



Incredible Years Programme

*Incredible Years Basic Parenting Programme*

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## EXECUTIVE SUMMARY

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### **Background**

Emotional and behavioural problems may occur in as many as 10-12% of primary school children in Ireland. Furthermore, children in schools within disadvantaged areas have been found to have emotional disorders of a much more severe nature. Emotional and behavioural problems develop in a dynamic social context within the child's home, school and community and exert a significant toll on children and young people. The research suggests that one of the most effective means of tackling these problems lies in family-based approaches. Generally, these are targeted at pre-school or slightly older children with conduct or emotional and behavioural problems, with the parent(s) or primary carer as the central focus of the intervention.

One such intervention - *The Incredible Years Parent, Teacher and Child Training Series* - developed by Webster-Stratton and colleagues (1984, 1998), uses techniques designed to reinforce positive behaviours and discourage aggressive/antisocial behaviours. It comprises three complimentary components aimed at training parents, teachers and children respectively. The originally developed core component of the program is the BASIC Parent Training series. The Clondalkin Partnership began the implementation of the Incredible Years (IY) programme in 2004 in order to create a community-based solution to a national problem. The IY BASIC Parent Training program was the first to be implemented on a trial basis.

The pilot study reported here was designed and implemented by staff at the Clondalkin Partnership in part collaboration with researchers at NUI Maynooth in order to assess the overall effectiveness of the IY BASIC Parent Training Program. The specific objectives of the study were to: (1) assess the nature and extent of any change over time in the perceived behaviour of the participants' children with EBD; (2) to elicit parents' views about and attitudes toward, the IY program; and (3) to assess any perceived changes in parents' ability to cope with their child's emotional and behavioural problems.

### **Method**

*The Strengths and Difficulties Questionnaire* (SDQ) (Goodman, 1997) – a behavioural screening questionnaire that assesses specific behaviours associated with EBD – was administered to 32 parents before (Baseline), midway through (Time1), and upon completion (Time 2) of the parent-training program. A small number of parents (n=10) also agreed to take part in focus group discussions to ascertain their personal experiences and views on the effectiveness of the program.

### **Overview of key findings**

The quantitative findings in this study indicated important positive changes in many aspects of the children's behaviour which, in turn, were supported and amplified by the qualitative data derived from the focus groups.

### **Stage One: Follow-up Survey**

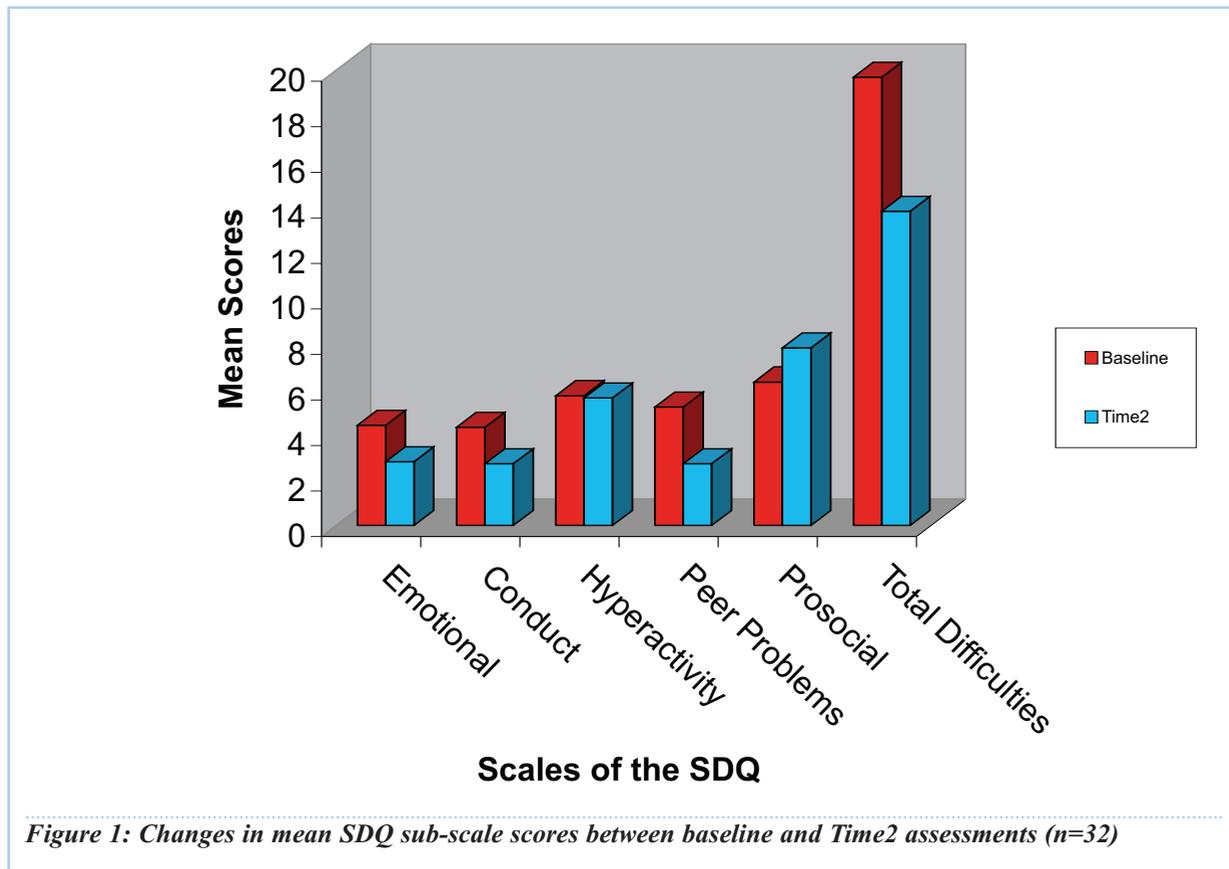
The majority of participants were female (88%, 28/32) and had a total of 28 children between them (12 girls and 16 boys) ranging in age from 3 to 11 years. Sixty per cent of the sample

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(19/32) were single parents whilst 70 per cent were in full-time employment.

Three quarters of the sample resided in the Clondalkin area at the time of the study and over half of the participants (55%) were referred to the IY parent-training program by the Health Board. A further 35% sought out the program of their own volition after hearing about it through their family doctor or through the Clondalkin Partnership newsletter. The remaining 10% were referred by the Clondalkin Partnership via schools and community organisations

The statistical analysis of the SDQ data indicated significant improvements between the Baseline and Time2 assessments on the following sub-scales: Emotional symptoms; Conduct problems; Peer problems; Prosocial behaviour; and Total Difficulties. No differences were found with respect to the Hyperactivity subscale. These findings support previous research in the area. (Figure 1 below illustrates the changes from Baseline to Time2 assessment points on the scales of the SDQ).



### Stage Two: Focus groups

Key themes for the focus group related to: (1) pre-program experience of EBD; (2) overall views and experiences of the IY program; (3) perceived post-program changes (both in the parents and the children); and (4) teething difficulties and suggestions for improvement.

Parents described numerous difficulties they were experiencing in managing their child's problems both within and outside the family home (e.g. in public or in school). Tantrums, constant arguments, aggressive and violent outbursts, and frequent shouting and screaming were just

some of the behaviours reported.

Overall, parents felt that the techniques taught as part of the Incredible Years program were both effective and easily adapted to their own situation. However, all admitted that consistently adhering to them was at times very difficult.

The parents repeatedly mentioned the invaluable social support and understanding that they received both from other parents and from the program facilitators during the program.

Parents reported not only positive changes in their ability to cope with their child's conduct problems as a result of the program, but also a change in how they perceived their child. Many remarked on the improvements both in their daily parent-child interactions and in the child's interactions with other members of the family and their peers. Some also reported important personal benefits such as increases in confidence and decreases in overall levels of stress and depression.

Parents were, for the most part, extremely positive about the program itself and its content. However, several parents expressed disappointment and concern at the delay in receiving the other follow-on components of the program such as The Advanced Parenting component. Whilst the Clondalkin Partnership staff were aware of this difficulty, there were insufficient resources, at the time, to implement these.

A recurring issue and challenge for the parents was that of maintaining consistency across their child's environments (eg. both in school and at home) This was seen as critical to their success in managing their child's behaviour but also the most difficult to sustain. Parents were unanimous in their view that the schools, in particular, should be involved in IY training as early as possible.

### **Conclusion**

This study was conducted as a small, localised, pilot evaluation aimed at assessing the success of the trial implementation by the Clondalkin Partnership of the first BASIC Parenting Training component of the IY program. The study did not include a control or comparison group, nor was it possible to examine outcomes across a range of background variables. These limitations should be kept in mind when interpreting the results.

The overwhelmingly positive views expressed by the parents and the benefits accrued by them – both personally and in terms of their improved relationships with their child – were important and recurring themes identified from the qualitative analysis. These, in conjunction with the findings from Stage One, provide convincing evidence for the effectiveness of the IY BASIC Parenting Training program. The results also suggest that any future implementation of the entire IY program (with all three of its training components) would be very well received in Clondalkin and is viewed and required as a matter of considerable importance.

## **ACKNOWLEDGEMENTS**

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## INTRODUCTION

Children with Emotional and Behavioural Difficulties (EBD) are so defined, or labelled, due to behaviour ranging from recurring naughtiness or disruptive behaviour to serious mental disturbances such as Oppositional Defiant Disorder or Conduct Disorder (Frederickson & Cline, 2002). Whether there is any value in distinguishing between the specific sources/causes of these various emotional and behavioural problems is still debatable (Frederickson & Cline, 2002). However, it is clear that the central focus is (and should be on) *'early intervention aimed at optimising the learning environment to support positive behaviour'* (Frederickson & Cline, 2002:383).

According to UK government policy, children with EBD are included under the category of children with special education needs such as autism and Attention Deficit Hyperactivity Disorder (ADHD) (Special Education Needs – Code of Practice, 1994). The same is true in Ireland, although it is more difficult to identify an appropriate working definition (Fleming & Gallagher, 2002). The findings from existing, albeit rather dated, research undertaken in Ireland indicate that EBD may occur in as many as 10-12% of primary school children (McCarthy & O'Boyle, 1986; O' Connor, Ruddle & O' Gallagher, 1988; and Porteus, 1991). However, some suggest that these figures may underestimate the true extent of EBD due to parental non-response (Porteus, 1991). Additionally, children in schools within disadvantaged areas have been found to have emotional disorders of a much more severe nature (McCarthy & O'Boyle, 1986). Furthermore detailed information on children with EBD is provided below.

### **Emotional and behavioural difficulties (EBD): an overview**

The prevalence in the general population of childhood disorders such as Conduct Disorder (CD) and its less well-researched counterpart, Oppositional Defiant Disorder (ODD), is amongst the highest of any childhood disorders (Essau, 2003). In addition, both of these disorders are cited as the most common reason for a child to be referred to counselling and/or mental health services (e.g. Chithiramohan et al., 1993; Essau, 2003). Concerns surrounding these disorders and other emotional and behavioural difficulties are multi-fold. For example, from the perspective of the 'diagnosed' child, the 'costs' are substantial both in their childhood years and potentially into adulthood. The impact of emotional and behavioural problems on a child include: a greatly impaired educational experience with reduced academic attainment; impoverished social interactions and relationships with peers and family; and, almost inevitably, an increased involvement with the Criminal Justice System (Essau, 2003).

Worryingly, Ryall (1974) suggests that these children may find antisocial acts exciting or rewarding and even pivotal to their sense of self. The emergence of these aggressive and antisocial behaviours (normally in early childhood) interact with the child's complex social networks, thereby preventing the child from developing the social and emotional competencies and skills necessary to resolve conflicts and feelings of frustration or disappointment in a non-aggressive manner (Moffitt, 1993). Research has shown that approximately 35-40% of children who have been diagnosed with conduct problems will be later diagnosed with anti-social personality disorder in adulthood if they do not receive appropriate treatment (Nolen-Hoeksema, 2001). Furthermore, the 'fall-out' from these aggressive behaviours and anti-social acts pose considerable costs for society due to the increased involvement of these children in multiple systems such as mental health and social services, the Criminal Justice

System and Special Education (Essau, 2003). Conduct Disorder, more than any other, tends to be quantified by the effects that the child's behaviour has on the surrounding people and environment (Davison, Neale & Kring, 2004). The social costs of these disorders to the wider community are manifest in a poor quality of life in unsafe schools, high crime neighbourhoods and in disrupted family home life (Essau, 2003).

