The Incredible Years: Parents, Teachers, and Children Training Series

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SUMMARY. This article summarizes the Incredible Years Training Series which consists of three empirically validated and integrated programs for parents, teachers and children that are designed to promote social competence and prevent, reduce and treat conduct problems in young children ages 3 to 8 years. This summary explains the risk and protective factors related to the early development of conduct problems and describes how these interventions address those risk factors which are malleable. The training methods, content, and processes are explained. Finally, the highlights of selected studies of each of these programs is presented. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com>*

KEYWORDS. Promoting social competence, at risk children, parent/teacher training

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All of these studies have been supported by several grants including: Child and Adolescent Treatment and Preventive Research Branch of the National Institute of Mental Health, 5R01 MH5-516; a Research Scientist Award, MH00988, from NIMH; Administration for Children and Families, Head Start Partnership Grant, 90-CD-0949; the National Center for Nursing Research Grant R01 NR01075; and a SAMHSA/CSAP grant, 5UR6 SP07960.

[Haworth co-indexing entry note]: "The Incredible Years: Parents, Teachers, and Children Training Series." Webster-Stratton, Carolyn. Co-published simultaneously in *Residential Treatment for Children & Youth* (The Haworth Press, Inc.) Vol. 18, No. 3, 2001, pp. 31-45; and: *Innovative Mental Health Interventions for Children: Programs That Work* (ed: Steven I. Pfeiffer, and Linda A. Reddy) The Haworth Press, Inc., 2001, pp. 31-45. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-342-9678, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: getinfo@haworthpressinc.com].

MISSION AND OBJECTIVES OF THE PROGRAM

The Incredible Years: Parents, Teachers, and Children Training Series, developed by Professor Carolyn Webster-Stratton at the University of Washington, is a comprehensive set of programs designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children (ages 3 to 10 years). The three types of interventions that make up this series–parent training, teacher training, and child training–are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family, and school) in the development of conduct problems. Over the past 20 years, these programs have been evaluated in six randomized control group studies as treatment programs for children diagnosed with Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). Adapted versions of these programs have been evaluated in three randomized studies as school-based prevention programs with high-risk, multi-ethnic populations, namely, Head Start and day care teachers, parents, and children. The programs have been replicated by other independent investigators (e.g., Spaccarelli, Cotler, & Penman, 1992; Taylor, Schmidt, Pepler, & Hodgins, 1998) and are empirically validated to accomplish the three objectives.

Objective one, *Promote Child Social Competencies*, consists of strengthening children's social skills and appropriate play skills, promoting problem solving skills and anger management strategies, increasing self-esteem, boosting academic success and reading readiness, reducing defiance, aggressive behavior, and related conduct problems (e.g., noncompliance, peer bullying, rejection), decreasing children's negative attributions, and increasing empathy skills.

Objective two, *Promote Parent Competencies and Strengthen Families*, consists of increasing parenting and communication skills, reducing critical and violent discipline approaches with positive strategies (e.g., ignoring, use of natural consequences, redirection), improving parents' problem-solving skills and anger management, increasing family support networks and school involvement, and helping parents and teachers work collaboratively. Objective three, *Promote Teacher Competencies and Strengthen Home-School Connections*, consists of strengthening teachers' effective classroom management skills, including proactive teaching approaches such as use of effective discipline strategies, collaboration between home and school, and

training of social skills, anger management, and problem-solving skills in the classroom. The long-term goal of these early prevention programs is to reduce violence, drug abuse, and delinquency in later years.

