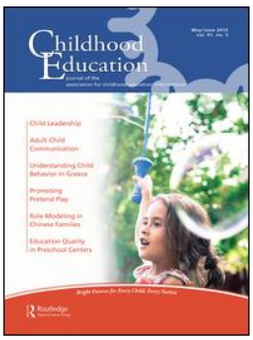

Childhood Education

ISSN: 0009-4056 (Print) 2162-0725 (Online) Journal homepage: http://www.tandfonline.com/loi/uced20

Taking the Incredible Years Child and Teacher Programs to Scale in Wales

Judy Hutchings & Margiad Elen Williams

To cite this article: Judy Hutchings & Margiad Elen Williams (2017) Taking the Incredible Years Child and Teacher Programs to Scale in Wales, Childhood Education, 93:1, 20-28, DOI: 10.1080/00094056.2017.1275233

To link to this article: http://dx.doi.org/10.1080/00094056.2017.1275233

Published online: 06 Jan 2017.

Taking the Incredible Years Child and Teacher Programs to Scale in Wales

Judy Hutchings and
Margiad Elen Williams
Judy Hutchings is the Director of the Centre for Evidence Based Early Intervention, Bangor University, Bangor, Wales. Margiad Elen Williams is a doctoral student at the Centre, where she has previously completed a Masters by Research and worked as a Research Assistant since completing her degree in psychology at Cardiff University, Cardiff, Wales.

Students who demonstrate conduct problems pose ongoing challenges for teachers. Therefore, prevention programs that all families and teachers of young children can use to promote social and emotional learning, emotion regulation, and problem solving are of great interest to researchers and practitioners alike. This article describes the Incredible Years® programs for children and teachers and international findings regarding its implementation. The authors describe how these evidence-based programs for teachers and children were introduced and evaluated in Wales and how the demonstration of effectiveness has resulted in a subsequent roll out that has been supported by local authorities and the Welsh Government.

Wales is a small country within the United Kingdom (UK) with a population of three million people. It is post-industrial, having lost much of its mining and steel industries during the 1980s. On almost every socio-economic measure, it falls below the rest of the UK. Since 1999, it has had devolved powers from the Westminster Government and the Welsh Government is now responsible for health and education services, although dependent on grant funding from Westminster and without tax-raising powers. Most of west Wales and the Valleys communities in the south are in receipt of European Convergence grant aid, due to the high levels of unemployment and poverty. Educational outcomes also fall below the rest of the UK.

Challenging child behavior is costly (Scott, Knapp, Henderson, & Maughan, 2001) and has long-term poor outcomes, including poorer mental health and poorer social and economic outcomes (Colman et al., 2009; Reef, Diamantopoulou, van Meurs, Verhulst, & van der Ende, 2009). In the UK, one in five students is affected by behavioral problems (British Medical Association, 2013). Children with behavior problems are more likely to start school lacking essential capabilities, such as emotional regulation and social skills. This, in turn, can lead to difficulties in school, including poor attendance, inadequate peer relationships, and poor academic outcomes (British Medical Association, 2013). Some of the key risk factors for the development of childhood behavior problems include living in poverty (Keirnan & Mensah, 2009) and harsh/inconsistent parenting (Miner & Clarke-Stewart, 2008).

There is growing interest in identifying and establishing programs that have evidence of success in order to get value for public expenditures (Haynes, Service, Goldacre, & Torgerson, 2012). The *Blueprints for Violence Prevention* series, published by the Centre for the Prevention of Violence at the University of Colorado, is a key source of information to inform decisions concerning services that prevent and/or reduce violence and promote positive child mental health (www.blueprintsprograms.com). In the UK, growing recognition of the effectiveness and cost effectiveness of early intervention programs prompted the Allen review (Allen, 2011), following which the Westminster Government funded the Early Intervention Foundation to review and disseminate information on programs that work (www.eif.org.uk). The UK National Institute for Health and Care Excellence (NICE) is another important source. NICE was established in 1998 (www.nice.org.uk) to review health interventions and inform the National Health Service (NHS) of evidence-based treatments. In 2005, it became a legal requirement for the NHS in England and Wales to provide funding for medicines and treatments recommended by NICE's technology appraisal board. In 2012, NICE had its remit extended to cover social care interventions. Its reviews include interventions to prevent or reduce conduct disorders or other child mental health problems.

