

Last reviewed: July 2016

Intervention website: https://www.incredibleyears.com/

GUIDEBOOK INTERVENTION INFORMATION SHEET

Incredible Years Toddler

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	Incredible Years Toddler (IY Toddler) is for parents with a child between 2 and 3 years old, who may be living in disadvantaged communities. Two IY facilitators deliver 14 two-hour weekly group sessions to groups of up to 12 parents. During these sessions, parents learn strategies for responding sensitively to their child and encouraging positive child behaviour.				
Evidence rating	2+				
Cost rating	2				
Child outcomes	 Preventing crime, violence and antisocial behaviour Improved behaviour. 				
Child age (population characteristic)	2 to 3 years				
Level of need (population characteristic)	Targeted Selected				

Foundations Guidebook – Intervention information sheet

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Intervention sum	nary
Race and ethnicities (population characteristic)	 Asian Hispanic White
Type (model characteristic)	Group
Setting (model characteristic)	 Early years setting Primary school Community centre Out-patient health setting Home.
Workforce (model characteristic)	Two facilitators with intervention training, including psychologists, social workers, nurses, or physicians.
UK available?	Yes
UK tested?	Yes

Model description

Incredible Years Toddler (IY Toddler) is part of the Incredible Years series of interventions for children, parents, and teachers. IY Toddler is specifically for parents with a child between 2 and 3 years old living in disadvantaged communities.

Two IY facilitators deliver 14 two-hour weekly group sessions to groups of approximately 12 parents. During the sessions, parents practise child-directed play skills that build positive relationships and attachment; strengthen more nurturing parenting using social and emotional coaching methods; encourage language development and early social skills; support early learning; establish predictable routines, rules, and home-safety proofing; and reduce behaviour problems.

Parental social support is strengthened by weekly facilitator calls, parent–buddy calls, and group-process methods.

IY Toddler can be combined with Incredible Years Advanced for families with more complex issues. IY Advanced is a 10 to 12-week add-on component which covers self-management and mental-health issues.

Target population

Age of child	2 to 3 years
Target population	Parents of toddlers who may be exhibiting disruptive behaviours, and are often living in disadvantaged communities

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

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Theory of change

Why	y	Who	How				How		۲	What
Science-based assumption	Science-based assumption	Science-based assumption	Interv	ention	Short-term outcomes	М	edium-term outcomes	Long-term outcomes		
 Young children naturally exhibit challenging and non-compliant behaviours Challenging child behaviours during preschool and primary school increase the risk of behavioural problems in adolescence. 	 Effective parenting behaviours and a predictable family environment help children regulate their own behaviour and reduce the risk of child behavioural problems becoming established Ineffective parenting strategies occasionally increase the risk of child behavioural problems becoming entrenched. 	Higher levels of family stress and disadvantage can increase the risk of child behavioural problems.	 predictable routines Strategies for positive parinteraction to directive plate Strategies for the strategies for the strategie	riate s for their or establishing family or promoting ent-child through non- by or reinforcing d behaviour elled praise iscouraging child urough age-	 Parents implement effective parenting strategies in the home Parents' confidence increases Parent-child interaction improves. 	able and	ldren are better e to self-regulate their behaviour roves.	 Children are at less risk of antisocial behaviour in adolescence Children are more likely to engage positively with others. 		

Implementation requirements

Who is eligible?	Parents of children who are aged 2 to 3 years, and who may be exhibiting disruptive behaviours.
How is it delivered?	Incredible Years Toddler is delivered in 14 sessions of two hours' duration each by two practitioners, to groups of between 6 and 12 parents.
What happens during the intervention?	The intervention encourages proactive, nurturing parenting, while discouraging harsh, punitive approaches, using videotaped modelling, group discussion, role-plays, and home practice tasks arranged across four modules (play, praise and rewards, effective limit setting, and handling misbehaviour).
Who can deliver it?	Practitioners including psychologists, social workers, nurses, health visitors, and early years professionals.
What are the training requirements?	The practitioners have 24 hours of intervention training. Booster training of practitioners is not required.
How are practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor with four hours of training and one intervention developer supervisor with no required training.
What are the systems for maintaining fidelity?	 Fidelity monitoring Accreditation or certification process Supervision.
Is there a licensing requirement?	Yes
*Contact details	Contact person: Carolyn Webster-Stratton
	Organisation: Incredible Years
	Email address: <u>cwebsterstratton1@icloud.com</u> <u>incredibleyears@incredibleyears.com</u>
	Websites: <u>https://www.incredibleyears.com/</u> <u>https://www.incredibleyears.com/early-intervention-programs/parents</u>
	*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.