All of the above factors have prompted extensive research into identifying potential risk factors for CD/ODD as well as developing and testing effective intervention and prevention strategies aimed at the child, family and society (Essau, 2003). For example, Webster-Stratton and Reid (2003) identified five key theories that attempt to explain the underlying causes of conduct problems. These include:

- (i) Ineffective parenting (e.g., low parental involvement in school activities)
- (ii) Family factors (e.g., marital conflict, depression, drug abuse in parents)
- (iii) Child biological & developmental risk factors (e.g., learning disabilities)
- (iv) School risk factors (e.g., classroom level of aggression)
- (v) Peer and community risk factors (e.g., poverty and gangs)

(Kazdin et al., 2003)

According to Shaw and Winslow (1997), one of the primary factors involved in the development of CD is the quality of parenting (Nolen-Hoeksema, 2001). Variables such as the amount of parental supervision and the level of parental involvement in the child's everyday life have both been highlighted as two of the best predictors of children's conduct problems (Nolen-Hoeksema, 2001).

As already indicated, emotional and behavioural problems develop in a dynamic social context within the child's home, school and community (Essau, 2003). In fact, Essau (2003) states that a child's social environment exerts a critical influence in the onset and persistence of conduct problems. In addition, age has been identified as an important factor both in the emergence of conduct problems, (i.e. the earlier the age of onset, the greater the propensity for long-standing antisocial behaviour in adulthood) and in the delivery of effective interventions (i.e. the younger the child at the time of the intervention, the better the outcome and the likelihood that it will be sustained at follow up (Webster-Stratton, 1981; 1982a; 1982b; Essau, 2003; Webster-Stratton, Reid & Hammond, 2004). In fact, Bennett and Offord (2001) in their review of prevention studies for CD, indicate the most successful programs for the prevention of antisocial behaviour in childhood and adolescence are those that focus on children of preschool age.

In addition, it would appear that the most convincing evidence for effectiveness is derived from studies of family-based interventions, as opposed to other types of therapy such as individual cognitive therapy (Essau, 2003). Family-based approaches are generally targeted at preschool or slightly older children with conduct or emotional and behavioural problems, with the parent(s) as the central focus of the intervention (Essau, 2003). Collectively known as Parent Management Training (PMT) interventions, these have at their core the fundamental premise that parents can and do act as the primary 'socialization agent' to help children overcome patterns of negative behaviour (Essau, 2003). Unsurprisingly, natural logic would suggest that a disorder that

manifests itself at multiple sites in a child's environment would be best managed within a multi-layered intervention strategy or program.

### **Local community responses to children with EBD**

CARA – Clondalkin Area Response to Absenteeism (1999)

Research carried out by the Clondalkin Partnership in 1997 into absenteeism indicated that between 30-40% of children were absent from school on any given day in the selected schools of north and south-west Clondalkin (McSorley, 1997). In direct response to these findings, the Clondalkin Partnership established CARA (Clondalkin Area Response to Absenteeism) in 1999. A profile of target pupils was generated from the earlier research for inclusion in this programme (Fleming & Gallagher, 2002). This group of selected children (n=108) exhibited a range of learning difficulties as well as a number of emotional and behavioural difficulties such as low motivation, school refusal, bullying and aggression (Fleming & Gallagher, 2002). The majority were absent from school from between 20 and 183 days (Fleming & Gallagher, 2002). It also emerged that 20% of the children targeted under the CARA project during a three-year period had not benefited substantially from the range of supports provided and had, in fact, retained many of the risk factors that had led them to their referral in the first place.

### **“In Trouble From Day One”**

Further analysis suggested that lack of social competency, poor behaviour and an inability to recover from setbacks within family and school life were key barriers for these children. The above report (Fleming & Gallagher, 2002) suggested a possible model that could be utilised to respond at a community level to issues surrounding the management of children with EBD. As cited in this report, the support for young people at risk of exclusion from school is one of the fundamental community-based initiatives detailed by the Clondalkin Partnership's Area Action Plan, 2000 – 2006 (Fleming & Gallagher, 2002:3). Fleming and Gallagher used a variety of techniques with key stakeholders (e.g. parents, teachers, youth workers) in order to *‘provide a theoretical and practical grounding from which to develop an appropriate and effective intervention for young people exhibiting emotional and behavioural difficulties in Clondalkin’* (2002:3).

A key point highlighted in this report refers to communication and parental involvement. In guidelines issued by the Department of Education and Science (Circular 20/90) in 1992, communication with, and involvement of, parents is suggested as pivotal to the success of any behaviour policy (Fleming & Gallagher, 2002). This reflects UK policy which advises those working with children to draw on parents' knowledge of their child (SEN Code of Practice 2001). The study by Fleming and Gallagher concluded by identifying some guiding principles and aims for a programme designed to deal with EBD, as well as proposing a model for Clondalkin along with recommendations on how the model should work (Fleming & Gallagher, 2002).

### **The ‘Incredible Years’ Parent Training Series**

The above developments provide the historical context for the implementation by the Clondalkin Partnership of the Incredible years Parents, Teachers and Child training series. This series was developed by and tested over the course of four decades by Reid, Webster-Stratton and colleagues (Reid et al., 2002). Their theory of antisocial behaviour in children and adults led them to propose that the crux of the problem with these children lay in their social environment

(i.e. family, school, peers and community) (Reid et al., 2002). Therefore, any desire to change the child can only be achieved by systematically modifying the environment in which he/she interacts (Reid et al., 2002). Most modern thinking now acknowledges that attempting to influence the various environments involved in the life of a young child may be critical to the success of any attempts at intervention and treatment (Davison et al., 2004).

'*The Incredible Years Parents, Teachers and Children Training Series*' is a good example of a parent training behavioural program guided precisely by the above principles and developed and tested by Webster-Stratton and colleagues (1984a, 1998a). This is a program consisting of three complimentary curricula designed to address factors relating to parenting and the family, the child and school environment (Kazdin et al., 2003). For example, using videotape modelling, a group of parents (usually 8-12) is shown a series of vignettes (approx. 1-2 minutes) by a facilitator (or a therapist) illustrating parenting skills in a process designed to promote focused discussions and sharing of ideas in an atmosphere of collaborative learning and problem-solving (Webster-Stratton & Reid, 2003). The parents are then given the opportunity to practice the techniques involved.

### **The BASIC component of the Incredible Years Parent Training Series**

Overall, the parent training series is designed to '*prevent, reduce and treat conduct problems among [these] children and to increase their social competence*' (Webster-Stratton, 2000) (see Page 7) for a complete list of the goals of the Incredible Years Parent Programs). The original 'core' component of the prevention program was the BASIC Parent Training series (Kazdin et al., 2003). Initially, this component involves parents concentrating on parenting skills intended to increase the quality of their relationship with their children (Kazdin et al., 2003). These skills include teaching parents to use child-directed interactive play, praise and incentive programs (Kazdin et al., 2003). Parents are then taught alternatives to possibly harsh parenting practices which include limit setting and time out (Kazdin et al., 2003). The final skill training component focuses on how the parents can teach their children problem-solving techniques (Kazdin et al., 2003). This component of the IY Training Series is normally completed in 12-14 weekly two-hour sessions and is designed to be delivered over a 26 hour period (Kazdin et al., 2003). In addition to the instruction provided by program facilitators, the parents receive phone calls and house visits prior to the start of the program as well as a minimum of six visits throughout the program when requested. These are critical to building and developing cohesion amongst the different elements of the program as well as supporting the parents throughout the course. An overview of the different elements of the BASIC Parent Training program is provided below.

### **Content of the BASIC Parenting Training Program**

Two versions of the BASIC Parent Training program exist. These include: (1) a program aimed at parents of children aged 2-7 years; and (2) a school-age version for use with parents of children aged 4-10 years. A general overview of the program is outlined below followed by a description of the specific content of each of the above two versions. This is based on Webster and Reid (2003).

The program takes 26 hours and is completed in 12-14 weekly 2-hour sessions.

Videotape vignettes of modelling parenting skills (250 vignettes, each of approximately 1-2 minutes in duration) are shown by facilitator to a group of parents. These videotapes demonstrate social learning and child development principles and serve as a stimulus for focused

## Introduction

discussions, problem-solving and collaborative learning.

The program begins with a focus on enhancing positive relationships between parents and children by teaching parents' child-directed interactive play, praise and incentive programs. Next, a specific set of non-violent discipline techniques is taught (e.g. time out etc.) (see Figure 2) and, finally, parents are taught how they can teach their children problem-solving techniques

The primary skills targeted within this program relate to parenting.

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### BASIC Parent Training Program (1) (ages 2-7)

#### Play/Involvement

- Part 1: How to play with a child-Promoting child self-esteem and encourage co-operation through play
- Part 2: Helping children learn
- Part 3: Promoting your child thinking skills through play

#### Praise/ Rewards

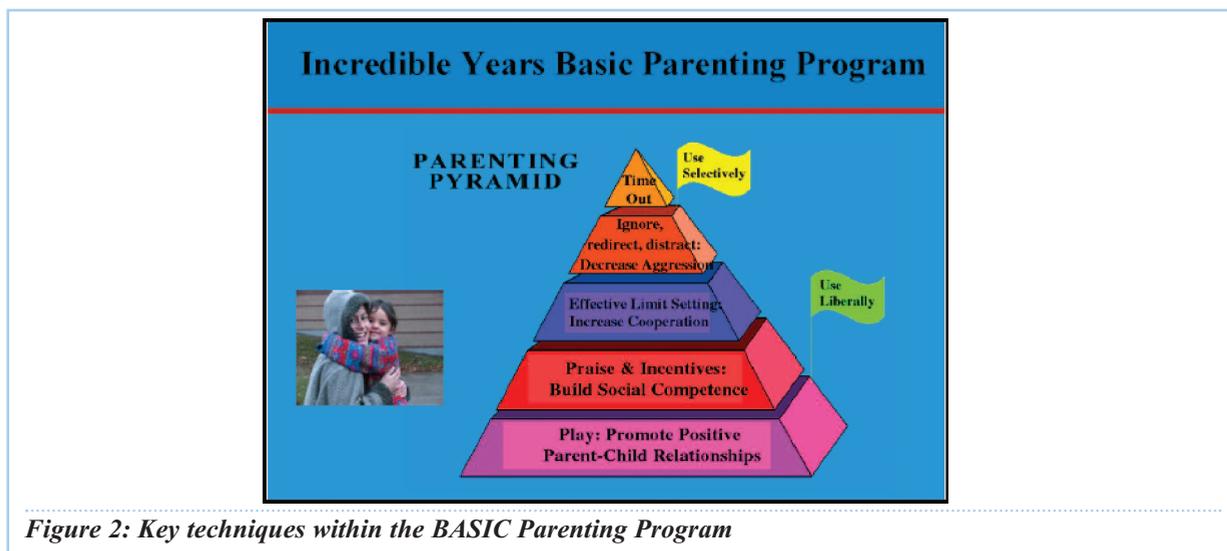
- Part 1: The art of effective praising-Bringing out the best in your child through praise
- Part 2: Tangible rewards
- Part 3: Motivating your children by incentives and rewards

#### Effective limit setting

- Part 1: How to set limits-The Importance of being clear predictable and positive
- Part 2: Helping children learn to accept limits
- Part 3: Dealing with noncompliance through ignoring

#### Handling misbehaviour

- Part 1: Avoiding and ignoring misbehaviour
- Part 2: Time out and other penalties
- Part 3: Preventive strategies



## Introduction

The additional two components of the parent training series known as The Advanced Parenting program (developed in 1989) and SCHOOL/ACADEMIC (developed in 1990) evolved due to parental demand and feedback elicited as part of the delivery of the original BASIC Parent Training program (Kazdin et al., 2003). Other program components are aimed at the children themselves (Dinosaur (or Dina) program) as well as teachers (Teacher Program). All components of the program are shown in Figure 3.

