

# Incredible Years School Age Basic

Review: September 2017

**Incredible Years School Age Basic is a targeted-indicated programme for parents with a child between the age of 6 and 12 years, who have concerns about their child's behaviour.**

The programme is appropriate for children who have attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD), or difficulties with peer relationships.

Parents learn more effective strategies for dealing with unwanted child behaviour via group discussion, role play, homework and video vignettes.

The programme aims to increase the use of effective parenting strategies and ultimately to reduce antisocial or criminal behaviour.

The Advanced add-on to Incredible Years School Age Basic includes a component that seeks to improve children's outcomes by improving the quality of interparental relationships (IPR).

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Evidence  
rating: **3+**

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Cost rating: **2**

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## EIF Programme Assessment

Incredible Years School Age Basic has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

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Evidence  
rating: **3+**

### What does the evidence rating mean?

**Level 3** indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

### What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

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## Cost rating

A rating of 2 indicates that a programme has a medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.

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Cost rating: **2**

# Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

## Enhancing school achievement & employment

### Improved reading ability

Based on study 3

## Preventing crime, violence and antisocial behaviour

### Reduced oppositional behaviour

Based on study 1

10-point improvement on the Eyberg Child Behaviour Inventory (parent report)

Improvement index: **+13**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 63% and worse outcomes than 37% of their peers, if they had received the intervention.

4 months later

### Reduced antisocial behaviour

Based on study 1

0.24-point improvement on the Parent Account of Child Symptoms measure (parent report)

Improvement index: **+20**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 70% and worse outcomes than 30% of their peers, if they had received the intervention.

4 months later

Based on study 3

## Reduced ADHD symptoms

### Based on study 1

0.21-point improvement on the Parent Account of Child Symptoms measure (parent report)

Improvement index: **+17**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 67% and worse outcomes than 33% of their peers, if they had received the intervention.

4 months later

## Reduced oppositional defiant disorder diagnosis

### Based on study 1

22-percentage point reduction in proportion of participants with oppositional defiant disorder diagnosis (measured using the oppositional defiant disorder items of the DSM-IV)

Improvement index: **+27**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 77% and worse outcomes than 23% of their peers, if they had received the intervention.

4 months later

## Improved behaviour at home

### Based on study 2

11.32-point improvement on a child conduct problems at home composite score (including the Eyberg Child Behaviour Inventory, the Coders Impressions Inventory for Children, and the Dyadic Parent-Child Interaction Coding System)

Improvement index: **+25**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 75% and worse outcomes than 25% of their peers, if they had received the intervention.

Immediately after the intervention

## Improved behaviour at school

### Based on study 2

7.05-point improvement on a child conduct problems at school composite score (including the Teacher Assessment of Social Behaviour scale, the MOOSES classroom observation coding system)

Improvement index: **+14**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 64% and worse outcomes than 36% of their peers, if they had received the intervention.

Immediately after the intervention

### Reduced intensity of conduct problems

#### Based on study 3

### Reduced nature and intensity of difficulties

#### Based on study 3

*This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.*

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## Key programme characteristics

### Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Primary school

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### How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

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### Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Primary school
- Community centre
- Out-patient health setting

The programme may also be delivered in these settings:

- Children's centre or early-years setting
- Secondary school

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### How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated
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## Where has it been implemented?

United Kingdom, United States

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## UK provision

This programme has been implemented in the UK.

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## UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

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## About the programme

### What happens during delivery?

#### How is it delivered?

- Incredible Years School Age Basic is delivered in 12-16 (2-hour) sessions by a lead and co-practitioner to groups of 8-12 parents.
- When combined with the Advanced Programme, parents attend between 10-12 additional sessions, depending on the needs of the target group.

*Note: this programme can also be delivered individually to families in 12-16 (1.5-2 hour) sessions.*

#### What happens during the intervention?

- *Group discussion and brainstorm:* guided by facilitators, parents discuss new content, share their own experiences, and come to an understanding of the rationale behind the parenting strategies that are presented to them during the programme.
- *Role plays:* parents practice strategies in the parent role, and experience the new strategies from the child's point of view. Role play is tailored to represent specific issues that families in the group are experiencing at home.
- *Homework:* parents take what they have discussed and practiced in the group and try the new strategies at home with their own children. They come back to the group to report on what worked and what did not work, so that they can receive ideas and feedback to refine their practice.
- *Parent book:* parents have a reading assignment each week that provides some theory behind the strategies that they are learning, as well as practical examples of how to implement the new strategies.
- *Video vignettes:* parents watch vignettes of other parents who represent a diverse range of cultures, family circumstances, and child developmental level. From these vignettes, the parents develop principles of effective parenting and think about how they wish to apply these with their own children.



