

Selected Evidence Based Practices for Children and Adolescents with Conduct Disorder: Parent Training and Peer Group Interventions

INTRODUCTION

These program overviews describe selected evidence based programs for addressing conduct disorder in children and adolescents. Each of the Parent Training Programs and Peer Group Intervention Programs is supported by substantial research that demonstrates the program's effectiveness.

The importance of addressing multiple domains in the effective treatment of Conduct Disorder has been well established (see "Children and Adolescents with Conduct Disorder: Findings from the Literature and Clinical Consultation in Ontario"). Two key domains include 1) working with the parents of children and adolescents with Conduct Disorder to provide parent training, and 2) peer group interventions. Parent Training is important for helping parents both to understand the events that tend to result in problem behaviours and to develop skills for dealing with these behaviours more effectively. Peer Group Interventions are necessary to help the child or adolescent develop social skills and problem solving abilities and to offer pro-social options for children and adolescents who otherwise would tend to gravitate toward an antisocial peer group.

Although there are many program models for both Parent Training and Peer Group Intervention in use throughout North America, relatively few of them are supported through rigorous research.

The programs featured here were identified through the Expert Panel, the Focus Groups, and a survey of senior clinicians in Children's Mental Health Centres in Ontario on effective peer group interventions being used in practice. Each of the identified programs was reviewed and the available research supporting each program was carefully examined. Of the programs identified and reviewed, only those demonstrating the strongest evidence were selected for inclusion. A considerable number of preventive programs also exist, however inclusion in this selection of programs was limited to approaches that have been shown to be effective with a population where significant conduct problems are already established.

PARENT TRAINING PROGRAMS

TITLE	AGE RANGE	GENERAL COST OF PROGRAM MATERIALS	NUMBER OF SESSIONS
ADOLESCENT TRANSITIONS PROGRAM	11 – 14 years	To be determined late summer 2001	12
COPE	3 -12 years	Low	8–16
DEFIANT CHILDREN	2 -12 years	Low	10–12
INCREDIBLE YEARS	2 -12 years	High	10–14
PARENTING WISELY	9 - 18 years	Moderate to high	1–2
SNAP™	6 - 12 years	Low	12

PROGRAM TITLE	ADOLESCENT TRANSITIONS PROGRAM
AUTHOR / DEVELOPER	Thomas Dishion and Kathryn Kavanagh University of Oregon Eugene, Oregon
TARGET GROUP	<ul style="list-style-type: none"> • Families of 11 to 14 year olds (early adolescents) at risk for antisocial behaviour, substance abuse and depression. • Broad cross section of parents (curriculum to be adapted to the education level and cultural orientation of families)
GOALS	<p><u>Long-term goals:</u></p> <ul style="list-style-type: none"> • Arrest of the development of adolescent antisocial behaviours and drug experimentation. <p><u>Intermediate goals:</u></p> <ul style="list-style-type: none"> • Improvement of parent family management and communication skills.
THEORETICAL FOUNDATION	<ul style="list-style-type: none"> • Ecological theory • Social learning theory
PROGRAM OVERVIEW	<p>The curriculum is based on family management skills of encouragement, limit setting and supervision, problem solving, and improved family relationship and communication patterns. These extensively researched skills (Patterson, 1992) follow a step-wise approach toward effective parenting skills and strategies for maintaining change.</p> <p>Groups provide a balance between skill development and discussion. Each session includes a review of home practices, and introduction of a new family management and communication skill. Parents engage in oral or written group exercises, discussion, role plays, and setting up home practice activities. Videotapes demonstrate family management and communication skills using a wrong way / right way format.</p> <p>Group work is supported by weekly phone contact by the group leader and four individual family meetings. These individual meetings are for purposes of tailoring skills to</p>

	<p>individual family needs and for family discussion of their progress. The first session occurs in the family's home and allows each member to individually identify the changes that he or she would like to make during the program. The other three sessions are available for families after the three key family management components that address encouragement, limit setting and problem solving. These sessions are intended to assist families to tailor skills to their individual needs and to develop strategies for addressing barriers affecting implementation of skills.</p> <p>The curriculum covers:</p> <ul style="list-style-type: none"> • Group processes, goals, neutral requests, and tracking • Pinpointing and active listening • Contracts and reinforcements • Trouble-shooting the behaviour change plan • Supervision • Guidelines and rules re limit setting • Setting limits • Limit setting on challenging behaviours • Listening skills • Bringing up a problem • Negotiation • Strengths, barriers, and strategies.
MODALITY	<ul style="list-style-type: none"> • Group (ideally 8 families, i.e., 8 to 16 parents) • Individual family meetings • Mid-week phone contact by group leader
FREQUENCY AND DURATION OF SESSIONS	<ul style="list-style-type: none"> • Weekly sessions of 90 minutes • 12 parent group meetings and 4 individual family meetings. • Monthly booster sessions for at least three months post completion of group.
RESOURCES	<ul style="list-style-type: none"> • Training on site or at the University of Oregon Family Centre. Onsite training costs approximately \$1000 per day plus travel expenses. Up to 15 participants. • Leader's guide, parent workbook, and 6 videos (10 minutes each) are required. Program materials and prices are expected to be available by the end of the summer of 2001.

