Putting the Prevention of Problems of Living Into Action in New Zealand: The *Incredible Years* Series of Parent, Teacher, and Child Programmes

Peter Stanley & Lesley Stanley

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction was delivered to the Minister of Health on 28 November this year. The purpose of the inquiry was to set a clear direction for the next 5–10 years for mental health and addiction services in New Zealand. Over 5,200 submissions were received, and there were also 26 public forums and hundreds of other meetings with the public, community groups, professionals, and service users. The Government is now deciding what actions it will take on the report. What follows is a written individual submission to the inquiry, which addresses the place of evidenced-based parent training in the prevention of many personal adjustment problems in young people and adults.

This submission to the New Zealand Government Inquiry into Mental Health and Addiction describes the relationship between pronounced behaviour problems in childhood and an array of personal adjustment problems in adolescence and adulthood. It is argued that evidence-based parent training interventions are a logical, practical, economical, and proven preventative response to this issue, and that early parent training is also likely to have relevance to new and emerging adjustment problems. The *Incredible Years* series of parent, teacher, and child programmes, which is presently available in this country, has substantial research verification and its further expansion is recommended. Suggestions are given as to the steps that would be required to increase programme provision.

Choices, Priorities, and Prevention

The brief of the Government Inquiry into Mental Health and Addiction was admirably broad but inevitably, decisions will have to be made between competing service priorities. A fundamental choice is the amount of commitment that should be given to population and preventative options relative to direct, and individualised, treatment services. Counselling and specialist facilities are essential to mental health and addiction service provision, but unless these reactive services are balanced by relevant preventative programmes, little real progress in reducing client numbers is likely to occur. In an exclusive casualty-repair orientation, waitlists inexorably grow (Cowen et al., 1996), as does the pressure on practitioners and providers, service users, and the community. It is a fact that problems of living (including addictions) can be very difficult and expensive to resolve, and they are always best prevented. Equally, reactive services cannot anticipate, or adequately respond to, changing patterns in mental health needs and to the emergence of new problem behaviours.

Reduction of poverty, increase in housing availability, and other structural improvements are an

Peter Stanley worked as a police constable, probation officer, primary school teacher, secondary school teacher, guidance counsellor, university lecturer, and counselling psychologist. He was a member of the Ministry of Social Development's Advisory Group on Conduct Problems.
Lesley Stanley trained as a primary school teacher and clinical psychologist. She worked as a psychologist in education before becoming an Incredible Years Parent and Teacher Mentor and the national Practice Leader: Incredible Years with the Ministry of Education.

important backdrop to improving individual and societal wellbeing. At a more proximal level, specific programmes can be utilised to intercede in the development and intensification of personal and family problems. However, all preventative interventions are not of equal merit, and the choice of a programme should be in relation to the quality of research evidence concerning its efficacy. Approaches that have not been scientifically tested can waste money, effort, and opportunities; and they can also exacerbate anguish and distress. Empirically-supported practice is synonymous with accountability, and when it is cost-effective and manageable, and respectful and culturally appropriate, it can be taken to truly represent best practice. Furthermore, because prevention occurs early in the development of problem behaviour, the stigmatisation of psychiatric diagnosis and traditional case management may be largely avoided.

Conduct Problems and Parent Training

Persistently disruptive, noncompliant, and antisocial behaviour is one of the most prevalent mental health issues among children and youth in New Zealand, with rates estimated to be 5%–10% (and between 15%–20% for Maori young people) (Ministry of Social Development, 2009; Sturrock, Gray, Fergusson, Horwood, & Smits, 2014). Angry and coercive kids are perturbing for parents and families, troubling for teachers and schools, and can preoccupy special education and health services. Most significantly, longitudinal research on human development shows that pronounced conduct problems in childhood can lead onto an array of adjustment problems in adolescence and adulthood (Fergusson, Poulton, Horwood, Milne, & Swain-Campbell, 2004). Among teenagers, early conduct difficulties can translate into delinquency, bullying, school failure, motor vehicle accidents, teen pregnancy, depression, and suicide. The suffering that these young people inflict on themselves and others is immense; some time ago the financial cost to our community of each antisocial adolescent was estimated to be at least 3 million dollars (Ministry of Social Development, 2007). Similarly, the personal and social price of adult antisocial careers is vastly disproportionate, as pathways culminate in sustained unemployment and benefit dependence, substance abuse and criminality, and incarceration and psychiatric engagements.