Program Rationale

The problem. The incidence of aggression in children is escalating–and at younger ages. Studies indicate that anywhere from 7-20% of preschool and early school age children meet the diagnostic criteria for ODD and CD. These rates may be as high as 35% for low-income welfare families (Webster-Stratton & Hammond, 1998). Research on the treatment and prevention of conduct disorders has been identified as one of the nation's highest priorities (NIMH, 1996). This agenda is vitally important because of the widespread occurrence of delinquency and escalating adolescent violence with its resulting high cost to society. Emergence of "early onset" ODD/CD in preschool children (in the form of high rates of oppositional defiance and aggressive and noncompliant behaviors) is stable over time and appears to be the single most important behavioral risk factor for antisocial behavior in adolescence (Dishion, French, & Patterson, 1995). Such behavior has repeatedly been found to predict the development of drug abuse in adolescence (Dishion & Ray, 1991) as well as other problems such as juvenile delinquency, depression, violent behavior, and school dropout. Moreover, since conduct disorder becomes increasingly resistant to change over time, intervention that begins in the early school years is clearly a strategic way to prevent substance abuse, delinquency, and mental illness in adolescence. Unfortunately, recent projections suggest that fewer than 10% of the children who need mental health services for ODD/CD actually receive them (Hobbs, 1982). Less than half of those receive "empirically validated" or "evidence based" interventions (Chambless & Hollon, 1998).

Risk factors. There are multiple risk factors (community, school, family, parent, and child) contributing to the development of CD in children and to the subsequent development of violence and drug abuse. Nonetheless, it is evident from the research that there are no clear-cut causal links between single factors and the child's social adjustment. Most of these factors are intertwined, synergistic, and cumulative. Multiple risk factors result in an unfolding cycle of events over time with cumulative effects on a child's vulnerability (Coie et al.,

1993). Consequently, prevention programs need to target multiple risk factors at strategic time points, particularly those that offer potential for change. Enhancing protective factors such as positive parenting and teaching skills, parent involvement with schools as well as other support systems and interventions that strengthen children's social competence and school readiness will help buffer against the development of conduct problems. For a review of risk factors related to the development of conduct problems, please see Webster-Stratton and Hooven, 1998.

Intended Population

These programs may be offered as universal, selected, and indicated prevention interventions within schools, churches, mental health agencies, and health maintenance organizations. Targeted populations include: (1) Parents and teachers who work with average and high-risk children (ages 3 to 10), (2) Parents of children with conduct problems (ages 3 to 10), (3) Preschool, day care and early elementary teachers of students with conduct problems, (4) Parents at risk for abuse or neglect, and (5) Teenagers taking babysitting classes or family life courses.

KEY INGREDIENTS OF PROGRAMS

Highlights of Parent, Teacher, and Child Training Series include: (1) comprehensiveness (includes integrated training for parents, teachers, and children), (2) a proactive, collaborative approach, (3) flexibility in delivery using sequenced modules (26 topics in total), (4) culturally sensitive (available in Spanish and in British dialect, multi-ethnic videotapes and puppets), (5) appropriate for prevention programs for mainstream children, as well as for treatment for children diagnosed with conduct problems, (6) user-friendly–uses a combination of books, videotapes, leader manuals, and home and school activities, (7) developmentally appropriate for young children–includes puppets, games, and activities, (8) provides extensive program support for training therapists, school personnel, and organizations, including the crucial group leader training, (9) provides certification for trainers to assure quality implementation, and (10) evidence-based and replicated by independent researchers.

