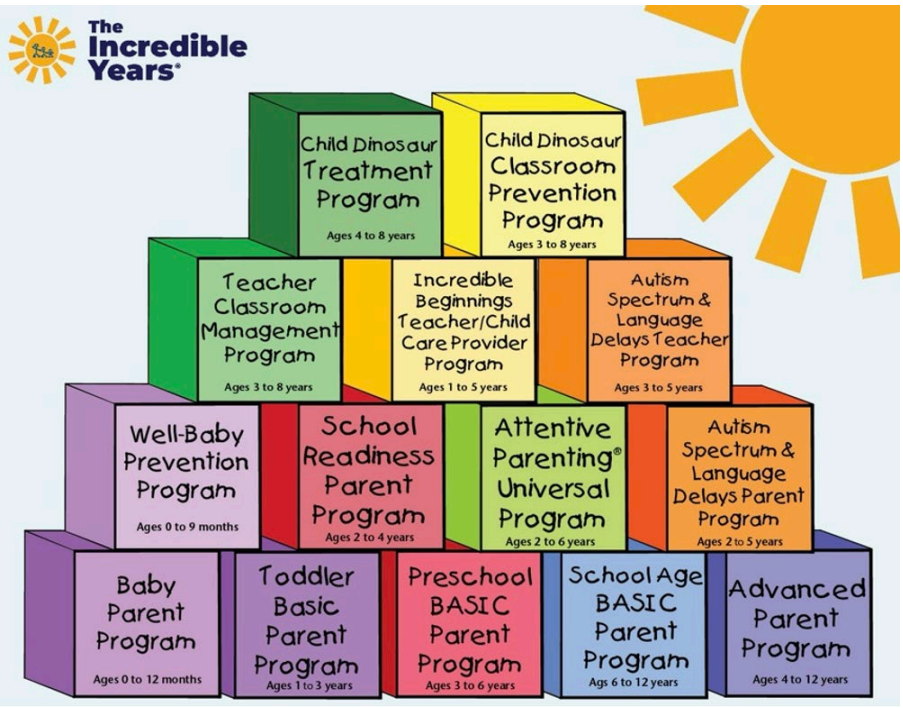
The Incredible Years® (IY) Parent Programs: Four Decades of Evidence-Based Parenting Support, Research, and Delivery

Introduction

Child behavior problems are one of the most common reasons that parents seek treatment for their children from health professionals, including pediatricians, nurses, psychologists, and psychiatrists (Danielson et al., 2021; Merikangas et al., 2011). Specifically, conduct and oppositional behavioral problems affect approximately 7.1% of children in the United States ages 3 to 17 (Ghandour et al., 2019). Such problems include a range of symptoms such as defiance, aggression, emotional dysregulation, hyperactivity, anxiety and other internalizing problems (American Psychiatric Association, 2013; Fairchild et al., 2019). Without intervention, early-onset Oppositional Defiance Disorder (ODD) commonly referred to as conduct problems are associated with increased risk for more severe behaviors in adolescence, including substance use (Howard et al., 2020), and contact with the juvenile justice system (Teplin et al., 2021). Conduct problems contribute to significant societal costs by burdening health care, juvenile justice, and education systems (Burt et al., 2018; Rivenbark et al., 2018). Moreover, conduct problems and associated behaviors are often accompanied by significant impairment at home, school, and in social relationships (e.g., with peers), with a particular strain on the parent-child relationship, such as increased conflict and parent stress (Baker-Ericzén et al., 2010). There is an extensive body of research indicating that parent training is one of the most effective evidence-based treatments for addressing child behavior problems (Kazdin & Weisz, 2017; Michelson et al., 2013).