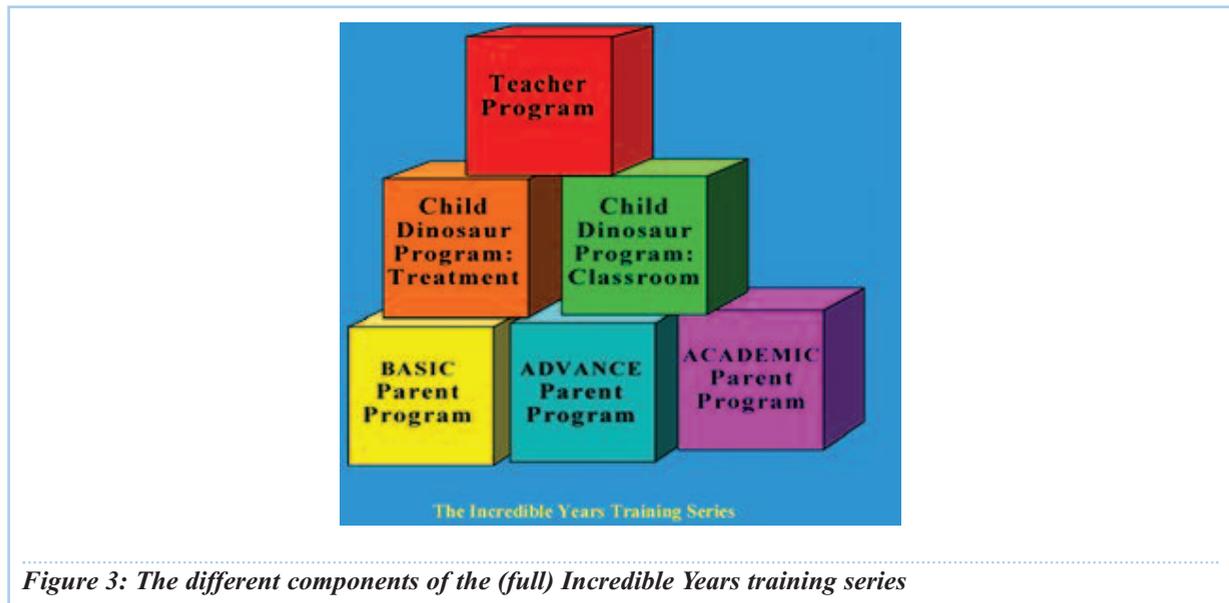


Figure 3: The different components of the (full) Incredible Years training series

Webster-Stratton and Reid argue that the complete integration of these interventions in the home and the school and with both teachers and parents offers the greatest consistency between environments and the best opportunity for reducing anti-social behaviour in the long-term (Webster-Stratton & Reid in Kazdin et al., 2003). A series of randomised control studies involving mainly 4-to-8-year-old children with CD or ODD yielded findings that strongly support this program (Essau, 2003). Parents are taught, or in a way re-taught how to interact with their child using techniques designed to reinforce positive behaviours and discourage aggressive/antisocial behaviours (e.g., loss of privileges/ time out) (Davison et al., 2004). Early Studies have shown investigating the effectiveness of the BASIC Parent Training program showed significant improvements in parental attitudes and parent-child interactions (Webster-Stratton in Hibbs & Jensen, 1996). Harsh or disciplinary approaches by parents were found to be reduced, as were child conduct problems (Webster-Stratton in Hibbs & Jensen, 1996). More recent data evaluating the BASIC Parent Training program as a selective prevention program with pre-school children found that both the parenting skills and the child's social competence had significantly improved (Webster-Stratton, 1998a). Parents also reported an increase in their confidence in managing their child's behaviour and the successful use of the prescribed techniques resulting in better relationships with their children and overall improvements in their children's behaviour (Patterson et al, 2005). Overall parent-focused interventions have generally demonstrated more clinically significant outcomes than other types of interventions (e.g. individual therapy) (Essau, 2003).

## **INCREDIBLE YEARS PARENT INTERVENTIONS**

### *Goals of the Parent Programs*

Goals of the parent programs are to promote parent competencies and strengthen families by doing the following:

- Increasing parents' positive parenting, nurturing relationships with their children, and general self-confidence about parenting.
- Replacing critical and physically violent discipline with positive strategies such as ignoring, natural and logical consequences, redirecting, monitoring, and problem-solving.
- Improving parents' problem-solving skills, anger management, and communication skills.
- Increasing family support networks and school involvement/bonding.
- Helping parents and teachers work collaboratively to ensure consistency across settings.
- Increasing parents' involvement in children's academic-related activities at home.

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### *Goals of the Incredible Years Parent Programs*

*(Adapted from Webster-Stratton, C. & Reid M.J. in A.E. Kazdin et al., (2003).)*

## **The local research context: The Clondalkin Partnership**

The present study was carried out in Clondalkin, an area of primarily local authority housing located in West Dublin; its north and southwest districts were designated as areas of social deprivation in 1996 under the Haase Index of Affluence and Deprivation. Under the Operational Programme for local Urban and Rural Development (1994-1999), Clondalkin was identified as a partnership area comprising 9 electoral divisions (EDs). According to a recent GAMMA report (GAMMA, 2004), the total population in the Clondalkin Partnership area in 2002 was 71,975, representing a 46.4 per cent increase since 1991. The 2002 census also indicates a higher percentage of young people under the age of 14 (25.1%) than in the South and East Region (20.8%), the Dublin Regional Authority area (19.2%) and nationally (21.1%). Furthermore, figures from the Rowlagh ED within the Clondalkin Partnership indicate that 30 per cent of its population of people whose education had ceased, had no formal or primary education (GAMMA, 2004).

The Clondalkin Partnership Development Group was formed in February 1994, and later evolved into the Clondalkin Partnership in May 1995. The principal aim of the partnership was to build the capacity of the community to identify problems and to create local solutions to these problems. This partnership focuses on horizontal integration across agencies and services and uses community development principals at local level with the goal of sustainable solutions that can be proven and mainstreamed. The company has 7 working groups that focus on areas such as Childcare, Education, Youth, Equality, Environment, Enterprise/Employment and Community Development. These working groups are instrumental in identifying gaps in service provision and work together with relevant state agencies to identify additional resources and to influence government policies.

It is perhaps not surprising that educational disadvantage and low educational attainment are commonplace in a designated disadvantaged area such as Clondalkin with its large number of young people. For the area as a whole, approximately 20 percent continue to further third level education compared to a national figure of 44 percent "*region-wide absenteeism and early school*

*leaving are significant problems”* (Fleming & Gallagher, *In Trouble from Day One*, 2002). Research on absenteeism carried out by the Clondalkin Partnership in 1997 indicated that 30-40% of children were absent from school on any given day in the selected schools of north and southwest Clondalkin (McSorley, 1997). A later report indicated that there was a high percentage of children with emotional and behavioural difficulties (e.g. school refusal, bullying and aggression) who were at risk of exclusion from school (Fleming & Gallagher, 2002). A key issue highlighted in this report revolved around communication and parental involvement and this involved a reiteration of guidelines issued by the Department of Education and Science (Circular 20/90) in 1992 in which communication with, and involvement of, parents was advocated as pivotal to the success of any behaviour policies. The UK adopts a similar stance, advising those working with children to draw on parents’ knowledge of their children (SEN Code of Practice, 2001).

### **The Incredible Years Programme in Clondalkin**

The implementation of the Incredible Years Programme (IYP) in Clondalkin was a product of the work of the Clondalkin Partnership (as detailed in The Action Plan 2000-2006) and a direct response to the findings of the research described above. It rests within the educational strategy of the Clondalkin Partnership to reduce the risks of children being excluded from school. The IYP was selected by the EBD Task Force from several potential proven models around the world (eg. First Steps, Positive Parenting, Multi-Systemic Therapy) using criteria of effectiveness, cost-effectiveness, functionality and validity. The specific selection rationale of the EBD Task Force required that the proposed model should be empirically supported and validated and allow for network generation. Other criteria included: cost effectiveness; the facilitation of multi-agency participation across formal and non-formal sectors; consideration of all aspects of the child’s developmental environments; and addressing the deficit in the number of professionals available whilst simultaneously creating skilled behavioural experts. In addition, the proposed model was required to provide immediate and consistent interventions for educators, parents and the children.

The Incredible Years Programme was subsequently selected because of its potential to impact on the home, school, and local environment of the child and in so doing, create a community based response to a national problem. Its overall aim is to improve the social and emotional competency of children with EBD, thereby improving the equality of educational outcomes for children in the community. The program focuses not only on the identified needs of young people, but also on the training requirements of the parents and professionals who work with them. In addition, Incredible Years is a flexible and comprehensive program that can address individual family needs (Reid & Webster-Stratton, 2001). Furthermore, the research evidence indicates that it is highly cost effective. For example, one study found that the BASIC Parent Training was not only as effective as one-to-one (high-cost) therapy, but five times more cost effective (Webster-Stratton, 1984b, 1985) requiring only minimal staffing. It has also been found to be well suited to low-income urban families, or high-risk socioeconomically disadvantaged populations (Gross et al., 2003; Webster-Stratton & Reid in Kazdin et al., 2003; Webster-Stratton in Lutzker, 1998b). Lastly, the use of techniques such as group discussion, videotape modelling and rehearsal intervention means that this method of training is especially suited to less verbally oriented parents (Webster-Stratton, 2000).

**The present study**

The pilot study reported here was designed and implemented by staff at the Clondalkin Partnership in part collaboration with researchers at NUI Maynooth in order to assess the overall effectiveness of the IY (BASIC) Parenting Training Program which was first introduced in March 2004. By the end of that year, 8 BASIC Parent Training programs had been run locally by trained facilitators involving a total of 108 parents in school and community settings.

The study was conducted as a prospective follow-up questionnaire-based survey in which a small number of participating parents (i.e. who had a child with EBD) were assessed at three time points including baseline (i.e. before participation in the program), approximately halfway through the program and at its conclusion. The primary role of the researchers was to assist the Clondalkin Partnership by means of an analysis and interpretation of this quantitative data. However, the researchers were also asked to design and conduct a small qualitative sub-study in order to elicit parental feedback on the program and their experiences. The specific objectives of this pilot study were: (1) to assess the nature and extent of any change over time in the perceived behaviour of the participants' children with EBD; (2) to elicit parents' views about and attitudes toward, the IYP; and (3) to assess any perceived changes in parents' ability to cope with their child's emotional and behavioural problems.

## METHOD

This pilot study was conducted in two stages: (1) a prospective follow-up survey - implemented by staff at the Clondalkin Partnership - in which a questionnaire was administered to participants at three time-points in order to assess changes in outcomes over time (i.e. before (baseline), mid-way through (Time 1) and upon completion of the program (Time 2); and (2) two focus group discussions conducted and analysed by a postgraduate researcher in psychology at NUI Maynooth (CK) in which parents were asked detailed questions about their experience and views of the IY program and its impact upon their lives and the lives of their children with EBD. All participants were assured (in line with the British Psychological Society Code of Conduct) that the data which they provided would be treated in strictest confidence and that their anonymity at all stages of the research would be guaranteed.

### Participants and settings

A total of 32 parents (out of a possible 38) from both single and two-parent families (ratio of 60:40 respectively) agreed to take part in the study. All parents were participating in the IY parent training behavioural program offered by the Clondalkin Partnership. The initial identification and recruitment of parents/trainees was based either on Health Board waiting lists, or on information obtained from local schools. For example, prospective parent trainees were eligible if they had problems in managing their child's behaviour and had been placed on a waiting list for treatment. Once they were identified, they were then contacted in writing by Clondalkin Partnership staff and invited to participate in a parent training program which they were informed was designed to improve their parenting skills and in so doing, address their child's conduct problems. Subsequently, parents attended for a weekly two-hour session over a period of 12 weeks. Information on the age of the parents was not available to the researchers, but they were more than likely a relatively young group as their children ranged in age from 3 to 10 years.

### Materials and measures

#### (1) The follow-up survey

The outcome measure used in the study was the *Strengths and Difficulties Questionnaire* (SDQ) (Goodman, 1997) (see Appendix 1). According to Clondalkin Partnership staff, this was selected by an Inter-agency sub-group because it is a brief, widely used, self-report behavioural screening questionnaire for 3-16 year-olds which has been successfully used in a variety of settings (e.g. clinical assessment). It has also been developed and standardised using a representative national British sample (Meltzer et al, 2000). Its emphasis on strengths as well as weaknesses makes it particularly acceptable to community samples (Goodman, 1999). The SDQ assesses the occurrence of particular behaviours that have been associated with emotional and behavioural problems in children. Several versions exist for use with different populations and each version can include one or more of the following components: (a) 25 items on psychological attributes; (b) an impact supplement; and (c) follow-up questions. The version employed for purposes of this pilot study contained only the first of the above three components as is, in fact, contained in all versions of the SDQ.

The 25 items on the SDQ relate to a range of positive and negative attributes which are subsumed within the following five sub-scales: (1) emotional symptoms (e.g. 'often seems worried'); (2) conduct problems (e.g. 'often has temper tantrums or hot tempers');

## Method

(3) hyperactivity/ inattention (e.g. ‘easily distracted’, ‘concentration wanders’); (4) peer relationship problems (e.g. ‘rather solitary’, ‘tends to play alone’); and (5) prosocial behaviour (e.g. ‘shares readily with other children’). Each item is scored on a three-point Likert scale from which respondents choose one of the following three ratings – *Not True* – *Somewhat True* – *Certainly True*. The middle response option is always scored as 1, but the scoring of the two endpoints varies depending on the item (either 0 or 2). Participants are asked to respond on the basis of their child’s behaviour during the previous six months. Total scores on each of the five subscales range 0 to 10 (if all items are completed), although the author suggests that the scale score can be pro-rated if at least three items are completed. A ‘Total Difficulties’ score can also be generated by summing the scores from all four of the ‘difficulties’ subscales (with the exception of the prosocial scale) (range 0-40).

### Interpreting and defining ‘caseness’ from symptom scores

For convenience, the Total Difficulties scores may be classified as ‘normal’, ‘borderline’ or ‘abnormal’ and the last of these can be used to identify likely ‘cases’ for formal mental health intervention. These ‘caseness’ criteria can be adjusted when necessary in order to avoid false positives and false negatives and to facilitate comparisons where possible with other samples (see Table 1).

