

# **Integration of the Incredible Years and the CANS 0-5:**

## **A Practical Guide for System Administrators**

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**FOR THE PRAED FOUNDATION**

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## EXECUTIVE SUMMARY

The Incredible Years® (IY) training programs are a series of complementary evidence-based programs intended to promote child social, emotional, and academic competence and reduce child behavior problems. They were developed by Dr. Carolyn Webster-Stratton and have over 30 years of research support demonstrating their effectiveness. The Child and Adolescent Needs and Strengths® (CANS) 0-5 version is an evidence-based communication tool developed by Dr. John Lyons. The CANS is a multi-purpose tool that supports decision making in services for young children by facilitating communication about child and family strengths and needs within and between systems.

This document integrates the CANS 0-5 with the skill domains of the seven IY parent training programs for caregivers of children ages 0 to 5. It has been developed in close consultation with the developers of IY and the CANS is intended to serve as a guide for system administrators, program managers, clinical supervisors, and other stakeholders responsible for implementation of the CANS and IY for Project LAUNCH. Each chapter provides guidance in using the CANS 0-5 in conjunction with IY parent programs to support good outcomes for families and more efficient system processes. The four topics addressed in this guide are:

1. Screening and referral
2. Fidelity support and monitoring
3. Outcome monitoring
4. Continuous quality improvement

**Chapter 1: Screening and Referral into Incredible Years (IY) Parent Programs.** This chapter begins with a brief overview of the IY programs available to caregivers of children 0 to 5, including inclusion and exclusion criteria for referral. Next, a set of 20 core CANS items expected to be most sensitive to change from an IY parent program are introduced. These items are shown in the table below.

### Core CANS Items for IY Screening and Referral

CANS Domain	Item
Life Domain Functioning	Living Situation Social Functioning Recreation / Play
Child Strengths	Adaptability Persistence Curiosity Family Strengths
Caregiver Strengths and Needs	Supervision Knowledge Empathy for Child Family Stress Abuse or Neglect (excluding sexual abuse by the caregiver) Parental Attribution

Child Behavioral and Emotional Needs	Attachment Depression Impulsivity Oppositional Social / Intentional Behavior
Child Risk Behaviors	Regulatory Control Aggressive Behavior

The chapter then provides separate algorithms from the 20-item core set to guide screening and referral based on the purpose of the screening:

- To identify children with behavioral health concerns for which IY is an effective intervention,
- To identify caregivers whose parenting behaviors put children at risk of emotional or physical harm or neglect, or
- To identify families with minimal child or caregiver risk factors currently but who could benefit from support in building strengths and enhancing family protective factors to prevent future problems

## **Chapter 2: Supporting and Monitoring Fidelity of the CANS 0-5 and IY Parent Programs.**

The second chapter is comprised of three sections and provides recommended action steps for ensuring fidelity throughout early and later phases of implementation. The first section introduces the structural and process core components of the CANS and IY. The second section presents the minimum standards of training and fidelity monitoring needed during an initial launch of the CANS and IY. The third section describes the ongoing training, consultation, and skill development recommended to ensure ongoing fidelity as the CANS and IY are brought to scale and sustained. The action recommendations are summarized below.

### **Summary of Action Recommendations for CANS and IY Fidelity**

#### *Recommendations for Ensuring Fidelity During the Initial Launch*

##### **CANS**

- Ensure that all CANS 0-5 practitioners are certified as reliable and maintain reliability through annual recertification
- Use the CANS Caregiver Collaborative Process Measure to measure and monitor collaborative process

##### **IY**

- Ensure that all practitioners have completed the two-part training for each IY parent program they deliver.
- Ensure that at least 75% of practitioners have become certified as group leaders by the time they complete their fourth IY group, and 100% are certified by the time they complete their sixth group.
- Use session checklists to monitor fidelity to the structural core components of IY
- Use weekly evaluations and the final summative evaluation to measure and monitor collaborative process

*Recommendations for Ensuring Sustained Fidelity of the CANS and IY*

Develop a systemwide network of fidelity support that includes the following components:

- Feedback from the recipients of the service (families)
- Opportunities for practitioners to reflect on their performance and receive feedback (supervision, peer support, learning circles)
- Provision of expert consultation for practitioners, supervisors, and administrators

**Chapter 3: Outcomes Monitoring of IY Using the CANS 0-5**

This chapter provides guidance on using the CANS 0-5 for monitoring IY outcomes. It begins with a rationale for selecting the CANS as an outcome monitoring tool, then briefly describes the psychometric properties of the CANS relevant to outcomes monitoring and other considerations for using the tool. The chapter then provides guidance on using the 20 core items for monitoring IY outcomes at the child and family, program, and system levels. Finally, the chapter discusses the use of other measures recommended by the IY developer to inform the CANS and treatment planning for families participating in IY parent programs.

**Chapter 4: Using the CANS 0-5 for Continuous Quality Improvement of IY**

The fourth and final chapter provides guidance on using the CANS 0-5 to support continuous quality improvement (CQI) efforts for IY. It first introduces the Decision Points Framework, which identifies five decision points in a family's service experience: Access, Engagement, Service Appropriateness, Service Effectiveness, and Linkages to other needed services. Each decision point can present an opportunity or a threat for a family on its path to achieving its goals. The framework is used to organize and prioritize CQI activities, and it is described within the context of IY service provision. The chapter then describes ways that the CANS can be used to support CQI efforts within this framework, including identifying candidate targets for IY CQI, testing solutions to identified problems, and facilitating a collaborative strengths-based approach to improving outcomes for children and families.

## **Chapter 1: Screening and Referral into Incredible Years Parent Programs**

This chapter provides guidance on using the Child and Adolescent Needs and Strengths 0 to 5 version (CANS) for screening and referral into Incredible Years (IY) parent programs. It is intended for system administrators, program supervisors, clinicians, and other using the CANS in their work with families with young children. The chapter includes the following content:

- An introduction to the IY parent programs for caregivers of children 0-5, including inclusion and exclusion criteria
- A set of 20 core IY CANS items that may be used for screening and referral into the three IY parent programs currently offered through Indiana's Project LAUNCH (Baby, Toddler, and Preschool BASIC)
- Algorithms for referral into IY Parent Programs
- Considerations for using the CANS as a screening and referral support tool for IY

### **I. Overview of the Incredible Years Parent Programs**

The Incredible Years (IY) Parent, Child, and Teacher programs are evidence-based interventions that were developed Dr. Carolyn Webster-Stratton to promote child social and emotional competence and prevent or reduce child behavior problems. They are a suite of complementary interventions delivered in group format to parents, children, or teachers, which can be delivered separately or in combination (i.e., Parent, Child, and Teacher components delivered simultaneously). The focus of this document is the IY Parent programs.

There are seven Incredible Years (IY) programs for caregivers of children aged birth to five. Three are the primary programs for caregivers based on the child's developmental level: The Baby Program (birth to 9 months), Toddler Program (1 to 3 years), and the Preschool BASIC Program (3 to 6 years). Preschool BASIC has two protocols. One protocol is primarily preventive; the other is a longer protocol for caregivers whose parenting behaviors may place children at risk of harm or whose children are already exhibiting problematic behaviors. The fourth program is an add-on module to the Preschool BASIC Program, called Advance, which was developed to help caregivers whose own interpersonal and emotional challenges negatively affect their ability to use the strategies taught in Preschool BASIC. The fifth program is a low-dose, purely preventive program called Attentive Parenting, which may be used as a universal prevention program. The sixth, the School Readiness Program, is a 4-session stand-alone program focusing on the promoting the cognitive, emotional, and social skills associated with school readiness. The final program is the Autism Program, which was specifically developed for caregivers of preschool children on the autism spectrum.

The evidence for the effectiveness of each IY parent program varies, although all of the programs have peer-reviewed studies demonstrating effectiveness. Toddler, Preschool BASIC, and Advance are the most well established programs and their effectiveness has been demonstrated through one or more randomized controlled trials. The table on the next page presents the recommended child age range and dosage for each program.