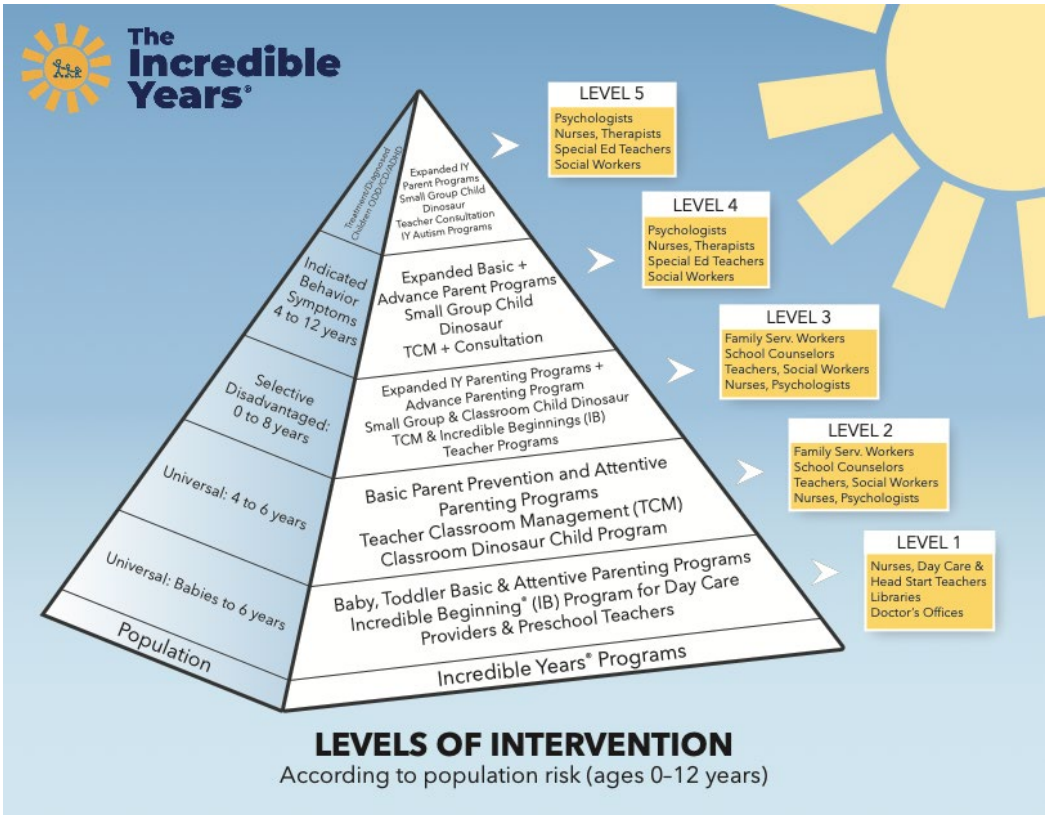
IY Program Series Overview

Figure 1. *The Incredible Years ® Series of Parent, Teacher, and Child Building Blocks for Promoting Children's Social, Emotional and Academic Skills*



Given the focus on addressing all areas in which children experience functional impairment (i.e., at home, at school, with peers), IY consists of several interlocking training programs developed for children, parents, and teachers focused on the prevention and treatment of externalizing and internalizing problems in children ranging from infancy to elementary age. An overview of the complete set of IY building blocks (i.e., including teacher, and child programs) logic model can be found at https://www.incredibleyears.com. These programs have been implemented in 26 countries worldwide. Using a multi-modal early intervention approach, IY targets child behavior problems prior to the development of more serious conduct disorders. IY addresses multiple risk factors at various ecological levels using a multi-pronged approach and consists of teacher, child, and parent programs (See Figure 1). Parent programs are represented in the bottom two levels of blocks, the third level includes teacher programs, and the top level represents child programs. There are dosage recommendations, session protocols and program choices (parent, teacher or child programs) to implement as a treatment program for children with specific diagnoses or high-risk family situations, or as prevention programs (Posthumus et al., 2012; Zhou et al., 2021). The recommended level of intervention programs based on population risk can be found in Figure 2.

Figure 2. *The Incredible Years® Levels of Intervention*



The Incredible Years® Basic Parent Programs

The Incredible Years® (IY; Webster-Stratton, 2011, 2015, 2021) series of well-established parent programs has been one of the most highly cited and researched intervention programs for young children with behavioral concerns, with over four decades of research supporting its efficacy and effectiveness in diverse populations across the United States and internationally (e.g., Gardner et al., 2010; Hutchings et al., 2008; Larsson et al., 2009; Menting et al., 2013; Pidano & Allen, 2015; Posthumus et al., 2012; Webster-Stratton et al., 2012; Webster-Stratton & Bywater, 2019). The American Psychological Association Task force has identified IY parent programs as meeting criteria for empirically supported mental health interventions for children 3-6 years old. There have been over 27 randomized controlled trials (RCTs) demonstrating the effectiveness and efficacy of the IY series, with evidence of short- and

long-term benefits for children and their families (Posthumus et al., 2012; Scott et al., 2014; Webster-Stratton et al., 2011b; Webster-Stratton & Bywater, 2019).

Theoretical Foundation

Historically, parent training programs have been based on coercion theory (Patterson, 1982) and cognitive social learning theory (Bandura, 1977). Intervention includes working with the parent to reduce challenging child behaviors and increase positive child behaviors through non-physical parenting strategies, such as positive reinforcement, removal of privileges, active ignoring, redirection, and time out. While parent training programs have been shown to be effective, there are several barriers to treatment uptake and accessibility (e.g., only offered at specialty/university clinics, cost, poor program fidelity, need for adaptation for diverse families). As such it is estimated that only a fraction of families who need services actually receive an evidence-based parent program (Chacko et al., 2016). This is particularly disconcerting given decades of research that supports their effectiveness and efficacy.