## **What are the implementation requirements?**

### **Who can deliver it?**

- The practitioners who delivers this programme are two mental health practitioners, psychologists, nurses, teachers or social workers, both with QCF 7-level qualifications.

### **What are the training requirements?**

- The practitioners receive 21 hours of programme training.
- Booster training of practitioners is recommended.

### **How are the practitioners supervised?**

- It is recommended that practitioners are supervised by 1 programme developer supervisors qualified to QCF-7/8 level.

### **What are the systems for maintaining fidelity?**

- Training Manual
- Other printed material
- Video or DVD training
- Face-to-face training
- Fidelity monitoring
- Review of therapy sessions via video
- Skype consultation

### **Is there a licensing requirement?**

There is no licence required to run this programme.

## How does it work? (Theory of Change)

### How does it work?

- The Incredible Years model assumes that some parenting behaviours inadvertently encourage unwanted child behaviour.
- Parents will learn more effective strategies for dealing with unwanted child behaviour when they have opportunities to practice and perceive themselves as effective in using them.
- Effective parenting strategies help the child learn how to better manage his or her emotions and behaviour.
- In the longer term, the child will get along better with others and there will be a reduced likelihood of antisocial or criminal behaviour.

### Intended outcomes

Supporting children's mental health and wellbeing Preventing child maltreatment Enhancing school achievement & employment Preventing crime, violence and antisocial behaviour Preventing substance abuse

### Contact details

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## About the evidence

Incredible Years School Age Basic's most rigorous evidence comes from three RCTs which were conducted in the USA and the UK. These studies identified a statistically significant positive impact on a number of child and parent outcomes.

A programme receives the same rating as its most robust study. This programme has evidence from two rigorously conducted RCTs, along with evidence from an additional comparison group study. Subsequently, the programme receives a 3+ rating overall.

### Study 1

**Citation:** Scott et al. (2010) | **Design:** RCT

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**Country:** United Kingdom | **Study rating:** 3

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**Sample:** 112 children between the ages of 5 and 6 years who scored highly on measures of antisocial behaviour

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**Timing:** 4-month follow-up

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**Child outcomes:**

Reduced oppositional behaviour

Reduced antisocial behaviour

Reduced ADHD symptoms

Reduced oppositional defiant disorder diagnosis

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**Other outcomes:**

Improved parenting warmth  
Reduced criticism towards child  
Increased play  
Increased praise  
Increased rewards  
Increased use of time out  
Reduced use of harsh discipline  
Increase in positive attention  
Increase in seeking cooperation

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Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C., Landau, S. (2010). Randomised controlled trial of parent groups for child antisocial behaviour targeting multiple risk factors: The SPOKES project. *Journal of Child Psychology and Psychiatry*, 51(1), 48-57.

**Available at**

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1469-7610.2009.02127.x>

**Study design and sample**

The first study is a rigorously conducted RCT. This study involved random assignment of children to a combination intervention (IY and SPOKES, a literacy/home reading programme) and a low dose control group (an information helpline – control parents were offered a telephone helpline manned by the same staff, who advised them how best to access regular services).

This study was conducted in the UK with a sample of children between the ages of 5 and 6 who score highly on measures of antisocial behaviour.

**Measures**

Antisocial behaviour, ADHD symptoms and emotional disorder were measured using the Parent Account of Child Symptoms measure (parent-report). Oppositional defiant disorder was measured using the DSM-IV oppositional defiant disorder items (parent-report). Oppositional behaviours were measured using the Eyberg Child Behaviour Inventory (parent-report). The ability to read single words was measured using the British Ability Scales (achievement test).

Parent-child interaction was measured using the Conduct Problems Prevention Research Group Parenting Observation procedure (expert observation). Parenting was assessed using the Semi-Structured Interview developed by Rutter and colleagues (diagnostic interview).

**Findings**

This study identified statistically significant positive impact on a number of parent and child outcomes.

This includes oppositional behaviours (Eyberg Child Behaviour Inventory), antisocial behaviour, ADHD symptoms (Parent Account of Child Symptoms) and oppositional defiant disorder diagnosis (DSM-IV). In terms of parenting, there were improvements to parental warmth, reduced criticism towards child, increased play, praise, rewards and use of time out. Harsh discipline reduced over time, and there were increases in

positive attention and seeking cooperation.

