

## **Reducing Child Conduct Problems Effectively through the Provision of *Incredible Years* Parent Training**

**While all children display unacceptable behaviour from time to time, this is now accepted as integral to normal development. Some children, however, engage in unacceptable behaviour more persistently, to an extent that it becomes a source of concern to those around them at home and at school. The term *conduct disorder* has been applied to these children. This article will review child and family factors which lead to the development and maintenance of conduct disorder. It will discuss Behavioural Parent Training which has emerged as the treatment of choice for child conduct problems, with particular emphasis on the Incredible Years Basic Parent Training Programme, which has been rigorously evaluated.**

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### **INTRODUCTION**

Most children in western society are reared within the nuclear family. While the nuclear family provides its members with a great deal of privacy and independence, it has also isolated them from sources of extra-familial support. In the realm of childrearing, parents have become increasingly reliant on professionals for information and advice. This article will examine a form of professional advice for parents termed *Behavioural Parent Training* (BPT). While child-management techniques are often made available to parents in the form of self-help books (and increasingly in the more sensational form of reality television shows) BPT programmes comprise formal curricula which are offered to parents singly or in a group format. These programmes are generally provided by mental health and social care professionals such as social workers, psychologists, nurses and care workers. While BPT has been applied to a broad range of child conduct problems, this article will examine its application to childhood conduct disorder in particular. The article will examine in detail the *Incredible Years* parent training programme (IY), which has been developed specifically for the treatment of early-onset child conduct problems. The IY programme, which comprises a twelve-session course with an optional eight-session adjunct, is of international renown and has been evaluated extensively. In the Irish context the *Parents Plus* programme, which uses the same video-modelling approach as IY, has been widely disseminated. Its status in the field of BPT will be discussed.

### **CHILDHOOD CONDUCT DISORDER**

Childhood conduct disorder is classified in both the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 1994), and the ICD – 10 Classification of Mental and Behavioural Disorders (World Health Organisation, 1992). These are the two main diagnostic taxonomies of symptoms, on which diagnoses of disorders in adults and children are made. Both systems of classification distinguish between behavioural problems which occur in early childhood and which are classified as Oppositional Defiant Disorder (ODD) and those

which occur in late childhood and adolescence, which are classified as Conduct Disorder (CD). While the integrity of ODD as a distinct disorder has been questioned (Rutter and Schaffer, 1980), it has been emphasised that conduct problems which meet the criteria of CD or ODD refer to patterns of persistent antisocial behaviour that lead to impairment in everyday functioning to an extent which is regarded as unmanageable by significant others (O'Reilly, 2005). The term conduct disorder, as it is used in this article, is based on the following definition, on the basis that it has both practical utility and empirical support:

*Children with CD exhibit a wide range of behaviours that can be classified as antisocial to some degree, such as aggression, temper tantrums, disobedience, destructiveness, rudeness, defiance, lying, restlessness, and disruptiveness at school. To be considered as conduct-disordered, children need to show several of these behaviours, persisting for at least six months, and occurring more frequently than in most children of the same age. (Gardner, 1992, p. 136)*

The prevalence of conduct disorder has been found to vary considerably between countries, and between rural and urban settings (O'Reilly, 2005). An Irish prevalence study among seven to ten year olds found that thirty-five percent of urban children and eleven percent of rural children were rated as having conduct problems (Fitzgerald and Kinsella, 1989). A recent screening survey of a large sample of children in Clonmel, Co. Tipperary found that twelve percent of children aged five years or less and eleven percent of children aged five to twelve years were rated by their parents as having significant conduct problems (Martin, Carr, Carroll and Byrne, 2005). A telephone survey of a representative sample of 400 families in Co. Wicklow having a child under twelve years found that nearly fifteen percent of the parents interviewed rated their child's behaviour as moderately difficult and nearly three percent as very/extremely difficult (Reid and O'Reilly, 2006).