Parents Completed	Normal	Borderline	Abnormal	Mean Score (Std. Dev.) for Parent SDQ		
				5-10 years old	11-15 years old	Combined
				N=5855	N=4443	N=10298
Total Difficulties Score	0-13	14-16	17-40	8.6(5.7)	8.2(5.8)	8.4(5.8)
Emotional Symptoms Score	0-3	4	5-10	1.9(2.0)	1.9(2.0)	1.9(2.0)
Conduct Problems Score	0-2	3	4-10	1.6(1.7)	1.5(1.7)	1.6(1.7)
Hyperactivity Score	0-5	6	7-10	3.6(2.7)	3.2(2.6)	3.5(2.6)
Peer Problems Score	0-2	3	4-10	1.4(1.7)	1.5(1.7)	1.5(1.7)
Prosocial Behaviour Score	6-10	5	0-4	8.6(1.6)	8.6(1.6)	8.6(1.6)

*Table 1: The ‘caseness’ criteria for the SDQ presented alongside the normative sample data (Adapted from Meltzer, H., Gatward, R., Goodman, R., & Ford, F, 2000)*

## **Psychometric properties of the SDQ**

The SDQ has been shown to be psychometrically robust with a wide-range of samples. For example, according to Goodman (2001), the SDQ demonstrated satisfactory reliability and validity when used on a nationwide sample of British 5-15 year olds (n=10,438). A recent Australian study also found moderate to strong internal reliability across all of the SDQ subscales when used with a large community sample (n = 1359) of young Australian children (4-9 years) (Hawes & Dadds, 2004). Translation of the SDQ into other languages (now available in over 40 languages) does not appear to have affected its sound psychometric properties. For example, a recent German study (Woerner, Becker, & Rothenberger, 2004) reported an exact replication of the original scale structure, satisfactory internal reliabilities, and the expected gender-age association. According to Woerner and colleagues (2004), the availability of the SDQ in so many languages makes it a particularly attractive instrument for international collaborations. Use of the SDQ in other continents has served to support the growing body of European evidence (e.g. Marzocchi et al., 2004), which illustrates its good psychometric properties, and its clinical utility as a behavioural screening measure.

## **(2) Focus group discussions**

Following completion of the parent training, two focus group discussions were conducted in order to obtain a comprehensive description and understanding of the experiences of parents completing the training and to ascertain the extent and nature of any perceived improvements in their parenting techniques. These were conducted within Clondalkin Partnership premises for ease of access for participants and in order to encourage maximum attendance. A total of 10 parents agreed to participate in two focus groups comprising four and six people respectively. According to information provided by the Clondalkin Partnership, the group membership reflected a sufficiently diverse mix of parents to facilitate adequate conceptual generalisations. Prior to the focus group discussions, a Topic Guide - comprising 9 open-ended questions (see Appendix 2) - was designed to elicit parents' experiences and views of the IY program and their perceptions of their parenting styles before and after receiving the training.

Before the focus group discussions began, a brief Information Sheet was distributed in order to inform participants about: (a) the purpose of the research (see Appendix 3);(b) the reason for, and importance of, recording the discussion; and (c) the fact that all information would be anonymised and treated as confidential. Participants were also asked to provide their written informed consent (see Appendix 4). The researcher (or moderator) then gave a brief introductory talk explaining the purpose of the discussion, the format it would follow and the role of the researcher as one of an observer rather than participant. This was designed to promote an open and permissive atmosphere where people could freely express their opinions in a 'safe' environment. Some ground rules were then established, after which agreement was sought and obtained from the participants. The entire session was subsequently tape-recorded and refreshments were made available throughout. After guiding the discussion through the set of questions in the Topic Guide, the parents were thanked for their participation and the discussion brought to a close. The first discussion lasted approximately two hours whilst the second took approximately 90 minutes to complete.

### **Data analysis**

Once the quantitative data had been collected, they were entered onto computer (using SPSS Version 11) and prepared for analysis. Following data entry and preparation, a number of parametric and non-parametric tests were used to assess any changes in the SDQ scores across time. The qualitative data were transcribed verbatim over the course of a number of weeks, edited (for purposes of clarity only) and then subjected to a thematic analysis in order to extract key themes and messages relating to participants' experience and views of the IY program. The transcriptions were judged to provide an accurate reflection of the content of the interviews. A brief overview of the overall approach to the analysis is provided below.

### **Thematic analysis: a brief overview**

The technique of thematic analysis involves the categorising, coding and classifying of pieces of text. The first stage of the analysis involved physically organising and sub-dividing the material into main categories (in this case based on the Topic Guide). Once an initial set of categories was established, distinct segments of text (e.g. a phrase, sentence or paragraph) relating to each category, or where appropriate, to newly emerging sub-categories, were identified. The categories were "colour code-mapped" so that all data relating to each key theme or emerging sub-theme could be clearly identified for further review and reflection. Sub-themes tended to be located within larger or longer segments of text covered by the major category codes. Additional codes were created for any themes that emerged during the course of the interview, but which were not included in the Topic Guide. On completion of the coding process, the data was examined rigorously to extract meaningful and informative themes.

## RESULTS

As indicated earlier, the quantitative data consisted of participants' ratings on the SDQ (Appendix 1) whilst the qualitative data involved responses of some of the same participants during the focus group discussions. The results pertaining to both stages of the study are presented below.

### **Section A: Stage One - Follow-up survey**

#### **(1) Sociodemographic profile of participants**

The majority of participants were female (88%, 28/32) and had a total of 28 children between them (12 girls and 16 boys) ranging in age from 3 to 11 years. Sixty per cent of the sample (19/32) were single parents whilst 70 per cent were employed on a full-time basis. Three quarters of the sample resided in the Clondalkin area at the time of the study with the remainder of the participants coming from 'Other Areas' (information as to the exact locations was not available to the research team). The Health Board referred just over half of the participants (55%) to the IY parent-training program whilst a further 35% sought out the program of their own volition after hearing about it through their family doctor or through the Clondalkin Partnership newsletter. The remaining 10% were referred by the Clondalkin Partnership. The parents participated in the course at different points with the first group running in May 2004; the last group to complete their training did so in May-June 2005.

#### **(2) Descriptive analyses**

Following data entry and preparation, total scores were calculated for each of the five sub-scales on the SDQ plus the 'Total Difficulties' (TD) score (i.e. the total of four of the five sub-scales). Table 2 and 2.1 opposite provides a summary of scores obtained for each subscale of the SDQ at the three time-points. These figures are juxtaposed (for purposes of comparison) with the normative scores from a British representative sample obtained in a large national survey of child and adolescent mental health (Meltzer, Gatward, Goodman & Ford, 2000).

A preliminary glance at the descriptive statistics shows a steady and continuous downward trend from baseline to Time 2 on almost all of the subscales. However, the means obtained for the Hyperactivity scale show a slight increase at the Time 1 assessment before returning to around the baseline figure at Time 2. From the perspective of 'caseness', the perceived behaviour of the children in this sample changed from 'Abnormal' to 'Normal' on the Emotional symptoms subscale and from 'Abnormal' to just fractionally under the 'Borderline' criteria on the Conduct problems, Hyperactivity, and Peer Problems subscales as well as the TD score. Prosocial behaviour scores - which fell just within the 'Normal' range at baseline - had steadily increased upon completion of the program.

#### **(3) Statistical analyses**

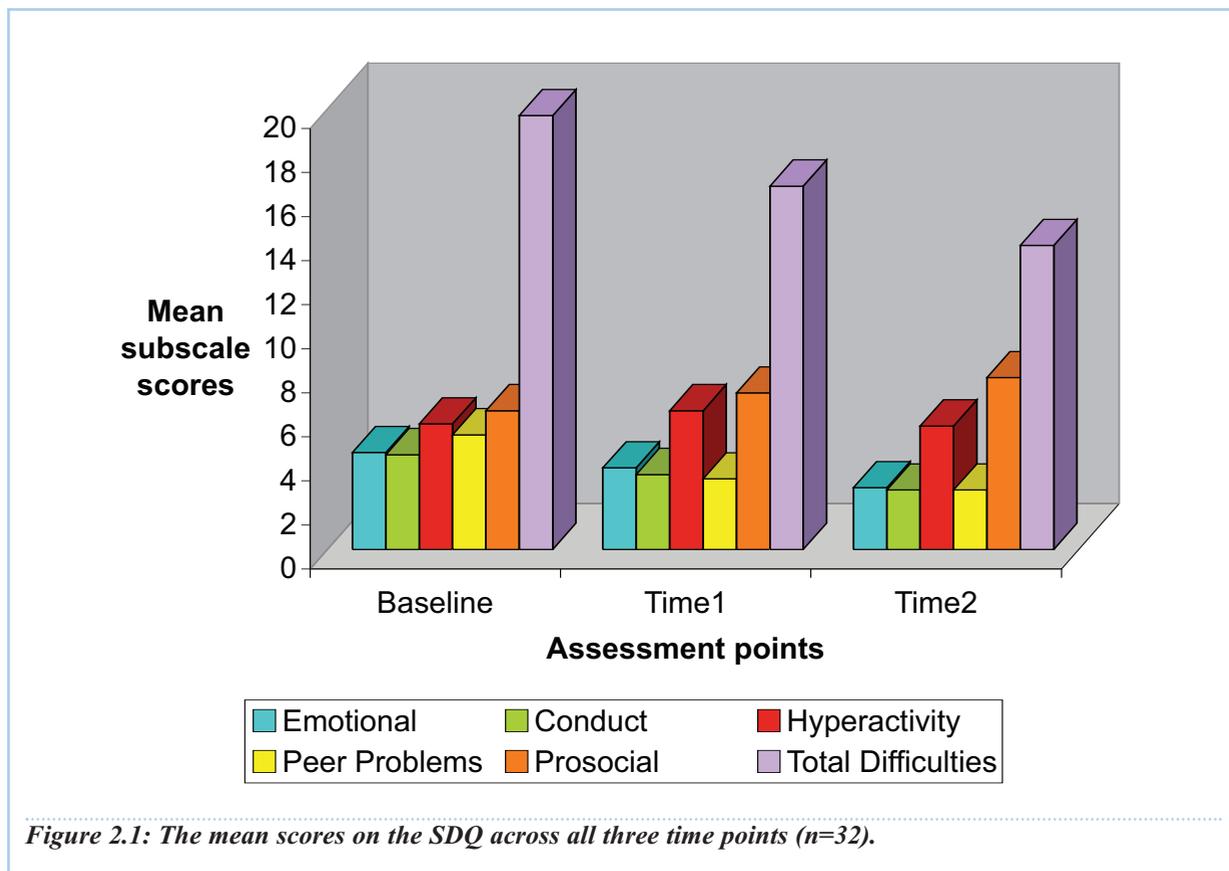
Having assessed each of the SDQ sub-scales for normality, a series of parametric and non-parametric tests were undertaken to explore any statistically significant differences between the scores obtained at the two most important time points; that is, before and upon completion of the study (baseline and Time 2). The results of these analyses are presented in Table 3 and 3.1 overleaf.

**Results**

SUBSCALES OF SDQ	BASELINE		TIME 1		TIME 2		UK NORMATIVE SAMPLE (N = 10,298)	
	MEAN	SD.	MEAN	SD.	MEAN	SD.	MEAN	SD.
Emotional	4.4	2.5	3.7	2.1	2.8	1.9	1.9	2.0
Conduct	4.3	1.8	3.4	2.5	2.7	2.1	1.6	1.7
Hyperactivity	5.7	1.5	6.3	2.3	5.6	2.3	3.5	2.6
Peer Problems	5.2	2.1	3.2	2.1	2.7	2.1	1.5	1.7
Prosocial	6.3	2.7	7.1	2.2	7.8	2.1	8.6	1.6
Total Difficulties	19.7	5.1	16.5	6.7	13.8	6.5	8.4	5.8

**Table 2: Summary of scores on the SDQ (across all three time points) (n=32) compared with the UK normative data**

All but one of the results presented in Table 3 overleaf indicate highly statistically significant decreases, or in the case of the prosocial behaviour subscale, a highly statistically significant increase, between the parents’ pre and post-training ratings of their children’s behaviour on each



