

Last reviewed: February 2023

Intervention website: <https://changinglivesinitiative.com/>

GUIDEBOOK INTERVENTION INFORMATION SHEET

Changing Lives Initiative

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	The Changing Lives Initiative is a multicomponent intervention for parents with a child between 3 and 7 years demonstrating behaviours consistent with an attention deficit hyperactivity diagnosis (ADHD). The components include information and awareness sessions for interested parents, a phone app, and access to ADHD screening. The parents of eligible children also attend a 26-week ADHD-focused version of the Incredible Years intervention, delivered by two early years practitioners and one psychologist to groups of up to 12 parents.
Evidence rating	2
Cost rating	2
Child outcomes	<ul style="list-style-type: none"> • Preventing crime, violence and antisocial behaviour <ul style="list-style-type: none"> - Improved behaviour - Reduced hyperactivity. • Supporting children’s mental health and wellbeing <ul style="list-style-type: none"> - Improved emotional wellbeing.
Child age (population characteristic)	3 to 7 years
Level of need (population characteristic)	Targeted Indicated

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Intervention summary	
Race and ethnicities (population characteristic)	Not reported
Type (model characteristic)	Group
Setting (model characteristic)	<ul style="list-style-type: none">• Early years setting• Primary school• Community Centre.
Workforce (model characteristic)	One psychologist and two early years practitioners
UK available?	Yes
UK tested?	No

Model description

The Changing Lives Initiative is a multicomponent intervention for parents with a 3- to 7-year old child demonstrating behaviours consistent with an attention deficit hyperactivity diagnosis (ADHD). It is delivered in community settings and aims to reduce ADHD symptoms and other emotional and conduct problems in children.

- **Component 1** is a 2-hour ADHD Information & Awareness Workshop for aimed at improving their understanding of ADHD and associated behaviours, as well as providing basic strategies for supporting children's social-emotional development and preventing challenging behaviours.
- **Component 2** is an ADHD Information & Awareness Workshop for Professionals providing support for practitioners those working with young children, including teachers, early years professionals, and health and social care workers. These 2 to 2.5-hour sessions are delivered by the project psychologist and aim to help participants gain additional skills to support the children presenting with behaviours consistent with ADHD.
- **Component 3** is a phone app with information covering the same principles covered in the parent and practitioner workshops.

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- **Component 4** is a one-session screening programme of 45 minutes' duration delivered to groups of five parents.
- **Component 5** is a 20-session ADHD-focused intervention of 2.5 hours' duration each, delivered to groups of 12 parents.

The ADHD-focused intervention consists of the Incredible Years Basic Parent Training Programme, extended to support the needs of parents with a child diagnosed with ADHD and incorporating elements of the Incredible Years Advanced intervention as well. Parents attend 26 2.5-hour weekly group sessions, delivered by two intervention facilitators to approximately 12 parents per group.

Target population

Age of child	3 to 7 years
Target population	<ul style="list-style-type: none">• Families with children aged 3 to 7 years• Children with an ADHD diagnosis or with symptoms consistent with an ADHD diagnosis

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who		How		What
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> ADHD is a common developmental disorder impacting children's behaviour and ability to concentrate Symptoms of ADHD can negatively impact children's success at school and relationship with others. 	Effective parenting behaviours can help children with ADHD better manage their behaviour and concentrate better at school.	Parents with a child diagnosed with ADHD frequently benefit from further support.	Parents learn: <ul style="list-style-type: none"> How ADHD symptoms impact children's behaviour How to respond positively to their child's behaviour Strategies for reinforcing positive child behaviour Strategies for helping children manage their emotions Strategies for helping children control their impulses Methods for helping children concentrate for longer periods of time. 	<ul style="list-style-type: none"> Parental stress reduces Parent-child interaction improves Children are better able to manage their emotions and impulses. 	<ul style="list-style-type: none"> Children's self-regulatory capabilities and behaviour improves Children are better able to engage positively with others. 	<ul style="list-style-type: none"> Children are at less risk of antisocial behaviour in adolescence Children experience greater success at school.