Program Description–Parent Training Programs

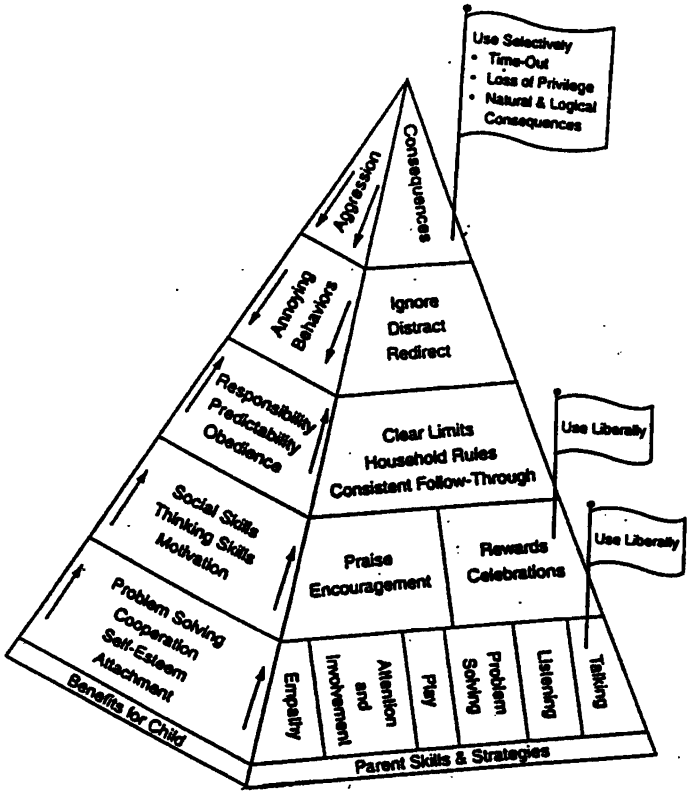
The BASIC parent training series, a 12-week program for parents, involves group discussion of a series of 250 video vignettes. The program teaches parents interactive play and reinforcement skills, nonviolent discipline techniques, including "Time Out" and "ignore," logical and natural consequences, and problem-solving strategies. Brief videotaped vignettes of parents interacting with children in family life situations illustrate childrearing concepts. Group leaders use these scenes to facilitate group discussion and problem solving. Participants discuss the principles of childrearing and practice new skills through role-playing and home practice activities. The program, which can be self-administered or offered for groups of 10 to 14 participants, can be covered in 12 to 14, 2-hour weekly sessions.

The ADVANCE parent training series is a 12-week supplement to the BASIC program that addresses other family risk factors such as depression, marital discord, poor coping skills, and lack of support. Topics include personal self-control, effective communication strategies and problem-solving between adults and children. The program takes 8 to 12, 2-hour sessions to complete.

The SCHOOL AGE parent training series addresses a more culturally diverse population and is intended for use as a prevention-oriented program with children up to age 9 or 10 (grade 4). In conjunction with this, a new program, SUPPORTING YOUR CHILD'S EDUCATION, teaches parents ways to strengthen their children's reading and academic readiness, to set up predictable home learning activities, and to promote strong connections between home and school (see Figure 1).

The parent training program materials include: (1) 10 videotapes for the BASIC program (available in Spanish), (2) 6 videotapes for the ADVANCE program, (3) 2 videotapes for the SUPPORTING YOUR CHILD'S EDUCATION training program, (4) 3 videotapes for the school-age version of BASIC, (5) Self-administered manual for the BASIC program, (6) Comprehensive leader manuals for each program (consisting of over 500 pages of "how to," including leader questions for discussion, home activities, and interpretation of videotapes), (7) Parent weekly "refrigerator notes" (brief points to remember), (8) Parent assignments for home activities, (9) Book for parents entitled, *The Incredible Years: A Trouble-Shooting Guide for Parents of Children*

FIGURE 1. Parenting Pyramid



Ages 3-8 (also available on audiotape), and (10) Refrigerator magnets and pyramid poster. All the programs use multiple learning approaches: videotape modeling, group discussion and support, practice activities within sessions, home activities, reading assignments (or audiotapes), self-monitoring checklists and goals, and leader teaching/support. The programs are highly interactive, collaborative, and self-directed.

Training Methods

The parent programs are designed as group discussions with 12 to 14 parents per group and 1 group leader (2 leaders if resources permit). The group format fosters a sense of community support, reduces isolation, and normalizes parents' experiences and situations. This cost-effective approach also allows for diverse experiences with problem solving in a variety of family situations. Each parent is encouraged to have a partner or close friend participate in the program.

Videotape modeling. Modeling theories of learning suggest that parents can improve parenting skills by watching videotaped examples of parents interacting with their children in ways that promote prosocial behaviors and decrease inappropriate behaviors. This method of training is more accessible, especially to less verbally oriented parents, than other methods such as didactic instruction, written handouts, or a sole reliance on group or individual discussion. It promotes generalization and long-term maintenance of positive behaviors by portraying a variety of models in many situations.