The group-based IY basic parent program was developed to improve integration of cultural factors, to reduce the cost as well as to increase the availability of parent programs in the environments where parents already seek assistance (e.g., schools, health clinics) as well as to address barriers related to equity in child mental health treatment. The IY programs are evidence-based, theory-driven programs integrating theoretical perspectives from cognitive social learning theory, coercion theory (Patterson, Reid, & Dishion, 1992), Bandura's modeling and self-efficacy theories (Bandura, 1986), Piaget's developmental cognitive learning stages and interactive learning methods (Piaget & Inhelder, 1962), self-esteem and self-confidence (Beck, 1979), attachment and relationship theory (e.g., Ainsworth, 1974), as well as collaborative therapeutic delivery processes (e.g., Webster-Stratton, 2012). IY parent programs have been well-validated and replicated among various populations in reducing risk for conduct problems in young children (Brotman et al., 2005) demonstrating both short- and long-term effects (Bywater et al., 2009) in changing parent and child behavior. Program outcomes appear to be equally beneficial for low- and high-risk families (Baydar et al., 2003) and optimal treatment outcomes have been noted when a partner is also involved with the intervention (Webster-Stratton, 1985). Finally, improvements in child

symptoms include social and emotional competence as well as those related to oppositional and conduct problems (e.g., Brotman et al., 2005; Reid et al., 2004), inattention, hyperactivity, and impulsivity (Webster-Stratton et al., 2011a; Webster-Stratton et al., 2013), and anxiety (e.g., Herman et al., 2011). The remainder of this chapter will focus on reviewing the IY parent programs in detail, as well as its various adaptations and supplements. A comprehensive review of the entire IY series, including child and teacher programs, can be found at Webster-Stratton and Bywater (2019).

IY Parent Programs

The IY series was originally developed (Webster-Stratton, 1981, 1982) to address various implementation barriers (e.g., lack of reference to cultural factors, accessibility issues, need for building support networks) through a comprehensive program that tackles multiple areas of a child's functioning (e.g., home, school, individual). To increase reach and scalability, the IY series uses video modeling and group-based interventions, online or in-person, to allow for more individuals to participate and benefit from group support. Individualized support can be added by including home-based practice with children or online intervention as needed. IY group interventions utilizing video modeling and trained group leaders have been shown to be clinically effective and cost-effective in improving child behavior problems, strengthening social support, enhancing parenting skills, and reducing stress, as well as improving parental mental health (e.g., reducing stress, depression and marital conflict; Furlong et al., 2012). This approach was informed by prior RCTs suggesting that therapist-led group discussion combined with videotape modeling are preferred by parents and facilitate ease of implementation over self-directed video tapes or group discussion alone (Webster-Stratton, 1989). Additionally, ongoing adaptations, including the tailoring of IY parent principles to parent goals, family risk factors and children's development have facilitated successful implementation and parent satisfaction (e.g., families from low SES and culturally diverse communities; e.g., Webster-Stratton, 1998b). As such, IY parent programs have been studied both as a treatment intervention for children with diagnoses and high-risk populations in educational contexts (e.g., Head Start) as well as universally as prevention intervention.

The theory of change underlying the IY Parent Programs is a cascade focused on improving - protective factors (e.g., parent responsiveness and positive parent-child-teacher interactions, added support and increased child social/emotional competence) and reducing risk factors (e.g., coercive discipline and challenging child behaviors). This in turn leads to improved child school readiness, resilience, emotion regulation, social competencies, and socially acceptable behavior in young children at home and school. In turn these proximal short term outcomes impact long-term outcomes, including reductions in risk factors such as aggressive and destructive behavior, conduct problems, depression and anxiety, school dropout, criminal activity, pregnancy, and substance abuse problems as children age into adolescence and adulthood (Webster-Stratton & Bywater, 2019). See Figure 3 for further information regarding the logical model underlying the IY parenting programs.

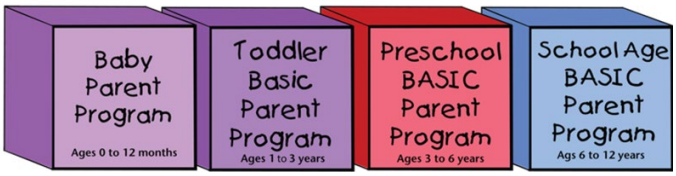
It is important to note that the IY parent programs are somewhat different from other more traditional parent training programs in the equal focus on the emotional, cognitive, and behavioral functioning of parents as well as children. The IY parent programs are delivered collaboratively with parents to ensure personalized goals are addressed and to increase parents' understanding of the underlying causes of their children's challenging behaviors (Webster-Stratton, 2012). Parents learn strategies for emotional self-regulation, how to problem solve and use the appropriate behavioral parenting tools consistent with their child's developmental level, their individual goals, and family context. They also learn how to teach their children self-regulation skills and beginning problem-solving skills by using strategies they have been modeling, prompting, coaching and practicing in daily interactions. Moreover, personalized tailoring to ensure cultural sensitivity for diverse populations is emphasized (Webster-Stratton, 2009, 2015) through the collaborative therapeutic process (Webster-Stratton, 2012, 2016). Consequently, the dosage of the program is somewhat variable based on risk factors of population addressed, children's developmental status and can be longer than some other parent programs.

Figure 3. *The Incredible Years® Parent Programs Logical Model*

The IY Basic Parenting Programs have had extensive research support of its efficacy (e.g., Gardner & Leijten et al., 2017; Kaminski & Calussen, 2017, Leijten et al., 2020; Menting et al., 2013). In addition to the developer's research in US, other independent researchers have replicated the results. Webster-Stratton and her team have conducted 13 randomized control group studies (RCTs) of the IY parenting programs (i.e., nine treatment trials and four prevention trials), with fourteen independent RCTs conducted by research groups in nine non-American countries including Canada, England, Finland, Holland, Iran, Norway, Portugal, Spain, and Wales. Additionally, the IY parenting programs have some evidence to support implementation as a universal prevention approach (Posthumus et al., 2012; Zhou et al., 2021).