**Figure 2.1: The mean scores on the SDQ across all three time points (n=32).**

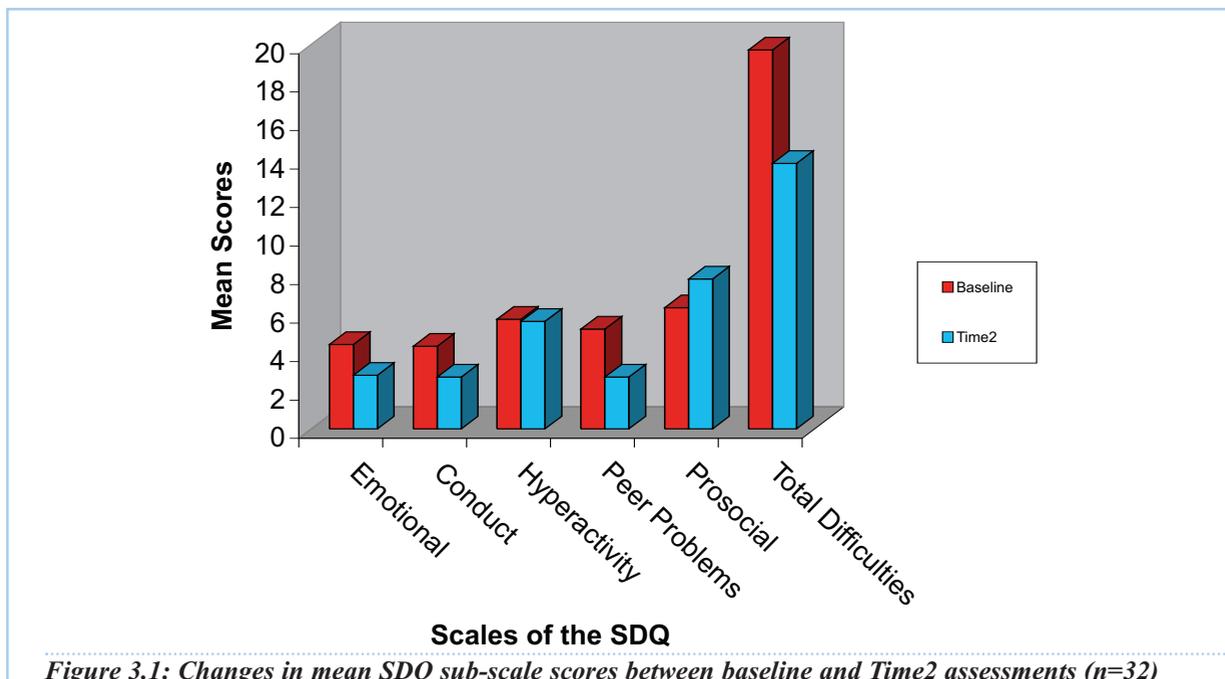
## Results

Subscales of SDQ (& TD score)	Baseline mean score	Time 2 mean score	p value
Emotional	4.4	2.8	.000***
Conduct	4.3	2.7	.001***
Hyperactivity	5.7	5.6	.764 (ns)
Peer problems	5.2	2.7	.000***
Prosocial	6.3	7.8	.001***
Total Difficulties	19.7	13.8	.000***

\*\*\*  $p < .001$

*Table 3: Summary of scores on the SDQ (across all three time points) (n=32) compared with the UK normative data*

of the subscales. Only the hyperactivity scale showed no significant change across time. Thus, the behaviour of the children - with the notable exception of the Hyperactivity sub-scale - had improved following completion of the IY training program with decreases in emotional symptoms, conduct and peer problems and an increase in prosocial behaviour as well as an overall decrease in Total Difficulties.



*Figure 3.1: Changes in mean SDQ sub-scale scores between baseline and Time2 assessments (n=32)*

### Section B: Stage Two - focus groups

Seven mothers and two fathers (including two couples) took part in the focus group discussions. They had a total of 18 children between them, ranging in age from two to thirteen years, half of whom were male. Several themes and sub-themes emerged from the analysis, each of which is described below. (Please note that any names mentioned within the quotations are fictitious.)

#### 1. Pre-program experience of EBD

It was clear, from the outset, that the kinds of problems facing families who have a child with EBD are multi-faceted yet invariably common to all, in some shape or form. The experience of managing a child with EBD places these families under considerable strain whilst these problem behaviours also have consequences for many of the children, outside the family home. The first key theme identified from within the data related to the experience of the participants prior to their participation in the IY parent-training program. The following two sub-themes were identified.

##### (a) Managing EBD within the family

Most of the parents who participated in the focus group discussions expressed strong feelings of exasperation and confusion with their child's behaviours to the extent that they had actively sought help. Some mothers reported feeling very low and depressed at certain points and recounted how trying to deal with their child had eroded both their self-esteem and confidence as a parent. Several of the mothers, in particular, described instances of intense distress when attempting to manage their child's behaviour, which they described as pushing them 'to the end of their rope':

*"I was coming to the end of my tether with him at that stage. He was only 4 like... he didn't know what was wrong with him...we didn't know what was wrong with him..."*

Tantrums, constant arguments, aggressive and violent outbursts, and frequent shouting and screaming were just some of the behaviours that appear to have been a feature of most of these homes prior to the parents' participation in the program. At least three families also mentioned problems with repetitive and rigid behaviours such as those associated with Autism Spectrum Disorder. These problem behaviours not only affected the parent-child relationship, but were also a source of considerable stress within the wider family circle:

*"It got to the stage where I wasn't speaking to him when he came home... me mam wouldn't speak to him or Jim (father) wouldn't speak to him and it was a vicious circle - no one speaking to him"*

According to one mother, her son's constant (and often violent) problem behaviour was creating difficulties for her other children to such an extent that she had to seek help for 10-year-old daughter who was suffering from depression. Another mother described what it was like before the IY program and how the demands of trying to manage her 8-year-old's problem behaviour seriously affected her relationship with her older daughter:

*"Tantrums.....tantrums and also bullying her sister...then slapping me screaming at me... you see Louise would just constantly demand my attention you know and she doesn't want Rebecca (her older sister) to have any like...I mean the only time I could get (time) with Rebecca was when Louise went to bed..."*

For many parents, family holidays were often the opposite of a ‘relaxing break away from it all’. For example, one mother talked about staying in all night while on holidays with her daughter (while the rest of the family had gone out) because the daughter had ‘gone ballistic’, having had her privileges removed as a punishment. Another mother admitted that she had told others that her son was sick when he was invited to a birthday party simply because she felt that she would be unable to watch him misbehaving and felt helpless to control it. A third participant (also a mother) stated that she avoided simple everyday tasks such as going shopping, or eating out because they had become a source of considerable embarrassment to her and frequently led to panic attacks.

### **(b) Managing EBD outside the family**

An important part of the sub-theme of managing EBD outside the family related to the stigma of having a child labelled as ‘trouble’, or as a ‘child with problems’ and the potentially negative consequences that may subsequently arise for the child in their peer relationships and in their school experience. The participants felt strongly about this ‘labelling effect’ and alluded to it frequently throughout the discussions. For example, two mothers expressed the view that having their child identified as ‘trouble’ made them ‘*more of a target than an average child would be*’. At least three parents mentioned occasions when their child had been bullied by other children because they had been identified as being, in some way, different from their peers. Worryingly, they also spoke about how these children had talked about killing themselves (in some cases as a direct result of this):

*“At the time, my middle lad had gone through an awfully bad time in school... he’d been bullied very badly and he’d talked about killing himself a couple times and we were at the end of our rope...”*

These ‘trouble’ children, according to their parents, tended generally to experience daily school life at a much more punitive level than their peers (e.g. being made to stand in the yard in front of everyone; being kept inside while all the other children go out to play) due to the fact that they were in trouble more frequently and therefore more easily identifiable by both fellow students and teachers alike. For example, one participant reported:

*“He (her son) got a bad name for being a trouble maker...because he was seen in the chair all the time (a chair in the yard that children who behave badly are told sit in) ...any trouble that was going on, just because his name was mentioned, he’s there...”*

Another mother echoed this sentiment when talking about her 8-year-old daughter:

*“She’s already been labelled anyway, I mean all the kids know Clare is always the one who’s in trouble. One of the kids actually said to me one day ‘It’s great when Clare’s in trouble cos the teacher leaves the rest of us alone. She only shouts at her’.”*

Overall, parents virtually without exception, told of numerous difficulties with their children’s schools, both from the perspective of the child’s problem behaviour while attending classes and from their dissatisfaction with how the teachers were dealing with the behaviour. For example, one mother told of how her child seemed to be in trouble at school on a daily basis and yet was relatively well behaved when at home with her. Things had deteriorated with the child’s behaviour to such a degree that the parents had been advised to find another school as ‘*things just aren’t working out*’. Other incidents involved the school requesting that the mother remove

the child from the class for the day as they had an inspector coming whilst on another occasion, the child was excluded from a class tour:

*“Then we went down to pay for [the child’s] school tour and they told us unless myself or Mark would go with [the child] that he didn’t want to take [the child] cos he didn’t think that they could handle [the child] if [the child] started acting up...”*

In response to incidents like these, several of the parents had approached their child’s school with the hope of implementing some of the IY techniques in their child’s classroom (eg. putting a sticker chart in the child’s class for the teacher to complete). Parents felt this would provide consistency for the child on the one hand and offer an alternative for teachers from their usual ways of dealing with their child’s misbehaviour. These requests were not always well received as illustrated by the following:

*“We had asked for them to do things with the IY...sticker charts and things like that and you nearly had to draw blood to get them to do anything. They just didn’t want to get involved in it.”*

Many of the parents expressed their intense annoyance and frustration with the strategies being used by many of the schools to manage their child’s misbehaviour and felt that these strategies were, not only not teaching the child anything but just ‘ostracizing’ and ‘humiliating’ them. As one mother commented:

*“Up in our school, the new thing this year was if they misbehaved, there’s a little shed in their yard (and) there’s two little chairs and whoever is bold goes to the chairs so they’re on view to the school. This crap (of) sitting him in a chair! What does that do? What’s that teaching them? Nothing!”*

Another mother remarked:

*“They got to the stage now where they’re getting quite punitive with her...they say she’s showing off and she was in their face... you know like she’s eight.”*

## **2. Overall views and experiences of the Incredible Years program**

A key aim of the focus group discussions was to elicit detailed feedback from parents about their experiences of the IY program and its perceived effectiveness. Here, a further two sub-themes were explored including participants’ views in relation to the specifics of the IY program (i.e. the techniques employed) as well as their more general views on the overall effectiveness of the program.

As previously indicated, the IY BASIC Parent Training Program teaches parents innovative and effective ways of interacting with their child in order to remove or alleviate some of the problematic behaviours associated with EBD. Some of the fundamental concepts underpinning the idea of positive reinforcement are embodied in the practical techniques taught at the IY program. According to the participants, these include praising the child when they behave in the desired way and setting up visible reinforcement tools for the child in the home and, in some cases, in the schools (e.g. in the form of sticker charts where children can earn stickers for periods of good behaviour which would, in turn, earn them a tangible reward of their choosing such as a walk in the park with Dad. Parents are also encouraged to allocate specific daily

playtime with their child with the aim of building a closer and warmer parent-child relationship whilst simultaneously developing their (and the child's) feelings of self-worth and competence. Other techniques, such as ignoring, loss of privileges and 'time-out', provided participants with the skills to deal with more immediate inappropriate behaviour such as fighting, defiance, hitting or destructive behaviours. In addition, parents were taught (and encouraged to practise) various concepts that would foster their child's independence in a number of domains as well providing the child with a calm and safe environment to do likewise. These encompassed techniques such as: consistent and clear limit-setting for inappropriate behaviours; teaching the child about the natural and logical consequences of their own unassisted actions or reactions; and practising and supporting the child in learning how to problem solve by themselves.

### **(a) Experience and views of the Incredible Years techniques**

Parents' views of the techniques incorporated within the IY program were reassuringly consistent across both groups. Whilst all of the techniques were mentioned by the parents in one way or another, some were clearly favoured more than others and for a variety of reasons. Without exception, parents were impressed, and appeared genuinely surprised, by the positive effects that praising and playing with their children had on their self-esteem. Many of the parents had built into their routines special 'playtime' with their child and, although some found it difficult to adhere to this time due to other commitments, all agreed that the results when they persevered were both 'amazing' and 'unbelievable'. For example, one mother reported: *"I found this course very different in that the play therapy you do in the beginning is amazing because it builds up a relationship with the child and I mean it was amazing the sort of esteem building that gave..."*

Another mother had noticed how both her daughters had cultivated a much more loving and respectful relationship as a direct result of involving both of them in the daily playtime. Encouragingly, both of the fathers in the group also mentioned how much they enjoyed sharing playtime with their children and one commented on the positive impact of spending only five minutes a day with his five-year-old son: *"When you come in you'd be tired, but they'd be wanting to play with ya, but if you give them that 5 minutes that's good enough for them and that seems - like - to have brought him (their son with EBD) on an awful lot"*

In addition to the tangible rewards technique (eg. sticker charts) which parents used with varying success, the 'time-out' technique was another clear favourite with some of the parents, albeit again with variable levels of success. Two mothers talked about how they had abandoned time-out as a technique because it was just too difficult for them to enforce with their particular child. However, several of the parents and especially those with younger children, found the technique to be extremely effective in managing problem behaviours. One father also mentioned how this technique acted as a 'time-out' for him too, giving him the space to calm down and avoid doing something that he would otherwise regret or about which he would feel guilty. In some cases, where time-out was not an option for parents, the taking away of privileges (e.g. TV) from the child proved to be an equally effective alternative as shown by the following: *"The time outs I found very hard I suppose, so I just stopped doing them. Taking stuff off him like works better with him. He knows if (he misbehaves that) something gets taken off him for a week or a few days or whatever..."*

