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An evaluation of a modified STEP program with parents of pre-school age children.

Paula C. Battle
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An Evaluation of a Modified STEP Program with Parents of Pre-school age Children.

by

Paula C. Battle

A thesis
presented to the University of Windsor
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ABSTRACT

The purpose of this quasi-experimental study was to evaluate the effectiveness of a STEP-based program offered to parents of pre-school age children in a treatment centre. The research hypotheses tested were: (1) There will be a positive change in parents' perceptions of their children's behavior associated with their participation in the program; (2) there will be a positive change in parental attitudes toward family and child-rearing practices associated with the parents' participation in the program; (3) there will be a lessening in the severity of child management problems associated with the parents' participation in the program; and (4) participation in the program will be helpful to the parents.

The sample consisted of 18 parents whose children attended a diagnostic and day treatment centre for pre-school age children. Eight parents took part in the parent training program and 10 parents acted as a contrast group.

Parents in both groups completed questionnaires assessing their perceptions of their childrens' behavior and their attitudes toward family and child-rearing practices before and after the parenting program and at a 2 month follow-up. The social workers at the centre assessed the

severity of the parents' child management problems at the same three points in time. Parents in the treatment group also completed weekly evaluations of the parenting sessions and an evaluation of the program at the group's completion.

The results failed to demonstrate the effectiveness of this STEP-based parenting group in positively changing the parents' perceptions of their children's behavior or, on the whole, their attitudes toward family and child-rearing practices. As well, because there was lessening in the severity of the parents' child management problems in both the treatment and contrast groups, these changes, for the treatment group, could not be accounted for solely by participation in the program. The results did, however, demonstrate that the group was helpful to the parents, as measured by their reported degree of satisfaction with the program.

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Chapter I

PURPOSE OF THE STUDY

The family has been, and continues to be beseiged by forces that change and alter its functioning while it, in turn, has been a determining factor in the shaping of many of these forces. Dennis Karpowitz (1980) states that the family is not a static entity, but a "changing, coping, developing, adapting, acting, evolving social organism" (p. 28). He points out that while no social institution has adapted to such a wide variety of social changes over such an extended time period, the presence of many strengths does not eliminate the many problems now impinging on the family. The climbing divorce rate, constant mobility, perfectionistic expectations within parent-child relationships and pluralistic values in relation to family matters are just a few of many challenges that contemporary families face (Karpowitz, 1980).

In his summary of the impact of modern American society on the family, Karpowitz concludes that continued exposure to television may increase aggressiveness, prevent communication, prevent or delay conflict instigation or resolution and help create unrealistic expectations about typical family life. Poverty adversely affects family

functioning, hinders optimal child growth and development and creates anger and resentment. Changing roles and values in North American society have created ambiguity and uncertainty for many parents. Geographic mobility can have adverse effects on family life and child growth and development, particularly when relocation is frequent. Divorce is increasingly affecting larger numbers of children. For more than one quarter of these children the negative effects of the divorce may be long lasting. One parent and reconstituted families face many of the stresses of two parent, first marriage families in addition to the stresses inherent in their unique experiences (p. 40).

Parent education programs are one of many responses to the challenge contemporary families face. The genesis of parent education has also been an effort to formalize that which traditionally existed informally - a mechanism to provide concrete guidance, support and reinforcement to parents in the performance of their parental roles. Parent education programs have largely been used by parents of school age children and older children but there has also been involvement with parents of pre-school age children.

The researcher became interested in the concept while working as a social work intern at a day treatment centre for pre-school age children and their families. At this centre an Adlerian based parenting group, modelled on the Systematic Training for Effective Parenting (STEP) program

(Dinkmeyer & McKay, 1976), was offered by the social work department as part of the individualized treatment plan formulated for each child and family. The researcher had not previously been involved in formalized parent education and was interested in learning more about this type of group as a component of social work treatment for families experiencing child-rearing difficulties.

The plan to evaluate this program evolved from two considerations. First, in social work, as in other helping professions, there is a growing impetus to evaluate the effectiveness of our therapeutic interventions and to critically examine how well our treatment efforts meet the needs of clients with which we work. Producing research that documents the success of our interventions is necessary to validate our claims that the treatment is effective; is essential to our professional credibility; and requisite for justifying the financing necessary for their implementation. Therefore, the decision to evaluate the effectiveness of the parenting program was seen as consistent with the social work values of prevention and enhancement and as a contribution to the body of knowledge on the program as a form of social work intervention. Second, and more specifically, an evaluation of the particular program offered to the parents at the centre had never been undertaken and the researcher was interested in determining how effective the program was with this particular client group.