Group parent training, in which caregivers are systematically taught child management strategies, is a favoured response to conduct problems in childhood. And when the training has been rigorously tested in evaluation studies, it can have the capacity to reliably interrupt negative developmental trajectories, and break intergenerational cycles of dysfunction and disadvantage (Ministry of Social Development, 2009; Stanley, 2001; Sturrock et al., 2014). Little wonder then, that evidence-based parent training has been described as the success story in helping children's adjustment, and its beneficial impact has even been likened to the discovery of antibiotics in medicine (Stanley & Stanley, 2005). Nevertheless, research justifications may obscure the many additional personal and servicing advantages that can stem from these parenting programmes. For example, the siblings of a child with difficulties are also likely to benefit from the new skills that their parents acquire. For the parents themselves, there can be improvements in relationships more generally and reductions in feelings of personal isolation (Hamilton & Litterick-Biggs, 2008). When several community agencies offer parent training there is a programmatic basis (and a common language) for interagency work that is far in advance of simply sharing information about clients and other similar commitments to service coordination.

The *Incredible Years* Series of Programmes, and its Adoption in New Zealand

The *Incredible Years* series of parent, teacher, and child programmes have two long-range goals: (i) to provide universal and cost-effective training to prevent children from developing conduct problems by promoting social, emotional, and academic competence, and (ii) to provide comprehensive responses for young children who are evidencing conduct problems

(www.incredibleyears.com). In the Parent series, there are three age-related programmes: baby and toddler (1 month to 2 years), preschool (3–5 years), and school age (6–12 years). In weekly sessions of 2–2.5 hours over 14–20 weeks, caregivers address problems in child management, such as ongoing tantrums, and hitting and kicking. In addition to the Parent programme, there is the *Incredible Years* Teacher training, which assists teachers to more effectively deal with disruptive behaviour among students aged 4–8 years. There is also the *Incredible Years* Training for Children (the Dinosaur Curriculum), where young students are directly taught how to behave with others at school; this training can enhance the outcomes of both the Parent and Teacher programmes. Lastly, there are specialist group programmes for the parents and teachers of children aged 2–5 years who are diagnosed with autism.

The extent of the adoption of *Incredible Years* programmes in New Zealand over the last 10–15 years represents a major achievement by our human services. It is estimated that 1,500 group leaders have been trained to deliver the Parent programme and that over 20,000 families and whānau have participated in training groups in this country (Werry Workforce Whāraurau, 2017). Training for caregivers is provided by the Ministry of Education (MOE), Child and Adolescent Mental Health Services, and approximately 70 non-government organisations; Werry Workforce Whāraurau supports the professional development for this Parent workforce (www.incredibleyearsnz.co.nz). Meanwhile, the *Incredible Years* Teacher programme has a significant presence in New Zealand (www.pb4l.tki.org.nz/Incredible-Years-Teacher), and approximately 750 group leaders have been trained. The MOE is also currently supporting the autism programmes (www.pb4l.tki.org.nz/Incredible-Years-Autism), and there is anecdotal feedback that indicates that the Child Dinosaur programme has had some uptake as well.

Incredible Years: **Top Level Evidence and Local Evaluations**

Over the last 30 years *Incredible Years* programmes have been repeatedly proven in randomised control trials, which are sometimes referred to as the 'gold standard' test of programme effectiveness. For example, there have been at least nine randomised control group studies of the Parent programme, which show that more than two-thirds of children originally diagnosed with oppositional defiant disorder/conduct disorder were found to be within the normal range of age-appropriate behaviour at follow-up assessments 1-, 3-, and 10-years later (www.incredibleyears.com/research-libarary/). As a consequence of its comprehensive research success, *Incredible Years* has received multiple endorsements by United States government agencies as a model intervention. Other countries around the world that have been concerned about conduct problems in their child populations, and about the consequent adjustment issues of adults have widely implemented *Incredible Years* programmes. These countries include England, Ireland, Northern Ireland, Wales, Scotland, Sweden, Finland, Norway, Denmark, Russia, Portugal, the Netherlands, Canada, and Australia. More particularly, the programmes have been verified and valued across culturally diverse groups, new migrant groups, and families living in poverty (www.incredibleyear.com). Additionally, cost-benefit analyses by Scott in 2007 suggested that the longer term benefits of the Parent programme may be 10 times its initial price (as cited in Sturrock et al., 2014).