At the same time that the devolved Welsh Government was established in 1999, the forerunner of the Centre for Evidence Based Early Intervention (CEBEI) at Bangor University was reviewing programs with evidence that they prevented and/or reduced the growing problem of early onset conduct disorder in children. It identified the Incredible Years® (IY) parent, child, and teacher series as having been cited in many systematic reviews (e.g., Furlong et al., 2012) as showing strong evidence for both the treatment and prevention of conduct disorder. This article briefly describes the IY child and teacher programs and the evidence for them from trials by both the program developer and other researchers. It then describes the introduction of the programs into Wales, the studies undertaken in Wales to evaluate them, and the factors that contributed to their effective introduction and dissemination, which has been supported by local education authorities and the Welsh Government.

Evidence for the IY Child and Teacher Programs

The IY programs for parents, children, and teachers (Webster-Stratton, 2011) have strong evidence, in both efficacy and effectiveness trials, of reduction in conduct problems (Mihalic, Fagan, Irwin, & Ballard, 2002). The IY parent programs have been most extensively trialed. Evidence for the child and teacher programs is also good, although fewer trials of these programs have been conducted by either the program developer or independent researchers (Webster-Stratton, 2011).

All IY programs are delivered using the same core components of discussion, observation of video clips, role-play practice of key concepts, and between-session assignments. The teacher classroom management (TCM) program (Webster-Stratton & Reid, 2002) teaches strategies to: develop positive relationships with pupils; be proactive in the classroom about establishing rules, making clear transitions, and giving positive

instructions; increase positive behavior praise and incentives; and manage school-based disruptive behavior (Webster-Stratton, 1999). It also has an important component for developing behavior plans. The program is delivered over five or six days, with classroom-based assignments to pursue between the training days. Two versions of the child Dinosaur School program are available. The intensive therapeutic Small Group Dinosaur (SGD) program is a clinical intervention delivered over 18-20 weeks to groups of up to six clinically referred children, and the universal Classroom Dinosaur (CD) school program is a three-year, class-wide program of 20-minute lessons delivered twice weekly throughout the school year. Both programs focus on doing your best in school, detecting and understanding feelings, social problem solving and friendship skills, anger management and self-regulation skills to reduce challenging behavior and promote peer relationships, and school engagement (Webster-Stratton, 2000).

The TCM program has been shown to be effective in combination with other IY programs in a series of randomized controlled trials (RCTs) by the program developer (Webster-Stratton, Reid, & Hammond, 2001, 2004; Webster-Stratton, Reid, & Stoolmiller, 2008). Several RCTs of the SGD program implemented with children with conduct problems and/or attention deficit/hyperactivity disorder have shown significant reductions in conduct problems and increases in social problem-solving strategies compared to controls (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Beauchaine, 2011, 2013; Webster-Stratton, Reid, & Hammond, 2004). An RCT trial that included the parent and CD programs reported that mother-child bonding was stronger in the combined condition and intervention mothers were significantly more involved in school (Reid, Webster-Stratton, & Hammond, 2007).

There have been a number of independent trials of the TCM program. Carlson, Tiret, Bender, and Benson (2011) found significant increases in the usefulness and frequency of use of TCM and three studies reported positive outcomes for the TCM program delivered to teachers in conjunction with a mental health consultation (Raver et al., 2008; Shernoff & Kratochwill, 2007; Williford & Shelton, 2008). An RCT of the TCM program in Ireland showed significant benefits for both teachers and children and also reported that program costs were modest compared to other components of the IY series and other education-based programs (McGilloway et al., 2011). A preliminary evaluation of the TCM program in New Zealand showed positive outcomes and high levels of teacher satisfaction (Fergusson, Horwood, & Stanley, 2013) and two RCTs of the TCM in Jamaica, one in combination with the CD program, found significant benefits for teachers and children (Baker-Henningham, Scott, Jones, & Walker, 2012; Baker-Henningham, Walker, Powell, & Gardner, 2009). While the child CD and SGD programs are not as well independently researched, an RCT trial in Norway that combined the SGD and parent programs showed significant reduction in aggressive behavior for the combined condition (Larsson et al., 2009).