A range of child-specific and family factors have been implicated in the development and maintenance of conduct disorder. The child-specific factors include gender, neuropsychological deficits, temperament, academic deficits and social skills deficits (O'Reilly, 2005). These factors have given rise to the *child deficit hypothesis* on the development and maintenance of conduct disorder (Webster-Stratton and Herbert, 1994). A range of family and community factors have also been linked to conduct disorder, including a history of parental anti-social behaviour, maternal depression, family discord and socio-economic depression (O'Reilly, 2005). The study of parent-child interactions, however, has identified family patterns of coercion as playing a pivotal role in the development and maintenance of conduct disorder (and in the transmission of the adverse effects of social deprivation across generations), and has led to the development of parent training, which focuses specifically on these patterns of interaction (Patterson, 1982; Patterson, Reid and Dishion, 1992).

## **BEHAVIOURAL PARENT TRAINING**

Professional advice on child management is increasingly presented through parent training which has been described as "educative interventions with parents that aim to help them cope better with the problems they experience with their children" (Callias, 1994, p. 918). Many parent training programmes are designed to provide advice on the management of problems which arise in the context of normal development. For

example *What Can a Parent Do?* (Quinn and Quinn, 1997) and *What Can the Parent of a Teenager Do?* (Quinn and Quinn, 2000), provide advice on how to improve communication, and on how to reach a more supportive understanding of the child's behaviour.

Behavioural parent training (BPT), which is based on behavioural concepts has been developed as a method of intervention for children who present with a range of problems which are more persistent and serious than those which occur in the course of normal development, and comprises "treatment procedures in which parents are trained to alter their child's behaviour at home" (Kazdin, 1997, p. 1349). While BPT has been applied to a broad range of presenting problems in children, it has emerged as the treatment of choice for CD (Kazdin, 1987). Furthermore, factors which lead to the development and maintenance of CD have also been found to inhibit the effectiveness of BPT (Rutter, 1985).

### **BEHAVIOURAL PARENT TRAINING FORMATS**

A number of different training formats are evident in the application of BPT to the treatment of CD. *Helping the Noncompliant Child* (Forehand and McMahon, 1981) adopts a clinic-based, individual training format, which includes observation of parent-child interaction in the clinic setting. *Child Management Training* (Dadds, Sanders and James, 1987; Sanders and Glynn, 1981) also uses an individual training format, but includes direct observations of parent and child interaction in the home setting as an integral component of the treatment process. *The Incredible Years* (IY) parent training programme adopts a group training format (Webster-Stratton, 1992a). The IY group training format, which is discussed below, involves a sophisticated teaching model which is particularly responsive to the needs of parents of children with conduct problems (Webster-Stratton, 1998).

As noted above, it has emerged that a range of factors extraneous to the parent-child relationship (which is the focus of BPT) inhibit its effectiveness in the treatment of CD (Dumas and Wahler, 1983). The treatment paradigm of BPT has therefore expanded to include adjunctive treatments which are designed to offset the influence of extraneous factors on treatment effectiveness (O'Reilly, 2005). Extraneous factors which have been targeted by adjunctive treatments include; marital conflict, deficits in parental problem-solving skills, and coping skills deficits (O'Reilly, 2005). The IY parent training programme has expanded to include the Advance Programme, an eight-session training in communication and problem-solving skills, which is offered to parents who have completed the Basic twelve-session programme (Webster-Stratton, 1992a).

In addition to the provision of adjunctive treatments which are designed to offset the adverse influence of contextual factors, BPT has begun to adopt broader intervention models, as the conceptualisation, assessment and treatment of child deviance has expanded (O'Reilly, 2005). The IY curriculum has also broadened to include a teacher's video-tape series (Webster-Stratton, 1992a) which is designed to promote effective responses by teachers to child conduct problems in the classroom setting. The IY curriculum also includes *Dina Dinosaur School* (Webster-Stratton, 1992a), a social skills training programme which is designed to offset social skills deficits in children with conduct problems, and which can be delivered in either a small-group or

in a classroom format. A number of studies have examined the effectiveness of providing these programmes separately or in combination (Webster-Stratton and Hammond, 1997; Webster-Stratton, Reid and Hammond, 2004a,b).