Implementation requirements

Who is eligible?	Families with a child between 3 and 7 years old where the child has an ADHD diagnosis or symptoms consistent with ADHD.
How is it delivered?	Changing Lives Initiative involves multiple components that include a 20- to 22-week ADHD-focussed version of the Incredible Years BASIC + ADVANCED intervention groups of up to 12 parents. This can be delivered in person, but has also been developed to reach families online.
What happens during the intervention?	<p>Component 1 involves one information and awareness session of 2 hours' duration delivered to groups of 20 parents. This can be delivered online or in person.</p> <p>Component 2 is an awareness session to increase practitioners' awareness of ADHD and strategies for managing ADHD related behaviours. These sessions are delivered by a psychologist and last between 2 and 2.5 hours each. This can be delivered online or in person to groups of up to 20 practitioners.</p> <p>Component 3 is a phone app reinforcing the information provided at the workshops. The app is available for parents and practitioners regardless of whether they attended the workshop.</p> <p>Component 4 is a one-session screening programme of 45 minutes' duration delivered to groups of five parents.</p> <p>Component 5 is a 20-session ADHD-focused Incredible Years Parent Training Programme of 2.5 hours' duration each, delivered to groups of 12 parents. The Parenting Programme empowers parents to support children's academic and social skills, emotional self-regulation, and to reduce conduct problems. The information sessions increase parents' understanding of ADHD and how it impacts the development of children. Delivery methods for the programme include group discussion, role-play, homework assignments, and use of video vignette.</p>
Who can deliver it?	The practitioners who deliver this are two early years practitioners, and a clinical or educational psychologist.
What are the training requirements?	The early years practitioners receive 35 hours of intervention-specific training, including Incredible Years Group Leader training and ideally accreditation. The psychologist should have seven hours of intervention-specific training. Booster training of practitioners is not required.
How are practitioners supervised?	It is recommended that practitioners are supervised by six hours of clinical supervision.



Implementation requirements (cont.)

What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: <ul style="list-style-type: none"> • Training manual • Other printed material • Other online material • Video or DVD training • Face-to-face training • Fidelity monitoring.
Is there a licensing requirement?	No
*Contact details	<p>Contact person: Christina Riordan</p> <p>Organisation: Changing Lives Initiative</p> <p>Email address: criordan@archways.ie</p> <p>Website: https://changinglivesinitiative.com/</p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>

Evidence summary

Changing Lives Initiative's most rigorous evidence comes from a pre–post study conducted in the Republic of Ireland that is consistent with Foundations' Level 2 evidence strength criteria.

This study identified statistically significant improvements in parents' reports of their children's behaviour and emotional wellbeing. Additionally, parents reported improvements in their parenting behaviours and experiences of stress over the same period. There was no comparison group, however.

The Changing Lives Initiative has preliminary evidence of improving a child outcome, but we cannot be confident that the intervention caused the improvement.

Search and review

	Number of studies
Identified in search	5
Studies reviewed	1



	Number of studies
Meeting the L2 threshold	1
Meeting the L3 threshold	0
Contributing to the L4 threshold	0
Ineligible	4

Individual study summary: Study 1

Study 1	
Study design	Pre–post study
Country	Ireland
Sample characteristics	269 children with ADHD symptoms or diagnosis
Race, ethnicities, and nationalities	Not reported
Population risk factors	ADHD diagnosis or symptoms consistent with ADHD
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention • 6-month follow-up • 12-month follow-up.
Child outcomes	<p><i>At post-intervention</i></p> <ul style="list-style-type: none"> • Improved emotional wellbeing • Improved behaviour • Reduced ADHD symptoms.
Other outcomes	<ul style="list-style-type: none"> • Reduced parental stress • Improved parenting strategies.
Study Rating	2



Study 1

Citation	The Changing Lives Consortium. (2021) <i>Final report on outcomes, process and economic evaluations</i> .
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Brief summary

Population characteristics

The study involved 337 parents of 269 children aged between 3 and 7 years who had an ADHD diagnosis or symptoms consistent with ADHD. The sample was recruited from an ADHD screening process taking part at three delivery sites. 71% of children in the study were male, with 4% of the children not having their gender reported. Ethnicity information was not reported.

Children were excluded if they were already receiving a similar intervention or receiving a pharmacological intervention for ADHD.

Study design

Pre–post study.

Measurement

Measurement took place at baseline, directly post-intervention (6 months after baseline), at a 6-month follow-up (12 months after baseline), and at a 12-month follow-up (18 months after baseline).

- **Parent report** measures included the Strengths and Difficulties Questionnaire (SDQ), Conners' Parent Rating Scale, the Vanderbilt ADHD Rating Scale, the Parenting Stress Index, and the Parenting Scale.