Establishing the IY Programs in Wales

The work of CEBEI to establish the IY parenting programs in Wales has been described elsewhere (Hutchings, 2012a; Hutchings, 2015). As the process by which we established the child and teacher programs was informed by what we had learned from introducing the IY parent program, our findings are described here before focusing on the establishment of the teacher classroom management and child programs.

We first piloted the IY parent programs in 1999 and then tested them rigorously under a variety of conditions in real-world service settings. These studies demonstrated benefits with parents of high-risk 3- and 4-year-olds (Hutchings, Bywater, Daley, Gardner, Whitaker, et al., 2007), nursery staff of 1- to-3-year-old children (Bywater, Hutchings, Gridley, & Jones, 2011), parents of toddlers (Griffith, 2011; Hutchings, Griffith, Bywater, & Williams, 2016), and mothers and their babies (Evans, Hutchings, Davies, & Williams, 2015; Jones, 2013). We also reported on the economic benefits for those at highest risk of developing severe behavior problems (Charles, Bywater, Edwards, Hutchings, & Zou, 2013; Edwards, O'Ceilleachair, Bywater, Hughes, & Hutchings, 2007) and demonstrated high levels of parent engagement and retention. How and why these studies were successful has been described in a series of articles (Hutchings, 2012a, 2012b, 2015; Hutchings, Bywater, & Daley, 2007).

The success of these trials led to Welsh government funding to train leaders from across Wales in the IY parent programs as part of the Parenting Action Plan for Wales (Department for Training and Education, 2005). The good outcomes achieved in Wales from IY parent programs generated interest in the other IY programs and the same process of pilot testing and then trialing them in real-world service

settings to test their acceptability leading to more rigorous research evaluations was repeated. The therapeutic SGD program was piloted in 2001 in the child mental health service and showed clinically significant improvements in child behavior for children with clinical diagnoses (Hutchings, Bywater, Daley, & Lane, 2007). Also in 2001, a local education authority undertook a pilot delivery of the universal CD curriculum. Results suggested positive effects on children's academic performance and social and emotional development and reductions in behavioral problems, with improvements generalizing to the playground and home (Hutchings, Lane, Ellis Owen, & Gwyn, 2004).

The same local authority next introduced the TCM program. Teachers reported satisfaction with the program and found the strategies taught to be effective and improved pupil conduct (Hutchings, Daley, Jones, Martin, Bywater, & Gwyn, 2007). TCM-trained teachers gave clearer instructions and allowed more time for compliance before repeating instructions. Their children were more compliant than children in the classes with untrained teachers (Hutchings, Daley, et al., 2007). The benefits of the TCM and CD programs were commented on favorably by Welsh Government School Inspectors (see Hutchings, Williams, Martin, & Pritchard, 2011), with the CD program covering much of the statutory Personal Social Educational (PSE) curriculum.

A presentation about the programs to local education service managers on the research background, curriculum, and local pilot outcomes generated sufficient interest for the authority to make a grant of £5,000 to fund further training and resources for broader implementation. Within two years of the first implementation, in 2004, the head teacher, who had taken part in the pilot trials of the programs, was seconded to undertake a three-year project to roll out the programs across the whole county to all of its 100+ primary schools.

This county-wide roll out created the conditions to enable an RCT evaluation of the TCM program, in which independent observation showed significant reductions in classroom off-task behavior and teacher negatives toward children in general as well as reductions in child negatives toward teachers and target child off-task behavior for high challenge children (Hutchings, Martin-Forbes, Daley, & Williams, 2013).

The next step was to trial the SGD targeted program in one school to determine any added benefits from using the targeted small-group SGD coaching over and above the benefits of the school-wide programs. This trial was piloted in a school that had already trained its teachers in the TCM principles and was delivering the universal CD curriculum. The goal was significant increases in both the number and quality of child-reported problem-solving skills by comparison with control children (Hutchings et al., 2012). These findings informed a larger RCT in which teachers in 22 schools, again ones that were already delivering the classroom curriculum, delivered the SGD program to children identified by their teachers as having significant difficulties. That trial showed significant improvements in problem-solving knowledge and the ability to generate pro-social solutions relative to control children. Intervention children were also significantly more likely to reach or exceed personal-social development targets set by the teachers. Teachers rated the program highly and appreciated the resources and training provided (Williams, Bywater, Lane, Williams, & Hutchings, 2016).