Program, Content, Structure & Methods

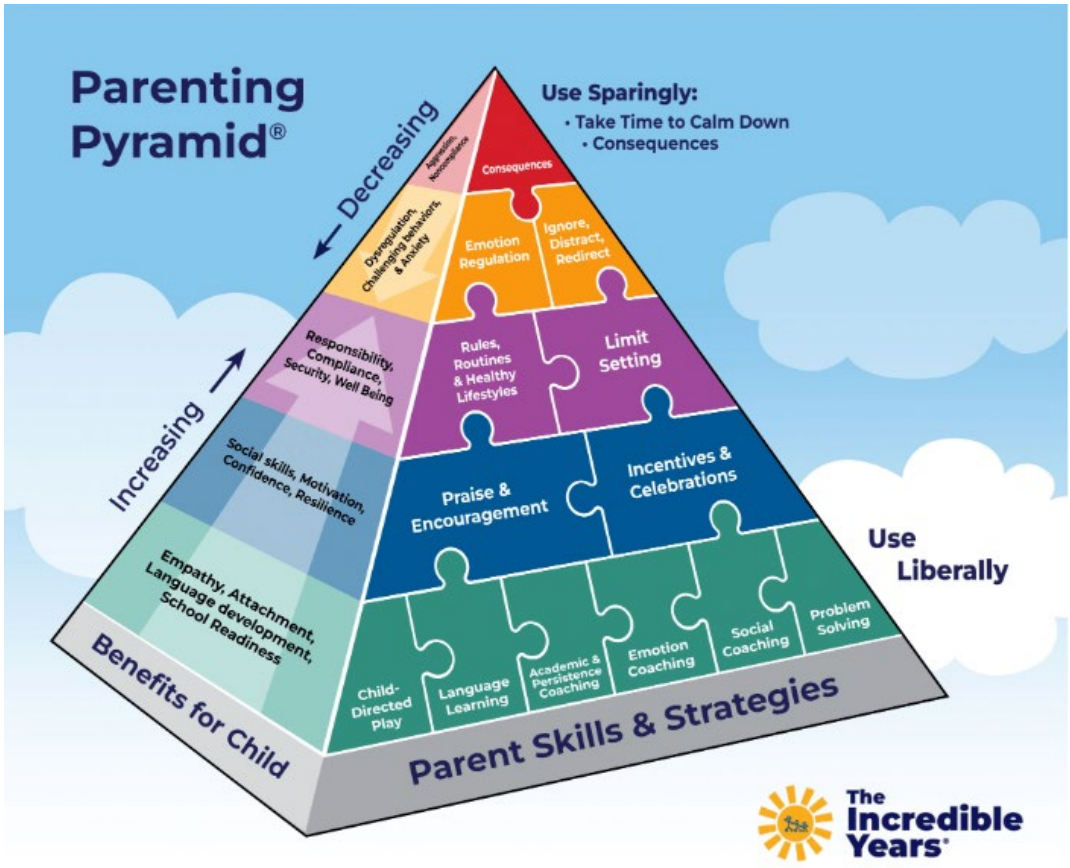
Figure 4. *The Incredible Years ® Series of Parent Building Blocks for Promoting Children's Social, Emotional and Academic Skills – Basic Parent Programs*



There are multiple versions of the Basic Parent Programs tailored to the child's developmental level: (1) baby/infant program (i.e., child(ren) aged 4 weeks to 9 months); (2) toddler program (i.e., children aged 1-3 years), (3) preschool program (i.e., children aged 3-5 years), and (4) School Age (i.e., children aged 6-12 years). These programs are depicted in Figure 4. Each of the Basic parent programs is implemented in a group format (typically consisting of 8-12 parents) and runs between 8 and 22 weeks, depending on the child's age that the program addresses and whether delivering the prevention or treatment protocol model. The parent programs use developmentally, culturally, and temperamentally

diverse video vignettes available via USB or streaming to demonstrate parenting strategies. The video vignettes serve as a discussion prompt and include examples of principles of child development and parenting that are applied to each parent's goals for themselves and their children. Parents engage in collaborative learning and problem solving through group discussion of the principle depicted in the video of the parent-child interaction. Sessions begin with enhancing the positive parent-child relationship. Through these sessions, parents learn a variety of cognitive, emotional, and behavioral skills, which can be conceptualized as a pyramid with puzzle pieces (see Figure 5).