From a review of the literature on STEP and STEP-based programs it becomes apparent the while these types of programs have been effective with various client groups, they have not been uniformly effective in all settings. Generally, the program has been found to be most useful with middle-class, literate parenting couples with school-age children who, rather than having serious problems with their children, are seeking to enrich the parent-child relationships in their families. These findings are not surprising in light of our knowledge that parenting problems do not exist in a vacuum and are exacerbated by other pressures and strains families may be grappling with. They are also not surprising given that most of the studies reviewed evaluated the programs with middle-class parents of school-age children in non-treatment settings. Therefore, it appears that more research is needed to study the effects of the program on other client groups.

The focus of this quasi-experimental study was to determine the effectiveness of a STEP-based program with single parents and parenting couples of pre-school age children attending a particular day treatment centre. Information obtained would be both a contribution to the literaure on this type of program with another client group and of use to the treatment centre in their evaluation of service to their clients.

In evaluating the effectiveness of these types of programs, researchers typically examine parents' satisfaction with the program, their attitudes toward their children's behavior, their beliefs about themselves and family life of their children's attitudes or behavior. The effectiveness of the program is measured in terms of significant positive change in the parents, children, or both that can be associated with the parents' participation in the program. The rationale behind measuring change in the parents is that this type of program is aimed at helping parents change how they respond to their children's behavior. It is believed that this, in turn, will change how a child behaves. Parental behavior change then, begins with a change in how the parent perceives the child's behavior and in learning new ways of responding. Thus attitude change is seen as a precursor of behavior change and an appropriate focus for determining the effectiveness of the intervention. Assessing attitude change is also an expedient way of assessing program related change because it can be ascertained through completion of questionnaires rather than through home observation of parents' and childrens' behavior.

In summary, the purpose of the present study was to evaluate the effectiveness of a STEP-based program offered to parents of pre-school age children in a particular treatment setting. The effectiveness was determined in

accordance with the manner in which other studies reviewed in the literature evaluated similar programs and assessed parent perception and attitude change; parent satisfaction with the program; and changes observed in the parent-child interaction observed at or reported to the treatment centre.

The following research questions were selected to direct the study: (1) Does parents' participation in this STEP-based program lead to increasingly positive perceptions of their children's behavior? (2) Does participation improve the parents' attitudes regarding parenting and family life? (3) Does participation lessen the severity of the parents' child management problems? (4) Is participation in this group seen as helpful by the parents?

The literature pertinent to the study will be reviewed in Chapter II. Chapter III will present the methodology of the research study and Chapter IV will document the study's findings. Chapter V will discuss conclusions, recommendations for further research and implications for social work.

Chapter II

REVIEW OF THE LITERATURE

2.1 INTRODUCTION

The purpose of this chapter is to review the literature pertinent to the study and the rationale for parent education programs. The emergence and history of parent education is described and present trends in parent education are discussed. The growing importance of evaluation of practice is outlined and a review of the literature on Adlerian parent training is presented.

2.2 EMERGENCE AND HISTORY OF PARENT EDUCATION

Harman and Brim (1980) define parent education as a "special case of education. It entails the use of educational processes and techniques in an effort to influence parental functioning. Education constitutes the format and technique; parenting, the substance"(p. 12).

Parents have been concerned about the reponsibilities of rearing their children since the beginning of human society. When parent education is considered in its broadest sense, it is also true that parents have been helped, and have helped each other to fulfill these responsibilities for as lengthy a period of time. Tasks

related to providing for the physical needs of children as well as the dissemination of moral and ethical values have been described and discussed in literature for centuries. In a given culture, certain practices of child-rearing have been handed down from one generation to the next. In a more specific sense, in planned, organized efforts to assist parents in their tasks, parent education had its genesis in the United States in the late nineteenth century (Auerbach, 1968).

The Child Study Association of America had its origin in 1888 when a small group of mothers joined together for the purpose of learning how they could become better parents. In succeeding decades, the Association continued in its attempts to further these aims: to help parents in their tasks of fostering their childrens' optimum physical, mental, emotional and social development. As new knowledge was gained from research and experience in the fields of child development, dynamic psychiatry, education, sociology, social work and psychology, such knowledge has been correlated and utilized in the development and implementation of subsequent parent education programs.

The development of the broad social movement to educate the North American parent in child rearing had, according to Brim (1959), two fundamental causes. The first was the breakdown of cultural traditions in child rearing practices and the second was dissatisfaction with previous child-rearing practices.

The family generally, and parents specifically, are charged by society with the function of producing children competent in their role as children and competent later in their adult roles. According to Tremblay (1965), one of the tasks of the family involves the inculcation, through training, of its young in certain characteristics, behavior patterns, belief systems and values which are held to be desirable by the adult members of society.