The positive results achieved in these trials led the Welsh Government to add funding for training in the TCM, CD, and SGD programs to existing funding for IY parent programs. The training commenced in 2008 and continued over a four-year period, during which time staff from across Wales accessed training and all 22 local authorities received resources to deliver the programs.

What Contributed to the Success to Date in Wales?

Mihalic et al. (2002) identified a number of critical steps to ensure successful program implementation. Success starts with selecting a program with both efficacy and effectiveness (Flay et al., 2005). However, as has been demonstrated in many replication studies, it is not always easy to establish programs in mainstream services and achieve the same outcomes, particularly in pragmatic trials where programs are delivered by existing staff in regular service settings. The remainder of this article describes some of the factors that contributed to making this process effective in Wales.

Choosing an Evidence-Based Program for the Target Population

The last 15 years have brought growth in sources of evidence from systematic reviews, the Cochrane reviews, NICE guidance, and the Blueprint classification. Although the focus of many of these sources was initially health related, there also has been growth in recognition of the need for evidence-based education. In the UK, this has

© Peter Titmuss/Shutterstock

included the work of the Institute for Effective Education, established in 2007 (www.york.ac.uk/iee/). In England, funding is provided through the Education Endowment Foundation, established in 2011 (www.educationendowmentfoundation.org.uk/), in conjunction with the Sutton Trust charity (www.suttontrust.com/), which is dedicated to improving educational outcomes for disadvantaged children.

In Wales, local expertise in identifying evidence-based programs came from the Centre at Bangor University, building on work by the first author who, from 1988, held a joint appointment with the NHS and the University. Evidence for the IY programs as preventive and clinical programs covering an age range of children from 0-8 years came from many sources (Webster-Stratton, 2011). Furthermore, the existence of evidence-based components for parents, children, and teachers created the possibility of joint service provision built around the same core content and collaborative delivery principles that had been shown to be effective in achieving and maintaining behavior change (Hutchings, Bywater, & Daley, 2007; Hutchings, Gardner, & Lane, 2004).

A Local Champion

Successful implementation of a program needs leadership and key personnel to conduct and coordinate the intervention (Mihalic et al., 2002). Champions need to know the evidence for the program and have access to decision-makers. Having established both the need and the evidence for the programs, the first author took on that role. She held a senior post as a Consultant Clinical Psychologist within the local Child and Adolescent Mental Health Service (CAMHS), responsible for service provision for children with conduct disorder. In her university post, she had an established research and publication track record. Her position in the university allowed her to undertake research trials, coordinate training, and establish an administrative structure to provide resources for services.

Pilot to Assess Acceptability

Establishing that the programs both worked and were acceptable in Wales was achieved by first piloting the therapeutic SGD program within the CAMHS service (Hutchings, Bywater, Daley, & Lane, 2007). The establishment of a CAMHS primary care service, in 1999, enabled CAMHS staff to work with frontline service providers, including schools, and created an opportunity for collaboration with a local head teacher who was seeking support in dealing with some severely challenging reception-age children. This led to trials that established preliminary evidence for, and the acceptability of, the programs (Hutchings et al., 2012; Williams et al., 2016). Their effectiveness was noticed and commented on favorably in an Estyn Welsh School Inspection of the school in terms of both general school atmosphere and supportive peer relationships. Having established the acceptability of the child and teacher programs, the first author undertook the accreditation process and became a local trainer, creating accessible and low-cost training and supervision.

Linking the Interventions to Public Policy to Get Local Managers on Board

Local teachers were reporting growing levels of social and emotional regulation skill deficits and behavioral problems among young school-age children (Hutchings et al., 2011). This was matched by teacher feedback about the need for training in management of these challenges. Feedback from the first pilot school was that the content of the TCM program provided teachers with tools to effectively manage their classrooms.