## Study 2

**Citation:** Webster-Stratton et al (2004) | **Design:** RCT

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**Country:** United States | **Study rating:** 3

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**Sample:** 159 families with children between 4-8 years old with conduct problems

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**Timing:** Post-test

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### **Child outcomes:**

Improved behaviour at home

Improved behaviour at school

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### **Other outcomes:**

Less negative parenting by mother

More positive parenting by mother

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Webster-Stratton, C., Reid, M. J., Hammond, M. (2004). Treating children with early-onset conduct problems: intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology*, 33, 105-124.

### **Available at**

[https://www.tandfonline.com/doi/abs/10.1207/S15374424JCCP3301\\_11](https://www.tandfonline.com/doi/abs/10.1207/S15374424JCCP3301_11)

### **Study design and sample**

The second study is a rigorously conducted RCT. This study involved random assignment of children to an Incredible Years Child Training (Dinosaur School) group (CT); an Incredible Years parent training treatment group (PT); a parent plus teacher training group (PT+TT); a child training plus teacher training group (CT+TT); a parent, child, plus teacher training group (PT+CT+TT); and a waitlist control (WLC). This report focuses on the PT treatment group and the control group.

This study was conducted in the U.S. with a sample of children between the ages of 4 and 8 who had met the diagnostic criteria for oppositional defiant disorder. There were 31 families in the PT group and 26 in the control group. The average social class of these families was 'minor professional'. 89% of the children were male and 78% were Euro-American.

### **Measures**

Child behaviour and social competencies were measured using composite scores from subscales of a variety of different validated measures. This included:

- Child Conduct Problems at Home Composite Score
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- Child Conduct Problems at School and with Peers Composite Score
- Child Social Competence with Peers Composite Score

### Findings

This study identified statistically significant positive impact of the PT treatment group on child and parent outcomes:

#### Child outcomes

- Reduced child conduct problems at home (with mother)
- Reduced child conduct problems at school

#### Parent outcomes

- Less negative parenting by mother
- More positive parenting by mother

(Positive outcomes based on father report were also found. However, due to high levels of attrition and differential attrition for these measures, they do not have the same level of rigour.)

Reid et al (2003) describes a follow-up findings to the study described above. Families were assessed 2 years later with the same measures. There was no active control group as the original wait-list control had received treatment. The outcomes from this study did not however contribute to the overall programme rating as the study was not as robust as the Webster-Stratton et al., (2004) study.

## Study 3

**Citation:** Beckett et al. (2012); Scott et al. (2014) | **Design:** RCT

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**Country:** United Kingdom | **Study rating:** 2

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**Sample:** 210 children between the ages of 5 and 7 years who scored highly on measures of antisocial behaviour

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**Timing:** 9-11-months post-intervention 2-year follow-up

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#### Child outcomes:

Reduced antisocial behaviour  
 Reduced intensity of conduct problems  
 Improved reading ability  
 Reduced nature and intensity of difficulties

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#### Other outcomes:

Improved ratio of positive to negative parenting practices  
 Reduced negative parenting practices

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Beckett, C., Beecham, J., Doolan, M., Ford, T., Kallitsoglou, A., Scott, S., Sylva, K. (2012). Which type of parenting programme best improves child behaviour and reading? The Helping Children Achieve trial.

Scott, S., Sylva, K., Kallitsoglou, A., Ford, T. (2014). Which type of parenting programme best improves child behaviour and reading? Follow up of The Helping Children Achieve trial. Final Report to Nuffield Foundation.

Available at <http://www.nuffieldfoundation.org>

### **Study design and sample**

The third study is an RCT. The study was conducted in the UK, with a sample of 210 families with children between the ages of 5 and 7 years (mean age = 6.05) who scored highly on measures of antisocial behaviour.

The study involved random assignment of families to one of four treatment arms: (1) IY, (2) SPOKES, (3) a combination of IY and SPOKES, and (4) a service-as-usual control group. The control group was a signposting service that provided parents with information about where to get help.

### **Measures**

Antisocial behaviour was measured using the Parent Account of Child Symptoms measure (parent-report). Reading ability was measured using the British Ability Scale (achievement test) and reading comprehension was assessed using the Wechsler Individual Achievement Test (achievement test). The intensity of the child's conduct problems was measured using the Eyberg Child Behaviour Inventory (parent-report), and the nature and intensity of the child's difficulties concerning the parents the most were measured using the Visual Analogue Scale (parent-report).