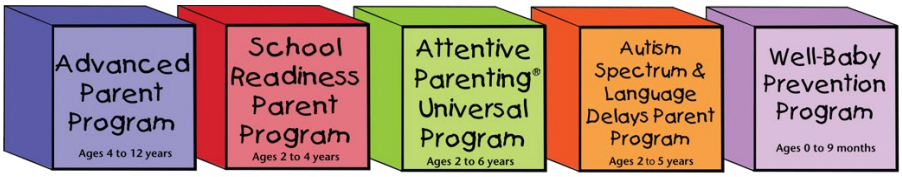
Figure 5. *The Incredible Years® Parenting Pyramid (Version 2.0)*



The foundation of the pyramid includes core parenting puzzle pieces such as child-directed play, promoting language development, academic and persistence coaching, and emotion and social coaching, which are to be used liberally. Children benefit with enhanced empathy skills, attachment, language skills, self-esteem, cooperation, and school readiness skills. The second level of the pyramid includes coaching praise and providing encouragement and ways to implement incentives to motivate children with difficult learning tasks. Strategies from the first two levels of the pyramid are used liberally toward the parents' particular goals for their children. The third level of the pyramid focuses on strategies designed to reduce children's negative or challenging behaviors. These include parents learning how to build a safe environment with consistent routines and household rules, setting clear limits, and developing healthy lifestyles. As a result, children learn responsibility, predictability, and compliance to parent directions and household rules. The fourth level of the pyramid focuses on parents learning how to use selective attention (i.e., ignoring), distractions, and redirections to reduce minor misbehaviors. Next, parents learn how to teach their children self-regulation skills to calm down when becoming dysregulated. This is followed by the final pyramid level 5 learning when it is appropriate to use time out to calm down for aggressive behavior and the importance of giving their children time and space to calm down on their own in a safe place. In addition, parents learn about using logical and natural consequences for selected behaviors. Once the positive foundation has been strengthened in the first two levels of the pyramid, then more clear and predictable discipline strategies can be successfully implemented. The last puzzle piece of the pyramid goes back to the foundation level focusing on teaching children how to problem solve which helps parents integrate many of the puzzle piece strategies used throughout the parenting pyramid.

Adjunct Parenting Programs

Figure 6. *The Incredible Years ® Series of Parent Building Blocks for Promoting Children's Social, Emotional and Academic Skills – Adjunct Programs*



There are a number of optional adjunct programs that can be implemented either after Basic intervention as a supplement or instead of the Basic parent program for universal prevention (see Figure 6). A snapshot of these programs is provided below in Table 1. First, ADVANCE (See Figure 6) is an adjunct program that is designed to be implemented with high-risk families, such as those in which there are parents experiencing depression, stress, marital discord, child welfare involvement, and housing insecurity (Webster-Stratton, 1994). The IY School Readiness Program is intended for preschool aged children to support skills important for successful transition to school, in terms of reading literacy. To promote prevention and support children (without significant behavioral issues), the Attentive Parenting Program provides parents with learning about academic, social, emotion and persistence coaching as well as emotion self-regulation skills and problem-solving methods. The Autism Parent program focuses on preschool aged children (2-5 years) who are diagnosed with autism spectrum disorder or language delays. The IY child and teacher autism programs are considered as add-ons for higher risk children or separate programs for those with autism diagnoses or language delays. The Well-Baby Prevention Program focuses on key parenting principles for each of the well-baby visits in the first year of life (Crealey et al., 2024).

Table 1. *Brief Description of Adjunct IY Parent Programs*

Adjunct Program	When to Use	Population	Goals
ADVANCE	After the Basic preschool or school-age programs	Selective high-risk & indicated or treatment populations	Reduce parents' interpersonal risk factors (e.g., anger, depression, poor communication, lack of support, problem-solving difficulties) between parents and

			with teachers, and children's poor self-regulation skills
School Readiness Program	Adjunct to the Preschool Program	Prevention program for parents of children ages 3-4 years	Help parents support children's preliteracy and interactive reading readiness skills
Attentive Parenting Program	Booster sessions for indicated populations following Basic Toddler or Preschool parenting program completion	Prevention program for parents of children 2-6 years old without significant behavioral issues	Teach parents social, emotional, and persistence coaching, reading skills and how to promote children's self-regulation skills and problem-solving skills.
Autism Parent Program	Independently or in conjunction with the Basic Preschool program	Parents of children 2-5 years old on the autism spectrum or whose children have language delays	Promote child emotion regulation, social competence, language skills, school readiness
Well-Baby Prevention Program	Independent or in conjunction with the Baby Parent program	Parents of children 2 months old and up	Delivered in a primary care setting; Teach parents about developmental milestones, safety and preventing injury, healthy eating, and oral hygiene and promote sensitive and responsive parenting through play and communication

Training

Training, consultation, and certification are offered through IY (https:/www.incredibleyears.com) for group leaders, to ensure fidelity of program implementation (Webster-Stratton & McCoy, 2015). Group leaders consist of a variety of professional groups, such as nursing, psychology, education, social work, and medicine. In-person trainings for the Basic Parenting Programs are held over 3 to 5 days (depending on the particular training program) and online trainings are available via Zoom in 5 to 6 3-hour sessions spread out over 2 weeks. Training is also available for supplemental programs (i.e., School Age, Parent Home Visit Coaching & Online training). Ongoing peer coaching and group consultation is

recommended with an accredited IY coach or mentor to support training and certification requirements are completed.