	<ul style="list-style-type: none"> • Groups can be run by one or two leaders. One group leader (masters or bachelor level) is recommended for every 10 families. • A paid parent consultant is recommended to facilitate the group process and parent participation. • Parent incentives (family activities, e.g. dinners, movies, bowling) should be given to one or two families per session. • Snacks, and child care support (babysitting money or on site childcare) are recommended.
TRAINING	<ul style="list-style-type: none"> • Training on site or at the University of Oregon Family Centre. Onsite training costs approximately \$1000 per day plus travel expenses. Up to 15 participants.
CORRESPONDING PEER INTERVENTION PROGRAM	Based on studies conducted during development of the program, the adolescent portion is contraindicated (See Selected References). In their current work, the authors have adapted the peer intervention to a 6 week, school-based (Grade 7), universal program, i.e. for all students – not only high risk students.
CONTACT INFORMATION	<p>Kate Kavanagh Project Alliance 2738 NE Broadway Portland, OR 97232 Phone: 503-282-3662 Fax: 503-282-3808 Katek@hevanet.com</p>
SELECTED REFERENCES	<ul style="list-style-type: none"> • Dishion, Thomas, J. and Andrews, David W. (1995). Preventing Escalation in Problem Behaviors with High-Risk Young Adolescents: Immediate and 1-Year Outcomes, <i>Journal of Consulting and Clinical Psychology</i>, Vol.63, No.4, 538-548. <p>Families with children aged 11-14 were randomly assigned to intervention conditions consisting of: Adolescent Transitions Program (ATP) parent focus, ATP teen focus, ATP parent and teen focus, self-directed change with ATP materials only. A quasi-experimental control group was also recruited. Parent focus and teen focus interventions</p>

resulted in immediate beneficial effects on behaviour problems at school. Longitudinal trends suggest that the parent focus may reduce subsequent tobacco use, compared with all other approaches. Interventions that aggregated high-risk youths into groups, however, showed the highest escalations in tobacco use and problem behaviour at school, beginning at termination and persisting at follow-up.

- Dishion, Thomas J., Andrews, David W., Kavanagh, Kate, and Soberman, Lawrence H.; in DeV. Peters, Ray, & McMahon, Robert J. (Eds.) *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Sage Publications: 1996.

To test the effectiveness of implementing ATP in schools, 63 families were randomly assigned to: community-based implementation or school-based implementation. All families received both the teen-focused and the parent-focused interventions. The basic components of ATP were effective in engaging students and their parents and in improving parent-child relations. In addition, the parent-focus curriculum had a short-term effect on the incidence of aggressive and delinquent behaviours in young teens. Parent training and involvement in schools were supported as effective strategies for improving student behaviour, and in reducing the escalation of drug use during the year after program participation. The teen-focus curriculum, although enhancing parent-child relations, did not influence problem behaviour in short-term evaluations.

Additional References

Dishion, Thomas J., and Kavanagh, Kathryn. (2000). A Multilevel Approach to Family-Centered Prevention in Schools: Process and Outcome. *Addictive Behaviors*, Vol. 25, No. 6, pp. 899-911.

PROGRAM TITLE	COPE The Community Parent Education Program
DEVELOPER / AUTHOR	Charles E. Cunningham, Rebecca Bremner, and Margaret Secord Hamilton Health Sciences Corporation
TARGET POPULATION	<ul style="list-style-type: none"> • Higher risk, socially isolated families (including recent immigrants or where English is a Second Language) • Parents of children ages 3 to 12 at risk for, or having, disruptive behaviour disorders
GOALS	<ul style="list-style-type: none"> • Improved parenting skills • Acquisition of problem solving skills • Improved family functioning • Development of supportive personal networks for logistical assistance, information, support and encouragement • Increased awareness and utilization of local resources, e.g. extracurricular programs for children during high risk unsupervised periods
THEORETICAL FOUNDATION	<ul style="list-style-type: none"> • Family systems theory • Social-cognitive psychology • Social learning-based parenting programs • Group process
PROGRAM OVERVIEW	<p>COPE uses a facilitative approach to skill acquisition, i.e. Coping Modeling Problem Solving, whereby participants formulate their own solutions.</p> <p>The format for COPE sessions includes:</p> <ul style="list-style-type: none"> • Social networking and community resources - encouragement of supportive contacts within the group; resource information. • Subgrouping - 5 to 7 member subgroups work together to promote active participation. • Success oriented homework review - review by each member of situations where preceding session's strategies were applied successfully, enhancing self esteem and a sense of personal success. Subgroup leaders summarize examples to the larger group.

- Trouble shooting videotaped parenting errors - parents formulate solutions to errors observed by identifying mistakes and discussing potential consequences. They then formulate alternatives to the errors and consider their relative merits.
- Modeling proposed strategies – large group suggests several situations to which the session’s strategy might be applied. The leader models each solution proposed by the group with a group member playing the role of the child.
- Brainstorming application – subgroups generate a range of different situations, behaviours, or problems to which the session’s strategy might be applied. Subgroup leaders present ideas to the larger group.
- Rehearsing solutions – in groups of two, parents rehearse application of the strategy to personally selected problems via role playing. Parents whose children are attending the social skills activity group may be given an opportunity to practise in a series of structured interactions with their child.
- Planning homework – parents set goals and consider strategies to prompt and reinforce application.