Collaborative process. In this collaborative training model, the leader is not an "expert" who dispenses advice to parents. Meaning "to labor together," collaboration implies a reciprocal relationship that uses the leader's and parents' knowledge, strengths, and perspectives equally. In this nonblaming and nonhierarchical model, the leader promotes collaboration through reflection, summary of points made by parents, reframing, reinforcement, support and acceptance, humor and optimism, encouragement of each member's participation, teaching of important concepts, and role-playing exercises. By using a collaborative process, the program becomes culturally sensitive as each individual's personal goals and values are respected, and "connections" with the past are relevant to current perspectives and attitudes. Approximately 60 percent of a session is group discussion, problem solving, and support; 25 percent is videotape modeling (25 to 30 minutes of videotape); and 15 percent is teaching. More information about collaborative process can be found in the following books: Webster-Stratton and Hancock, 1998; Webster-Stratton and Herbert, 1994.

Resources needed. In order for parent groups to be well attended, group leaders need to have available day care with qualified day care providers, transportation for those who need it, healthy food and a

room large enough for a circle of 14 people. Evening meetings are necessary in order to make it possible for two parents to participate. VCRs and blackboards or flip charts are required.

Program Description–Teacher Training Program

This program includes six components: The Importance of Teacher Attention, Encouragement, and Praise; Motivating Children Through Incentives; Preventing Problems–The Proactive Teacher; Decreasing Inappropriate Behavior; Building Positive Relationships with Students; and Social Skills and Problem Solving Training in the Classroom. The teaching concepts are illustrated with brief videotaped vignettes of teachers interacting with children in classrooms which include large classrooms with 28 children and 1 teacher and smaller special education classrooms with multiple teachers. As with the parent programs, group leaders use these videotaped scenes to facilitate discussion, problem solving, and sharing ideas among teachers.

Training methods. The collaborative training methods used with teacher training groups are similar to those used with parent groups. Teachers come together in groups of 15 to 25 to discuss a series of vignettes. It takes 6 full-day workshops to complete all 6 components of the training. This training may be offered 1 day a month or in weekly 2-hour sessions (18-20 weeks).

Dina Dinosaur Social Skills and Problem-Solving Curriculum–Child Training Programs

Intervening at a young age can help children develop effective social skills early and reduce their aggressive behaviors before these behaviors develop into permanent patterns. Although parent training is likely to affect parent-child relationships at home, it is less likely to impact peer relationships. To address peer problems, children must receive training in social skills/problem solving, and trained teachers must reinforce the use of such skills at school (Webster-Stratton & Hammond, 1997).

The Dina Dinosaur Social Skills and Problem-Solving Curriculum is designed to enhance children's school behaviors, to promote social competence and positive peer interactions, to develop appropriate conflict management strategies, and to reduce conduct problems. In addition, the program was organized to dovetail with the parent and teacher

training programs. For treatment of children with conduct problems, the program is offered to groups of five to six children in 2-hour sessions held once a week for 18 to 22 weeks. For use as a classroom-wide prevention program, the program can be offered in 15- to 20-minute, large group circle time sessions, supplemented with small group practice activities, several times a week. Part 6 of the teacher training series shows teachers how they can use this curriculum as a prevention program (preschool-second grade).

Training methods. Methods for teaching social skills to young children must be commensurate with the children's learning styles, temperaments, and cognitive and developmental abilities. Training programs for older children often require verbal and cognitive skills that early school age children do not have. This program makes use of the following approaches: videotape modeling; fantasy play; use of near life-sized puppets (Wally & Molly) who get help from children for problems such as being teased or bullied by others, feeling left out, lying and stealing, being afraid and anxious and making new friends; role playing; practice activities, games, and children's books; Wally's detective club home activity manual; and parent and teacher involvement.