*"I can't get Amy still to this day to time out so Amy always ends up grounded. I've took privileges off her...I (even) took all her stickers that she earned cos she was so bad."*

Many parents spoke about a dramatic escalation in their child's problem behaviours when each of the IY techniques was first implemented. Limit-setting and 'natural and logical consequences', for some of the children, seemed to be their first real taste of the 'tougher' side of the IY program and one that was greeted, in many cases, with outrage and disbelief. For example, one mother talked about the first time she told her 7-year-old son that he was going to bed before her and that he was not going to be allowed to watch a video (which he had been insisting he was going to watch):

*"I remember my young fella - it got to the stage like 'No, I'm watching the video first you're not...the first time I told him (that he wasn't), he nearly took a heart attack..."*

Another mother described how teaching her son about natural and logical consequences led him to inquire if he would lose something of value if he continued with an inappropriate behaviour. While this initial 'teething period' for parents was often worse than what they had been previously experiencing in terms of their child's problem behaviour, all agreed that this was just their child's way of testing them and their new rules and that they (the children) soon realised that they 'meant business'. While different techniques worked for different families and children, several parents agreed that ignoring their child's inappropriate behaviour was one of the most challenging goals to implement. They mentioned specifically their difficulties in avoiding eye contact with their children especially when alone with them (eg. when there was nobody else present with whom to 'carry on a conversation') and when other friends or family members who were not familiar with the program were present:

*"I think you have to tell other people as well when you're doing the program. Somebody else would obviously react different to the way you were reacting to it and you have to tell them, 'just leave him alone or ignore him'."*

One set of parents humorously recounted how some of their children sometimes used the ignoring technique back at them in response to it being used on them:

*"My 6 year old wanted to get up at 7 o'clock and I was like 'ah no you've no school' and then I just ignored him, but he went into his room and I went into him (later on) and I asked him something and I said what's wrong with you and...(he says) I'm ignoring you!"*

Overall, parents were very positive about the techniques which they were taught in the IY program despite the view amongst some that their accurate and consistent implementation was at times 'very, very, hard'. They also emphasised at regular points throughout the discussion that the techniques were flexible and could be easily adapted to fit in with their family's lifestyle and the individual child's age. Many admitted to simply using 'bits of everything' to manage their child's difficult behaviour and had come up with interesting and innovative ways of incorporating these techniques into their lifestyle. For example, one mother used money instead of stickers as a tangible reward for her slightly older (13 years) son with Asperger syndrome. Another mother summed up well the prevailing view with the following comment:

*"I can't fault the program because there's something in it for everyone and it was straightforward and it was easy."*

### **Further comments relating specifically to the IY techniques.**

*“I think one of the things about IY is it’s not a very rigid program like the concepts behind it are rigid, but you learn ways of adapting that program (meaning the techniques) to yourself even when it comes to like small changes.”* (Mother of two girls and one boy)

*“The only one that I can put my hand on my heart was consequences. Like I’d say to the kids ‘Will you just be quiet, go on be a good boy for a minute? Instead of saying to him ‘Give it over messing or that’s it!’. I was more or less asking him (rather) than demanding him (to behave).”* (Mother of two boys and one girl)

*“I think the house rules in my house were brilliant. Even the kids made some themselves and we made house rules for them and us - not just them so they’re not feeling they’re targeted - consequences for us as well as them and stuff like that...respecting each other and stuff, I found that worked better.”* (Mother of one boy and three girls)

*“When we started time out we were using it for Peter mainly, but then Miriam was the older one (and) she wouldn’t be doing anything wrong but she wanted to go into time out because he’s getting to go in...she wanted to sit on the stairs...”* (Father of a boy and a girl)

*“I think I like the playing. Giving special time and praise worked brill with our youngest. I think that was huge with him and he still looks for it (i.e. the praise). He still expects, you know, to play football or whatever (to be praised).”* (Father of three boys)

### **(b) Other personal benefits of the Incredible Years program**

Whilst a central part of the discussion revolved around the specific techniques of the IY program and how these had been effective (to a greater or lesser degree), parents also recounted a number of other unexpected benefits which they had derived from their participation in the program. As previously mentioned, dealing with a child that has EBD is often an extremely exasperating and isolating experience for many parents. Some of the mothers spoke of meeting people in the street and pretending that everything was ‘ok’ rather than ‘letting them know how bad things really were’. Interestingly, a number of parents commented on the camaraderie that had developed between them and how the groups had really ‘gelled’ through finding common ground (i.e. whereby they could discuss and share what was for them ‘normal’ experiences such as cracked windows in their house). Parents repeatedly mentioned the invaluable social support and understanding they felt they had received from attending the weekly parent-training classes, both from the other parents and from the program facilitators.

The facilitators were considered to be extremely approachable and helpful and an important source of ‘positive reinforcement’ for the parents. The opportunity not to have to pretend in front of other parents who were going through similar experiences coupled with the non-judgemental atmosphere created by the facilitators, was a source of great comfort for many of them. The excellent rapport between the parents and the facilitators and the ongoing support provided by them was reflected in comments throughout the focus group discussions, a selection

of which are provided below.

*“...well I think he [Sean] is very approachable for anything in fairness [murmur of agreement] and Louise as well...”*

*“But there was never any criticism at any stage when we did the program either I don't think. I mean there would have been the odd time when they would have said ‘well maybe you could have handled it a bit better’.”*

*“I was really looking forward to the second part but.....the duration was such a long time...I went away and I used the sticker charts on holidays and that.....and it was fine you know [sounds downhearted], 1 or 2 tantrums but.....last year was excellent because I had everybody that was doing the program you know.....I was constantly in contact with Sean...”*

Parents also talked about how they used the weekly meetings as a means to share their experiences, to seek advice on certain techniques and as an open forum for normalizing their own, sometimes, ‘abnormal’ experiences.

### **3. Perceived post-program change (including coping ability)**

A third major theme - relating to the last of the study objectives – was concerned with the extent to which the IY program had led to tangible changes in the ability of parents to cope with their child's problem behaviour. Mindful of some of the difficulties that parents were having before the program, there was an overriding consensus that the IY program had improved the parents' ability to cope and to manage more effectively their children's conduct problems. Many parents also discussed the positive changes which they had noticed in their child's behaviour as a result of the program. Both are described below.

#### **(a) Perceived changes in the children**

Parents' expectations of themselves and their child appeared to shift markedly during the course of the IY program and parents commented repeatedly on the transition in their parent-child interactions. While some parents anticipated, prior to the program, that they too would have to change in some way, others believed that the IY program would change their child and thus successfully address the problem. Arguably, both perspectives, to some degree, suggest that parents had underestimated, firstly, the contribution of some of their own behaviour to the child's problems and, secondly, how difficult it would be to change some of their own behaviours in addition to those of their child.

### Selection of comments from parents relating to other benefits of the Incredible Years program

*“The first night we went there, I wasn't opening me mouth for no one and then someone just started with saying that her young one threw a tantrum and cracked a window and I was like ‘that's normal in my house’.”* (Mother of one girl and two boys)

*“I think it (the program) basically makes you realise you're so isolated when you have a child like that (with EBD) and I would ring Mary (another mother on the program with her) or if I bumped into her I'd say ‘Oh how are things?’ And she would reply ‘It's hard...one of them days!’ But before that you wouldn't say that to somebody.”* (Mother of two boys and one girl)

*“Coming to the IY like you're sorta given information and stuff and you listen to other mothers and stuff like that and you sort of took it all in and you're learning a different way of dealing with situations and I'm not as stressed out as I used to be. It's great!”* (Mother of three girls and one boy)

*“I have an awful lot more confidence and ability with how to deal with situations and its not because it's anything I particularly learned that was new, but I think it's putting it into practice. It's having the support of someone there to say ‘Yeah you're doing the right thing’. There was always someone at the end of the phone that you could ring up and say what the hell do I do now, you know. You've just got a lifeline there.”* (Mother of one boy and two girls)

*“But then it was Wednesday and you'd go back in (to the parent-training class) and everyone is saying ‘No I had a bad week this week’ or ‘I had a great week this week’. And then she'd come in the next week (the person who said they had the good week) and say ‘Oh no I had a dreadful week’ and you'd be like well you had a good week last week. I think everyone kinda got on well together - the lot of us, like, in the team.”* (Mother of one boy)

One of the facilitation techniques used as part of the IY program involves parents role-playing in ‘normal’ everyday situations and exploring a variety of ways in which to react. For one mother, this was the first time that she had been able to experience a situation from the perspective of her 7-year-old son, an experience she found invaluable:

*“I found half way through the program...I think you have to kinda take a step back and put yourself in them kids shoes...they're human beings. It's hard enough being a kid without someone constantly in your face nagging at ya.”*

Another mother reported that because so much of her time before the program was taken up with dealing with and managing her child's conduct problems, not only had she ‘forgotten that she had other children too’ but she had become almost ‘over-sensitised’ to practically anything her son (with EBD) did. For example:

*“I remember the first time on the program, I swear to God every time the child breathed, he*

*wasn't doing it correctly...*"

However, during the course of the program, she gained an appreciation of what it was like to be her 7-year old boy and came to the realization that, at times, *'children just need to be allowed to be children'*. Other parents also commented on how their attitudes toward their child changed as the program progressed whilst several also mentioned that they were closer as a family. For example, one father volunteered:

*"We are seeing more sides of him (their son)...he can be very funny whereas before the course, the only time we were giving him our attention... it was 'Stop stop...we'll be with ya in a minute'."*

For the first time in a long time, the program also gave many parents the opportunity to focus on their child's good behaviours rather than always on the bad and problematic ones. This 'behavioural re-focusing' fostered a qualitatively different relationship with the child, which, in turn, provided an impetus for many of the parents to *'make more of an effort'*. As one mother puts it:

*"We were all making so much more of an effort to actually be kind of a lot friendlier to him you know - to actually play with each other"*

This renewed appreciation of the child, in a way, made several parents remark that they now enjoyed their children more and that, overall, their home life was considerably quieter and calmer with a lot less shouting on a daily basis. In addition, parents mentioned several changes in other areas of their children's lives such as improved behaviour and increased confidence in school and better social skills in the form of interacting and sharing with other children in their immediate environment.

### **(b) Perceived changes in the parents**

In general, parents reported feeling calmer, less stressed, and more confident in dealing with potentially difficult situations as a result of the IY parent-training program. The techniques appear to have provided parents with a repertoire of behavioural options that previously had been inaccessible to them for one reason or another. This alone, seems to have had a calming and confidence-boosting effect on their perceived ability to cope with their child's conduct problems. Many of these families had been 'locked' in an often-relentless conflict, which was, in some cases, reinforced by routine behaviours and habitual reactions to situations by both the parent and the child. This is captured well by the following statement:

*"...Even if you're not doing the program, you know that sometimes you go to say something to them and you were giving them ammunition to really blow up...so you say it a different way so they've no way of coming back at ya and you remember that sort of thing."*

Parents' perceptions of how they had coped before the program and how they were currently coping were dramatically different. They reported that they were now significantly less stressed, considerably more calm when interacting with their child and in managing problems overall, and much more confident in their ability to handle any situation that should arise, whether in the home with visitors, or outdoors at a social occasion (e.g. a birthday party). For example, one mother who was having difficulty with her child's school stated:

*"I never said a thing until I think it was like February after the first couple of weeks into the*

*course when I actually said there has to be some give and take here somewhere and then I said 'Look I don't agree with all this' so...I felt able (to say something)."*

Another mother in a similar situation found the confidence to speak to the Principal of her son's school and to express some of her feelings on the problems that he had been having there.

One final, and perhaps the most significant and obvious, change noticed by parents as a result of the program, was their increased confidence in their ability to parent. Most of them now felt that they were parenting their child the way they wanted to, rather than in a way the child preferred. Some of the parents also indicated that they spoke more to their partners about problems with the children and also presented a more united front where they 'stood up' for what they believed was the correct way their child should and should not behave. As one of the fathers commented:

*"We're both parenting the same way whereas before we were very...I'd be more laid back and I'd know the way I'd want them to do it, but I probably wouldn't follow it through... but now we'd be more about the rules".*

Most of the participants reported that, prior to the program, routine events (e.g. calling the child in from outside to get ready for bed) were frequently fraught with crying, conflict and defiance. However, clear ground rules (e.g. in relation to bedtime routine) had since been established by both parents as a direct result of the program and had led to more confident parenting and a happier household. One parent remarked that she had been feeling like she could not cope anymore before the program and that she dreaded the daily scenes with her five-year-old son. By contrast, she now feels much more in control and confident as a mother. For example:

*"I shout to em '5 minutes!' and then (after) 5 minutes, I don't care who's out on that road, I want for my kids to do what I want...it doesn't phase me, whereas I would have often have given in and said 'Go on ye's (you) can go out for another hour'"*

However, these perceived changes in parenting style, while welcomed by all, were not without their difficulties. A recurring issue and challenge for the parents, as illustrated throughout the discussions, was that of consistency; this was viewed as the key to success in managing their child's problem behaviour, but also the *most difficult* to sustain. While most had been aware that this was important prior to the program, all felt that the program had served to emphasise this further. The mutual support received via the weekly classes was a significant resource for the parents in this regard and one, which they reportedly missed upon completion of the program

#### **4. Teething difficulties and suggestions for improvement**

At the end of the focus group discussions, participants were asked if they had any misgivings about the IY program, or its implementation and, subsequently, to offer any suggestions for improvement. Any material pertaining to this issue was assembled and coded as the final theme in the analysis.