Evaluations have been undertaken of *Incredible Years* programmes in this country. Recent research of interest is the follow-up study of the Parent programme instigated by the Ministry of Health, Ministry of Social Development, and MOE (Sturrock et al., 2014), and a survey of the Teacher programme undertaken by the New Zealand Council for Educational Research (NZCER) (Wylie & Felgate, 2016). The multi-ministry follow-up study appraised the effectiveness of 18-week Parent courses at 30 months post-treatment, and found that the significant gains for child behaviour, parenting, and family relationships that had been evident at 6 months were maintained over the longer term. Two other important findings of that study, which confirmed

an earlier New Zealand pre-and post-test investigation (Fergusson, Stanley, & Horwood, 2009), were that the Parent programme is equally effective for both Maori and non-Maori families, and that both groups reported good levels of satisfaction with it. The NZCER survey of early childhood educators (ECE) and primary school teachers confirmed other local research (Fergusson, Horwood, & Stanley, 2013), this time about the impact and acceptability of the *Incredible Years* Teacher programme. Respectively, 90% of primary school teachers, and 75% of early childhood educators indicated less disruptive behaviour amongst their students. There were also equivalent percentages of the respondents in the NZCER research project (88% ECE and 74% teachers) who reported that they could now manage the behaviour problems that students displayed.

It should be said that, in addition to the formal evaluations of the *Incredible Years* programmes, there are legions of parent and teacher testimonies (The Incredible Years, 2013). For example, a New Zealand caregiver said of the Parent programme:

> For me personally, I have learned that I am not the only one with a child that does not fit in. I am not the only one that has felt that the world is against me and my child. My child's behaviour is not unique, not a result of bad parenting and not personal. I do not have the world's most difficult child...This course provides an essential 'tool box' of techniques that allows both the user and recipient to better appreciate and communicate with one another in a safe and healthy environment, geared for growth. It is truly a course for those who want to invest in their child and family. (Stanley & Stanley, 2005, p. 50)

Emerging Problem Behaviours

New problems of living emerge in relation to social and historical change, and they can be identified with better assessment methods in a context of greater community awareness. It is reported that in the United States, there is now a solid research consensus that students attending high achieving schools (HAS) are at significantly greater risk than most other school pupils of evidencing serious levels of anxiety and depression; abusing tobacco, alcohol, marijuana, and hard drugs; and elevated rule breaking and delinquency (Luthar & Kumar, 2018). This situation has parallels in Australia, where up to one-third of senior students in some private girls' schools in Sydney were reported to be on disability benefits because of stress (Ahmed, 2016). The members of this new at-risk group mostly come from well-educated, high-income, two-parent families, and the schools that they attend excel in academic achievements, extracurricular offerings, and special character. How is that young people who might be considered to 'have it all' have become a high-risk category comparable in problem behaviours to the children of single parents living in poverty? Studies suggest that these teenagers are subject to relentless pressures to excel across multiple domains. Parents, peers, coaches, and schools encourage HAS students to believe that they can enter top professions while performing well in highly competitive sports, and while also being popular and self-assured. This pervasive emphasis on maximising personal status, however, can result in a crippling and empty perfectionism that seeks solace and relief in unhelpful and harming behaviours.

HAS research has revealed that affluent youngsters feel no closer to their parents, and rate their parent-child relationships no more positively, than do low-income young people (Luthar & Kumar, 2018). Neither set of parents is to 'blame' for the circumstances that have arisen for them, as both rich and poor parents are alike in being caught up in particular social systems that often cross generations. Nonetheless, the research evidence on the paucity of relationships that can exist for HAS families does suggest that parent training and support may be as important for them as it is for socioeconomically disadvantaged families. Specifically, HAS parents could benefit from learning how to reduce the emphasis on achievement for their children, and how to contain their children's technology use and substance abuse. More generally, these families could

find programmes like *Incredible Years* Parent helpful to them in adopting a child-centred approach to parenting where young people are valued in and of themselves, rather than on the basis of what they can achieve. It is noteworthy that there are likely to be long-term consequences associated with the difficulties experienced by HAS adolescents, just as there are with conduct problems. Affective problems can lead to depression later, prolonged stress can have health consequences, and early substance use can be predictive of addiction in adulthood. Again, as with other issues of childhood and adolescence, enhancing parental engagement appears a logical, practical, and economical way to respond.