COPE’s curriculum focuses on:

- Encouraging positive behaviour and improving parent-child relationships - attending and reward strategies)
- Balancing family relationships - balancing time and attention among siblings; attending to several children simultaneously
- Avoiding conflicts - strategies for ignoring minor disruptions, disengaging from escalating confrontations, controlling thoughts which intensify anger
- Managing transitions - shifting child’s attention by reinforcing positive behaviours, transitional prompts to assist the child, ignoring protests, reinforcing follow-through
- Increasing compliance - parents learn to organize daily activities in to a series of when-then sequences where task completion is rewarded
- Improving self-regulation - cognitive strategies to support planning and application of plans re. potentially problematic situations
- Responding to antisocial behaviour - emotionally neutral commands, warning, effective consequence

	<ul style="list-style-type: none"> • Point systems - parents develop a home based token economy • Coordinating child management plans - parents develop strategies for informing key individuals, e.g. teachers, babysitters, coaches, re plans, enhancing a collaborative approach to behaviour management • Solving outstanding problems - parents formulate a general problem solving approach and apply it to selected difficulties.
MODALITY	<ul style="list-style-type: none"> • Large group
DURATION AND FREQUENCY OF SESSIONS	<ul style="list-style-type: none"> • 2 hours weekly for 8 to 16 weeks. • Shorter courses may be achieved by combining sessions addressing similar issues, deleting advanced topics, or breaking the program into a series of 3 to 4 session modules. • To sustain gains, parents are encouraged to join a monthly booster session group for graduates of all COPE courses.
RESOURCES	<ul style="list-style-type: none"> • 1 leader minimum. Good opportunity for trainee to co-lead. • COPE Leader's Manual (\$40) • Videotape (\$50) • VCR and television • Paper, crayons, games, etc. for children's group • Refreshments for both groups
TRAINING	<ul style="list-style-type: none"> • Training is optional. Level I Training for 2 days, including the manual and tape, costs approximately \$210. Level II consists of a co-leading opportunity, for which there is no charge. Level III is a "brush up" one day program, costing \$100. Training is held in the Hamilton / Burlington area
CORRESPONDING PEER GROUP INTERVENTION	<p>Children's Social Skills Activity Group This group is designed to provide child care, introduce children to parenting skills, provide parents with an opportunity to practice new skills, improve parental</p>

	<p>participation, and enhance social competence. The program should try to include siblings age 3-12.</p>
CONTACT INFORMATION	<p>Randi Knight COPE Program Chedoke Child and Family Centre Children's Hospital, Hamilton Health Sciences Corporation, Chedoke Campus, Box 2000, Southam Building, Room 113 Hamilton, ON L8N 3Z5 Phone: 905-521-2632 Ext. 2.</p>
MODIFICATIONS/ ADAPTATIONS	<p>Yorktown Child and Family Centre 2468 Eglinton Ave. W., Toronto M6M 5E2 Phone: 416-394-2424 Contacts: Catherine Moffat or Irene Altimira Ext. 28</p> <ul style="list-style-type: none"> • Children's Group: Training children through skill-building activities appropriate to developmental norms; birth to age 12. • Multicultural COPE, offered in English and Spanish; combines social support, education, professional resources, volunteer skills (parent leadership) to meet the needs of the multicultural community. Emphasis is on communication, discipline techniques, stress and anger management. Multicultural videotape with family scenarios. Children's groups as well. • Adapted version for the Somali community • Shelter COPE: Adapted version for women and children who have recently left an abusive relationship <p>Available: Videotape and accompanying leader's manual in English (\$30).</p> <p>To discuss training, contact Irene Altimira, ext.28.</p>
SELECTED REFERENCES	<ul style="list-style-type: none"> • Cunningham, Charles E., Bremner, Rebecca, & Boyle, Michael, Large Group Community-Based Parenting Programs for Families of Preschoolers at Risk for Disruptive Behaviour Disorders: Utilization, Cost Effectiveness, and Outcome. <i>Journal of Child Psychology and Psychiatry</i>, 36, pp.1141-1159, 1995. <p>This randomized controlled trial compared the community based large group program with a clinic based, individual parent training program, and a waitlist control group. Parents in the community groups reported greater</p>

	<p>improvements in behaviour problems at home and better maintenance of these gains at 6-month followup. A cost analysis showed that, with groups of 18 families, community parent training groups are more than 6 times as cost effective as clinic / individual programs.</p> <ul style="list-style-type: none"> • Cunningham, C.E., Davis, J.R., Bremner, R., Dunn, K.W., & Rzasa, T. (1993). Coping modeling plus problem solving versus mastery modeling: Effect on adherence, in-session process, and skill acquisition in a residential parent training program. <i>Journal of Consulting and Clinical Psychology</i>, 61, 871-877. <p>Fifty staff in a residential staff training program were randomly assigned to: mastery modeling (videotaped models demonstrated new skills), coping modeling problem solving (CMPS, where participants formulated their own solutions to errors depicted by videotaped models), or a waitlist control group. The skills of all groups improved, but CMPS participants attended significantly more training sessions, arrived late to fewer sessions, completed more homework, interacted more positively during sessions, reported significantly higher personal accomplishment scores, and rated the program more positively than those who participated in the more didactic mastery modeling condition.</p>
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Additional References:

Cunningham, C.E. (1990). A Large-Group, Community-Based, Family Systems Approach to Parent Training. In Russell A. Barkley, *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*. New York: Guilford Press, 1990.