Some of the parents who took part in the focus group discussions had completed the Incredible Years BASIC Parent Training program up to 10 months earlier and reported that they were still waiting to begin the second ADVANCE Parenting component of the training series. Other parents, while only having recently completed their BASIC Parent Training, were equally anxious to get started on the next stage. Although the parents felt strongly that program itself

delivered, they also felt, by and large, that the duration between the proposed programs was excessively long. Many regretfully suggested that they felt this gap had almost undone any progress they had hitherto made. Further information on this is provided within the first sub-theme below. Another recurring issue - and the second sub-theme covered here - relates to the parents' need for consistency and an attendant and overwhelming desire for the IY training to be made available in their local schools in order that their children could be provided with consistent behavioural management across different environments.

### **(a) Duration between programs**

Most of the parents appeared to be under the impression that each component of the IY training series would be implemented in a consecutive manner. In other words, they would undertake the BASIC Parent Training first, followed relatively quickly by the ADVANCE Parenting component stage whilst their child and their child's school completed the 'Dina Club' and the 'IY teacher classroom management' respectively. Those parents who had completed the IY training some 10 months earlier felt strongly that they had been left 'high and dry' with insufficient follow-up. Many of them found themselves in situations which they felt ill equipped to manage because they felt that they did not have the full range of techniques necessary to manage every situation that arose. For example, one mother said:

*"I think initially I found out through part one (of the program) that I had problems too that I needed to address. I was just at my wits end and then I became stressed and that was just a vicious circle. I was expecting to kinda address issues you know (like) not letting my 7-year-old press me buttons, not letting her bug me into doing what she wants me to do..."*

Others found that the techniques, which they had been told were part of the ADVANCE Parent-Training, were increasingly required as time went on and, in fact, had led several of them to revert to some of their old habits. This is illustrated well by the following comments:

Mother 1: *"I've done the program and I kinda got to the stage (where) I was then dealing with problems that I couldn't deal with because I wasn't that ahead yet - it was in the second part (ADVANCE Parenting component), so I was going back because I didn't know how to do that"*

Mother 2: *"You know, I do feel that because there was such a long gap between steps, I found that the first program that I did, I done very well in, but because there was such a long duration between that and step two (the ADVANCE Parenting component), things happen and you seem to fall back into old routines."*

When asked to elaborate, both mothers agreed that they could find no fault with the program itself and that perhaps what had made this partial 'relapse' more difficult for them was the greater insights afforded by the program; that is, they had been given a tantalising glimpse of how much better things could be with their child. However, it is important in light of the above comments to point out that the Clondalkin Partnership staff were aware of the need to run the programmes as consecutively as possible, but they did not have the financial or staffing resources to do so.

### **(b) Consistency within and across the child's environments**

As mentioned earlier, consistency was the recurring message that parents took from the program; that is, consistency in their approach, in their implementation of the techniques in their child's life and across all of the child's environments. Some parents had very positive experiences with, and invaluable support from, their school in the form of Home-School Community liaison Officers (HSCLO) and implementation of, for example, sticker charts in-class. However, the majority felt that their progress was, if not impeded, certainly not aided by the lack of involvement of their local school in IY training. While the parent-training they received had undoubtedly increased their confidence in their dealings with the school, they reported that the absence of the complimentary IY teacher training program meant that their child was experiencing different punishment techniques for their misbehaviour in the home and in the school. In fact, in many cases, some of the methods used by the schools to address the child's conduct problems were in direct opposition to the core concepts of the IY program and, in the parent's opinion, only served to reinforce the problem behaviour. For example, inappropriate behaviour by a child within the home would be addressed initially (according to the principles of the IY program) by the parent ignoring it and then providing sufficient praise when the child behaves in a more appropriate manner. However, some of the parents recounted stories whereby teachers were standing children of all ages in the yard in front of the whole school for misbehaviour, or keeping them inside during 'break-time' while the rest of the children went out to play. Attempts by a number of the parents to communicate to the teaching staff some of the concepts behind the IY techniques, which they were implementing in the home, fell on deaf ears, at best, and at worst, were dismissed outright. For example, one parent commented: *"I mean one of the things that I got thrown at me was 'Well you're not a psychologist, you're only a parent'"*.

Parents were unanimous in their view that the implementation of the program techniques and the subsequent improvement in their child's behaviour would have been greatly facilitated if the schools had been simultaneously involved in the complimentary IY training. As one father put it:

*"I still would have liked to have seen it introduced in schools...have more consistency cos at least the kid's getting told one thing in one class and it would be the same way at home instead of getting the course telling ya to be more consistent, to be clear and yet they're getting different messages in school"*.

### **(c) Some additional suggestions for improvement**

As previously mentioned, parents felt strongly that all three components of the IY training series should be implemented simultaneously. In addition, some of them reported that they had difficulties trying to organise a weekly babysitter in order that they could attend the course. Thus, they suggested that the parent-training be scheduled to take place at the same time that the children attend their Dina Club and preferably within the same venue. One mother also suggested that modifications should be made to some components of the program for those children who were that little older or advanced for their age. For example, she felt that her teenage son who has Asperger syndrome would benefit considerably from some kind of 'teenage version' of the program. Most parents agreed that the program needed to be age-adjusted for children whilst one mother, in particular, suggested that a complimentary program for siblings (e.g. teaching them how to deal with the behavioural problems of their brother/sister) would also be extremely

beneficial. A number of parents also mentioned that they would have liked the facilitators to meet the children concerned. Whilst they appreciated that the program focused on the role of parents and were conscious of time and staffing constraints, some of the parents, nonetheless, would have liked the facilitators to be able to *'put faces to the names'*. All agreed also that the younger the child when introduced to these techniques, the better the outcome for both the child and the parents.

### **Selection of comments from parents relating to suggestions for improvements**

*"What about running them consecutively, running the three parts together...like the school the parents and the kids...?"* (Mother of two girls and one boy)

*"I think as well that babysitting services (are needed) because in some cases money...it's very little as it is, without having to pay babysitters..."* (Mother of two boys and one girl)

*"They really need to have them (the programs like the Dina Club) for (children) that bit older."* (Mother of six-year-old boy)

*"I'd actually have one (a program) for the siblings...cos my kids are finding it very hard to cope with Sam as it is."* (Mother of one boy and three girls)

*"I suppose, I would have liked the likes of program facilitators to actually see James in action cos they've never seen or met him. That would probably be one thing I would have liked different."* (Mother of a boy and a girl)

*"I think anybody who has kids, - actually everybody - should do that (the program). Every child has something, especially if you could get a child from a very young age."* (Mother of two girls)

Despite the above comments, most of which were unrelated to the IY program *per se*, the prevailing view across both focus group discussions is perhaps best summed up by the following statement of a mother of three lively boys aged ten, eight and six. When she was asked whether or not she felt that every child (with or without behavioural problems) would benefit from an increase in their self-esteem and confidence similar to that provided by the IY training series, she replied:

*"I think you should go into the Coombe or the Rotunda or wherever you go to have your baby and you should be made sign a form that you'll do this course...honest to God...I definitely agree!"*

## DISCUSSION

Previous research has indicated that improving the emotional and social competence of a child, particularly from a young age, can reduce difficult, defiant and aggressive behaviour whilst also increasing the prosocial aspects of behaviour (ie. positive social behaviour) (Webster-Stratton, 2003). The IY Parents, Teachers and Child Training Series uses techniques designed to reinforce positive behaviours and to discourage aggressive/antisocial behaviours (e.g. loss of privileges/ time out). The BASIC Parent Training component of this series - directed at parents - teaches specific skills through video-tape modelling and collaborative learning, that foster a more positive parent-child relationship, as well as providing alternatives to ineffective techniques that parents may have previously used (Kazdin et al., 2003).

The principal aim of the study reported here was to explore - using a mix of quantitative and qualitative methods - the perceived effectiveness of an initial pilot implementation of the IY BASIC Parent Training Program in Clondalkin. A small group of parents residing within the catchment area of the Clondalkin Partnership took part in the study, all of whom had a child with EBD. A secondary aim of the study was to assess any perceived change in parents' abilities to cope with their child's conduct problems.

The pilot study was conducted in two stages involving a prospective follow-up survey and two focus group discussions with participating parents. Preliminary analysis of the SDQ data revealed a steady downward trend from baseline to Time2 on the mean scores across all of the 'difficulty' subscales and a steady increase on the prosocial behaviour subscale. More importantly, the statistical analysis showed statistically significant pre-post program decreases in emotional symptoms, conduct problems, peer problems and total difficulties with a concomitant increase in prosocial behaviour. Whilst mean levels of hyperactivity had also fallen over time, these failed to reach statistical significance. These findings were supported and amplified by the qualitative data from which the following four key themes were identified: (1) pre-program experience of EBD; (2) overall views and experiences of the IY program; (3) perceived post-program change (including coping ability); and (4) teething difficulties and suggestions for improvements. These findings are discussed in more detail below following a brief overview of the research.

### **The research context: a brief overview**

It is beyond the scope of this report to describe and critically review all of the growing literature in this area. However, the findings of this pilot study are broadly consistent with previous work conducted mainly in the US. For example, the significant improvements in behaviour reported by parents (i.e. in all but one of the SDQ domains) support the findings of several other, albeit larger, early evaluations of the BASIC component of the IY parent-training program (e.g. Webster-Stratton, 1984; Webster-Stratton, et al, 1989; Webster-Stratton et al, 1998). Our findings are also consistent with more recent work in Ireland in which the parents of 105 clinic-referred children with behaviour disorders completed the Webster-Stratton parent-training program (Connolly et al, 2001). Statistically significant improvements in behaviour were found in the children in the treatment groups when compared to the waiting list controls. A comparative British study found that children in the intervention group showed a large reduction in antisocial behaviour (Scott et al., 2001).

The SDQ results in the present study were mirrored in the findings of the thematic analysis in which parents reported significant changes both in their child's behaviour and in their own day-to-day interactions with them. Thus, a positive shift took place in the parent-child relationship as a direct result of the program. The reduction in conduct problems, in particular, provided many parents with an opportunity to view their child in a more favourable light, having effectively applied, for example, the IY techniques of ignoring the child's inappropriate behaviour whilst praising and rewarding positive behaviour. This finding is also consistent with the literature which suggests that these kinds of techniques are effective in significantly improving parental attitudes and parent-child interactions (eg. Hibbs & Jenson, 2005). Scott et al (2001) also found that parents who completed the BASIC parent-training (141 children in total) increased threefold the proportion of praise to ineffective commands that they gave their children.

Parents also came to the realisation, during the course of the IY program in the current study, that their desire to have a perfectly well-behaved child all of the time was both unrealistic, and ultimately, not what they wanted. The techniques that they learned had given them a means of managing difficult behaviours more effectively and more confidently, whilst simultaneously allowing the children the freedom to be themselves. Parents reported that they were now much less regimented and more relaxed in their dealings with the children, having disengaged from what had previously become an almost constant battle with them. The role-play, performed by most if not all of the parents, at one time or another as part of the program training, had provided them with an invaluable opportunity to empathise with their child and to view the negative interactions from their child's perspective.

The qualitative findings from Stage Two of the study also compare favourably with the limited findings from other research which has been based mainly on observational studies. For example, Webster-Stratton and Herbert (1993) investigated the therapeutic processes involved in the IY parent-training program by means of an analysis of video transcripts collected over 100 hours of group therapy discussion sessions. The scripts from parents revealed five recurring themes revolving around their coping ability which included: 'helping parents to come to terms with their child' and 'gaining empathy for their child'. The subjective feedback from the parents in the current study suggest that similar coping processes may have been in operation, although it was not possible to explore these in a similar level of detail.

The statistically significant improvements in prosocial behaviour reported in the current study were also reflected in the parent's practical experiences. For example, they reported improved and more loving relationships between their children and their siblings, increased sharing between their child and other, especially younger, children and more reported instances of the child volunteering an apology after an argument with either the parent or brother/sister. Several of the parents also alluded to considerable post-program improvements in their child's confidence in school and in their social skills, which had also been detected and commented upon by three of the children's teachers. These kinds of changes have also been seen in other (larger) studies in the area. For example, Webster-Stratton (1994) reported that children in a study in which the ADVANCE component of IY training series had been implemented, displayed an increased knowledge of prosocial solutions such as problem-solving skills and more effective

communication. Similar findings have been reported in recent work with families of 4- to 8-year-old children (n=159) with Oppositional Defiant Disorder (Webster-Stratton et al, 2004). Another study by the same author examined the effectiveness of this parenting program with 394 mothers and also included feedback from teachers. This study reported that the children whose mothers received training were ‘observed to exhibit significantly fewer conduct problems, less non-compliance, less negative affect, and more positive affect than control children’ (Webster-Stratton, 1998: 715).