Socialization is the process through which individuals acquire the motivations, knowledge, abilities, and value systems that are necessary to become efficient members of the society within which they live. This process, for which the family is the child's first socializing agent, contains two components. The first is "objective socialization", the process through which society assimilates the individual within it according to the patterns of its own culture. It includes the teaching of the values the society holds; the range of techniques the society sanctions to accomplish this goal and the specialized agencies it entrusts with the task. The second component, "subjective socialization", is the process through which the individual internalizes, to a greater or lesser degree, the varied cultural elements offered him or her (Tremblay, 1965 p. 75).

The goals of socialization include not only producing individuals capable of attaining the personal autonomy essential to biological survival but, as well, meeting the

individual's requirements for optimal growth and well being, and meeting the requirements of the social system for the inclusion of the individual into society as a responsible member who is able to assume a variety of roles to which the group gives certain values.

As socializing agents then, parents, and later to varying degrees - the school, church, media and peers, have the formidable task of meeting the individual's biological, emotional and social needs and society's needs for responsible, contributing members.

As an organized social structure, Brim and Harman (1980) single out the inherent malleability and adaptability of the family to constantly evolving conditions as the characteristics that have enabled it to prevail as the primary social structure of societies. They also point out that a parallel, and at times synonymous, social structure has been that of the community. They state that "families, as components (or subsets) of communities have, at one and the same time, related and contributed to the articulation of the community"(p. 13).

Anthropologists have stressed the importance of community norms in traditional societies in setting forth the expectations for members and providing the basis for societal rewards and punishments (Harman & Brim, 1980). Tremblay (1965) points out that the more homogeneous a culture or community, the more compelling the norms and the

more rare the deviations. Tremblay further states that in a context where institutional and technological changes are numerous and where diverse ideologies cross all borders through mass media, society tends to become fragmented into very diversified social groups which provide conflicting foci of attraction and identification. In modern societies where there are numerous economic, political and religious ideologies and where leaders are opposed in their concepts of basic goals, the individual is drawn by competing and often conflicting values. Parents in such a society continue to be expected to play pivotal roles in the socialization of their young (and are held responsible when their children deviate from the norm), while they are confronted with varying and often conflicting sets of beliefs, values and attitudes to impart and the loss of cohesive community expectations and support.

A further significant development in parenting roles can be traced to "the industrial revoluton and 'the gradual differentiation in age groups and specialization in functions'" (Harman & Brim, 1980, p. 13). Families not only became increasingly nuclearized and forced by changing circumstances to navigate their course without the benefit of a supportive community, but the roles and functions within the nuclear family have become increasingly specialized and defined. As family members extend their networks outside the nuclear core, that core is subjected to

increased stress and tension and loosens its hold on members (Harman & Brim, 1980).

Parents in traditional society were more certain of their roles than they are at the present time. They were members of homogeneous cultures which set and enforced norms that served as guidelines to parents in child-rearing functions and were transmitted from generation to generation. In fact, intergenerational child rearing was not uncommon.

The erosion of the community and new living arrangements which often served to geographically distance married children from their parents created a new situation in which community support and guidelines as well as parental tuition were absent. Child rearing became a venture which young couples had to face alone, without traditional guideposts (Harman & Brim, 1980).

All of these factors combined - the process of family nuclearization, erosion of the community, role differentiation, geographic distancing of family generations and the increased entry of women into the labour force - have created a new reality in which parents no longer benefit from traditional structures in their parenting roles.

Harman & Brim (1980) suggest that the rise in parent education efforts can be traced to a search for the kinds of guidelines that formerly existed and that parent education

may be viewed as "a new type of support, a mechanism made necessary by a confluence of evolving circumstances and the decline of traditional child-rearing practices" (p. 14). Further, parent education programs have been a response to the growing belief on the part of many people that there existed better ways of rearing children than those prescribed by tradition.

In terms of child-rearing practices, attitudes toward shaping children's behavior have changed markedly through the centuries. John Dubois (1983), in his historical review of child discipline methods, quotes Lloyd DeMause as stating that:

> the history of childhood is a nightmare from which we have only recently begun to awaken. The further back in history one goes, the lower the level of child care and the more likely the children were to be killed, abandoned, beaten, terrorized and sexually abused (p. 2).

Dubois reports that various methods of control have been used by parents through the ages. Children have been frightened by tales of ghosts, witches, devils, monsters and boogies. After the Reformation they were terrified by stories about God, and the tortures He had in store for children in hell. When religion was no longer the focus of these stories, figures such as werewolves, Blue Beard, Boney (Bonaparte) were used and came under attack only in the 19th century.

Infanticide was common in history until the end of the middle ages. Killing of both legitimate and illigitimate

children was a common practice in antiquity. Infanticide of legitimate children gradually declined during the middle ages but the killing of illegitimate children continued until the 19th century.