Considerations & Adaptations for Special Populations

The IY parent programs have undergone a number of protocol revisions with new video vignettes over the last four decades and versions have been broken down for use with families of children from infancy through school-age. Although the basic program was originally developed to target behaviors associated with conduct problems (Webster-Stratton, 1990; Webster-Stratton et al., 1989), it has demonstrated efficacy within a variety of vulnerable subpopulations (e.g., parents with low engagement, families with maltreatment history and for children with internalizing behaviors) and diagnostic risk categories (e.g., ADHD, autism). Below is a review of the literature on specific populations and adaptations for implementation with these specific subpopulations.

Vulnerable Populations

Welfare Involved Families. The IY Basic Parenting program has demonstrated positive outcomes with ethnic minority and socially disadvantaged families in US and Europe (i.e., England, Finland, Ireland, Iran, Netherlands, Norway, Portugal, Scotland, Sweden and Wales; e.g., Safarpour & Ashori, 2020; Axberg & Broberg, 2012; Azevedo et al., 2013; Danbolt, 2020; Furlong et al., 2012; Hutchings et al., 2016, 2008; Karjalainen et al., 2019, 2021; McDaniel et al., 2011; Morpeth et al., 2017; Safarpou & Leijten et al., 2017; Seabra-Santos et al., 2016; for meta-analyses see: Gardner & Leijten, 2017 and Gardner et al., 2019), maltreating mothers in Canada (Hughes & Gottlieb, 2004; Letarte et al., 2010), and Head Start programs in the United States (Hurlburt et al., 2013; Webster-Stratton 1998a, 1998b; Webster-Stratton & Hammond, 1998; Webster-Stratton et al., 2001), families with maltreatment histories (Constantino et al., 2023), and families with low engagement (Webster-Stratton & Reid, 2010). Prolonged intervention (18-20 sessions) was found to be most effective for families involved in the child welfare system (Letarte et al., 2010; Karjalainen et al., 2019). Recent work, conducted in Spain with families involved in the child welfare system, evaluated the effectiveness of the IY Basic Parenting (19 sessions) plus the Small Group Dinosaur program (i.e., IY Small Group Therapeutic Child Treatment

Program) curricula via RCT (Arruabarrena et al., 2022). They found that parents in the treatment group demonstrated significantly greater improvements in positive parenting practices, inconsistent discipline, parenting stress, parent depression, and perceived child behavior problems, compared to those in the control condition. Additionally, medium to large effect sizes were found for within group changes in self-reported parenting practices, reductions in observed negative talk, parent depression, and child behavior problems.

In Finland, Karjalainen and colleagues (2019) also found improvements in behavioral problems and use of positive parenting skills in a sample of families referred to Child Protective Services (CPS) using the IY Basic Parenting Program in combination with home coaching. A total of 105 families with children aged 3-7 years participated in an RCT, where families were randomly assigned to a prolonged IY Basic Parenting Program or care as usual. The IY intervention included 19-20 group sessions (with additional time focused on building positive parent-child interactions) and four 1-1.5-hour home visits. Further evaluation of the acceptability of the program with CPS-involved parents ($N = 43$) and non-CPS-involved parents ($N = 19$), revealed similar outcomes regarding satisfaction and attendance between the groups, suggesting that the CPS-involved families similarly engaged with the program and endorsed acceptability at comparable rates (Karjalainen et al., 2020).

Two other studies evaluated the impact of the IY basic parent program for reducing re-entry of CPS referred families into protective custody. One 10-year follow-up study (2011-2021) of 272 young children incorporated delivery of the IY parent program plus parental psychiatric care, practice every 3rd parent session, and quarterly clinical appraisal. These families were compared with care as usual and showed a three to five-fold reduction in child maltreatment re-entry into protective custody compared to the care as usual condition (Constantino et al. 2023). A second study involved 736 children of families referred to CPS for abuse and neglect from 2007-2015 (Sicotte et al., 2018). The experimental group (n=368) attended the IY parent program and was compared with a matched control group (based on propensity scores). Results showed a reduction in the length of time that a child needed to receive

protective services. Not only did the IY parent program show improved parenting practices but also closed children's cases above and beyond the impact of other typical CPS intervention.

Research suggests that for families involved in the child welfare system, a prolonged intervention of at least 19-20 basic parent group sessions with either individualized home visit practice, or the IY Small Group Therapeutic Child Treatment Program, or parental psychiatric care be included in the treatment plan (Webster-Stratton, 2014; Webster-Stratton & Reid, 2010). Overall, with these supplements (Webster-Stratton & Reid, 2010, 2011), IY appears to be an effective approach for reducing child neglect and abuse and reducing time involved with CPS, thus reducing costs.

Low Parent Engagement. Engagement in parent training is particularly important for treatment outcomes (Ros et al., 2016). Parents who are experiencing significant mental health concerns (e.g., depression, substance use, stress) and environmental stressors (e.g., poverty) are at increased risk for low engagement due to practical and financial barriers (Chacko et al., 2008, 2009). Notably, all the developer's studies with high-risk families provided daycare, dinner, and transportation, as well as offered makeup sessions (Webster-Stratton, 2014). Additionally, financial incentives were implemented for Head Start families, which they received if they attended two-thirds of the recommended sessions.