In 2003, delivery of a PSE curriculum to all pupils became a statutory requirement in Welsh schools. The CD content was mapped onto the PSE curriculum, establishing that it covered the majority of the PSE curriculum. This, plus the availability of training and detailed resources for the lessons, made the program very attractive to teachers.

Rigorous Evaluation to Establish That Programs Are Effective in the New Setting

Once a county-wide strategy for wider implementation had been established, the opportunity for more rigorous trials became possible and first the TCM and then the therapeutic SGD program were trialed in RCTs with good outcomes (Hutchings et al., 2013; Williams et al., 2016). The recruitment and delivery strategy for these trials ensured that the target population matched that for which the efficacy trials had demonstrated good outcomes (i.e., with children age 3 to 8 years). These trials overcame the frequently voiced criticism that programs developed overseas are not culturally relevant or transportable. This was particularly important, as these were pragmatic, effectiveness trials with the programs delivered and implemented by regular school staff in primary school settings. The research was undertaken, at arms' length, in the university setting, with research staff kept, as far as possible, blind to participant allocation.

Attention to Implementation Fidelity

Implementation fidelity refers to the degree to which programs are delivered as originally intended (Mihalic et al., 2002) and poor implementation fidelity negatively impacts study outcomes (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Wilson, Lipsey, & Derzon, 2003).

The IY programs have built-in fidelity tools and all of these were adhered to in the Welsh trials. The program manuals, videotapes, books, and other materials were provided for all of the staff. Service providers were partners in the research trials and part of this involved agreement between them and the university that ensured staff had access to training and ongoing supervision and were provided with all of the necessary materials and resources. Staff delivering the programs videotaped sessions and attended supervision throughout the trials.

Getting the Welsh Government on Board

The emphasis on the need for evidence-based education was being increasingly recognized in the UK. In 2007, York University established the Institute for Effective Education with a remit to undertake and disseminate evidence regarding what worked for children at risk of poor school outcomes. The responsibilities of schools for the development of children's social competence and emotional regulation skills were further highlighted with the publication of the Gross (2008) review "Getting in Early: Primary Schools and Early Intervention." This reviewed both the rationale for effective personal-social education and also evidence of what worked.

The Bangor Centre ensured that the positive results were reported through annual newsletters and conferences at a time when emphasis on outcomes was prompting Welsh Government education service managers to look for evidence-based programs. The excellent research outcomes achieved in Wales were recognized as being of international significance, with results published

in international journals and visits from academics, educational staff, and policymakers from many countries, including Finland, Canada, Portugal, New Zealand, and Ireland. We hosted 80 early years teachers from the Czech Republic during the 2014-15 academic year. External interest further reinforced the importance of the work.

In 2008, the Welsh Government funded training and supervision for staff from across Wales in the child and teacher programs. Twenty-one of the 22 local authorities in Wales accessed training in the teacher program and 20 accessed training in the classroom programs.

Conclusion

The Society for Prevention Research guidelines (Flay et al., 2005) and the NICE guidance on how to overcome barriers (NICE, 2006) provide useful information on how to achieve effective delivery of evidence-based interventions in service settings. However, early intervention requires sustained support from politicians (Allen, 2011), which can be difficult when the longer-term goals of reductions in lifelong problems fall outside the political time frame of elected governments.

All of the steps described here—choosing a program with evidence, having a champion to set up the required conditions for training, piloting to test for program acceptability to service providers, linking interventions to public policy, and conducting rigorous evaluation with strong built-in safeguards to ensure fidelity—helped to create the conditions for wider dissemination. Consequently, the Welsh Government funded training for staff from across Wales in the programs, and four Welsh counties have since taken up the IY programs in a coordinated manner under the leadership of local champions.

Ensuring that staff training, supervision, and support are available from appropriately trained and experienced supervisors is an ever-present challenge in implementing evidence-based programs effectively in everyday services. Services in Wales benefited from having a university-based research center dedicated to early intervention. That work contributed to Welsh Government decisions at a time when early intervention was high on the political agenda and there was a growing call for services to deliver outcome as opposed to output evidence. Ten local authorities in Wales have partnered with the university in one or more of our RCTs and the dissemination activity has been successful, with many published research and discussion articles (www.centreforearlyinterventionwales.co.uk).