### **Overall effectiveness of the Clondalkin IY parent-training program**

The Clondalkin Partnership began the implementation of the IY programme in 2004 in order to create a community based solution to a national problem. Whilst previous endeavours to tackle local issues like school absenteeism and language delay had been relatively successful, subsequent research found that approximately 20% of the targeted population were not deriving full benefit from the strategies that had been put in place and that further intervention was required. Thus, the goals of the IY BASIC Parent Training series were to reduce conduct problems in children by promoting their social, emotional and academic competence whilst simultaneously increasing parental competence and strengthening family ties (Webster-Stratton, 2000).

Some performance indicators relating to the overall effectiveness of the IY program are outlined below. These are based on the findings of six randomised control studies carried out by Webster-Stratton and colleagues as well as five independent replications by other research groupings.

### **Some key performance indicators of the effectiveness of the Incredible Years program**

- Increases in parent positive affect such as praise and reduced use of criticism and negative commands.
- Increases in parent use of effective limit-setting by replacing spanking and harsh disciplines with non-violent discipline techniques and increased monitoring of children.
- Reductions in parental depression and increases in parental self-confidence.
- Increases in positive family communication and problem-solving.
- Reduced conduct problems in children’s interactions with parents and increases in their positive affect and compliance to parental commands.

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#### *Performance indicators of the IY parent-training program*

*(Adapted from Webster-Stratton. C. (2000). OJJDP Review, The Incredible Years Training Series.)*

The parental responses across the themes and sub-themes identified from the qualitative data in the present study reflect, to a greater or lesser degree, the outcomes outlined above. For example, the praising and playtime that parents incorporated into their daily routines as a result of the program served to foster a warmer and more positive relationship with their child, whilst setting limits also helped parents to better manage problematic behaviour. Learning to empathise with their child’s position also provided parents with valuable insights into their child’s world and the confusing and mixed messages, which they often receive, from parents. As an example, one mother spoke about her use of ineffective commands and her increasing

frustration with her son when he would not comply. She learned, through the IY training, how confusing it was for her son to be asked to do several things simultaneously and subsequently adjusted the manner in which she spoke to him (e.g. issuing one command at a time such as ‘Go up and put on your pyjamas...ok now go and brush your teeth etc.’) thereby reducing his confusion, her frustration and improving overall compliance.

Parents also reported better, more loving and happier family relationships as a result of the program. Increases in parental self-confidence were mentioned at several junctures throughout the discussions whilst other personal benefits were also reported, such as feeling less stressed, feeling calmer and more in control of situations, and less depressed. Likewise, a recent UK-based controlled study of the impact of the IY parent and child training series revealed that parents reported an increase in their confidence, better relationships with their children and improvements in their children’s behaviour as a result of the program (Patterson et al, 2005). Interestingly, these authors concluded that the program is useful for parents’ of ‘normal’ children as well as for parents of children whose behaviour is in the clinical range.

Overall, the results of this pilot study indicate that the IY parent training program achieved what it had set out to do, both in reducing the child’s emotional and behavioural difficulties (albeit with the exception of hyperactivity) and in increasing parental coping ability. However, some of the parents experienced difficulties when the program was completed which they felt had been exacerbated by the fact that they did not receive the follow-up ADVANCE training component of the IY parent training series. The overwhelming view conveyed by parents in this sample was that they would have been better supported in their endeavours (and the program would have been even more successful) if all three components of the IY training series had been implemented simultaneously. For example, some parents felt strongly that the behavioural management techniques they learned would have been considerably more effective and consistent if their children had also been exposed to the same techniques in the schools. It should also be noted that while these concerns accurately reflect the experience of the parents engaged with this research, considerable effort has been made by schools within the Clondalkin area in particular to introduce and implement not only the Small Group Dina and Classroom Management components of the Incredible Years programme but also the collaborative ethos which underpins them. Indeed it would be fair to say that were it not for the considerable support and insight lent to the Clondalkin Partnership by these schools the levels of engagement currently achieved with both parents and children would simply not have been reached. Additionally, they expressed a desire to receive the ADVANCED Parenting follow-up training. However, their feelings of disappointment and, to some extent, disenchantment at the time of the study should be interpreted in the context of their otherwise overwhelmingly positive experiences of the IY program.

The reported difficulties of participating parents appear to be more a product of the timing of the IY program (and the lack of implementation of its different complimentary elements) than anything to do with the actual content, or effectiveness of the parent-training program itself. However, the preliminary (pilot) nature of the program – of which all participants were aware - should be kept in mind when interpreting the findings reported here. It must also be remembered that the IY program was designed for precisely this kind of multi-component/ multi-environment implementation – derived, as it was, from Patterson’s Oregon model which

posits: 'If you want to change the child, you must systematically alter the environment in which he or she lives' (Reid & Patterson, 2002: 20).

Another common difficulty expressed by participants and related, in part, to the above, involved their dealings with some of the local schools. A recurring desire expressed by parents was that teachers should, at the very least, be made aware of the IY program, if not trained using the complimentary teacher-training component of the series. This, they felt would have facilitated the much-needed consistency between the child's home and school environments. A recent study evaluating the pilot delivery of the teacher-training program in a primary class in Wales supports this view (Hutchings et al, 2004). The evidence from this study indicated that the improvements on the children's academic performance and overall behaviour had generalised, not only to other settings such as, the playground and the home, but also to the other children in the school. Again, while parents in the current study vented some frustration about the absence of this IY Advanced Parent training component, it must be re-emphasised that the entire IY parent, child and teacher training series is designed to address precisely these kinds of concerns. Furthermore, it is the researchers' understanding that the results of this pilot study may be used to inform a further and more complete implementation of the IY series within the Clondalkin area.

Clearly, the commitment necessary for both parents to attend and complete the IY training program is considerable, especially given the demands of rearing a young family in a disadvantaged area. One of the main difficulties presented by attendance at the program was babysitting, which meant that only one parent could attend at a time and, in the case of this study (and most probably others), that was invariably the mother. One mother felt that her attempts to implement effectively the IY techniques at home were often thwarted by her partner who was unable to attend the training session with her. This may be a source of concern in view of early research into the effectiveness of the IY parent-training which indicated, not only that fathers responded with positive attitudinal change towards their children, but also that the child's behavioural improvements were significantly more likely to be maintained in families where the father was involved (Webster-Stratton, 1985). In another study that combined parent, child and teacher training, it was found that the parent training resulted in less negative parenting for fathers than those in the control condition and that children's negative behaviour with fathers was also lowered (Webster-Stratton et al, 2004). These findings suggest that efforts to include fathers more in future deliveries of the parent-training program (and to monitor and record their attendance and involvement) would be beneficial.

In the current study, the difficulties experienced by some of the parents on completion of training appeared to be due, at least in part, to the loss of the social support derived from the weekly classes. One of the few qualitative studies examining parents' views on the IY parenting program revealed similar difficulties (Patterson et al, 2005). Therefore, any future implementation of the IY program might consider, resources permitting, additional 'consolidation' or refresher classes as suggested by some of the parents in the above study (Patterson et al, 2005) in order to ensure consistency and to provide ongoing support

### **Limitations of the study**

This study was conducted as a pilot evaluation which incorporated the use of both quantitative and qualitative methods to address each of the objectives outlined earlier. There are a number of

methodological limitations to this study, though, that should be kept in mind when interpreting the findings. Firstly, the results are based on only a small pilot study involving 32 parents who agreed to participate in a follow-up survey undertaken during 2004-05 in which they were asked at several points (before, during and after IY parent training) to rate their children's behaviour. Some of these parents also agreed to take part in a focus group discussion toward, or at the end of their training; it was possible within the timescale of the project to conduct and analyse only two focus groups. (These comprised almost 25 per cent of the cohort of parents who participated in the training and the views expressed may be taken as indicative of the larger group as a whole). Secondly, the study did not include a comparison group of control parents who did not participate in the IY training. Thirdly, the quantitative data were based on only one, albeit very useful and psychometrically robust, outcome measure which relied on the parents' subjective ratings of their children's behaviour over time; it was not possible to include any objectively based measures, or to employ more labour intensive observational studies. Fourthly, the background information collected by Clondalkin Partnership staff was not sufficiently detailed to allow the researchers to build a detailed profile of participants, their children (e.g. age, gender, nature of their problems) and their backgrounds, and to examine how outcomes might have varied across these key variables. This kind of information would have helped to build a more complete and detailed picture. For example, some research has suggested that there is a gender differential in the degree and nature of conduct problems in children with EBD. Thus, girls have been found to report significantly more emotional problems, but better prosocial functioning than boys whilst boys score significantly higher on the externalising subscales and on peer problems (Smedje et al, 1999; Handegaard et al, 2004). A final limitation of the current study relates to the fact that almost 90 per cent of the participants were mothers whilst 60 per cent were lone parents; fathers were substantially under-represented (e.g. only two fathers took part in the focus groups).

## **Conclusion**

The quantitative findings in this study indicate important positive changes in many different aspects of the children's behaviour, which were supported and amplified by the qualitative data. The benefits accrued by parents – both personally and in terms of their improved relationships with their child – as well as their overwhelmingly positive views of the IY program itself, were important and recurring themes identified from the qualitative analysis. Thus, the overall results provide convincing evidence for the effectiveness of the IY program, albeit within the context of a small, localised pilot study without the inclusion of a control group. The results also suggest that any future implementation of the entire IY program (with all three of its training components) would be very well received in Clondalkin and is, in fact, viewed and required as a matter of considerable importance, provided that some of the teething difficulties and concerns articulated by parents can be addressed satisfactorily. Ideally, longitudinal controlled research should be conducted in tandem with the implementation of any or all of the IY components in order to monitor changes over time across a number of relevant (both subjective and objective) outcome measures and to draw comparisons with parents (and their children) who are not receiving such training. Any future research should also involve the researchers as far as possible in the design and implementation of all stages of the research and should consider addressing more fully the complexity of the many and diverse issues which characterise this area.

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**INCREDIBLE  
YEARS  
- FOCUS GROUPS**

1. Can you tell me how you first heard about the Incredible Years Parent Training program?
2. What would you say were the main difficulties you were having in parenting before you heard about this program?
3. What did you like best about the program?  
(What has been the most valuable thing you have learned?)
4. What did you like the least about the program?  
(What was the least helpful to you?)
5. What would you change about the program if you had the chance?
6. What changes have you noticed in your dealings with your child (children) since completing the program?
7. What changes have you noticed in yourself since taking part in the program?
8. Suppose that you were to try to encourage a friend to participate in this program. What would you say?
9. Do you have any other advice about the program?



**INCREDIBLE YEARS - FOCUS GROUPS  
PARENT INFORMATION SHEET**

Dear Parent,

Thank you for taking the time to participate in this focus group that is being run as part of the assessment of the Incredible Years Parent Training Program currently being implemented by the Clondalkin Partnership.

This focus group discussion is designed to obtain your views and opinions on the Incredible Years Parent Training you have recently received at the Partnership. The discussion will be relatively informal and we will talk about your experiences of the parent training program, both positive and negative.

The session should last about 1 - 2 hours and will be tape-recorded.

Everything said within the session will be treated with total confidentiality and your anonymity is guaranteed at all stages including in the final report. Therefore, complete honesty in your responses throughout this session would be sincerely appreciated.

Thank you again for taking the time to come here and be part of this discussion group.

*Caroline Kelleher (Researcher)*

## INFORMED CONSENT FORM

Thank you for taking the time to consider participating in this focus group session for the Clondalkin Partnership. First, please read the section below and if you agree to participate please sign the bottom line.

In agreeing to participate in this research I understand the following:

This research is being conducted by CAROLINE KELLEHER, a postgraduate student at the Department of Psychology, National University of Ireland, Maynooth. The focus group method that will be used as part of this research project has been approved in principle by the Department's Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data. If I have any concerns about participation I understand that I may refuse to participate or withdraw at any stage.

I have been informed as to the general nature of the study and agree voluntarily to participate.

All data from the study will be treated confidentially. The data from **all** participants will be compiled, analysed, and submitted in a report to the Clondalkin Partnership. This focus group session will be tape-recorded. No participant's data will be identified by name at any stage of the data analysis or in the final report. The tapes will be kept in a secure place under lock and key, which only the researcher will have access to.

At the conclusion of my participation, any questions or concerns I have will be fully addressed.

I may withdraw from this study at any time, and may withdraw my data at the conclusion of my participation if I still have concerns.

Signed:

\_\_\_\_\_ **Participant**

\_\_\_\_\_ **Researcher**

\_\_\_\_\_ **Date**

**THANKYOU.**