Parenting practices were assessed using the Alabama Parenting Questionnaire (parent-report) and the Interview of Parenting Practices (diagnostic interview). The amount of time the parent spends with the child reading, as well as the strategies that the parent uses to create the right environment for reading was assessed, using the Reading Time and Strategies Interview (parent-report).

### **Findings**

This study identified statistically significant positive impact on a number of parent and child outcomes, at both 9-11-months post-intervention and at 2-years follow-up.

At 9-11-months post-intervention, the study identified significant improvements in the child's antisocial behaviour (Parent Account of Child Symptoms), intensity of conduct problems (Eyberg Child Behaviour Inventory), nature and intensity of difficulties concerning the parents the most (Visual Analogue Scale), as well as reading ability (British Ability Scale). In addition, there was a significantly improved ratio of positive to negative parenting practices as well as reduction in negative parenting practices (Alabama Parenting Questionnaire).

At the 2-year follow-up, all significant measures identified at 9-11 months post-intervention were maintained and remained significantly different from the comparison group, except for the nature and intensity of the child's difficulties (Visual Analogue Scale).

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity in terms of intention-to-treat analysis, inequivalent groups, and statistical models not controlling for baseline differences between the groups, hence why a higher rating is not achieved.

## Other studies

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

Lau, A. S., Fung, J. J., Ho, L. Y., Liu, L. L., & Gudiño, O. G. (2011). Parent training with high-risk immigrant Chinese families: A pilot group randomized trial yielding practice-based evidence. *Behavior Therapy*, 42(3), 413-426.

Cullen, S. M. (2010). The Parenting Early Intervention Programme, 2006-2010: parents' perceptions of parenting courses as an educative process leading to changes in family life.

Lindsay, G. (2008). Parenting early intervention pathfinder evaluation: final report.

Lindsay, Geoff, et al. "Parenting Early Intervention Programme Evaluation (Research report DFE-RR121 (a))." (2011).

Lindsay, G., & Cullen, M. A. (2011). Evaluation of the Parenting Early Intervention Programme: a short report to inform local commissioning processes (Research report DFE-RR121 (b)).

Lindsay, G., & Strand, S. (2013). Evaluation of the national roll-out of parenting programmes across England: the parenting early intervention programme (PEIP). *BMC public health*, 13(1), 972.

Hutchings, J., Bywater, T., Williams, M.E., Shakespeare, M.K., & Whitaker, C. (2009). Evidence for the extended school aged Incredible Years parent programme with parents of high-risk eight to 16 year olds.

Hutchings, J., et al., Evidence for the extended School Aged Incredible Years parent programme with parents of high-risk 8 to 13 year olds. *Child and Adolescent Mental Health*, in press.

Hutchings, J., Bywater, T., Williams, M.E., Whitaker, E.L., and Shakespeare, K. (2011). The extended school aged Incredible Years parent programme. *Child and Adolescent Mental Health*, 16(3), 136-143.

Javier, J. R., Coffey, D. M., Schrage, S. M., Palinkas, L. A., & Miranda, J. (2016). Parenting Intervention for Prevention of Behavioral Problems in Elementary School-Age Filipino-American Children: A Pilot Study in Churches. *Journal of Developmental & Behavioral Pediatrics*, 37(9), 737-745.

Letarte, M.J., Normandeau, S., and Allard, J. (2010). Effectiveness of a parent training program "Incredible Years" in a child protection service. *Child Abuse and Neglect*, 34, 253-261.

Linares, L.O., et al., A Promising Parent Intervention in Foster Care. *Journal of Consulting and Clinical Psychology*, 2006. 74(1): p. 32-41.



Lees, D. G., & Ronan, K. R. (2008). Engagement and effectiveness of parent management training (Incredible Years) for solo high-risk mothers: A multiple baseline evaluation. *Behaviour Change*, 25(02), 109-128.

Reid, M. J., Webster-Stratton, C. H., & Hammond, M. (2007). Enhancing a classroom social competence by offering parent training to families of moderate- to high-risk elementary school children. *Journal of Clinical Child and Adolescent Psychology*, 36(4), 605-620.

Trillingsgaard, T., Trillingsgaard, A., & Webster-Stratton, C. (2014). Assessing the effectiveness of the 'Incredible Years® parent training' to parents of young children with ADHD symptoms—a preliminary report. *Scandinavian journal of psychology*, 55(6), 538-545.

Nilsen, W., *Fostering futures: A preventive intervention program for school-age children in foster care. Clinical Child Psychology and Psychiatry*, 2007. 12(1): p. 45-63.

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## Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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