DISSEMINATION INGREDIENTS

Program Features Lending to Ease of Replication/ Independent Replication Studies

The videotape format of the training programs increases the consistency, fidelity, and transportability of the program implementation, making it easier and less costly to implement in real-world settings. All the programs include detailed leader manuals, handouts, books, videotapes, information about the group process, and activities which facilitate the replicability of the program.

Training and Qualifications of Group Leaders

Group leaders may come from many disciplines, including nursing, psychology, counseling, social work, education, and psychiatry. We find that the program has a greater chance of being disseminated successfully if the group leaders receive one of our authorized training programs. We also highly recommend certification for the group leaders

in order to enhance the quality and integrity of the programs. This certification requires participants to attend training workshops that are offered regularly in Seattle or on-site (if there are a minimum of 25 participants). Group leader certification is required if the program is to be evaluated as part of a research program.

EVALUATION OUTCOMES

First the BASIC program was evaluated as a treatment program in a series of six randomized studies with more than 800 children ages 3 to 7 referred for conduct problems. These studies have shown that the BASIC program results in significantly improved parental attitudes and parent-child interactions, reduced parents' use of violent forms of discipline, and reduced child conduct problems (Webster-Stratton, 1984; Webster-Stratton, 1989; Webster-Stratton, 1990b; Webster-Stratton, Hollinsworth, & Kolpacoff, 1989). The ADVANCE program has been shown to be a highly effective treatment for promoting parents' use of effective problem-solving and communication skills, reducing maternal depression, and increasing children's social and problem-solving skills. Users have been highly satisfied with both programs, and the dropout rates have been low regardless of the family's socio-economic status. Effects have been sustained up to 4 years after intervention (Webster-Stratton, 1990b).

Next, the BASIC program was evaluated as a universal prevention program in two randomized trials with over 500 Head Start families. Results indicated that the parenting skills of Head Start parents who received training and the social competence of their children significantly improved compared with the control group. These data supported the hypothesis that strengthening parenting competence and increasing parental involvement of high-risk welfare mothers in children's school-related activities will help prevent children's conduct problems and promote social competence (Webster-Stratton, 1998). These findings were independently replicated in a study in Chicago with daycare providers and low-income, African American mothers with toddlers (Gross, Fogg, & Tucker, 1995).

Highlights of Selected Studies of the BASIC Program

Indicated prevention. This study was conducted to ascertain the most effective component of the BASIC program. Parents of 114

conduct-problem children, ages 3 to 8, were randomly assigned to one of four groups: (1) Individually or self-administered videotape modeling therapy (IVM); (2) Videotape-based group therapy (BASIC); (3) Group therapy alone (GD), and (4) Waiting-list control group. Compared with the control group, mothers in all three treatment groups reported significantly fewer child behavior problems, more prosocial behaviors, and less use of spanking following treatment. Fathers in the IVM and BASIC groups, and teachers of children whose parents were in the BASIC and GD groups, also reported significant reductions in behavior problems compared with control subjects. Data collected from home visits indicated that, for all treatment groups, mothers, fathers, and children exhibited significant behavioral changes. Differences found consistently favored BASIC treatment. Cost-effectiveness, however, was the major advantage of the IVM treatment (Webster-Stratton, 1990b; Webster-Stratton, Kolpacoff, & Hollinsworth, 1988). At the 1-year follow-up, 93.1 percent of families were assessed. All significant behavioral changes reported immediately after treatment were maintained. Moreover, parent report data indicated that both parents perceived a further reduction in child behavior problems. Results indicated that the BASIC treatment was superior. With each of the programs, 70 percent of the sample showed clinically significant improvements to within normal ranges (Webster-Stratton et al., 1989).

Indicated prevention. Another study was conducted to determine how to enhance the effectiveness of the self-administered videotape therapy while maintaining its cost-effectiveness. Parents of 43 conduct-problem children were assigned to one of three groups: (1) IVM; (2) IVM plus therapist consultation (IVMC); and (3) Waiting-list control group. In comparison with the control group, both groups of mothers receiving treatment reported significantly fewer child behavior problems, reduced stress levels, and less use of spanking after intervention. Data from home visits indicated that both treatment groups exhibited significant behavioral changes. IVMC children in the videotape plus therapist consultation group were significantly less deviant than the children in the individually administered videotape program, suggesting that combined treatment was superior (Webster-Stratton, 1990a).