Table 1. Incredible Years Parent Programs for Children 0 to 5

<b>IY Parent Program</b>	<b>Recommended Child Age</b>	<b>Number of Sessions</b>
Baby Program	Birth to 9 months	8-10 sessions
Toddler Program	1 to 3 years	12-13 sessions
Preschool BASIC	3 to 6 years	Prevention Protocol: 14 sessions Intervention Protocol: 18-20 sessions
Advance	4-12 years	8-12 sessions
Attentive Parenting	2-6 years	6-8 sessions
School Readiness	3-6 years	4 sessions
Autism Program	2-5 years	13-16 sessions

**Expected Outcomes.** All seven parent programs are skills-based group interventions that are intended to promote healthy child development and social-emotional and academic competence, and prevent or reduce problematic child behaviors. These positive child outcomes are achieved by effecting changes in the caregivers’ parenting practices rather than through direct intervention with the children themselves. Therefore, while concerns about child behaviors are often the reason for referral, an IY parent program may also be recommended when change solely in the caregiver’s behavior is the desired outcome. For example, caregivers deemed at risk of maltreating their children may be referred to an IY parent program to learn effective, non-punitive discipline strategies, anger management and coping strategies, to enhance responsive parenting and parent-child attachment and to develop more realistic expectations of their children’s behavior.

**Method and Process.** The primary methods of conveying the content across all IY parent programs are video-based modeling and role play practices. In video-based modeling, class participants view and discuss videotaped clips showing interactions between real parents and children in typical family settings. This method enables participants to observe new strategies in action, reflect on the use of each strategy within the context of their own parenting goals and practice ways they will use these ideas with their children. Experiential practice in the group session as well as at home is a core component of all Incredible Years programs and believed to be the key to parents learning. The primary process infused throughout all IY activities is collaborative process, in which parents and class facilitators work in equal partnership to help parents achieve the goals that they have set for themselves and for their children.

## **II. Inclusion and Exclusion Criteria for Incredible Years Parent Programs**

The developer of the Incredible Years, Dr. Carolyn Webster-Stratton, has been testing and refining the IY parent programs for more than 30 years. The following guidelines on inclusion and exclusion criteria are based on her extensive knowledge and clinical experience about the programs. The inclusion criteria for the three primary parent programs - Baby, Toddler, and Preschool - are intentionally broad and able to encompass families diverse with regard to ethnicity, language, caregiver needs, and child developmental needs. These programs can be provided preventively or as part of an early intervention strategy. The main criteria for inclusion in these three programs are:

- The participant is a caregiver of a child in the age range specified by the program.
- The participant is able to participate comfortably in a group setting. Caregivers with a range of mental health concerns are often able to participate in an IY program. Caregivers with substance use problems may also participate as long as they do not attend the sessions while impaired.
- The participant wishes to receive parenting support and education. Many caregivers, and particularly caregivers of children exhibiting problematic behaviors, lack confidence in their ability to manage their child's behavior. The IY parent programs welcome caregivers with a range of concerns about their children, including concerns about conduct, attention deficit hyperactivity, depression, anxiety, and behaviors commonly seen in children on the autism spectrum.

There are also two exclusion criteria:

- In order to participate in any IY parent program, the caregiver must not have a history of sexually abusing any child, even if the abused child is a different child than the one for whom the caregiver is seeking IY. The IY parent programs are not effective for modifying sexually abusive caregiver behaviors and certain skills, such as gaining children's compliance through attention and rewards, may be dangerous to children when introduced to sexually abusive caregivers.
- IY parent programs are highly effective in achieving a wide range of positive outcomes for families, but some programs take up to 4 to 5 months to complete. Therefore, for situations in which the child is at imminent risk of placement disruption, daycare or preschool expulsion, or physical harm, IY is not recommended until other services to reduce the imminent risk have been put in place.

## **III. Using the CANS to Aid Referral into IY Parent Programs**

There are various pathways through which a caregiver may be identified and referred to an IY parent program, depending on available community resources, the clinical need of the child, and other contextual factors. For some families, a full CANS may have been completed prior to consideration of IY as a treatment option; for example, if the caregiver's child is receiving mental health services, the CANS may have been completed as part of the assessment process. Other times, a system or community may wish to screen families in order to identify needs and determine the appropriateness of a referral to an IY program. For those families, a shortened version of the CANS can be used as a screener.

### Core Incredible Years Items on the CANS

The IY parent programs address a broad range of child and family risk and protective factors; as such, these programs are expected to have a positive impact on items across several domains of functioning on the CANS. Indeed, based on the content areas of each of the three primary IY parent programs, over half of the items on the full CANS could reasonably expect to show some change. The full list of CANS items expected to be positively affected by each of the IY parent programs can be found in the IY CANS Crosswalk in the Appendix. However, in order to create a manageable screener, a smaller set of items - 20 items- have been selected as core IY items to guide referral into IY parent programs. All three of the primary IY parent programs (Baby, Toddler, and Preschool) are expected to produce meaningful change on these items, which is conceptualized here as being able to reduce an action item (scores of 2 or 3) to a level at which no action is needed (scores of 0 or 1). The selection of these core items was based on findings from the empirical research, where available, and in close consultation with the developers of both the Incredible Years and the CANS. The 20 core items are presented in the table below.

Table 2. Core CANS Items for IY Screening and Referral

CANS Domain	Item
Life Domain Functioning	Living Situation Social Functioning Recreation / Play
Child Strengths	Adaptability Persistence Curiosity Family Strengths
Caregiver Strengths and Needs	Supervision Knowledge Empathy for Child Family Stress Abuse or Neglect (excluding sexual abuse by the caregiver) Parental Attribution
Child Behavioral and Emotional Needs	Attachment Depression Impulsivity* Oppositional* Social / Intentional Behavior*
Child Risk Behaviors	Regulatory Control Aggressive Behavior

\* These CANS items are only applicable for children ages 3 and over

One item, *Parental Attribution*, is borrowed from another TCOM tool, the Family Advocacy and Support Tool (FAST). It measures the extent to which a caregiver attributes the causes of child behavior problems correctly (e.g., “he’s just testing limits; he’s having a tantrum because he’s tired and frustrated”) or incorrectly (e.g., “he’s just trying to spite me”; “he spilled the milk to make me late for work”). Parental Attribution, like all items in the IY Core Set, is expected to be sensitive to change for all IY parent programs.

#### IV. Screening and Referral Algorithms

The Incredible Years parent programs have demonstrated effectiveness in decreasing child behavior problems, increasing the use of effective, nonpunitive parenting strategies, and promoting child and family strengths. Therefore, screening for referral into an IY parent program may focus on different CANS domains depending on the purpose of the screening and how the family is expected to benefit from the program. Three examples of ways to use the CANS IY screener for different screening objectives are:

1. **Child Behavioral Health.** To identify children with behavioral health concerns that may be addressed through an IY parent program, the relevant CANS items are clustered in the Life Domain Functioning, Child Behavioral and Emotional Needs, Child Risk Behaviors, and Caregiver Strengths and Needs domains. In addition to the presence of one or more child needs, this algorithm requires at least one caregiver need (Knowledge) be present. Since the mechanism for IY achieving child outcomes is through changes in the caregiver's parenting behaviors, there must be information and/or skills that need to be changed in the caregiver in order for IY to be expected to have a positive impact on child behaviors. For families with children ages 3 or older, a positive Child Behavioral Health screening indicates referral to Preschool BASIC's 20-session intervention protocol rather than the 14-session preventive protocol.

**Algorithm:**

1. A score of 2 or 3 on one or more items in any of the following domains:
  - Child Behavioral and Emotional Needs domain
  - Child Risk Behaviors domain
  - Life Domain Functioning

AND

2. A score of 2 or 3 on Knowledge in the Caregiver Strengths and Needs domain

**Note:** Any indication of imminent risk to the child must be addressed before referral into any IY program

2. **Caregiver Risk / Child Protective Services.** To identify caregivers whose parenting behaviors put children at risk of emotional or physical harm or neglect, the relevant CANS screener items are in the Caregiver Strengths and Needs domain. For families with children ages 3 or older, a positive Caregiver Risk screening indicates referral to Preschool BASIC's 20-session intervention protocol rather than the 14-session preventive protocol.