### **THE BASIC INCREDIBLE YEARS PARENT TRAINING PROGRAMME**

The Basic IY programme is a manualised parent training programme which is designed to be delivered to groups of up to fourteen parents during twelve, two-hour weekly sessions. The programme content employs multi-media teaching methods which comprise video-modelling, discussion, role-play, biblio-therapy and home assignments (Webster-Stratton, 1992b). The course content comprises the following topics:

- promoting your child's self-esteem and encouraging co-operation
- promoting your child's thinking skills
- bringing out the best in your child
- motivating your children
- the importance of being clear, predictable and positive
- decreasing annoying behaviours
- discipline strategies for child disobedience, hitting or destructive behaviours
- handling misbehaviour

Parents are instructed in play skills, praise, the use of tangible rewards, instruction-giving, and non-coercive discipline. The programme is heavily based on behavioural principles which have been established through comprehensive research, including positive and negative reinforcement, shaping, generalisation, modelling, rule-governed behaviour (Grant and Evans, 1994). Parents are consistently encouraged to review child behaviour in terms of these principles.

While the child management techniques are based rigorously on behavioural principles, the IY programme also includes elements drawn from the fields of humanist, cognitive and systemic therapies (Webster-Stratton and Hancock, 1998). The humanist strand is evident in the broadly client-centred approach and involves responding with empathy, respecting parents' views and experiences, and supporting parents to generate solutions to problems. The cognitive strand is evident in the consideration of parental attributions towards the child's behaviour, and in the attention to cognitive coping strategies such as self-disputation, thought interruption and substitution of positive thinking. The systemic strand is evident in the focus on group dynamics and on the management of the group process in order to maximise learning opportunities. The interweaving of these four therapeutic approaches leads to a highly sophisticated training process which involves collaboration, empowerment, and the provision of support, all of which are particularly relevant to parents of children with conduct problems. The IY teaching model involves collaboration, empowerment and support (Webster-Stratton, 1998). Collaboration involves treating parents as colleagues, rather than adopting an expert model:

*The therapist's role as collaborator... is to understand the parent perspectives, to clarify issues, to summarise important ideas and themes raised by the parents, to teach and interpret in a way which is culturally sensitive, and finally, to teach and suggest possible alternative approaches or*

*choices when parents request assistance and when misunderstandings occur.*  
(Webster-Stratton and Herbert, 1994, p. 108)

Empowerment serves to offset the sense of learned helplessness which characterises the experience of parents of children with conduct problems (Webster-Stratton and Herbert, 1994). The provision of support within the group, and recruitment of support networks within the community serve to offset the isolation which parents of children with conduct problems experience (Wahler, 1980).

IY parent training adopts a range of strategies designed to maximize engagement of low-income families (Webster-Stratton, 1998). These strategies have been adopted because low-income families have been found to drop out of parent training programmes (Dumas and Wahler, 1983; McMahon, Forehand, Griest and Wells, 1981), and they are designed to reduce the obstacles which face these families in engaging with treatment programmes. Initial steps to promote parental engagement include the following:

- the involvement of school personnel and parents in planning
- the provision of the programme on a universal rather than a selective basis in order to reduce stigmatisation
- the provision of childcare facilities
- running the programme in an accessible location and at a time which increases the possibility of both parents attending
- the provision of incentives such as a meal for parents and children, and periodic surprise celebrations on an individual and group basis

As the IY curricula are disseminated more broadly, there is a strong emphasis on ensuring programme fidelity through a range of measures which include: standardized training, detailed treatment manuals, standardized session protocols, peer review monitoring and supervision, and leader supervision.