Evidence summary

IY Toddler's most rigorous evidence comes from a single RCT conducted in the United States and is consistent with Foundations' Level 2+ evidence strength criteria.

This study observed statistically significant improvements in parent reports and independent assessments of IY toddler's behaviour compared to children whose parents did not attend the intervention. Additionally, IY Toddler parents reported significant improvements in their parenting behaviours compared to parents not receiving the intervention.

Incredible Years Toddler has preliminary evidence of improving a child outcome, but we cannot be confident that the intervention caused the improvement.

	Number of studies
Identified in search	3
Studies reviewed	2
Meeting the L2 threshold	1
Meeting the L3 threshold	0
Contributing to the L4 threshold	0
Ineligible	2

Search and review

Individual study summary: Study 1

Study 1					
Study design	Cluster RCT				
Country	United States				
Sample characteristics	150 parents across 12 medical practices, with children who were 22 to 42 months of age and who had scored in the 80th percentile or above on the Infant-Toddler Social-Emotional Assessment Scale. Parents were primarily mothers and married.				
Race, ethnicities, and nationalities	 White: 92% Hispanic: 9% Asian: 2% Other ethnic group: 5%. 				
Population risk factors	 25% of parents had high school education or less 13% had an annual family income of less than \$20,000. 				
Timing	 Baseline Post-intervention 6-month follow-up 12-month follow-up. 				
Child outcomes	Reduced amount of disruptive behaviourReduced intensity of disruptive behaviour.				
Other outcomes	 Reduced negative parent-child interaction Reduced negative parenting Reduced negative discipline. 				
Study Rating	2+				
Citation	Perrin, E.C., Sheldrick, R. C., McMenamy, J. M., Henson, B. S.,& Carter, A. S. (2014) Improving parenting skills for families of young children in pediatric settings: A randomized clinical trial. <i>Journal of American Medical Association Pediatrics</i> . 168, 16–24.				

Brief summary

Population characteristics

This study involved 150 parents living in Massachusetts, USA, with a child 22 to 42 months old who displayed disruptive behaviour which may be symptomatic of a disorder like ADHD or ODD. Parents were eligible if their child scored at the 80th percentile or greater on the Infant-Toddler Social-Emotional Assessment Scale, which is a measure of disruptive behaviours. 63% of the children were boys and 94% of the parents were female.

The majority of the parents were White (92%). 9% also identified as Hispanic, in addition to other ethnic groups.

25% of parents had completed their education at the end of high school or earlier, and 13% of parents had a family income of \$20,000 or less.

Study design

89 participants were randomly assigned to the intervention condition and 61 to a wait-list control via a random number generator. Participants were randomised within clusters based on their enrolment at 12 medical practices/health centres.

In addition, a third group of parents was created from eligible participants who received the intervention without going through random assignment. The outcomes for this group are reported separately in the study and results for this group are not reported here, and do not contribute to the intervention rating.

Parents who were assigned to the wait-list control were invited to participate in an intervention group after one year.

No differences in demographic or outcome variables were found between the intervention and control groups at baseline.

Measurement

Participants completed parent reported assessments at baseline, immediately after the intervention, and 6 and 12 months after the intervention. Researcher-led observations were conducted at baseline, post-intervention, and 12-month follow-up.

Parent report measures included the Parenting Scale, and the Early Childhood Behavior Inventory (ECBI).

Researcher-led observations included the Coder Impression Inventory, coding for disruptive behaviour, negative parenting, and negative child–parent interaction, from a recorded video.

Study retention

Post-intervention

At baseline, 89 parents were assigned to the intervention condition, and 61 to the wait-list control.

At post-intervention, 87% (130) of the sample was retained, representing 90% (80) of parents in the intervention condition, and 82% (50) of parents in the wait-list control were retained. The study does not report attrition rates for each of the different timepoints post-baseline.