**Algorithm:**

1. A score of 2 or 3 on Knowledge in the Caregiver Strengths and Needs domain
- AND
2. A score of 2 or 3 in one or more of the other items in Caregiver Strengths and Needs domain (Supervision, Empathy for the Child, Family Stress, Abuse or Neglect)

**Note:** Any indication of imminent risk to the child must be addressed before referral into any IY program

3. **Strength Building / Wellness Promotion.** To identify families with minimal child or caregiver risk factors currently but who could benefit from support in building strengths and enhancing family protective factors to prevent future problems, the relevant CANS items are spread across all CANS domains. For families with children ages 3 or older, a positive Strength Building / Wellness Promotion screening indicates referral to the Preschool 14-session preventive protocol.

**Algorithm**

1. A score of 2 or 3 in one or more of the other items in Child Strengths domain (Adaptability, Persistence, Curiosity, Family Strengths)  
OR  
A minimum of three items scored 1 across the need domains (Life Functioning, Caregiver Needs and Strengths, Child Behavioral and Emotional Needs, and Child Risk Behaviors)
2. No 2s or 3s in any of the need domains (Life Functioning, Caregiver Needs and Strengths, Child Behavioral and Emotional Needs, and Child Risk Behaviors)

**Referral into Other IY Parent Programs**

The algorithms above provide guidance for screening and referring families to the three IY parent programs currently offered by Indiana’s Project LAUNCH. For referral to other IY parent programs, the following guidance is offered:

**For the Advance Program.** The Advance Program was developed for caregivers whose own emotional and interpersonal challenges impair their ability to use the strategies taught in Preschool BASIC. For example, a caregiver whose own problems with depression make it difficult for the caregiver to stay calm when children misbehave could benefit from the Advance program. An indication for referral to the Advance Program would a score of 2 or 3 on the Mental Health item in the Caregiver Strengths and Needs domain of the CANS. This item is not currently on the CANS IY Screener but may be added if the Advance program becomes part of the suite of IY programs offered by Project LAUNCH. Please note that the caregiver would likely need other services outside of IY to address the mental health concerns, but Advance would help the caregiver develop skills to manage his/her emotions in ways that are relevant to the parenting role.

**For the Attentive Parenting Program and School Readiness.** These two programs are intended to be preventive. Therefore, the main indications for referral are whether the caregiver wishes to receive parenting support and education around promoting positive child development such as emotional regulation and problem solving (Attentive Parenting) or helping children develop school readiness skills (School Readiness). These programs are low-dose and not intended to address active problems in child or caregiver functioning. Therefore, if there are 2s and 3s in any of the need domains on the CANS IY Screener, a referral to the Toddler or Preschool Programs (depending on the child’s age) would be a more appropriate referral. It would also be appropriate to offer the Attentive Parenting Program as a booster for caregivers who have completed the Basic Toddler or Preschool Programs and who would like additional parenting support.

**For the Autism Program.** The Autism Program is the most recently-developed IY parent program. It is intended for caregivers of children on the autism spectrum. It is appropriate for caregivers of children who are exhibiting behavior or learning problems associated with the autism spectrum. Previous research by the developer of IY has found that the Preschool BASIC Program (Intervention protocol) is effective for children on the spectrum, although there are new strategies available in the Autism Program (such as nonverbal visual prompts for children with no verbal language) that are not taught in Preschool BASIC. The screening algorithm for the Autism Program is the same as the Child Behavior Health screening with the addition of the Developmental item from the Life Domain Functioning, which is the item that captures a diagnosis of an autism spectrum disorder on the CANS. That item is not currently on the CANS IY Screener but could be added if the Autism Program becomes available as part of Project LAUNCH.

## **V. Considerations for Using the CANS IY Screener as a Referral Support Tool: Integrating the What and the Why**

**The *What*.** The CANS is a tool that is explicitly agnostic to etiology: this has sometimes been described as a focus on the *what*, not the *why*, when capturing a family's strengths and needs. For example, if a parent is having problems safely supervising a child, this need would be reflected on the Supervision item of the CANS by a score of either a 2 or 3 depending on the intensity of need, thus indicating the what needs to be addressed (supervision) in order for the child to be safe in the care of that parent. However, there may be many reasons for the parent's difficulties with supervision: there may be gaps in the parent's knowledge, or a mental health, physical health, or substance abuse concern that renders the parent less able to supervise safely. This focus on the *what*, not the *why*, is a strength of the CANS: it facilitates clinician-family collaboration and consensus during the assessment process, and it reduces family members' fears of being blamed for any problems they may reveal.

**The *Why*.** When referring parents to the Incredible Years parent programs, it is necessary to consider the *why*, since this will determine the appropriate intervention to address the problem. For example, in our previous example of a parent with a need indicated on the Supervision item on the CANS, the Incredible Years would be the right intervention in some cases, and the wrong one in other cases, depending on why the problem is occurring. If the parent has gaps in knowledge about child safety, or has unrealistic expectations of the child's ability to supervise himself, then an IY program would be expected to be helpful in addressing the supervision concern. Alternatively, if the parent has a serious substance abuse problem that results in the child being frequently left unsupervised, then IY would be an inappropriate intervention for addressing the supervision concern.

When using the CANS in assessment and treatment planning, collaborative process guides the exploration of the *why* after the CANS has been completed. When using only a screener for referral, the causes of the concerns may not have been explored during the screening process. When only a screener is used (and not followed up with a full CANS assessment), it is important for either the person doing the screening or the IY facilitator to explore the caregiver's hypotheses about the relationship between the 2s and 3s on the screener prior to enrolling in the IY program. While families with many different constellations of CANS scores may benefit

from IY parent programs, it is important to ensure that other service needs that contribute to CANS action items are also met.

### **Recommended Reading**

Mentinga, A. T .A., Orobio de Castro, B., and Matthys, W. (2013). Effectiveness of the Incredible Years parent training to modify disruptive and prosocial child behavior: a meta-analytic review. *Clinical Psychology Review*, 33, 8, 901-913.

Webster-Stratton, C. (2012). *Collaborating with parents to reduce children's behavior problems: a book for therapists using the Incredible Years programs*. Seattle, WA: Incredible Years, Inc.

Webster-Stratton, C., and Hancock, L. (1998). Parent training for young children with conduct problems: Content, methods, and therapeutic processes. In *Handbook of Parent Training*, edited by C.E. Schaefer. New York, NY: John Wiley & Sons.

## Chapter 2: Monitoring Fidelity of the CANS 0-5 and the Incredible Years

This chapter provides guidance on measuring, monitoring, and supporting implementation fidelity for the Child and Adolescent Needs and Strengths (CANS) 0 to 5 version and the seven Incredible Years (IY) parent programs for caregivers of young children. It is intended for system administrators, clinical supervisors, and others involved in the oversight of the implementation of the CANS and IY for Project LAUNCH. This chapter is comprised of three sections:

- 1) Domains of CANS and IY Fidelity
- 2) Measuring and Monitoring Fidelity
- 3) Supports to Promote Program Fidelity

### I. Domains of CANS and IY Fidelity

Family-serving systems decide to adopt evidence-based practices (EBP) because these practices have demonstrated the ability to achieve one or more meaningful outcomes, such as improved parent-child interactions or reduced child behavior problems. However, in order for practitioners in community settings to achieve the same positive effects found in the published literature, they must ensure the selected EBP is delivered with fidelity. Fidelity refers to the extent to which a practice or program is delivered as the developer intended. To achieve fidelity, practitioners must adhere closely to the core elements of the practice, which are considered the “active ingredients” responsible for achieving positive outcomes. These core elements may include the program’s recommended dosage, content, methods, therapeutic processes, or other program elements necessary to achieve the desired outcomes. For the CANS and IY, there are both structural and process core elements, and achieving fidelity requires attention to both.