Selective prevention. In this study we examined the effectiveness of the BASIC program as a universal, school-based prevention program

with a sample of 362 Head Start mothers and their 4-year-old children. Eight Head Start centers were randomly assigned to two groups: (1) An experimental group in which parents, teachers, and family service workers participated in the intervention and in the regular center-based Head Start program; and (2) A control group in which parents, teachers, and family service workers only participated in the regular center-based Head Start program. The results from observations at the post-intervention assessment indicated that mothers in the intervention group used less harsh discipline and were more nurturing, reinforcing, and competent in their parenting when compared with mothers in the control group. In turn, the children of mothers in the intervention group exhibited significantly fewer conduct problems and more positive affect and prosocial behaviors than children in the control group. One year later, most of the improvements were maintained, including increased contacts with new teachers, as compared with mothers in the control group (Webster-Stratton, 1998).

Selective prevention. Recently we examined the effectiveness of the BASIC program combined with our teacher training program with a sample of 272 Head Start mothers and 61 teachers. Results replicated the earlier Head Start study in terms of behavioral improvements for mother-child behaviors. Results of classroom observations indicated that teachers in the intervention group were significantly less critical and more positive in their discipline approaches than teachers in the control group. Teachers from the intervention condition reported making significantly more effort to involve parents in their classrooms. Students in intervention classrooms were observed to exhibit significantly fewer negative behaviors and noncompliance with teachers and less physical aggression with peers than students in control classrooms. Intervention children were more engaged or on-task in the classroom and had higher school readiness scores (e.g., friendly, self-reliant, on task, low disruptive) than control children. Overall classroom atmosphere was significantly more positive for intervention classrooms than control classrooms. Intervention students were observed more socially competent than the control students.

Study of the ADVANCE Program

Indicated prevention. This study examined the effects of adding the ADVANCE intervention component to the BASIC intervention. Parents of 78 families with children with ODD/CD (conduct disorder)

received the BASIC parent training and then were randomly assigned to either ADVANCE training for 12 weeks or no further contact. For both treatment groups, child adjustment and parent-child interactions significantly improved and parent distress and child behavior problems decreased. These changes were maintained at follow-up. ADVANCE children showed significant increases in the total number of solutions generated during problem solving, most notably in prosocial solutions as compared to aggressive solutions, in comparison with their counterparts. Observations of parents' marital interactions indicated significant improvements in ADVANCE parents' communication, problem solving, and collaboration when compared with parents who did not receive ADVANCE training. Only one family dropped out of the ADVANCE program, which attests to its perceived usefulness by families.

Study of Child Training– Dina Dinosaur Curriculum

Indicated prevention. The Dina Dinosaur curriculum for children was evaluated in a randomized trial with conduct-disordered children ages 4 to 7. Families of 97 children with early-onset conduct problems were randomly assigned to one of four groups: (1) Child training only; (2) Parent training only (BASIC & ADVANCE); (3) Combined parent/child training intervention, and (4) Waiting-list control.

Results showed that the combined parent and child training was more effective than parent training alone and that both were superior to the control group. The child training program resulted in significant improvements in observations of peer interactions. Children who had received the Dinosaur curriculum were significantly more positive in their social skills and conflict management strategies than children whose parents got parent training only or than controls. One year later the combined parent and child intervention showed the most sustained effects (Webster-Stratton & Hammond, 1997).

Ongoing Studies of Academic Skills Training for Parents and Training for Teachers

Currently in progress is a randomized study in which families are assigned to one of six groups involving the various combinations of

child, parent, and teacher training. Preliminary results suggest that combining academic skills training for parents with training for teachers improves children's outcomes in terms of strengthening both academic and social skills, promoting more positive peer relationships, and assuring behavior problems are reduced at school and at home.

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