References

Allen, G. (2011). *Early intervention: The next steps—An independent report to Her Majesty's Government.* London, England: HM Government.

Baker-Henningham, H., Scott, S., Jones, K., & Walker, S. (2012). Reducing child conduct problems and promoting social skills in a middle-income country: cluster randomized controlled trial. *British Journal of Psychiatry, 201,* 101-108. doi:10.1192/bjp.bp.111.096834

Baker-Henningham, H., Walker, S., Powell, C., & Gardner, J. M. (2009). A pilot study of the Incredible Years Teacher Training program and a curriculum unit on social and emotional skills in community pre-schools in Jamaica. *Child: Care, Health and Development, 35,* 624-631. doi:10.1111/j.1365-2214.2009.00964.x

British Medical Association. (2013). *Growing up in the UK: Ensuring a healthy future for our children.* Retrieved from http://www.bma.org.uk/working-for-change/improving- and-protecting-health/child-health/growing-up-in-the-uk

Bywater, T., Hutchings, J., Gridley, N., & Jones, K. (2011). Delivering the Incredible Years Toddler Parent Programme to nursery staff. *Child Care in Practice 17,* 285-302.

Carlson, J. S., Tiret, H. B., Bender, S. L., & Benson, L. (2011). The influence of group training in the Incredible Years Teacher Classroom Management program on preschool teachers' classroom management strategies. *Journal of Applied School Psychology, 27,* 134-154. doi:10.1080/15377903.2011.565277

Charles, J. M., Bywater, T., Edwards, R. T., Hutchings, J., & Zou, L. (2013). Parental depression and child conduct problems: Evaluation of parental service use and associated costs after attending the Incredible Years Basic Parenting Programme. *BMC Health Services Research, 13,* 523-535.

Colman, I., Murray, J., Abbott, R. A., Maughan, B., Kuh, D., Croudace, T J., & Jones, P. B. (2009). Outcomes of conduct problems in adolescence: 40 year follow-up of national cohort. *British Medical Journal, 338.* doi:10.1136/bmj.a.2981

Department for Training and Education. (2005). *Parenting action plan: Supporting mothers, fathers and carers with raising children in Wales.* Cardiff, Wales: Welsh Assembly Government (Information Document No. 054-05). Retrieved from http://www.learning.wales.gov.uk/pdfs/parenting-action-plan-e.pdf

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82,* 405-432.

Edwards, R. T., O'Ceilleachair, A., Bywater, T., Hughes, D. A., & Hutchings, J. (2007). Parenting programme for parents of children at risk of developing conduct

disorder: Cost effectiveness analysis. *British Medical Journal*, *334*, 682-687.

Evans, S., Hutchings, J., Davies, S., & Williams, M. E. (2015). Short-term benefits from the Incredible Years Group Based Programme delivered to parents and their babies in Powys. *Community Practitioner, Sept*, 46-48.

Fergusson, D. M., Horwood, L. J., & Stanley, L. (2013). A preliminary evaluation of the Incredible Years Teacher Programme. *New Zealand Journal of Psychology, 42*, 51-56.

Flay, B. R., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, S., . . . Ji, P. (2005). Standards of evidence: Criteria for efficacy, effectiveness and dissemination. *Prevention Science*, *6*, 151-175.

Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. (2012). Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years (Cochrane review). *The Cochrane Library, Issue 2*. Oxford, England: UK Software.

Griffith, N. (2011). *Evaluating the Incredible Years Toddler Programme in disadvantaged areas of Wales* (Doctoral dissertation). Bangor University.

Haynes, L., Service, O., Goldacre, B., & Torgerson, D. (2012). *Test, learn, adapt: Developing public policy with randomised controlled trials.* London, England: Cabinet Office Behavioural Insights Team. Retrieved from www.gov.uk/government/uploads/system/uploads/attachment_data/file/62529/TLA-1906126.pdf

Hutchings, J. (2012a). From ABA to SPR: 30 years developing evidence based services for the treatment and prevention of conduct disorder in Wales. *Journal of Children's Services, 7*, 101-112.