PROGRAM TITLE	DEFIANT CHILDREN
DEVELOPER / AUTHOR	Russell A. Barkley
TARGET POPULATION	<ul style="list-style-type: none"> Parents of children aged 2 to 12 with noncompliant, defiant, oppositional, stubborn, or socially hostile behaviour alone or with other childhood disorders. <p>“Children older than 12 years of age or those who are seriously aggressive and assaultive with others should not be considered for this program. They often do not respond or their reaction to the procedures results in an escalation of family conflicts... However, at the conclusion of other forms of treatment, e.g., more intensive in-clinic or residential treatment, this program can be suitable for parents to prepare them for the child’s return home.” (Barkley, p5)</p>
GOALS	<ul style="list-style-type: none"> Improved parental management skills and competence in dealing with child behaviour problems, particularly noncompliant or defiant behaviour. Increased parental knowledge of the causes of childhood defiant behaviour and the principles and concepts underlying the social learning of such behaviour. Improved child compliance with commands, directives, and rules given by the parents. Increased family harmony
THEORETICAL FOUNDATION	<ul style="list-style-type: none"> Social learning theory Behaviour modification
PROGRAM OVERVIEW	<p>Based on Patterson’s work (1982), Barkley explains that noncompliance / defiance in children is a result of negative patterns of interaction in the parent-child relationship, but also child characteristics (temperament, cognitive characteristics), parental characteristics, and contextual factors (e.g., parental isolation, marital status).</p> <p>Key concepts of the Defiant Child program include:</p> <ul style="list-style-type: none"> Make consequences immediate Make consequences consistent Establish incentive programs before punishment

	<ul style="list-style-type: none"> • Anticipate and plan for misbehaviour • Recognize that family interactions are reciprocal <p>The program may be taught as a self-contained unit, or it can be integrated into ongoing family therapy or parent counseling. Normally the complete set of 10 steps should be taught, and should remain in sequence:</p> <ol style="list-style-type: none"> 1. Why children misbehave 2. Pay attention! 3. Increasing compliance and independent play 4. When praise is not enough: poker chips and points 5. Time out and other disciplinary methods 6. Extending time out to other misbehaviour 7. Anticipating problems 8. Improving school performance from home: the daily school behaviour report card 9. Handling future behaviour problems 10. Booster session and follow-up meetings. (at 1 month and then at 3 months). <p>Each session begins with a review of the previous session's homework and any other events the family wishes to share. Failure to complete homework is addressed if necessary. New material, concepts and methods are introduced through modeling or demonstration. If training is being done with an individual family, practice methods within the session are encouraged, ideally using a one-way mirror. For group training, there is discussion of the methods and any problems that families anticipate with implementation. Homework for the coming week is assigned. Praise, encouragement and positive feedback are provided throughout each session.</p>
MODALITY	<ul style="list-style-type: none"> • Groups (preferred modality) of 6 to 10 families • Individual families <p>The decision of group vs. individual therapy may be based on issues relating to parental education level; type, number and severity of the child's problems; degree of family stress; and extent of individual attention a family may require.</p>
DURATION AND FREQUENCY OF SESSIONS	<ul style="list-style-type: none"> • For parent training groups, weekly sessions of 2 to 2½ hours for 10-12 weeks • For individual families, weekly sessions of 1 hour – flexible program length.

RESOURCES	<p><i>Defiant Children</i> (Second Edition, 1997) <i>A Clinician's Manual for Assessment and Parent Training</i> The Guilford Press, NY (\$55.95 Canadian) ISBN 1-57230-123-6 (Reproducible assessment forms and handouts are included in the Manual)</p> <ul style="list-style-type: none"> • Spanish version of assessment tools and parent handouts are available from publisher (\$19.95US) • Companion video program with accompanying manuals: <i>Understanding the Defiant Child</i> (\$95US) and <i>Managing the Defiant Child: A Guide to Parent Training</i> (\$95US)
CONTACT INFORMATION	<p><u>To purchase the manual:</u> Parentbooks 201 Harbord St. Toronto Ontario M5S 1H6 Phone: 1-800-209-9182 or 416- 537-8334 Fax (416) 537-9499 www.parentbookstore.com</p> <p><u>CMHO contact who is knowledgeable about this program:</u> Connie Ross The Phoenix Centre for Children and Families Suite 200, 130 Pembroke St. West Pembroke, ON K8A 5M8 Phone: 613-735-2374 Ext. 236</p>
MODIFICATIONS / ADAPTATIONS	<p><u>Raising Children with ADHD</u> (Parent training and children's groups) adapted from <i>Defiant Children</i>. Aisling Discoveries Child & Family Centre 325 Milner Ave., Suite 110 Scarborough, ON M1B 5N1 Phone: 416-321-5464 Contact: Yvonne Bohr</p>
SELECTED REFERENCES	<ul style="list-style-type: none"> • Forehand, R.L. & McMahon, R.J. (1981). <i>Helping the noncompliant child: A clinician's guide to parent training</i>. New York: Guilford Press. <p>This reference addresses the efficacy of procedures described by Barkley, including: improving parental selective attending, improving parental deliverance of commands, and parental use of time out.</p>

	<ul style="list-style-type: none"><li data-bbox="537 237 1365 415">• Anastopoulos, A.D., Shelton, T.L., DuPaul, G.J. & Guevremont, D.C. (1993). Parent training for attention-deficit hyperactivity disorder: Its impact on parent functioning. <i>Journal of Abnormal Child Psychology</i>, 21, 581-596. <p data-bbox="537 457 1365 636">This article addresses the efficacy of procedures described by Barkley, including: improving children’s solitary play behaviour; parental use of time out; and parental planning and activity scheduling as problem prevention measures (particularly before entering public places).</p>
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PROGRAM TITLE	THE INCREDIBLE YEARS: Parent and Child Training Series
DEVELOPER / AUTHOR	Carolyn Webster-Stratton University of Washington Seattle, Washington
TARGET POPULATION	<ul style="list-style-type: none"> • Parents and Teachers who work with children, ages 2-10, at high risk for developing conduct disorders, delinquency and substance abuse, e.g. families living in poverty, families with child protection issues. • Parents of children with conduct problems, ages 2-12, e.g., aggressive behaviour, defiance, destructive acts, noncompliance • Preschool, day care and early elementary teachers of students with conduct problems, ages 2-8 • Parents at risk for abuse or neglect • Culturally diverse families (programs available in Spanish)
GOALS	<p><u>For parents:</u></p> <ul style="list-style-type: none"> • Strengthened parental competencies • Involvement in children's school experiences to promote children's academic and social competencies and reduce conduct problems. <p><u>For children:</u></p> <ul style="list-style-type: none"> • Strengthened social and academic competence • Reduced behaviour problems • Increased positive interactions with peers, teachers and parents. <p><u>For teachers:</u></p> <ul style="list-style-type: none"> • Strengthened teacher competence and home-school connections
THEORETICAL FOUNDATION	<ul style="list-style-type: none"> • Social learning theory • Cognitive theory
PROGRAM OVERVIEW	The Incredible Years training programs have been strongly influenced by Gerald Patterson's social learning model which emphasizes the importance of the family and teacher socialization processes.