Baydar and colleagues (2003) conducted a trial evaluating the basic parent program in a sample of high-risk families, that is low-income mothers whose children attended Head Start. They evaluated factors that may disrupt intervention engagement and found that 35% of the families endorsed three or more risk factors (i.e., single parenthood, depressive symptoms, anger problems, psychiatric illness, history of substance use, history of child or partner abuse). Results indicated that families who were more engaged (i.e., attended sessions consistently, completed homework between sessions, and engaged in discussion during sessions) benefited more from the IY parent program, highlighting the importance of considering these factors for implementation. Of the risk factors examined, only depression had a small negative impact on engagement. In fact, parents with increased risk factors tended to be *more* engaged in treatment than families with fewer risk factors (Baydar et al., 2003). This is consistent with another study conducted by Reid and colleagues (2004), in which high-risk mothers (i.e., those who were critical in

their interactions with their child and who had children with elevated conduct problems) were more engaged in the intervention than low-risk mothers. Engagement was directly related to treatment benefits.

Clinical Subpopulations

Attention-Deficit/Hyperactivity Disorder (ADHD). ADHD commonly co-occurs with oppositional behaviors and conduct problems (Gau et al., 2010) and impacts approximately 8-10% of children in the United States (Danielson et al., 2017). ADHD is primarily conceptualized by symptoms of inattention, impulsivity, and hyperactivity that cause impairment across settings (APA, 2013). In most IY treatment studies, approximately 40% of children with ODD also had comorbid ADHD. Several studies have demonstrated success in reducing these symptoms in preschool-aged children with an increased risk of developing ADHD (Webster-Stratton et al., 2011a; Webster-Stratton et al., 2013). For example, when the Basic Parenting Program is offered alone (Azevedo et al., 2013, 2015; Hartman et al., 2003; Jones et al., 2007) or in combination with the child program (Webster-Stratton et al., 2011a, 2013), there have been decreases in parent-reported symptoms of ADHD. One study examined the efficacy of the IY Basic Parenting Program as an early intervention for a sample of Portuguese children with elevated risk for ADHD and found medium effect sizes in parent- and teacher-reported ADHD symptoms and medium to large effect sizes for observed parenting behaviors (Azevedo et al., 2013), with maintenance up to 12 months (Azevedo et al., 2014).

Moreover, a recent study (Changing Lives Initiative™) was carried out for parents with children (3-7 years) with ADHD in Ireland and Scotland over a 3-year period 2017-2020, including during the COVID-19 pandemic (The Changing Lives Consortium, 2021). 50 IY Basic Preschool programs were delivered (20 sessions total), in person groups and online to over 2000 parents. Results showed parents reported less stress and improved disciplinary practices. They also reported consistent improvements regarding children's hyperactive and impulsive behaviors as well as their concentration, attention levels, and social skills. Levels of parent satisfaction were very high, and dropout was low. Taken together, this body of work suggests that the IY parenting program is a promising prevention and intervention approach for young children exhibiting elevated ADHD symptomatology.

Finally, research suggests that pediatric clinics can be leveraged to improve access to treatment for toddlers at-risk for developing ADHD (i.e., elevated scores on symptoms screeners). An RCT was conducted by Perrin et al. (2014) evaluating an abbreviated 10-week IY parent curriculum in 273 parents of toddlers (aged 2- to 4-years-old) with elevated risk for ADHD. The RCT was conducted at 11 pediatric clinics in the greater Boston area and parent groups were led by a research clinician and pediatric staff member. Results revealed pre- to post-treatment improvements in parenting skills and child behaviors measured via video-taped parent-child interactions and parent-report questionnaires. Positive impacts of the program were maintained at 6- and 12-month follow ups. This study supports the feasibility of implementing IY parent groups in pediatric settings; however, additional research is needed to further replicate these results, as well as to determine if this structure could also be successfully leveraged to support parents of older preschool aged children during pediatric well-visits.

Autism. Children with ASD commonly display deficits with social communication and interactions, as well as the presence of repetitive behaviors and restricted interests (APA, 2013). ASD often occurs with behavior problems (Hartley et al., 2008; Mazurek et al., 2013) and high parent stress (Estes et al., 2013; Schieve et al., 2011).

Initial studies examining the efficacy of IY parent programs with families of children with ASD, started with the Basic program (e.g., Dabanah & Parshi, 2016a). In the first feasibility study, nine parents of preschool aged children (i.e., 2-5 years old) with ASD participated in the IY Basic parent program and a multi-pronged assessment (i.e., parent report, observation, and semi-structured interviews) demonstrated positive outcomes (Hutchings et al., 2016). In another feasibility pilot trial, 17 parents of children (ages 3-6 years) with ASD participated in a 15-week Basic IY parent intervention tailored for children with ASD. Parents reported benefiting most from learning specific child emotion regulation strategies, play-based child behavior skills, parent stress management, social support, and visual resources (Dababnah & Parish, 2016a). Furthermore, parenting stress decreased significantly from baseline to post-intervention (Dababnah & Parish, 2016b). Although parents reported the program as acceptable, parents indicated that they wanted to see vignettes that were more representative of their own children.