**Structural components** primarily address curriculum/manual adherence, such as ensuring that all of the required intervention elements are delivered in the correct sequence and dosage by a trained practitioner. For the CANS adhering to the structural aspects of fidelity involves ensuring that practitioners:

- Have copies of the CANS 0-5 manual
- Have been trained on the content and scoring of items
- Achieve a specified level of reliability when scoring a test vignette
- Maintain reliability through annual recertification

For the Incredible Years, adhering to the structural aspects of fidelity includes ensuring that practitioners:

- Have been trained on the IY parent program they plan to deliver by certified mentor or trainer for that program
- Have a copy of the curriculum materials, including the manual, DVDs, books & handouts
- Deliver all components of the program in the correct order and recommended number of sessions for the target population
- Provide resources outside of group sessions to support participant learning, engagement and attendance. These resources have been specified by the developer of IY and include arranging transportation as needed and childcare by trained child care providers, meals

for evening groups, making weekly support calls to participants, and encouraging “buddy calls” (parent-to-parent support calls).

### **Collaborative Process: The Cornerstone of Fidelity for the CANS and the Incredible Years**

Process components of fidelity address *how* the practice or program is delivered, and adherence often requires a more nuanced practitioner skill set (e.g., interpersonal skills, judgment, and context-specific flexibility) than adherence to structural components. The effectiveness of the CANS and IY depends on the success of a specific type of process called **collaborative process**, which refers to a practitioner-caregiver working relationship that empowers caregivers to be full partners and primary decision-makers in the care of their children. Collaborative process is an essential fidelity component: it transforms the CANS from a compliance tool into a blueprint for action for families and practitioners, and it is the active ingredient for instilling hope and confidence in caregivers participating in IY classes.

In contrast, in the *absence* of collaborative process, CANS reliability in real-world settings plummets, regardless of how reliable a practitioner may have been when scoring the test vignette. The usefulness of the CANS is dependent on the quality of the information informing it, and families are not likely to reveal personal information to practitioners they do not trust. The effectiveness of IY is similarly diminished when the collaborative process breaks down. Indeed, collaborative process is so important to the success of the CANS and IY that it should be thought of as the cornerstone of fidelity. In light of the critical role collaborative process plays in both the CANS and IY, it is not surprising that the developers have intentionally infused aspects of the collaborative process throughout the trainings and curricula for these EBPs.

**Collaborative Process in the CANS.** Elements of the CANS that are explicitly intended to support collaborative process include:

- Use of language throughout the CANS that is easily understandable to families and minimizes use of professional jargon
- An easily understandable scoring system (0, 1, 2, 3) based on the level of action needed to address the problem, which facilitates transparency and full participation by families
- Focus on recording *what* the needs and strengths are when scoring items rather than *why* they are occurring, which reduces the perceived risk of revealing personal or unflattering information
- Complete flexibility in the order in which items are introduced and discussed, enabling families to control how they tell their stories and share information
- In-person CANS reliability trainings that introduce collaborative process as a key component of reliability and teach strategies to enhance the collaborative process to practitioners, supervisors, and administrators

**Collaborative Process in the Incredible Years.** There are many elements of IY that are explicitly intended to support collaborative process. Some examples that are included throughout all of the parent programs for caregivers of young children are:

- Use of video-based modeling, which is intended to facilitate participant reflection on their own parenting practices without feeling judged or put on the spot

- Goal setting by participants for themselves and their children, rather than by the practitioner or the IY program, which is intended to facilitate empowerment and self-direction
- Collaborative problem-solving group discussions, in which the practitioner and group participants support each other in selecting, trying out, and refining new parenting strategies to address parenting concerns and achieve the participant's goals.
- Celebration of successes, even small successes, which are viewed as incremental progress toward achieving the participant's goals
- Adjusting program pace according to participant level of knowledge, family situation and development level of child
- Weekly calls to participants by the practitioner, which are intended to facilitate open communication as well as to problem-solve any concerns the participant may have
- Weekly buddy call assignments to share experience with a particular strategy they are learning and build support networks

## **II. Measuring and Monitoring Fidelity for the CANS and IY**

There are various approaches to measuring program fidelity, ranging from simple checklists filled out by practitioners to in-depth review and feedback of session videotapes by an outside expert. While each approach has strengths and weakness, the primary considerations guiding the recommendations in this document are validity and feasibility.

- **Validity** refers to the extent to which the measurement approach 1) measures the program's core components and 2) accurately captures what is happening in the sessions with families. If the measurement approach is valid, then high fidelity is expected to be positively correlated with better outcomes for children and families.
- **Feasibility** refers to the extent to which the measurement approach is "doable". Considerations of feasibility include the resources available to collect, enter, analyze, and meaningful use the fidelity information, and whether the usefulness of the information is commensurate with the effort required to collect and monitor it. Since Project LAUNCH is being implemented in several counties, feasibility also includes scalability: the extent to which the information collected is quantifiable and can be aggregated across programs, agencies, and systems.

The following are recommendations for a fidelity measurement and monitoring approach to the CANS and IY that prioritizes validity and feasibility and can be used across all levels of a system. Please note that there are other activities that are strongly recommended by the developer of IY to support practitioners in achieving and maintaining fidelity, which are described in the third section of this chapter: Supports to Promote Program Fidelity. Some of these activities, such as reviewing videotaped sessions, are not easily scalable and may be most feasible to monitor at the clinical supervision level unless dedicated resources are available at the system level for larger-scale intensive oversight.

### **Recommendations for Monitoring CANS Fidelity**

- Ensure that all CANS 0-5 practitioners are certified as reliable and maintain reliability through annual recertification

- Use the CANS Caregiver Collaborative Process Measure to measure and monitor collaborative process

### **Recommendations for Monitoring IY Fidelity**

- Ensure that all practitioners have completed the two-part training for each IY parent program they deliver.
- Ensure that at least 75% of practitioners have become certified as group leaders by the time they complete delivery of their fourth IY group, and 100% have become certified by the time they complete delivery of their sixth group.
- Use session checklists to measure and monitor fidelity to structural components of IY
- Use weekly evaluations and the final summative evaluation to measure and monitor collaborative process

### **CANS 0-5 Fidelity:**

**Reliability Certification.** The best indicator of adherence to the structural components of the CANS is successful reliability certification. If a practitioner is certified through the Praed Foundation, system administrators can be assured that the practitioner is able to use the manual correctly and understands the items and scoring. Monitoring of certification is straightforward; records showing which practitioners are certified in each version of the CANS are readily available from the Praed Foundation. Recertification is required annually, which supports practitioners in maintaining their skill level and reduces the risk of practice drift.

**Multi-Cultural Engagement Scale for the CANS.** The Multi-Cultural Engagement Scale (MCES) is the recommended measure for assessing fidelity to the collaborative process. The original 20-item version of this caregiver-report measure of collaborative process was developed by Nathaniel Israel, PhD and was piloted with a large cohort of caregivers of children receiving public mental health services. The psychometric properties of the measure have been examined for use with ethnically diverse caregivers and in three languages. Across all languages, there was a strong positive correlation ( $r=.85$ ) between caregivers' ratings of the collaborative process and caregivers' report of positive child outcomes. Another strength of the measure is scalability. Scoring is straightforward and like the CANS, MCES scores can be aggregated to monitor CANS fidelity at an agency, program, or system levels. There is an updated version of the MCES now available, and that version is the one recommended for Project LAUNCH.

**A note about administration:** An important consideration for ensuring the validity of the MCES is respondent privacy. While it is not possible for caregivers to provide responses anonymously if the MCES is to be matched with a child's CANS scores, they should nonetheless be afforded as much privacy as possible when completing the MCES. Further, it is recommended that caregivers be provided options for returning MCES other than having to hand it to their CANS practitioners. In the original pilot, caregivers had the option to drop the MCES off in a dropbox at the mental health agency or mail it directly to system administrators using a stamped addressed envelope that accompanied the MCES. Provision of a link to an electronic version of the MCES items is another privacy-enhancing strategy which may be useful to increase caregiver response rates.