Trained leaders show parent groups videotaped situations of parents and children, and encourage discussion and problem solving. Participants discuss principles of childrearing and practice new skills through role playing and home practice.

- The Early Childhood BASIC Parent Training Program (ages 2-7) involves group discussion and a series of 250 video vignettes, teaching parents interactive play and reinforcement skills, nonviolent discipline techniques, logical and natural consequences, and problem solving strategies.
- The School Age BASIC Parent Training Program (ages 5-12) is a multicultural program that emphasizes strategies for older children, e.g. logical consequences, monitoring, problem solving with children, and family problem solving. It addresses how to support the child's education; promoting positive behaviours; and reducing inappropriate behaviours.
- ADVANCE Parent Training, a supplement to the Basic program, addresses other family risk factors, such as depression, marital discord, poor coping skills. It focuses on parent interpersonal issues, e.g. effective communication and problem-solving skills, anger management and ways to give and get support.
- The early childhood or the school-age BASIC program can be supplemented by the EDUCATION Parent Training Program (Supporting Your Child's Education) which covers topics such as: promoting children's confidence, fostering good learning habits, participating in homework and using parent conferences to advocate for your child. There is also a Teacher Training Program which addresses classroom management skills.

About 60% of each session consists of group discussion, problem solving, and support; 25% is videotape modeling; and 15% is teaching.

The leader calls parents every 2 weeks re. their progress and any difficulties with homework assignments. Also, the leader assigns each participant a "buddy". Buddies are

	<p>expected to speak during the week to share progress on homework and update each other if sessions are missed. Buddies are changed every few weeks.</p> <p>Note: For comprehensive overviews of all programs, visit www.incredibleyears.com and click on OJJDP Review under Articles.</p>
MODALITY	<ul style="list-style-type: none"> • BASIC programs can be self-administered or delivered to groups of 10-14 participants. ADVANCE programs are delivered to groups.
DURATION AND FREQUENCY OF SESSIONS	<p>BASIC: Two hours weekly for 12-14 weeks</p> <p>ADVANCE: Two hours weekly for 10-12 weeks (after BASIC)</p>
RESOURCES	<ul style="list-style-type: none"> • Especially for BASIC groups, it is preferable to have two group leaders, but one is adequate. Ideally, there should be one male and one female leader. Parents who have completed the program can receive training as co-leaders from certified trainers. • A VCR is required for program implementation. • There are separate leader manuals, parent, teacher and child books and posters for each of the three versions of the program. There are also videotapes with vignettes to facilitate group discussions, weekly homework assignments, weekly “refrigerator notes” and magnets. Audiotapes are available for the parent book, in both English and Spanish. • Costs vary depending on curriculum chosen and whether individual components versus complete sets are ordered. • Individual BASIC programs (ages 2-7), which are available in English or Spanish, range from \$330US. A set of all 4 BASIC programs costs \$1300US. • The ADVANCE Programs (ages 4-10) range from \$295US to \$395US, with all 3 available for \$775US.

	<ul style="list-style-type: none"> • SCHOOL AGE BASIC Parent Training Programs (age 5-12) cost from \$295US to \$495 each, with all 3 available for \$995US. • BASIC, ADVANCE and SCHOOL AGE BASIC programs (total of 10) can be purchased for \$2695US. • The Dina Dinosaur curriculum includes feeling spinning wheels, posters, laminated cue cards, stickers, books for children and life size puppets. Individual DINA programs range from \$145US to \$375US. Package of all 6 is available for \$975US. • It is considered essential to offer transportation, childcare and dinners, particularly when working with low income families. • <i>The Incredible Years</i> (guide for parents) is available (\$19.95) through Umbrella Press in Toronto (see Contact Information) • For full list of products, see website.
TRAINING	<ul style="list-style-type: none"> • Group leader certification is highly recommended by the program developer and is required if the program is to be evaluated as part of a research program. A certified leader may then become certified as a mentor of group leaders, i.e. he or she may qualify to train other trainers • Each workshop, for 25-30 participants, typically lasts for 3 days. Fees are negotiated according to the number of days of training and whether training includes one or more curricula. Travel costs are additional.
CORRESPONDING PEER GROUP INTERVENTION	<p><u>Dina Dinosaur's Social Skills and Problem-Solving Curriculum</u> for working with children in small groups in 18-20 two hour group sessions. Tapes are narrated by child-size puppets using fantasy, role play and cooperative activities. The curriculum is designed to strengthen children's social and emotional competencies, e.g. understanding and communicating feelings; using effective problem solving strategies; managing anger; practicing friendship and conversational skills, and appropriate classroom behaviours.</p>