Subsequently, Webster-Stratton developed two autism programs for parents and teachers with new content and video vignettes (IY-ASD; see Webster-Stratton et al., 2018). The IY Autism parent program is delivered in a combination of 14-18 weeks of group-based parent intervention, as well as individual home coaching as needed. It can be followed up with the 6-session group Autism program for teachers and parents working collaboratively to promote peer interactions. Content focuses on social communication, verbal and nonverbal language development, visual images, sensory adaptations, positive relationships with peers, as well as social skills, emotion- and self-regulation, and positive behavior management.

Dababnah and colleagues (2019) tested the updated IY Autism parent program in two samples of parents of preschool aged children with ASD. Of the 50 parents who initially enrolled, 42 completed the program and significant decreases in child-related parenting stress were observed from baseline to post-intervention. Another study of the IY Autism parent program was conducted as an RCT in Wales, resulting in high program satisfaction and completion rates (Williams et al., 2020). Similar results were found in a one-group pre-posttest design conducted in Palestine, with significant reductions in parent stress and improvements in parents' management skills (Wahdan et al., 2023). IY-ASD underwent an extensive qualitative evaluation in Aotearoa New Zealand, in which the parent program was administered in 12-14 weekly sessions along with a minimum of 3 home visits and was delivered across eight regions (McLay et al., 2021). Results indicated increases in parents' self-efficacy and wellbeing, including improved parent emotion regulation. Currently, the Autism parent program delivered primarily online is being researched in an RCT in Spain in three hospitals with a recent extension for children with genetic conditions (see study protocol: Serrano et al., 2024). Overall results indicate IY-ASD as a promising intervention for young children with ASD and language delays.

Future Directions

The IY parent programs continue to undergo fidelity tailoring to address the changing needs of families, as well as to ensure diverse representation. For example, currently, version 2.0 of the Preschool Basic Parenting Program is being developed by Webster-Stratton with refreshed video clips representing

more culturally diverse families (to be released in 2025). The 2.0 program still adheres to the IY Parenting Pyramid structure and content and the same IY methods and processes. 25-30% of the video clips are called “legacy vignettes” because they include the favorite video clips most commonly used in prior research and trainings. Some of the enhancements include addressing current issues such as building children’s language with give and take conversations and multi-lingual language, interactive reading approaches, assuring healthy eating and lifestyle routines, teaching children emotion self-regulation skills and beginning problem-solving skills.

Additional research focused on the combination, sequencing of different IY parent and supplemental programs, as well as the combination and sequencing of parent with teacher and child programs within the broader IY series, would be beneficial to dig even deeper into understanding what works for whom, as well as to reveal the optimal dosage for specific risk populations in obtaining the best effect sizes and maintenance. Additionally, examination of the long-term benefits (e.g., Overbeek et al., 2021; Webster-Stratton et al., 2011b), including dosage effects and the impact of booster sessions on maintenance effects for high-risk populations would be helpful to identify the most cost- and time-effective interventions for specific populations. Continued work with various subpopulations, particularly those who are more likely to drop out of treatment, would help with further adapting and personalizing engagement strategies. Furthermore, given the recent Surgeon General’s advisory focused on parenting and associated stressors as a public health crisis (Murthy, 2024), additional metrics of parent functioning may be considered to determine if parent training programs, including IY, have a positive and lasting impact on parent well-being (e.g., quality of life, physical and mental health functioning). Although research on parent outcomes associated with participating in IY consistently leads to reduced parenting stress (e.g., Dabanah & Parshi, 2016a, Lau et al, 2011, Marcynyszyn et al., 2011), examining additional facets of parent functioning may be warranted (e.g., marital conflict, financial burden associated with raising a child with behavioral and related concerns). In recent years, there has been new research supporting the IY parent program as a universal prevention approach (Posthumus et al., 2012; Zhou et al., 2021); additional work in this area is needed to fully support this notion. Particularly, the Attentive

Parenting program for children ages 2-5 years, designed as a shorter universal intervention (8 sessions), needs further study to understand its possible preventive impact. Additionally, further research is needed to examine the effectiveness of incorporating IY parent programs as a prevention approach during child well-visits in pediatric offices. Only one study has examined this to date indicating promising results (i.e., Perrin et al., 2014).

Summary and Conclusions

The number of highly controlled RCTs conducted in diverse languages, populations, and cultures, demonstrates the impact of the IY series over the last four decades on parent and child mental health. The research overwhelmingly supports the efficacy of the IY parent programs. The IY group format, tailored content and dosage, therapeutic relationship-based delivery methods and collaborative learning approaches, coupled with the clear acceptability of the program by parents cross culturally, makes the IY parent program a strong choice for implementation as a treatment or prevention approach to reducing risk of severe behavior problems in children and improving associated functional impairment and the well-being of children, parents, and families. The potential personal and societal cost savings of IY is significant, even if just one child is protected from a life of crime or criminal involvement.

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