### **Incredible Years Parent Program Fidelity:**

**IY Parent Program Training.** Any practitioner planning to deliver an IY parent program should, at minimum, be trained in that program by a certified IY mentor or trainer. While the curricula and supporting materials for all of the IY Parent Programs are available for purchase on the developer's website without proof of training, this is not advised. The trainings for all IY parent programs are comprised of two parts: The first part is an initial three-day training that is specific to each parent program and must be completed before the practitioner begins to deliver the program to parents. The second part of the training is an expert consultation session (either individually or in a group format) with video review and feedback of a session from the practitioner's first IY group. This part of the training must be completed prior to the start of the practitioner's second IY group series. As will be discussed in the following section on system supports to promote fidelity, being trained in an IY parent program is just the first step in a practitioner's journey to learning to provide the program with fidelity. However, for the purpose of fidelity oversight, it is a minimum standard. Practitioners receive a certificate following the initial training, which can be used as proof of completion of the first part of the two-part training. Proof of completion of the second part of the training can be obtained through IY headquarters.

**IY Certification.** Certification is the formal recognition by the developer of IY that a practitioner has met a high standard of fidelity in a specific IY parent program (e.g., the Baby, Toddler or Preschool program). Certification is the culmination of a process that includes structured self and peer review of videotaped sessions using checklists, feedback from parent participants through the weekly and final evaluations, and satisfactory video review and feedback from a certified mentor or trainer. Certification is strongly recommended by the developer, which is why we recommend that systems ensure all practitioners who deliver IY groups achieve certification if they intend to provide IY on an ongoing basis. It is recommended that at least 75% of practitioners be certified by completion of their fourth group series, and 100% be certified by completion of their sixth group series.

While certification at a given point in time does not automatically guarantee a practitioner's future fidelity, and not being certified does not automatically indicate that a practitioner will not deliver the program with fidelity, there are nonetheless two advantages to supporting practitioner certification at a system level: First, certification guarantees that practitioners have achieved a high level of fidelity at some point in time, since certification is overseen and approved by certified trainers at the IY headquarters. Second, the process of working toward certification requires practitioners to engage in activities that have been shown to improve IY fidelity (e.g., peer and self-review, videotaped review and feedback by certified mentors or trainers), so practitioners who become certified become accustomed to receiving feedback and reflecting on their performance. Therefore, it is expected that the process of becoming certified will increase the likelihood that practitioners will continue with the recommended post-certification activities to maintain fidelity, such as yearly workshop consultation and ongoing peer review, and may even inspire them to work toward a higher level of certification, such as coach or mentor.

**Session Checklists.** The manual for each IY Parent Program comes with a set of session checklists that are intended to help practitioners monitor their own delivery of the program. The checklists mirror the key content and activities for each session, and practitioners indicate yes or no for each checklist item (e.g., *did I review parent's goals, did I role play the play skills, did I*

*review this week's homework*). Since elements of collaborative practice are infused throughout all IY Parent Programs, the checklists can be used to measure both structural and process aspects of fidelity. To use the checklists to measure fidelity, system administrators can easily calculate the percentage of expected content covered across all sessions of an IY class by summing the total number of "Yes" items, dividing by the total number of items, and multiplying by 100. The developer recommends using 75-80% of total content completed as a threshold for overall program fidelity. In addition, there are two activities that the developer regards as most critical for success in IY: role playing and showing the core vignettes (the ones denoted with an asterisk on each checklist). She recommends that system administrators examine these items on the checklists separately. For these items, 75-80% is also the recommended threshold for fidelity.

Practitioners are encouraged to take more time to cover material if group participants are having difficulty with comprehension or practice of the new skills. Sometimes practitioners take two sessions to complete one session's worth of content, which is acceptable and not a violation of fidelity. In this situation, any of the target session's checklist items that are completed in either of the two session counts as completed for fidelity purposes. For example, if Session 5 is broken into Session 5a and 5b to allow more time for participants to practice the skills, then all of the Session 5 checklist items that are completed during Session 5a or 5b count as completed.

When considering the threshold for fidelity, the developer cautions that successfully completing 100% of the session checklist items across all sessions of an IY class is highly unusual given the normal variation typically found across multiple sessions. Since practitioners are encouraged to tailor the vignettes they show based on the group participants' needs, it is expected that practitioners may occasionally omit a core vignette in order to have time to show other vignettes that better address these needs or to set up a role play practice regarding a participant's experience. A "perfect" score across all sessions may therefore be an indication that practitioners are completing the session checklists by automatically checking "yes" for each item without careful consideration.

**Weekly Evaluations and the Final Evaluation.** In all IY Parent Programs, participants are asked to complete a session evaluation after every session and a longer, more detailed final evaluation. On the weekly evaluations, participants rate the helpfulness (*not helpful, neutral, helpful, or very helpful*) of four aspects of the session: content, leader's teaching/leadership skill, group discussion, and use of role plays/videos. Practitioners review the evaluations each week in order to improve the quality of their program delivery. The curriculum requires that practitioners call a participant for feedback and to problem-solve concerns if any item is scored *neutral* or *unhelpful*. These follow-up calls are intended to address the participant's concern in a timely manner, maintain a positive collaborative relationship, and clarify the participant's best learning style. The final evaluation uses the same response options as the session evaluations but expands the number of questions and asks the respondent to consider the class as a whole, rather than the most recent session.

The weekly evaluations and final evaluation are also recommended for use by system administrators and clinical supervisors as an indirect measure of fidelity to the collaborative process. It is expected that participants will experience session components as helpful when participants feel they are working collaboratively with the practitioners, and when practitioners

are appropriately tailoring the program to help the participants meet their goals. Therefore, if the program is being run with fidelity to the collaborative process, both the weekly evaluations and the final evaluation should primarily show scores of *helpful* and *very helpful*.

For a broad indicator of collaborative process, it is recommended that system administrators calculate the percentage of total items on the session evaluations that are scored *unhelpful* or *neutral* across all sessions in a class series. The developer recommends that no more than 10% of items receive these scores; if 85% or more of the evaluation items are scored as *helpful* or *very helpful*, that is a strong indication of fidelity to the collaborative process. It is expected that the final evaluation would contain a lower percentage of neutral or unhelpful items than the session evaluations, since the practitioner will have had many opportunities to address any participant concerns or breaches of the collaborative process. Therefore, 90% or more of final evaluation responses are expected to be rated *helpful* or *very helpful* in a class with high fidelity to the collaborative process.

The weekly and final evaluations reflect the participant's perspective, which is a useful complement to the session checklists completed by the practitioners. However, one important consideration when using these evaluations as a measure of collaborative process is that they are turned into and reviewed by practitioners. As a result, breaches in fidelity may be under-reported if participants do not feel comfortable openly sharing their concerns with the practitioners. The developer notes that when there is a breach in the collaborative process, participants may not indicate a problem with the leader on the evaluations, but instead may focus their dissatisfaction on some other element of the session (e.g., the videos) that feels less confrontational for the participant to report. Therefore, focusing solely on the "Leader" item as a measure of collaborative process is not advised.

### **III. Supports to Promote Program Fidelity**

Achieving and maintaining fidelity to an EBP can feel like a daunting task for practitioners and their supervisors, particularly for those who work with diverse families and must balance the need for fidelity with the flexibility necessary to work effectively with their clients. There is increasing recognition in the field of implementation science of the need for supports across all levels of a system (practitioner, supervisor, agency, and system) in order to implement an EBP with fidelity successfully. For Project LAUNCH, which is implementing at least two EBPs - the CANS 0-5 and the Incredible Years – these supports are highly recommended for ensuring success.

The developers of both EBPs stress the importance of developing a systemwide network of support with multi-level feedback loops in order to maintain fidelity and continuously improve performance. The final chapter in this series, *Continuous Quality Improvement for the CANS and IY*, will address performance improvement. The following guidance focuses on supports specifically to achieve and maintain fidelity.

Elements of a systemwide network of fidelity support include:

- Feedback from the recipients of the service (families)
- Opportunities for practitioners to reflect on their performance
  - Supervision

- Opportunities to learn from others (peer support, learning circles)
- Expert consultation for practitioners, supervisors, and administrators

### **Feedback from Families**

It is essential that the experiences and preferences of families influence the services they receive, including the CANS and IY programs. The recommendations for monitoring the fidelity of these programs outlined in the prior section include three measures (the MCES and the IY Weekly and Final Evaluations) that enable direct feedback from caregivers.