Study retention

- Post-intervention, 75% of the sample was retained, representing 253 parents from the initial 337 who completed measures.
- At 6-month follow-up, 24% of the sample was retained (82 parents).
- At 12-month follow-up, 11% of the sample was retained (38 parents).

Results

Data-analytic strategy

Pairwise t-tests were used to compare baseline and post-intervention and follow-up scores for PS, PSI, SDQ, and Conner's. For the Vanderbilt identification of the Predominantly Inattention subtype and the predominantly Hyperactivity/Impulsive subtype, the proportions of positively identified children were compared between baseline and other timepoints were analysed using a test for equality of proportion with Z scores.



Results

The study found positive improvements on a range of domains for children participating in the intervention and their parents at post-intervention. Parents reported that children demonstrated improved behaviour, emotional wellbeing, and ADHD symptoms, compared to baseline.

Parents were also significantly less likely to report stress, and more likely to report improved discipline practices at post-intervention, compared to the baseline.

Limitations

The conclusions which can be drawn from this study are limited by the pre–post design, with no comparison group. In addition, the sample retention at 6-month and 12-month follow-ups was too low, so that outcomes at these points could not contribute towards the Level 2 rating.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Emotional Distress	SDQ (parent report)	Not reported	Yes	245	Post-intervention
Emotional Distress	SDQ (parent report)	Not reported	Yes*	78	6-month follow-up
Emotional Distress	SDQ (parent report)	Not reported	Yes*	36	12-month follow-up
Conduct Problems	SDQ (parent report)	Not reported	Yes	245	Post-intervention
Conduct Problems	SDQ (parent report)	Not reported	Yes*	78	6-month follow-up
Conduct Problems	SDQ (parent report)	Not reported	Yes*	36	12-month follow-up
Hyperactivity	SDQ (parent report)	Not reported	Yes	245	Post-intervention
Hyperactivity	SDQ (parent report)	Not reported	Yes*	78	6-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Hyperactivity	SDQ (parent report)	Not reported	Yes*	36	12-month follow-up
Prosocial Behaviour	SDQ (parent report)	Not reported	Yes	245	Post-intervention
Prosocial Behaviour	SDQ (parent report)	Not reported	Yes*	78	6-month follow-up
Prosocial Behaviour	SDQ (parent report)	Not reported	Yes*	36	12-month follow-up
Peer problems	SDQ (parent report)	Not reported	Yes	245	Post-intervention
Peer problems	SDQ (parent report)	Not reported	No	78	6-month follow-up
Peer problems	SDQ (parent report)	Not reported	No	36	12-month follow-up
Total difficulties	SDQ (parent report)	Not reported	Yes	245	Post-intervention
Total difficulties	SDQ (parent report)	Not reported	Yes*	78	6-month follow-up
Total difficulties	SDQ (parent report)	Not reported	Yes*	36	12-month follow-up
ADHD Predominantly Inattentive Subtype	Vanderbilt ADHD Rating Scale (parent report)	Not reported	Yes	246	Post-intervention
ADHD Predominantly Inattentive Subtype	Vanderbilt ADHD Rating Scale (parent report)	Not reported	Yes*	75	6-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
ADHD Predominantly Inattentive Subtype	Vanderbilt ADHD Rating Scale (parent report)	Not reported	Yes*	35	12-month follow-up
ADHD Predominantly Hyperactive/Impulsive Subtype	Vanderbilt ADHD Rating Scale (parent report)	Not reported	Yes	246	Post-intervention
ADHD Predominantly Hyperactive/Impulsive Subtype	Vanderbilt ADHD Rating Scale (parent report)	Not reported	No	75	6-month follow-up
ADHD Predominantly Hyperactive/Impulsive Subtype	Vanderbilt ADHD Rating Scale (parent report)	Not reported	Yes*	36	12-month follow-up
Inattention	Conners' (parent report)	Not reported	Yes	244	Post-intervention
Inattention	Conners' (parent report)	Not reported	Yes*	79	6-month follow-up
Inattention	Conners' (parent report)	Not reported	Yes*	36	12-month follow-up
Hyperactivity/Impulsivity	Conners' (parent report)	Not reported	Yes	244	Post-intervention
Hyperactivity/Impulsivity	Conners' (parent report)	Not reported	Yes*	79	6-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Hyperactivity /Impulsivity	Conners' (parent report)	Not reported	Yes*	36	12-month follow-up