<p>CONTACT INFORMATION</p>	<p>Incredible Years 1411 8th Avenue West, Seattle, WA 98119 Phone: 888-506-3562 or 206-285-7565 www.incredibleyears.com/research/evaluation.htm Incredibleyears@seanet.com</p> <p>To order <i>The Incredible Years</i> (book for parents): Umbrella Press 56 Rivercourt Blvd., Toronto, ON M4J 3A4 Phone: 416-696-6665</p>
<p>SELECTED REFERENCES</p>	<ul style="list-style-type: none"> • Webster-Stratton, C, Hollinsworth, T, Kolpacoff, M. (1989). The long-term effectiveness and clinical significance of three cost effective training programs for families with conduct-problems children. <i>Journal of Consulting and Clinical Psychology, 57 (4): 550-553</i> <p>Parents of 114 children, ages 3 to 8, with conduct problems were randomly assigned to one of four groups: IVM (individually/self administered videotape modeling); BASIC (videobased group therapy); GD (group therapy alone); or waitlist control group. Relatively few differences were noticed between treatment groups, but these differences favoured BASIC training. Cost effectiveness was the major strength of the IVM program. Results indicated that all the significant improvements reported immediately posttreatment were maintained one year later. About two thirds of the entire sample showed clinically significant improvements. There were very few differences between the three treatment conditions, except for the consumer satisfaction measure indicating that the BASIC training was superior.</p> <ul style="list-style-type: none"> • Webster-Stratton, C. (1994). Advancing videotape parent training: A comparison study. <i>Journal of Consulting and Clinical Psychology 62(3): 583-593.</i> <p>Parents of 78 families with children with Obsessive Compulsive Disorder or Conduct Disorder received the BASIC parent training and were randomly assigned to either ADVANCE training for 12 weeks or no further contact. ADVANCE children showed significant increases in the total number of solutions generated during problem</p>

	<p>solving, most notably in prosocial solutions vs. aggressive solutions. There were significant improvements in marital interactions for ADVANCE parents' compared to the parents that did not receive ADVANCE.</p> <p>Note: For a comprehensive summary of evaluation studies of the Incredible Years, including: parenting program claims, evaluation methods, evidence of efficacy, and full references, see www.incredibleyears.com/research/evaluation.htm</p>
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Additional References:

Strengthening America's Families: www.strengtheningfamilies.org

Webster-Stratton, C. (2000). The Incredible Years Training Series, *Juvenile Justice Bulletin*, Washington, DC: U.S. Department of Justice. (Available through Incredible Years website.)

PROGRAM TITLE	PARENTING WISELY
DEVELOPER / AUTHOR	Donald Gordon Ohio University Athens, Ohio
TARGET POPULATION	<ul style="list-style-type: none"> • Families at risk with children from 9 -18 years of age • Parents who may face barriers to parent education and family treatment, particularly low-income, at-risk populations. Suitable for illiterate parents and for those who prefer a private parent training experience. • English and Spanish versions. • French version expected before the end of 2001.
GOALS	<ul style="list-style-type: none"> • Enhanced family relationships and decreased conflict. • Parenting skills to prevent or arrest the development of serious problems such as: delinquency, academic failure, substance abuse, violence, irresponsible and reckless behaviour, chronic family conflict, and depression.
THEORETICAL FOUNDATION	<ul style="list-style-type: none"> • Social learning theory • Family systems theory • Cognitive behavioural theory
PROGRAM OVERVIEW	<p>Through a self-administered, self-paced CD-ROM program (no previous computer experience required), parents view video scenes of common family problems. The program is based on the Functional Family Therapy model developed by James Alexander (University of Utah), and presents problems and explanations within a family systems context.</p> <p>Parents must think and select responses for the program to continue. For each problem selected, parents choose a solution, see it enacted, and listen to a critique of their chosen response.</p> <p>The program covers:</p> <ul style="list-style-type: none"> • Communication skills • Problem solving skills • Speaking respectfully • Assertive discipline • Reinforcement

	<ul style="list-style-type: none"> • Chore / homework compliance • Supervising children associating with negative peers • Step-family problems • Single parent issues • Violence and others <p>The program can be used as a family intervention to promote conversation among parents and teens, and the development of the same skills by both generations. A therapist can reinforce learning from the program. Parenting Wisely can be used prior to a first family therapy session, e.g. for waitlisted clients, as an adjunct to therapy, or as a booster session after therapy.</p> <p>The program advises parents to seek additional professional help if their family problems do not improve significantly with this program.</p>
MODALITY	<ul style="list-style-type: none"> • Interactive CD-ROM • Video series. • Delivered individually with families or in groups. • May be used in home or in clinical settings.
DURATION AND FREQUENCY OF SESSIONS	<ul style="list-style-type: none"> • 2.5 to 3 hours over one to three sessions
RESOURCES	<ul style="list-style-type: none"> • One staff member, who does not require clinical skills, can deliver the program, i.e. turn on the computer and show the family how to move the cursor on the screen. For home viewing, agencies might need to drop off and pick up a laptop computer. • Required: Pentium 166 Mhz or higher with 16MB or more RAM, 4X CD-ROM or better, Windows 95 or later with sound card and speakers. • Required: CD-ROM (\$900US) in English or Spanish. Disc comes with kit (manual for community implementation, five parent workbooks, program completion certificates, brochures, referral cards and floppy disk with evaluation forms). Replacement supplies are available, but certificates, brochures and referral cards may be photocopied.