### **Opportunities for Practitioners to Reflect on Their Performance**

The developer of IY, Dr. Webster-Stratton, has written extensively about the supports needed to achieve and maintain fidelity. She describes new practitioners as sometimes rigid or overly-prescriptive in their approach. One way to help practitioners to improve their performance, including their fidelity, is to provide opportunities for them to reflect on their work - consider what went well and how any problem areas could be better handled in the future. Practitioners of the CANS can similarly benefit from this active reflection time.

Dr. Webster-Stratton highly recommends practitioners videotape their sessions to facilitate reflection, problem-solving and frequent use of role play practices. Videotaped sessions enable practitioners to objectively observe their performance, and facilitate feedback from others in the practitioners' support network: supervisors, peers, and outside experts. Videotaping is also the gold standard for demonstrating reliability for IY and should be encouraged for all IY practitioners.

### **Supervision**

Good supervision is the key to maintaining fidelity of the CANS and IY, and supervisors themselves need support in developing the skills to support practitioners. In addition to ensuring that the EBP protocols are followed, some of the areas in which supervision is critical are:

- **Helping practitioners tailor their approach to the needs of the family.** For IY, this may include discussion or instruction on using the IY videos with specific populations, such as children with autism spectrum disorders or ADHD. For the CANS, tailoring the approach may include discussions about building trust and eliciting useful information from caregivers who might feel hesitant to provide it, such as those involved with child protective services. In addition, supervisors can encourage clinicians to continue to use their clinical skills and judgment appropriately, and not feel they must somehow suspend these aspects of their professional work because they are delivering an EBP.
- **Helping the practitioner acquire and practice the skills needed for the EBP.** With any change in practice, there are aspects that are more or less comfortable for the practitioner. Typically, aspects of the new intervention similar to the practitioner's previous way of interacting with families feel the most comfortable, and those that are most different feel uncomfortable. The supervisor can provide encouragement and direct skill-building to practitioners to help them acquire and use the new skills. What feels comfortable or uncomfortable to a given practitioner will depend on the practitioner's training, temperament, and previous experiences, but some skills that many new practitioners need support with are:

- Role playing and mediating IY vignettes to highlight the IY principles that address participant goals (IY)
- Managing aspects of CANS or IY delivery that some practitioners find challenging, such as engaging caregivers who may be distrustful of formal systems, or who are experiencing marital conflict, substance abuse concerns, or depression (CANS and IY)
- Tailoring the program (IY) or interviewing approach (CANS) based on family preferences, culture and socioeconomic context
- Asking questions about sensitive topics, such as traumatic experiences or caregiver substance use (CANS)
- Managing disagreements or differences in perception between the practitioner and the caregivers (CANS and IY)

### **Peer Support**

Peer support, in the form of learning circles, group supervision, or peer-to-peer buddy phone calls, are other opportunities for practitioners to reflect on their own performance, learn from each other, and provide support. Some of the benefits of peer support are:

- Feedback often feels less evaluative than a supervisor's feedback
- If videotaping is used (for IY), the feedback can be more objective
- Peer support can bolster morale for new practitioners of both IY and the CANS, and keep them from getting discouraged by the challenge and frustrations associated with acquiring new skills

### **Expert Consultation to Practitioner, Supervisors, and Administrators**

The final recommendation for promoting fidelity throughout a system is to receive expert consultation in the EBP. The developers of IY and the CANS support expert consultation across all levels of a system and offer trained experts who can answer questions and help trouble-shoot challenges in achieving fidelity. Some of the supports available for IY and the CANS include:

- monthly or biweekly calls for (separately) practitioners, supervisors, and administrators;
- in-person consultation workshops on specific topics
- the development of in-house IY coaches and mentors and in-house CANS trainers
- In addition, IY offers consultation workshops led by certified mentors or trainers, in which group leaders (max 12) meet and share videos of their sessions with each other in order to receive feedback. To ensure the time is spent constructively, participants bring a video showing either something that went well in the session or something that was difficult.

### **Recommended Reading**

Webster-Stratton, C. (2004). *Quality training, supervision, ongoing monitoring, and agency support: Key ingredients to implementing The Incredible Years programs with fidelity*. Retrieved from [www.incredibleyears.com/library](http://www.incredibleyears.com/library).

Webster-Stratton, C. H., Reid, M. J., & Marsenich, L. (2014). Improving therapist fidelity during implementation of evidence-based practices: Incredible Years Program. *Psychiatric Services*, 65, 6, 789-795.

### **Chapter 3: Outcomes Monitoring of the Incredible Years Using the CANS 0-5**

The CANS 0-5, like all TCOM tools, can function as a decision support tool, an outcome monitoring tool, and a quality improvement tool. This chapter provides guidance on using the CANS 0-5 for monitoring outcomes of the seven Incredible Years (IY) parent programs for caregivers of children aged birth to five. It is intended for evaluators, program administrators, clinical supervisors, and others responsible for ensuring the effectiveness of the IY groups provided through Project LAUNCH.

#### **Why the CANS?**

There are several advantages to using the CANS 0-5 for IY outcomes monitoring. First, the CANS can capture a broad range of child and family strengths and needs, which is an important consideration for IY, since IY impacts multiple domains and may be provided to caregivers for multiple purposes (e.g., to reduce child behavior problems; to increase caregiver use of effective parenting practices). Second, the scoring of each CANS item reflects an action level, so determining whether meaningful positive change has been achieved is a straightforward process that is easily understandable to all stakeholders, including family members. Third, since the CANS will soon be used for screening and referral into IY programs for Project LAUNCH, using the same tool for outcome monitoring simplifies the data collection process for practitioners, reduces the data collection burden on family members, and facilitates transparency and open communication about how well these programs are addressing the families' concerns.

#### **Considerations for Using the CANS for Outcome Monitoring**

The CANS was developed from principles distinct from those of traditional measure construction. It was developed based on communimetric (vs psychometric) theory, and shares characteristics consistent with that approach that are relevant to its use in IY outcome monitoring. For example, the CANS is specifically intended to be a communication tool that conveys a shared vision across multiple levels of a system. All aspects of its structure and content are in service to that goal. Additionally, the CANS is intended to provide just enough information to convey the shared vision; thus, it has one item per concept, in contrast to measures developed with a psychometric focus, which often contain multiple variations of the same item to increase measure reliability. Finally, CANS items are included based on clinical (rather than statistical) significance, and content can be flexible based on the context. Therefore, the selection of a core set of 20 CANS items expected to be sensitive to change from an IY parent program is an appropriate application of this principle and consistent with the intent of the CANS developer, John Lyons.

While the theory underlying the CANS differs from that of traditional measure construction, its reliability and validity are nonetheless very well-established. The average reliability for trained CANS practitioners is .75 using vignettes, .84 using case studies, and above .90 for live interviews, indicating that the tool is most reliable when practitioners use it with actual families (compared to responding to fictional vignettes). The CANS is also valid: CANS scores correlate with other measures of symptoms, functioning, and risk behaviors; with clinical judgment; and with level of care decisions.

In addition, the large body of peer-reviewed outcome studies using the CANS illustrates the wide range of questions that can be answered and diverse types of analyses that can be conducted using the CANS, from simple between-group comparisons to complex multi-level predictive models.

### **Outcome Monitoring Using the CANS-IY 20 Core Items**

The first consideration in monitoring IY outcomes with the CANS is identifying the items expected to be impacted by IY. Dr. Carolyn Webster-Stratton has identified a core set of 20 CANS 0-5 items expected to be most sensitive to change from an IY parent program. These items are the same items that comprise the CANS-IY screener, and it is recommended that all outcome monitoring across all levels of the system focus on these core items.