Attrition was predicted by several baseline demographic characteristics including marital status, parent age, child age, and non-White or Hispanic ethnicity. However, baseline outcome measures did not predict attrition. The study does not report whether the attrition undermined the baseline equivalence of the retained sample, though it does report that there were significant baseline demographic differences between attriters and remainers.

Results

Data-analytic strategy

An intent-to-treat approach was used with a mixed effects regression model with outcome variable and timepoints to assess the effect of the IY Toddler compared to the control group on each outcome measure. Analyses accounted for clustering of timepoints within participants and for participants within medical practices.

Findings

The study found that the intervention had a significant immediate positive effect on the parentreported amount and intensity of the child's disruptive behaviour, compared to the control group. This effect was maintained at both the 6- and 12-month follow-up timepoints. This pattern was also observed in parent reports of their own discipline styles, with the intervention showing a significant immediate positive effect, sustained at both the 6- and 12-month follow-ups.

The study also used clinician observations of negative parenting and disruptive child behaviour during standardised tasks, and analysed composite scores. These observations were made post-intervention and at the 12-month follow-up. While the intervention demonstrated significant positive effects post-intervention, this was not maintained at the 12-month follow-up. The composite measure of negative parent-child interaction, however, showed a positive intervention effect post-intervention, and this was maintained at the 12-month follow-up.

Limitations

The conclusions which can be drawn from this study are limited by lack of clarity about sample retention, and significant baseline demographic differences between participants retained in the sample and those who dropped out. Additionally, this study included a targeted indicated population, while the intervention is typically offered to a broader range of participants.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point			
	Child outcomes							
Amount of disruptive behaviour	Early Childhood Behavior Inventory (ECBI) – problem subscale (parent report)	Not reported	Yes	150	Post-intervention			
Amount of disruptive behaviour	Early Childhood Behavior Inventory (ECBI) – problem subscale (parent report)	Not reported	Yes	150	6-month follow- up			
Amount of disruptive behaviour	Early Childhood Behavior Inventory (ECBI) – problem subscale (parent report)	Not reported	Yes	150	12-month follow- up			
Intensity of disruptive behaviour	Early Childhood Behavior Inventory (ECBI) – intensity subscale (parent report)	Not reported	Yes	150	Post-intervention			
Intensity of disruptive behaviour	Early Childhood Behavior Inventory (ECBI) – intensity subscale (parent report)	Not reported	Yes	150	6-month follow- up			

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point		
Intensity of disruptive behaviour	Early Childhood Behavior Inventory (ECBI) – intensity subscale (parent report)	Not reported	Yes	150	12-month follow- up		
Observed disruptive behaviour	Coder Impression Inventory (CII) – subscale (clinician report)	Not reported	Yes	150	Post-intervention		
Observed disruptive behaviour	Coder Impression Inventory (CII) – subscale (clinician report)	Not reported	No	150	12-month follow- up		
Observed parent–child interaction	Coder Impression Inventory (CII) – principal components analysis (clinician report)	Not reported	Yes	150	Post-intervention		
Observed parent–child interaction	Coder Impression Inventory (CII) – principal components analysis (clinician report)	Not reported	Yes	150	12-month follow- up		
	Parent outcomes						
Parental Discipline	Parenting Scale (parent report)	Not reported	Yes	150	Post-intervention		
Parental Discipline	Parenting Scale (parent report)	Not reported	Yes	150	6-month follow- up		

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parental Discipline	Parenting Scale (parent report)	Not reported	Yes	150	12-month follow- up
Observed negative parenting	Coder Impression Inventory (CII) – subscale (clinician report)	Not reported	Yes	150	Post-intervention
Observed negative parenting	Coder Impression Inventory (CII) – subscale (clinician report)	Not reported	No	150	12-month follow- up

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.

Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W. & Grady, J. (2003) Parent training of toddlers in daycare in low-income urban communities. *Journal of Consulting and Clinical Psychology*. 71, 261–278. **This reference refers to a randomised controlled trial, conducted in the US.**

Hutchings, J., Griffith, N., Bywater, T. & Williams, M. (2016) Evaluating the Incredible Years Toddler Parenting Programme with parents of toddlers in disadvantaged (Flying Start) areas of Wales. *Child: Care, Health and Development*. 43 (1), 104–113. **This reference refers to a randomised controlled trial, conducted in the UK.**

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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.