Hutchings, J. (2012b). Introducing, researching and disseminating the Incredible Years programmes in Wales. *International Journal of Conflict and Violence, 6*, 214-224.

Hutchings, J. (2015). Lessons learned from introducing, researching, and disseminating the Incredible Years programmes in Wales. In C. A. Essau & J. L. Allen (Eds.), *Making parenting work for children's mental health.* ACAMH Occasional Paper 33 (Chap 1, pp. 3-11). London, England: Association for Child and Adolescent Mental Health. doi:10.13056/OP33.d

Hutchings, J., Bywater, T., & Daley, D. (2007). Early prevention of conduct disorder: How and why did the North and Mid Wales Sure Start study work? *Journal of Children's Services*, *2*(2), 4-14.

Hutchings, J., Bywater, T., Daley, D., & Gardner, F., Whitaker, C. J., Jones, K., . . . Edwards, R. T. (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial. *British Medical Journal*, *334*, 678-685.

Hutchings, J., Bywater, T., Daley, D., & Lane, E. (2007). A pilot study of the Webster-Stratton Incredible Years Therapeutic Dinosaur School programme. *Clinical Psychology Forum, 170*, 21-24.

Hutchings, J., Bywater, T., Gridley, N., Whitaker, C. J., Martin-Forbes, P., & Gruffydd, S. (2012). The incredible years therapeutic social and emotional skills programme: A pilot study. *School Psychology International*, *33*, 285-293. doi:10.1177/0143034311415899

Hutchings, J., Daley, D., Jones, K., Martin, P., Bywater, T., & Gwynn, R. (2007). Early results from developing and researching the Webster-Stratton Incredible Years teacher classroom management training programme in North West Wales. *Journal of Children's Services*, *2*, 15-26.

Hutchings, J., Gardner, F., & Lane, E. (2004). Making evidence-based interventions work. *Support from the start: Working with young children and their families to reduce the risks of crime and anti-social behaviour* (pp. 69-79). London, England: Department for Education and Skills.

Hutchings, J., Griffith, N., Bywater, T., & Williams, M. E. (2016). Evaluating the Incredible Years Toddler Programme with parents of one and two year old children living in disadvantaged (Flying Start) areas of Wales. *Child: Health, Care, and Development*. doi:10.1111/cch.12415

Hutchings, J., Lane, E., Ellis Owen, R., & Gwyn, R. (2004). The introduction of the Webster-Stratton Classroom Dinosaur school programme in Gwynedd, North Wales: A pilot study. *Education and Child Psychology*, *22*, 4-15.

Hutchings, J., Martin-Forbes, P., Daley, D., & Williams, M. E. (2013). A randomized controlled trial of the impact of a teacher classroom management programme on the classroom behaviour of children with and without behaviour problems. *Journal of School Psychology, 51*, 571-585.

Hutchings, J., Williams, M. E., Martin, P., & Pritchard, R. O. (2011). Levels of behavioural difficulties among young Welsh schoolchildren. *The Welsh Journal of Education, 15*, 103-115.

Jones, C. H. (2013). *Evaluation of the Incredible Years Parent and Babies Programme in Wales* (Doctoral dissertation). Bangor University.

Keirnan, K. E., & Mensah, F. K. (2009). Poverty, maternal depression, family status and children's cognitive and behavioural development in early childhood: A longitudinal study. *Journal of Social Policy, 38*, 569-588. doi:10.1017/S0047279409003250

Larsson, B., Fossum, S., Clifford, G., Drugli, M. B., Handegard, B. H., & Morch, W. (2009). Treatment of oppositional defiant and conduct problems in young Norwegian children: Results of a randomized controlled trial. *European Child & Adolescent Psychiatry, 18*, 42-52. doi:10.1007/s00787-008-0702-z

McGilloway, S., Mhaille, G. N., Bywater, T., Furlong, M., Leckey, Y., Kelly, P., . . . Donnelly, M. (2011). A parenting intervention for childhood behavioral problems: A randomized controlled trial in disadvantaged community-based settings. *Journal of Consulting and Clinical Psychology, 80,* 116-127. doi:10.1037/a0026304

Mihalic, S., Fagan, A. A., Irwin, K., & Ballard, D. (2002). *Blueprints for violence prevention replications: Factors for implementation success.* Boulder, CO: Centre for Study and Prevention of Violence, University of Colorado.