- At the **child and family level**, examination of change on these core items is an opportunity to recognize and celebrate goal attainment and other clinical successes with the family. It is also an opportunity to explore any outstanding needs with the family and develop a service provision plan to address them. In clinical supervision, these core items can be used in a parallel process between the supervisor and practitioner, focusing the discussion around celebration of practitioner successes and provision of any skill-building or other supports the practitioner may need to help the family address outstanding concerns following completion of the IY group.
- At the **program level**, the core items comprise the content of the outcome evaluation. In general, it is recommended that evaluators examine outcomes across all items and quantify the meaningfulness of the change. The most appropriate indicator of meaningfulness (e.g., statistical significance, reliable change, effect sizes) will depend on the specific questions posed, the types of analyses conducted, and the priorities of the evaluators and their audience. There may also be times when it is useful to examine change on individual CANS items or groups of items. For example, caregivers referred to IY due to child protective services involvement are likely to have higher needs in *Supervision* and *Attribution* at pretest than caregivers who were referred due to child behavior problems, who would likely have higher needs on *Oppositional Behavior* and *Impulsivity*. Depending on the evaluation question of interest, this type of item-specific inquiry may be warranted. Across all subgroups, *Caregiver Knowledge* is the item expected to be most commonly actionable at pretest, since the mechanism underlying all positive change for IY parent groups is changes in the caregiver's knowledge. These changes are expected to influence the caregiver's behavior toward the child, which in turn influences the child's behavior.
- At the **system level**, data from the 20 core items can be used to examine provider performance across multiple agencies, develop profiles of provider treatment strengths and weaknesses, and inform performance contracting efforts. These items also form the basis of continuous quality improvement efforts, which will

be discussed in the final chapter: *Using the CANS 0-5 for Continuous Quality Improvement of the Incredible Years*.

For more guidance on using the CANS and other TCOM tools for outcomes monitoring, please see Dr. John Lyons's book, *Communimetrics: A Communication Theory of Measurement in Human Service Settings*, which provides several examples from implementations in systems throughout the country.

### **Use of Other Measures to Inform the CANS**

The CANS-IY 20-item core set is the only tool needed to monitor IY outcomes. However, since the CANS is an information integration tool, information from other measures can always be used to inform CANS scores. For example, some IY practitioners may choose to gather more information about specific IY targets, such as parenting practices, child behavior problems, or parental stress, and ask caregivers to complete written measures focused these domains.

Practitioners are advised to weigh the potential benefits provided from this additional information with the potential disadvantages of collecting it. A potential advantage is the ability to capture more narrowly-defined needs and strengths within specific domains (e.g., the types of effective parenting strategies that the caregiver already uses as well as less effective strategies that may need to be modified), which may be useful to the practitioner in appropriately tailoring the IY intervention to address these needs. Some potential disadvantages include the additional cost of the measures, the caregiver burden of completing the measures, and the additional time needed for scoring and interpretation.

If practitioners choose to administer additional measures, Dr. Webster-Stratton provides guidance on suggested measures for the IY Parent Programs on the Incredible Years website: <http://incredibleyears.com/for-researchers/measures/>

### **Recommended Reading:**

Lyons, J. (2009). *Communimetrics: a communication theory of measurement in human service settings*. Dordrecht: Springer.

## Chapter 4: Using the CANS 0-5 for Continuous Quality Improvement of the Incredible Years

This chapter provides guidance on using the CANS 0-5 to support continuous quality improvement (CQI) efforts for the seven Incredible Years (IY) parent programs for caregivers of children ages 0-5. It is intended for system administrators, program managers, and other professionals responsible for implementing CQI for Project LAUNCH. The chapter first presents a framework to guide CQI activities and then describes how the CANS can be used to support CQI efforts, including identifying candidate targets for IY CQI, testing solutions to identified problems, and facilitating a collaborative strengths-based approach to improving outcomes for children and families.

**Continuous Quality Improvement (CQI)** is the process of improving quality of care by identifying problems in system processes and testing hypotheses about effective solutions to these problems. Typically, CQI initiatives begin on a small scale (e.g., as a pilot Plan, Do, Study, Act cycle), and sustainable successes are later disseminated across the larger system, leading to widespread system improvements. The small scale of the initial pilots enables multiple CQI initiatives to be tested simultaneously, marshalling the efforts of stakeholders across all levels of a system. An active CQI program, therefore, has the ability to transform a system's culture into one in which the service experience of children and families is prioritized and stakeholder efforts to improve quality are ongoing, recognized, and rewarded.

### A Framework for Using the CANS 0-5 for CQI

The *Decision Points Framework*, sometimes called the *AESSL* framework, is recommended for all CQI efforts using the CANS. This framework, developed by Dr. Nathaniel Israel, focuses on five decision points in a family's service experience:

Access  
Engagement  
Service appropriateness  
Service effectiveness, and  
Linkage to other needed services

Each decision point presents an opportunity for a family to be well-served and continue on the path to achieving its goals. Alternatively, if services at these decision points are poorly managed, not collaborative, or fail to meet the family's needs in other ways the family is likely to become disengaged and may discontinue services altogether. The next section presents each decision point in greater detail and illustrates ways that the CANS can be used to support IY CQI activities.

### Decision Points in the Delivery of IY Parent Programs

**Access.** This decision point considers the question *Who is showing up to services?* For CQI purposes, related access questions are *Are we serving who we think we're serving?* And, if not, *Why?* and *What can we do about it?*

In order for families to benefit from an IY parent program, they need to be able to access it. Understanding who shows up for one or more sessions, and the factors affecting access, are necessary first steps to ensuring systemwide quality of care. The developer of the IY, Dr. Carolyn Webster-Stratton, has noted that aspects of IY service delivery can facilitate or inhibit access: service elements such as the location and time of day that the group is held, whether childcare and transportation are provided, and the language capacity of the service provider may affect the likelihood that a caregiver will be able to access an IY parent program.

### **Using the CANS to Understand and Support Access**

The CANS is useful for detecting patterns of access in IY parent programs.

Administrators responsible for CQI are often most interested in understanding patterns that indicate disparities in access, and reducing these disparities may become the focus of a CQI initiative, particularly if the families most in need of IY parent programs fail to show up for them. For example, we would expect the families attending IY parent programs to be those whose scores on the 20-item CANS-IY Screener meet the positive screening algorithm cutoffs. If, instead, IY classes were filled with caregivers who had screened negative on the CANS-IY screener, or caregivers who had never been screened but nonetheless found the class through other avenues and showed up, then access would likely be an appropriate target for CQI. At minimum, administrators would want to understand what was happening to all of the positively screened families: how many families screened positive and where in the screening-referral-access chain were they getting lost?

The CANS-IY Screener can also be used to determine whether families that are referred to an IY parent program due to a specific need (e.g., caregivers whose parenting practices put children at risk of abuse or neglect; children with externalizing disorders) access these services at the rate expected based on the number of positive screenings and referrals. Similarly, by examining CANS screening criteria by racial, ethnic, language, or other participant demographic characteristics of interest, disparities in IY access can be detected and potentially become new targets for CQI intervention.

The minimum recommended metrics for Access using the CANS include the number of families screened using the CANS-IY screener, the number of positive screens, the number of caregivers with a positive screener that are referred for an IY parent program, and number of caregivers with a positive screener who access the class (i.e., show up for one or more sessions). Systems may also wish to examine these metrics separately for any IY participant subgroups of special interest or concern, for example, by ethnicity, language, socioeconomic status, or child welfare-involvement.

**Engagement** This decision point considers the question *Once they have shown up for class, are participants actively engaging in the services?* Despite the use of the term “decision point”, engagement is most appropriately viewed an ongoing process rather than a static point in time. A family’s level of engagement may fluctuate throughout the course of service provision: from screening to assessment to participation in an IY parent program, and finally, to any additional service linkages needed to help the family achieve

its goals. Supporting a family's engagement is therefore an active and ongoing process for CANS and IY practitioners. Successful implementation of both the CANS and IY requires attention to collaborative process procedures that are specifically designed to promote engagement. These procedures are described in great detail in the *Fidelity Guidance* chapter.

### **Using the CANS to Understand and Support Engagement**

The CANS supports a system's understanding of family engagement through its ability to provide profiles of family strengths and needs, which can be used to detect patterns of those needs by service provider. These profiles, when used in conjunction with a measure of engagement, can be used to identify subgroups of families who are most and least engaged in services, and the service providers who are most and least able to engage them. Determining which IY providers achieve excellence in engaging families enables them to be formally recognized for their expertise, and also to potentially be used as teachers or supports for providers who are less successful in engaging families.