Targeted Services Versus Universal Availability

The reactive services/preventative services question is actually associated with another central issue, which is how children and adults with problems of living come to notice. Reactive services in health, education, and welfare usually attempt to respond to burgeoning client numbers with intake systems, whereby service users are prioritised according some determination of their needs (Stanley & Sargisson, 2012). However, intake processes have inherent biases and some large scale studies suggest that they only operate for a percentage of those people who are experiencing difficulties and who should be receiving help (Growing up in New Zealand News, 2015; Little et al., 2012). In recent years, attempts have been made in New Zealand to rationalise service delivery to children and families by targeting resources on the basis of administrative data and risk indexes. Predictive risk modelling is a prominent example of this approach (Vaithianathan et al., 2012), and while this methodology could lead to data-driven servicing for some young people it also has a significant capacity for stigmatisation. Another alternative entirely would be to ensure that the B4 School Check (Ministry of Health, 2015) is completed by all pre-schoolchildren in this country, and through systematic surveying of this sort, to identify all youngsters and families with needs (Sargisson, Stanley, & Hayward, 2016; Stanley, 2015).

Irrespective of identification procedures, there are good reasons for simply making some preventative services, like evidenced-based parent training, much more available. The importance of competent caregiving to child outcomes is widely acknowledged, but the raising of children continues to be a demanding activity for all parents. Importantly, *Incredible Years* Parent has been shown to reliably raise the competencies of parents and children who do not currently have conduct problems. For example, the New Zealand multi-agency follow-up study found that youngsters considered to be in the 'sub-clinical range' prior to their parents attending the programme still derived considerable benefits from it (Sturrock et al., 2014). Apart from the potential assistance to many more caregivers and children of increasing the availability of parenting courses, there are also likely to be major gains for human service agencies and practitioners when they are given opportunities to participate in preventative work. When human service workers have to constantly focus on the 'worst of the worst' in case work, it is inevitably a dispiriting professional experience, and especially when increasing amounts of resources are required to achieve diminishing therapeutic effects and outcomes (Stanley, 2008). Critically, increased availability of parent training would contribute significantly to equity of access for children across problem types, across socioeconomic status, across ethnicities, and across genders.

The Tasks Ahead

Expanding the present availability of the *Incredible Years* suite of programmes for parents, teachers, and children would arguably be the single most important provision in the Government's new response to mental health problems and addiction. To make this happen, a number of component tasks would need to be completed, including growing the group leader workforces; escalating support to Maori providers of the programmes; clarifying servicing pathways across agencies; enhancing research and evaluation; and establishing communication

and media processes for providers, service users, and the public. Maintaining the integrity of the interventions is central to everything that is done because deviations from the original research protocols can render programmes invalid and ineffectual. With a host of proven programmes for various settings, *Incredible Years* has advantages over other evidence-based parenting training approaches. It can also be applied alongside other intervention systems, and ideally a continuum of supports should be made available to clients. *Incredible Years* is further advantaged in already having large numbers of trained providers and a substantial infrastructure in this country. Nevertheless, it is more than time for the staff, training, and programmes to be supported by a centralised leadership and coordination body, and this might be a stand-alone entity or located in a relevant ministry. In conclusion, there is a special opportunity here for us as a community to prevent, and to positively impact upon, problems of living across childhood and adolescence, and into the adult years.

References

Ahmed, T. (2016). *Fragile nation: Vulnerability, resilience and victimhood.* Redland Bay, QLD: Connor Court.

Cowen, E. L., Hightower, A. D., Pedro-Carroll, J. L., Work, W. C., Wyman, P. A., & Haffey, W. G. (1996). *School-based prevention for children at-risk: The Primary Mental Health Project.* Washington, DC: APA Books.

Fergusson, D. M., Horwood, J., & Stanley, L. (2013). A preliminary evaluation of the Incredible Years Teacher programme. *New Zealand Journal of Psychology*, 42*(2)*, 51–56.

