



Parenting Pyramid

Incredible Years® Preschool/Early Childhood BASIC Authorized Parent Group Leader Training Children's Hospital Los Angeles October 13, 15, 17 (Mon-Wed-Fri) 2025 9 a.m. to 4:30 p.m.

The Incredible Years parent group training intervention is a well-established evidence-based behavior management program that promotes parent-child attachment while reducing early onset conduct problems (tantrums, noncompliance, hyperactivity, aggression, and emotion dysregulation). Parents learn to do child-directed play, descriptive commenting, effective praise, and use rewards to promote children's academic, social and emotional competencies and reduce conduct problems. Positive discipline interventions are used to reduce power struggles and effectively support the child in learning more appropriate behaviors. The Parent programs are grouped according to age. This training will be for leaders of the BASIC Preschool/Early Childhood (3-6 years) Program and qualifies the participant to lead the Toddler BASIC (1-3 years) Program and School Age BASIC Parenting (6-8 years) Program.

Training Details

Dates: October 13, 15, 17, 2025 (Mon-Wed-Fri). Participants must attend all three days to receive a certificate of authorized training.

Cost: \$795. per participant and includes the Parent Troubleshooting Guide and Collaborating with Parent books by Developer Carolyn Webster-Stratton, PhD. Payment by check required. No P.O. or credit cards accepted.

Place: CHLA Behavioral Health Institute, 3250 Wilshire Blvd., Suite 600, Education & Training Center Room 623, Los Angeles, CA 90010

Time: 9 a.m. to 4:30 p.m. (Lunch on your own)

Transportation: Conveniently located one block from the Wilshire/Vermont Metro Red/Purple Line Station

Parking: Entry on New Hampshire side of building. Please note that CHLA does not provide validation for parking.

Please email completed form to:

Dean M. Coffey, Psy.D. | Clinical Associate Professor of Clinical Pediatrics (Clinician Educator)
Program Area Lead, Child & Family Mental Health
USC University Center for Excellence in Developmental Disabilities
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REGISTRATION FORM – please print clearly

Name _____

Home address:

Street _____

City _____ State _____ Zip _____

Work address:

Street _____

City _____ State _____ Zip _____

Phone: Cell: _____ Work: _____

Email: _____ Fax: _____

Position/Title _____ Agency: _____

Highest degree: _____

Professional Education (or title) in Organization (Mark all that apply):

- a. Special needs education (special education)
- b. Psychologist
- c. Social work/Social care/Mental Health Counselor
- d. Child educational therapist
- e. Nurse
- f. Teacher
- g. School Psychologist/Counselor
- h. Psychiatrist/Physician
- i. Administration
- j. Health Visitor
- k. Nursery Nurse
- l. Family Support/Family Advocacy Worker/Liaison
- m. Learning Mentor
- n. Educational welfare
- o. Early childhood educator
- p. Parent/Community/Health Educator
- q. Other (specify) _____ Allied Health (Physical Therapy)

Ages of children you will be using IY Programs with: 0-2 yrs _____ 2-3 yrs _____ 4-5 yrs _____ 6-8 yrs _____
9-12 yrs _____