	<ul style="list-style-type: none"> • For multiple computer sites, multiple copies of the CD-ROM must be purchased, and are available at a discount. • Required: Parent workbooks (one per family @ \$8.75 to \$5.75US depending on quantity ordered) • Videotapes (English or Spanish) can be used as a booster for in-home use after the family has used the CD-ROM. The Parenting Wisely Video Series includes: Service Provider's Guide, 3 parent workbooks, poster, floppy disc with evaluation forms, scoring keys, program evaluation guide. Cost is \$150US for purchasers of CD-ROM, and \$250US for others. Individual Tapes (Part I,II,III) cost \$99.50US each • Incentives to get parents to the program are strongly recommended, e.g. restaurant coupons, movie tickets, gift certificates, etc. Also recommended is childcare and transportation.
TRAINING	<ul style="list-style-type: none"> • Training for the agency is not required. One-day training is available for staff in dissemination of the program in communities (\$1500US for Donald Gordon, or \$600 for a staff member). • Free telephone consultation by the developer is available.
CORRESPONDING PEER INTERVENTION PROGRAM	<ul style="list-style-type: none"> • CD-ROM and videos can be used along with teens and preteens.
CONTACT INFORMATION	<p>Family Works Inc., 20 East Circle Drive, Suite 190 Athens, OH 45701 Tel: 866-234-WISE(toll free), or 740-593-9505 Fax: 740-597-1598 Website: www.familyworksinc.com</p>
MODIFIED VERSIONS / ADAPTATIONS	<ul style="list-style-type: none"> • <i>The Wise Parent</i> is a 3 CD set covering the same information and video scenes as in <i>Parenting Wisely</i>. It is designed for parents comfortable with computers and whose educational attainment is higher, as the reading level is 12th grade. <i>The Wise Parent</i> assumes parents

	<p>are motivated to get the information, since they purchase the program themselves for home use and does not force them into particular content. (\$99US for all 3, or \$33.95US each).</p>
<p>SELECTED REFERENCES</p>	<ul style="list-style-type: none"> • Kacir, C.D., and Gordon, D.A. (1999) Parenting Adolescents Wisely: The effects of an interactive video-based parent training program in Appalachia. <i>Child and Family Behaviour Therapy</i>, 21(4), 1-22. <p>Thirty-eight mothers of middle school students (average scores in the clinically deviant range) were randomly assigned to either Parenting Adolescents Wisely (PAW) or a control group. One month after using the PAW program, the group showed significant increases in knowledge of parenting skills and principles and children showed significant reductions in problem behaviours. The control group did not show changes. Four months later, the treatment group showed more improvements, while the control group showed no change. Most of the treated group showed scores in the normal range while none of the control group showed such change.</p> <ul style="list-style-type: none"> • Segal, D., Chen, P., Gordon, D.A., Kacir, C., & Gylys, J. (1999). Parenting Adolescents Wisely: Comparing interactive computer-laserdisk and linear video methods of intervention in a parent training program. <p>Parents of children who were being seen at mental health centres for behaviour problems were randomly assigned to a Parenting Adolescents Wisely (PAW) interactive video disk group, or a PAW videotape (linear) group. The content of the two programs was very similar, but the learning format was either interactive or passive. Scores improved with both groups, showing reductions in child problem behaviours. One-third to one-half of the children in both groups showed changes into the normal of functional range of behaviour. Parents showed significant improvements on knowledge of effective parenting principles and skills, and on a self-report measure of use of the parenting skills taught in the program.</p>

Additional References:

Strengthening Families: www.strengtheningfamilies.org

PROGRAM TITLE	SNAP™ (Stop-Now-and-Plan: Parenting Training)
DEVELOPER / AUTHOR	Earls court Child and Family Centre Toronto
TARGET GROUP	<ul style="list-style-type: none"> Families with children under age 12 who are exhibiting disruptive, noncompliant, and aggressive behaviours
GOALS	<ul style="list-style-type: none"> Teaching parents about SNAP™, a self-control and problem-solving skill taught to their children, and how they can encourage their children's use of SNAP™ at home and at school. Teaching parents effective parenting skills.
THEORETICAL FOUNDATION	<ul style="list-style-type: none"> Social learning theory Cognitive theory
PROGRAM OVERVIEW	<p>SNAP™ is part of the multifaceted Under 12 Outreach Project (ORP) of the Earls court Child and Family Centre. The central objective of the ORP is to reduce police contact among a population at risk of engaging in criminal activity. Core components include SNAP™ groups for children and the complementary parent groups.</p> <p>SNAP™ is a cognitive tool taught to children to help them control their behaviour, think about the consequences of their behaviour, and develop socially appropriate plans. It is taught to parents as an anger management technique to help them remember not to discipline when emotionally aroused, to think about what they want to achieve, and to administer a non-violent consequence appropriate to the circumstances.</p> <p>The leader introduces a specific parent/child problem and applicable parenting skill at each session. After the opening discussion, the leader works through the skill as outlined, asks parents for examples of how to use it, models the skill, and then calls for volunteers to role-play using it. Parents receive a homework assignment at the end of each session.</p> <p>It is strongly recommended to begin each session with structured stretch/relaxation exercises. This is followed by review of homework, group discussion, and role-play of the</p>