## **EVALUATION OF THE BASIC IY PROGRAMME**

The Basic IY programme has been evaluated extensively by the author. In the first study it was found to lead to significant attitudinal and behavioural changes in middle-income parents who had been recruited with a flyer announcing a parenting programme designed to help parents manage child misbehaviour. The gains made were maintained at a one-year follow-up (Webster-Stratton, 1981). When provided to low-income, clinic referred families, it has been found to be five times more cost-effective than an individual training format (Webster-Stratton, 1984). It has been rated higher in terms of consumer satisfaction than either group-therapy only or self-administered videotape modelling therapy (Webster-Stratton, 1989). A combination of individually administered videotape modelling and therapist consultation has been found to enhance the effectiveness of self-administered videotape modelling (Webster-Stratton, 1990a). When provided on a universal, preventative basis within the *Headstart* programme (a large-scale family support programme for low-income families in the U.S.), it has been found to lead to less harsh discipline, more nurturing parenting behaviour, and fewer problem child behaviours (Webster-Stratton, 1990b). Changes in parent and child behaviour were maintained at a one-year follow-up.

The provision of the Basic IY programme in combination with the IY classroom management programme on a preventative basis within *Headstart* has been found to lead to a reduction in harsh parenting practices, an increase in supportive parenting practices, and to improvements in child behaviour at home and at school (Webster-Stratton, Hollinsworth and Kolpacoff, 1989). Independent evaluations of the Basic IY programme have found similar changes in parent and child behaviour (Scott, Spender, Doolan, Jacobs and Aspland, 2001; Taylor, Schmidt, Pepler and Hodgins, 1998). The IY programmes are recognised and endorsed by the Blueprints Initiative (Webster-Stratton, Mihalic, Fagan, Arnold, Taylor and Tingley, 2001). The function of the Blueprints Initiative, based in the university of Colorado, is to accredit programmes which contribute to the reduction of violence and criminality, and for which there is an extensive evidence base.

### **THE PARENTS PLUS PROGRAMME**

In the Irish context, the *Parents Plus* programme (Behan, Fitzpatrick, Sharry, Carr and Waldron, 2001) has adopted the same video tape modelling, group training and manualized format as the Basic IY programme. The videotape vignettes use actors with Irish accents and idioms, although there is no evidence that this enhances treatment effectiveness. While the *Parents Plus* programme has achieved some treatment gains with clinic-referred children, low-income families tend not to complete the programme (Behan et al., 2001). It is also of note that an earlier study of the IY parent training programme by the developers of the *Parents Plus* programme (in which the programme was presented by leaders who had not received IY training) achieved greater treatment gains than the *Parents Plus* programme as reported in Behan et al., 2001. Furthermore, accredited IY parent group leader training in Ireland ensures that parents focus on key aspects of parent-child interactions during videotape reviews, rather than focussing on superficialities such as accents or style of dress. It is therefore difficult to assess the status of the *Parents Plus* programme, as it is not clear whether it is a localised variant of the IY formula, and whether it represents a substantive contribution to the field of parent training, or not. Despite its unclear status, and the lack of a coherent evidence base, the *Parents Plus* programme has been widely disseminated in Ireland, and has generated no small amount of confusion among practitioners about what constitutes effective treatment for childhood conduct disorder.

### **CONCLUSION**

Childhood conduct disorder has serious implications both for the individual who exhibits persistent and severe antisocial behaviour, and for society at large. Such evidence as there is suggests that the rates of prevalence in Ireland compare with those of other Western societies. Behavioural parent training has emerged as the treatment of choice for childhood conduct disorder, and the *Incredible Years* parent training programme has been designed specifically to overcome the obstacles which confront low-income families in engaging in treatment programmes. In the U.S. and in the U.K. the IY parent, child and teacher programmes have been provided in the context of broad-based family support programmes, and there is significant evidence of their effectiveness. In Ireland, there are now opportunities for broad-based consortia comprising community-based projects such as Springboard (which provide a range of family support services), educational, social service and child mental health

personnel to deliver the IY programmes, thus ensuring that low-income families receive a world-class service.

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