Learning Problems	Conners' (parent report)	Not reported	Yes	244	Post-intervention
Learning Problems	Conners' (parent report)	Not reported	No	79	6-month follow-up
Learning Problems	Conners' (parent report)	Not reported	No	36	12-month follow-up
Executive functioning	Conners' (parent report)	Not reported	Yes	244	Post-intervention
Executive functioning	Conners' (parent report)	Not reported	Yes*	79	6-month follow-up
Executive functioning	Conners' (parent report)	Not reported	Yes*	36	12-month follow-up
Aggression/defiance	Conners' (parent report)	Not reported	Yes	244	Post-intervention
Aggression/defiance	Conners' (parent report)	Not reported	No	78	6-month follow-up
Aggression/defiance	Conners' (parent report)	Not reported	Yes*	35	12-month follow-up
Parent outcomes					
Laxness	PS (parent self-report)	Not reported	Yes	184	Post-intervention
Laxness	PS (parent self-report)	Not Reported	Yes*	79	6-month follow-up
Laxness	PS (parent self-report)	Not reported	Yes*	35	12-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Overreactivity	PS (parent self-report)	Not reported	Yes	184	Post-intervention
Overreactivity	PS (parent self-report)	Not reported	Yes*	79	6-month follow-up
Overreactivity	PS (parent self-report)	Not reported	Yes*	35	12-month follow-up
Verbosity	PS (parent self-report)	Not reported	Yes	184	Post-intervention
Verbosity	PS (parent self-report)	Not reported	Yes*	79	6-month follow-up
Verbosity	PS (parent self-report)	Not reported	Yes*	35	12-month follow-up
Overall dysfunctional discipline	PS (parent self-report)	Not reported	Yes	184	Post-intervention
Overall dysfunctional discipline	PS (parent self-report)	Not reported	Yes*	79	6-month follow-up
Overall dysfunctional discipline	PS (parent self-report)	Not reported	Yes*	35	12-month follow-up
Parental Distress	PSI (parent self-report)	Not reported	Yes	184	Post-intervention
Parental Distress	PSI (parent self-report)	Not reported	Yes*	78	6-month follow-up
Parental Distress	PSI (parent self-report)	Not reported	Yes*	36	12-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parent Child Dysfunctional Interaction	PSI (parent self-report)	Not reported	Yes	183	Post-intervention
Parent Child Dysfunctional Interaction	PSI (parent self-report)	Not reported	Yes*	77	6-month follow-up
Parent Child Dysfunctional Interaction	PSI (parent self-report)	Not reported	Yes*	35	12-month follow-up
Difficulty Managing Child	PSI (parent self-report)	Not reported	No	184	Post-intervention
Difficulty Managing Child	PSI (parent self-report)	Not reported	No	78	6-month follow-up
Difficulty Managing Child	PSI (parent self-report)	Not reported	Yes*	36	12-month follow-up
Total Parental Stress	PSI (parent self-report)	Not reported	Yes	181	Post-intervention
Total Parental Stress	PSI (parent self-report)	Not reported	Yes*	77	6-month follow-up
Total Parental Stress	PSI (parent self-report)	Not reported	Yes*	35	12-month follow-up
* Retention at 6-month and 12-month follow-up is too low according to Foundations' evidence rating strength criteria, and so statistically significant outcomes at these timepoints cannot contribute to the Level 2 rating.					



Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Azevedo, A. F., Seabra-Santos, M. J., Gaspar, M. F. & Homem, T. (2014) A parent-based intervention programme involving preschoolers with AD/HD behaviours: Are children's and mothers' effects sustained over time? *European Child & Adolescent Psychiatry*. 23, 437–450.

Jones, K., Daley, D., Hutchings, J., Bywater, T. & Eames, C. (2007) Efficacy of the Incredible Years Basic parent training programme as an early intervention for children with conduct problems and ADHD. *Child: Care, Health and Development*. 33 (6), 749–756.

Jones, K., Daley, D., Hutchings, J., Bywater, T. & Eames, C. (2008) Efficacy of the Incredible Years Programme as an early intervention for children with conduct problems and ADHD: Long-term follow-up. *Child: Care, Health and Development*. 34 (3), 380–390.

Webster-Stratton, C., Reid, M. J. & Beauchaine, T. P. (2013) One-year follow-up of combined parent and child intervention for young children with ADHD. *Journal of Clinical Child & Adolescent Psychology*. 42 (2), 251–261.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.