	<p>session's parenting skill. Homework promotes the use of the new parenting skill during the week at home. Praise and encouragement re. homework completion are very important.</p> <p>Topics covered typically include:</p> <ul style="list-style-type: none"> • Introductory session re SNAP™ for parents • Stopping stealing • Tracking (watching and noting) child behaviour • Monitoring and routines • Listening and encouraging • Giving commands • Charting rewards (2 sessions) • Time out (2 sessions) • Problem Solving • Home and school relations
<p>MODALITY</p>	<ul style="list-style-type: none"> • Small group • The group leader calls each parent during the week to inquire about use of the skill addressed in the previous session, and to encourage attendance at the next meeting.
<p>DURATION AND FREQUENCY OF SESSIONS</p>	<ul style="list-style-type: none"> • 1½ hour sessions for 12 weeks, held at the same time as the children's groups.
<p>RESOURCES</p>	<ul style="list-style-type: none"> • Use of SNAP™ without a license is strictly prohibited. Licenses are available from EarlsCourt for \$1. • One group leader per parent group. Parents who are graduates of the groups and show leadership potential are encouraged to co-lead subsequent groups. Paraprofessionals can implement the program with supervision by professionals through use of a one-way mirror, two-way telephone, and taping sessions with voice-over for review. Professional group leaders can also be used.“ Only group leaders trained in the principles of behaviour management and behaviour change, and skilled in contingent reinforcement, modeling, role playing, and group management should attempt to use (SNAP™). A basic knowledge of stretch and relaxation exercises is also required.”

	<ul style="list-style-type: none"> • Childcare: Siblings that are younger or older than the child in the SNAP™ group are cared for in a structured activity group where the SNAP™ approach is used. Children do crafts, games, etc. • VCR and television • Games, arts and craft materials • Dollar-value prizes • <u>SNAP™ Resource Kit</u> - including manuals, assessment tools, 2 training videos, booklets (\$150, or \$143 if 10+ kits ordered). Individual components also available. <p>Manuals: SNAP™ Children’s Group Manual SNAP™ Parent Group Leader Manual SNAPP Stop-Now-And-Plan-Parenting: Parenting children with behaviour problems (for parents and parent-educators)</p> <p>Assessment Tools: Early Assessment Risk List for Boys Early Assessment Risk List for Girls</p> <p>Training Videos: SNAP™ Stopping Stealing</p> <p>Booklets: Lying, Bullying, Stopping Stealing, SNAP™, Brothers and Sisters Learn SNAP™, Tips for Troubled Times (parent companion guide to SNAP™ Parent Group Leader Manual)</p> <p>Also available to purchasers of kit: SNAP™ large hand-held puppet (\$125).</p> <ul style="list-style-type: none"> • Taxis or tickets for public transportation are recommended to encourage attendance. • Snacks for parents and children’s groups.
TRAINING	<ul style="list-style-type: none"> • Optional training and consultation about implementation are available from Earls court. Training off-site (from ½ day to 5 days) costs \$2000 per day; reduced fee for training at Earls court.

MODIFICATION / ALTERNATIVES	<ul style="list-style-type: none"> • <u>SNAPP – Stop-Now-And-Plan-Parenting</u> SNAPP is a program designed for intervention with individual families. It focuses on interactional sequences that occur in families, inside and outside of the home, and the effect that family members have on each other during interactions. The program utilizes modeling, role playing and homework practice of skills to encourage change in parent-child interactions. <p>As parents are seen as the primary agents of change, families set their own goals, and strategies are designed to meet the family’s needs. Specific skill training includes: tracking, positive communication techniques, rewarding, disciplining, monitoring, and problem solving.</p>
CORRESPONDING PEER GROUP INTERVENTION	<ul style="list-style-type: none"> • SNAP™ (Stop Now and Plan) - See description in this document.
CONTACT INFORMATION	<p>Leena Augimeri Earlscourt Child and Family Centre 46 St. Clair Gardens Toronto, Ontario M6E 3V4 Phone: 416-654-8981 Email: laugimeri@earlscourt.on.ca Website: www.earlscourt.on.ca</p>
SELECTED REFERENCES	<ul style="list-style-type: none"> • Day, D.M. & Hrynkiw-Augimeri, L. (1996). Serving children at risk for juvenile delinquency: an evaluation of the Earlscourt Under 12 Outreach Project (ORP) Final Report submitted to Department of Justice, Sept. 1996. <p>Of 32 children, aged 6-11, with clinically significant behavioural problems / police contact, half were randomly assigned to the Intermediate Treatment Group (ITG) (Under 12 Outreach Project: Transformer Club peer intervention, Parent Group and Individual Befriending, Tutoring) and half were assigned to the Delayed Treatment Group. “Children in the ITG evidenced significant reductions in behaviour problems, according to their parents, but not their teachers. Significant decreases were also observed in their self-reported delinquent behaviour. ...Children in the ITG reported that they had less positive attitudes toward antisocial behaviour and that fewer of their peers engaged in antisocial behaviour...”(p77) "Parents in the ITG also showed significant reductions in their level of stress related</p>

	<p>to the parent-child relationship as well as some positive increases in their attitudes toward parenting and perceived self-competence in managing child behaviour problems.” (p78)</p> <ul style="list-style-type: none"> • Hrynkiw-Augimeri, L., Pepler, D., & Goldberg, K. (1993). An outreach program for children having police contact. <i>Canada’s Mental Health</i>, 42, 7-12. <p>Fifty-four boys and 10 girls with clinically significant behavioural problems / police contact participated in the Under 12 Outreach Project (ORP), including Transformer Club, Parent Group and Individual Befriending. “There were significant improvements in parents’ ratings of total, externalizing and internalizing behaviour problems...” (pp. 9-10) "There were significant improvements from admission to 6 month follow-up on parent ratings of total, externalizing and internalizing behaviour problems, and social competence...” (p.10)</p>
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Additional References:

Under 12 Outreach Project (ORP) Research Summary. Toronto: Earls court Child and Family Centre, Draft October 12, 2000.

Levene, Kathryn (1998). SNAPP Stop-Now-And-Plan Parenting: Parenting children with behaviour problems. Toronto: Earls court Child and Family Centre