There are several approaches to measuring engagement of IY participants, with varying levels of resources needed to collect and analyze the information. Some of these include (from high to low resource-intensive) 1) coding client participation and other indicators of engagement from videotaped sessions, 2) calculating scores from the weekly session evaluations, where participants indicate how helpful they found aspects of the class to be, and 3) examining attendance and class completion/graduation rates. Whichever approach is selected to measure engagement, the CANS is a recommended tool for supporting CQI efforts to improve engagement.

**Service Appropriateness** This decision point considers the question *Are families receiving the right services?* There is increasing evidence that families benefit when they receive the right type and intensity of services, and that they experience harm when they receive services that are not matched to their needs, strengths, and goals. Incredible Years parent programs are suitable for addressing a wide range of family concerns about child behavior and parenting practices; for building child strengths, such as social and emotional competence; and for supporting families in setting and working toward their own goals. However, despite their broad applicability, IY parent programs are not appropriate for every family. For example, an IY parent program are not the right service for:

- families with a caregiver who has committed a sexual offense against a child
- families with a child outside of the recommended age range for IY
- families that do not need or wish to receive parenting support
- families that need and want parenting support, but have other concerns, such as housing needs or a caregiver substance use problem, that they consider more urgent and which they wish to address before beginning a parenting class
- families that need more intensive parenting supports than a weekly class can provide

- families that wish to receive parenting services in a language in which IY has not yet been translated. While some families are willing to work with translators, others prefer to work with a practitioner who speaks the family's language.

### **Using the CANS to Understand and Support Service Appropriateness**

The CANS is an ideal tool to support administrators in understanding whether families participating in IY are receiving appropriate services. The 20-item CANS-IY screener, which is described in *the Screening and Referral* guidance chapter, was specifically developed for this purpose. This tool can be used to determine whether families participating in IY services have met the recommended screening requirements, indicating that they have a pattern of strengths and needs that are expected to be positively impacted by an IY parent program.

**Service Effectiveness** This decision point considers the question *Are services working for families?* Administrators focused on CQI may also ask *For whom are services working well?* and *Are there patterns of high or low effectiveness that we find by service providers or by family characteristics?* The IY parent programs are evidence-based, which means that studies demonstrating their effectiveness have been conducted and published in peer-reviewed journals. The effectiveness of these programs is likely one of the primary reasons that Project LAUNCH has chosen to implement them. Nonetheless, the effectiveness of IY in community settings can be influenced by several factors, including the extent to which fidelity is maintained and whether IY is the appropriate service for a given family. For this reason, ongoing examination of service effectiveness is essential.

### **Using the CANS to Understand and Support Service Effectiveness**

The CANS is ideally suited for measuring service effectiveness of IY parent programs. It can be used to identify providers who achieve positive outcomes for families, enabling a system to recognize and build on its strengths. It can also identify providers who are less effective in serving families, which can help to direct limited resources efficiently toward additional supports and training. Finally, it can detect any subgroups of families that have not achieved positive outcomes from IY. It is important to examine the outcomes for these subgroups (e.g., by racial, language, need level at the onset of services) separately to ensure that patterns of problems are not masked by aggregation of outcome data. Once detected, these problems can become the focus of CQI initiatives, with stakeholders developing and testing hypotheses about the causes of and possible solutions to the problems. For more information about how the CANS can be used to examine service effectiveness, please see the chapter *Outcomes Monitoring of the Incredible Years Using the CANS 0-5*.

**Linkages** This decision point considers the question *What additional services does the family need to achieve its goals?* The Decision Points Framework recognizes that families may have multiple needs, which may require more than one type of service. It also recognizes that families may still have outstanding needs following an EBP intervention. The intervention may have been only partially effective in addressing the presenting concerns or the family may have developed new needs during the course of

the intervention. For families participating in IY parent programs, common service needs for which a referral to another service may be warranted are marital discord or violence; caregiver substance use problems; caregiver mental health concerns; and housing, legal, or employment concerns. The effectiveness of an IY parent program may be compromised if serious or urgent additional needs remain unmet.

### **Using the CANS to Understand and Support Linkages**

The CANS was explicitly developed to record and communicate both the types and intensity of a family's needs and strengths, so it is well suited to support service linkages. The full CANS 0-5 can be used to identify needs of IY participants that are unlikely to be sufficiently addressed by the IY parent program alone. Based on the family's goals and priorities, a referral to these services can be made and the concerns addressed prior to starting IY, or the IY program the additional services can be provided concurrently. The CANS-IY Screener can detect any outstanding needs following IY completion. The family and provider can then decide whether additional IY services are warranted, whether a more intensive parenting service is needed, or whether a different type of service is needed to address the outstanding concerns.

### **Putting the Pieces Together**

When using the Decision Points framework for CQI activities administrators will need to consider the relationships among the decision points. In this chapter the decisions points are presented in the sequence roughly corresponding to the order that an IY participant would experience them (e.g., Access comes before Service Effectiveness). However, it is useful to think of them more fluidly within a CQI context, particularly when developing hypotheses about the causes of problems and possible solutions. For example, problems with engagement are likely to affect service effectiveness, and problems with service appropriateness are likely to affect engagement. With the guidance provided in this chapter, along with the recommended processes and metrics to monitor fidelity and outcomes, Project LAUNCH will be well-positioned to develop an effective CQI program to support its IY initiative.

**Appendix. CANS 0-5 Items Affected by Incredible Years Parent Programs**

P= Primary Impact: IY alone is expected to change an action item (score of 2 or 3) to 0 or 1

S = Secondary Impact: IY is expected to have an impact but additional services may be needed to change an action item to a 0 or 1

CANS Items	IY Baby	IY Toddler	Preschool BASIC	Advance	School Readiness	Attentive Parenting	Autism Program
<b>Life Domain Functioning</b>							
Living Situation	P	P	P	P			P
Preschool / Daycare		S	S	S	S	S	S
Social Functioning	P	P	P	P	S	S	S
Recreation / Play	P	P	P		S	P	P
Developmental	S	S	S		S	S	S
Motor	S						
Communication	S	S	S		S		S
Medical							
Physical							
Sleep	N/A	P	P				
Relationship Permanence							
<b>Child Strengths</b>							
Family Strengths	P	P	P	P			P
Interpersonal	P	P	P	P		S	P
Adaptability	P	P	P			S	S
Persistence		P	P		P	P	P
Curiosity	P	P	P		P	P	S
Extended Family Relationships				S			
<b>Caregiver Strengths &amp; Needs</b>							
Supervision	P	P	P	P			S
Involvement with care		S	S	P			P
Knowledge	P	P	P	P		P	P
Empathy for Child	P	P	P	P		P	P
Safety	P	P	P	P		S	P
Family Stress	P	P	P	P		S	P

Abuse and/or Neglect (excluding sexual abuse)	P	P	P	P		S	P
Organization		S	S				S
Social Resources	P	P	P	P			P
Residential Stability							
Physical							
Mental Health	S	S	S	S			S
Substance Use							
Developmental							
Accessibility to Child Care							
Military Transitions							
Marital/Partner Violence in the Home		S	S	S			S
<b>Child Behavioral Emotional Needs</b>							
Attachment	P	P	P	P			P
Regulatory / Emotional Control	P	P	P	P			S
Depression	S	P	P	P			
Anxiety	S	P	P	P			S
Adjustment to Trauma	S	S	S	S			
Failure to Thrive							
Atypical Behaviors		S	S	S			
Impulsivity/Hyperactivity	N/A	N/A	P	P			S
Oppositional	N/A	N/A	P	P			P
<b>Child Risk Behavior Domain</b>							
Aggressive Behavior	S	P	P	P			S
Self Harm							
Social/Intentional Behavior	N/A	N/A	P	P			

There are no items in the Acculturation or Child Risk Factors domains that are expected to be affected significantly by Incredible Years parent programs.