Miner, J. L., & Clarke-Stewart, A. (2008). Trajectories of externalizing behaviour from age 2 to age 9: Relations with gender, temperament, ethnicity, parenting, and rater. *Developmental Psychology, 44,* 771-786. doi:10.1037/0012-1649.44.3.771

National Institute for Health and Clinical Excellence. (2006*). Parent training/education programmes in the management of children with conduct disorders. NICE Technology Appraisal Guidance 102.* London, England: SCIE, NHS. Retrieved from http://www.nice.org.uk/TA102

Raver, C. C., Jones, S., Li-Grinning, C., Metzger, M., Champion, K., Sardin-Adjei, L., & Young, T. (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. *Early Childhood Research Quarterly, 23,* 10-26. doi:10.1016/j.ecresq.2007.09.001

Reef, J., Diamantopoulou, S., van Meurs, I., Verhulst, F., & van der Ende, J. (2009). Child to adult continuities of psychopathology: A 24-year follow-up. *Acta Psychiatrica Scandinavica, 120,* 230-238. doi:10.1111/j.1600-0447.2009.01422.x

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

Scott, S., Knapp, M., Henderson, J., & Maughan, B. (2001). Financial cost of social exclusion: Follow up study of antisocial children into adulthood. *British Medical Journal, 323,* 191.

Shernoff, E. S., & Kratochwill, T. R. (2007). Transporting an evidence-based classroom management program for preschools with disruptive behavior problems to a school: An analysis of implementation, outcomes, and contextual variables. *School Psychology Quarterly, 22,* 449-472. doi:10.1037/1045-3830.22.3.449

Webster-Stratton, C. (1999). *How to promote children's social and emotional competence.* London, England: Paul Chapman Publishing.

Webster-Stratton, C. (2000). *Dina Dinosaur's Social Skills and Problem-Solving Curriculum: Leaders guide*. Seattle, WA: Incredible Years.

Webster-Stratton, C. (2011). *The Incredible Years: Parents, teachers, and children's training series*. Seattle, WA: Incredible Years.

Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology, 65,* 93-109.

Webster-Stratton, C., & Reid, M. J. (2002*). The Incredible Years classroom management teacher training program: Content, methods, and process.* Retrieved from. http://www.son.washington.edu/centers/parenting-clinic/opendocs/teachertrainingprogram.pdf

Webster-Stratton, C., Reid, M. J., & Beauchaine, T. (2011). Combining parent and child training for young children with ADHD. *Journal of Clinical Child & Adolescent Psychology, 40,* 191-203. doi:10.1080/15374416.2011.546044

Webster-Stratton, C., Reid, M. J., & Beauchaine, T. (2013). One-year follow-up of combined parent and child intervention for young children with ADHD. *Journal of Clinical Child & Adolescent Psychology, 42,* 251-261. doi:10.1080/15374416.2012.723263

Webster-Stratton, C., Reid, M. J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child and Adolescent Psychology, 30,* 283-302. doi:10.1207/S15374424JCCP3003_2

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. doi:10.1207/S15374424JCCP3301_11

Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: Evaluation of the Incredible Years Teacher and Child training programs in high-risk schools. *Journal of Child Psychology and Psychiatry, 49,* 471-488. doi:10.1111/j.1469-7610.2007.01861.x

Williams, M. E., Bywater, T., Lane, E., Williams, N. C., & Hutchings, J. (2016). *Building social and emotional competence in young high-risk school children: A randomised controlled trial.* Manuscript submitted for publication.

Williford, A. P., & Shelton, T. L. (2008). Using mental health consultation to decrease disruptive behaviors in preschoolers: Adapting an empirically supported intervention. *Journal of Child Psychology, Psychiatry and Allied Disciplines, 49,* 191-200. doi:10.1111/j.1469-7610.2007.01839.x

Wilson, S. J., Lipsey, M. W., & Derzon, J. H. (2003). The effects of school-based intervention programs on aggressive behavior: A meta-analysis. *Journal of Consulting and Clinical Psychology, 71,* 136-149. CE