Fergusson, D., Poulton, R., Horwood, J., Milne, B., & Swain-Campbell, N. (2004). *Comorbidity and coincidence in the Christchurch and Dunedin longitudinal studies.* Wellington: Ministry of Social Development.

Fergusson, D., Stanley, L., & Horwood, J. (2009). Preliminary data on the efficacy of the Incredible Years Basic Parent Programme in New Zealand. *Australian and New Zealand Journal of Psychiatry*, 43, 76–79.

Growing Up in New Zealand News. (2015, July 24). *Growing Up study suggests low social service use among vulnerable children.* Retrieved from http://www.growinigup.co.nz/en/news-and-events/news/news-2015/vulnerability-report-2.html

Hamilton, M., & Litterick-Biggs, A. (2008). The Incredible Years Parent training programme in Tauranga: A research summary. *Kairaranga, 9(1),* 44–49.

Little, M., Berry, V., Morpeth, L., Blower, S., Axford, N., Taylor, R., Bywater, . . . Tobin, K. (2012). The impact of three evidence-based programmes delivered in public systems in Birmingham, UK. *International Journal of Conflict and Violence*, 6*(2).* Retrieved from http://www.incredibleyears.com/article/the-impact-of-three-evidence-based-programmes-delivered-in-public-systems-in-birmingham-uk/

Luthar, S., & Kumar, N. L. (2018). Youth in high-achieving schools: Challenges to mental health and directions for evidence-based interventions. In A. W. Leschied, D. H. Saklofske, & G. L. Flett (Eds.), *Handbook of school-based mental health promotion: An evidence-informed framework.* Retrieved from https://www.researchgate.net/publication/323203234_Youth_in_High-Achieving_Schools_Challenges_to_Mental_Health_and_Directions_for_Evidence-Based_Interventions.

Ministry of Health. (2015). *B4 School Check.* Retrieved from https://www.health.govt.nz/our-work/life-stages/child-health/b4-school-check

Ministry of Social Development. (2007). *Inter-agency plan for conduct disorder/severe antisocial behaviour 2007–2012.* Wellington: Author.

Ministry of Social Development. (2009). *Conduct problems: Best practice report.* Wellington: Author.

Sargisson, R., Stanley, P., & Hayward, A. (2016). Multi-informant scores and gender differences on the Strengths and Difficulties Questionnaire for New Zealand children. *New Zealand Journal of Psychology, 45*(2), 4–12.

Stanley, P. (2001). Parent training: An intervention not to be ignored. *Kairaranga, 2*(2), 16–18.

Stanley, P. (2008). The new multi-ministry response to conduct problems: A swot analysis. *Kairaranga, 9*(1), 13–19.

Stanley, P. (2015). *Psychology, psychologists, child welfare, and child wellbeing.* A submission to the Modernising Child, Youth and Family Panel. *Psychology Aotearoa, 7*, 84–90.

Stanley, P., & Sargisson, R. (2012). Systems of service delivery: A resilience perspective. *The Australian Educational and Developmental Psychologist, 29*, 129–140.

Stanley, P., & Stanley, L. (2005). Prevention through parent training: Making more of a difference. *Kairaranga, 6*(1), 47–54.

Sturrock, F., Gray, D., Fergusson, D., Horwood, J., & Smits, C. (2014). *Incredible Years follow-up study: Long-term follow-up of the New Zealand Incredible Years Pilot Study.* Wellington: Ministry of Social Development.

The Incredible Years. (2013). *Testimonials.* Retrieved from http://www.incredibleyears.com/about/testimonials/

Vaithianathan, R., Maloney, T., De Haan, I., Dare, T., Jiang, N., Dale, C., & Putnam-Horstein, E. (2012). *Vulnerable children: Can administrative data be used to identify children at risk of adverse outcomes?* Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-

resources/research/vulnerable-children/auckland-university-can-administrative-data-be-used-to-identify-children-at-risk-of-adverse-outcome.pdf

Werry Workforce Whāraurau. (2017). *The Incredible Years Maori Workforce in New Zealand*. A presentation to the Mentor Meeting in Bainbridge Island, Washington. Retrieved from http://www.incredibleyears.com/for-researchers/

Wylie, C., & Felgate, R. (2016). "My classroom is a much more positive place" *Incredible Years-Teacher evaluation summary*. Wellington: NZCER.