Abandonment to the care of others was another common childrearing practice. Until the 19th century the average child of wealthy parents spent his first 2-5 years in the home of a wet nurse, often a great distance from the parents' home. The oldest form of abandonment, however, was the outright sale of children which was legal in Babylonian times or the use of children as political hostages or as collateral for debts. As well, physical discipline was a commonly accepted practice for controlling children. Dubois states that

> A very large percentage of children born prior to the 18th century were what would today be termed 'battered children'. In over 200 statements of advice on child-rearing written prior to the 18th century, most approved of beating children severely and all allowed beating in varying circumstances. Century after century of battered children grew up and in turn battered their own children. Public protest was rare. Even humanists and teachers who had a reputation for great gentleness approved of the beating of children... Some attempts were made in the 17th century to limit this practice. It was the 18th century that saw the greatest decrease. As beatings began to decrease, substitutes for control had to be found. For instance, shutting children up in the dark became quite popular in the 18th and 19th centuries (p. 3).

In his review of the work of Phillipe Aires, Dubois also points out that the conception of childhood as a distinct period, free from serious economic responsibility,

is relatively new in Western culture. He quotes Aires as arguing that prior to the 17th century, children entered into full participation in adult life between the ages of 4 and 7 and states: "Medieval society lacked not only a concept of childhood, but a general awareness of age and age grading as an important aspect of personality identity and role allocation"(p. 3).

Within this century, Dubois has noted four trends in childrearing evident in Canadian society. The first was a progression away from set values and ideals transmitted from parent to child to the present situation in which parents understand the psychology of influencing children but are unsure of what influence they wish to exert. The second was a progression away from rigid discipline toward greater freedom and permissiveness. The third was a progression from the autocratic family towards one in which young and old have more equal rights. The fourth was the progression toward less sharply defined roles for boys and girls.

In the 1850's, parents attempted to transform their children, as quickly as possible, into adults with the same skills as they had. Instant, unquestioning obedience was demanded and corporal punishment was sanctioned by all levels of society. By 1900 there was debate about "the parental expectation of unquestioning obedience vs. more objective tolerance. Child-rearing showed more variation but the child still had no voice in the matter... Guidance

began to replace training as the basic child-rearing precept"(p. 4). The deprivation of privileges began to gain acceptance as an alternative to corporal punishment.

By 1920 child-rearing attitudes became more liberal largely due to World War I, industrialization and the accelerating movement of population from rural to urban centres. Corporal punishment was no longer the dominant form of child discipline but most children received an occasional spanking.

In the 1950's child-rearing was even further liberalized due to World War II and the significant influence of Dr. Benjamin Spock's book Baby and Child Care which advocated a more permissive approach to child care. Advances in developmental psychology, personality theory and Freudian theory became more widely known and significantly affected the way in which professionals and parents viewed childhood and child-rearing (Dubois, p. 4).

These advances in behavioral research on children and their development have added to our knowledge and parent education programs are based on these theories of child development and optimal family functioning. In this way, parent education programs are implemented by their various proponents with two foci. First and foremost, they have been developed to have a beneficial impact on children and secondly they exist to meet the specific needs of parents outlined above.

2.3 PRESENT TRENDS IN PARENT EDUCATION

Parent education, during the course of its formal existence, has adapted and employed a variety of instructional methods, and has addressed its clientelle in three general ways - through mass, individual and group modes (Harman & Brim, 1980).

2.3.1 Mass Mode

The mass mode includes all parent education activities which address an anonymous, "mass" audience. The audience is anonymous because there is no direct contact between it and the parent educator and mass because, in theory, any person having the desire, access and means may participate. In this mode, parent education is provided via books, booklets and pamphlets, magazines and newspapers, radio and television, films, filmstrips, slides and lectures. The producers of the information may be professionals, professional organizations, government agencies, and journalists or film makers (Harman & Brim, 1980).

2.3.2 Individual Mode

Parent education which addresses itself to individual parents is usually associated with counselling and guidance and provided by a number of professionals with widely varied backgrounds such as social workers, psychologists, teachers, and public health nurses. In this mode, specific content is

determined by the counsellor and counsellee. Only issues and problems concerning the participants at a specific point in time are dealt with and issues which participants may feel uncomfortable raising in group forums can often be dealt with in a counsellor-counsellee dyad (Harman & Brim, 1980).

2.3.3 Group Mode

In the group mode, group leaders use their training in group procedures to help parents develop more effective relationships with their children. They believe that parents have common problems which can be discussed in a group setting and that this setting provides an opportunity for parents to recognize that they are not alone. According to Dinkmeyer and Muro (1979), the universal nature of certain kinds of parent-child relationships provides the real setting for experiencing the growth that comes from group process. This experience depends on both interactional processes and didactic information.

A strength of the group mode, according to Dinkmeyer and Muro (1979), is that where an individual may have difficulty helping a parent see a new way to relate, the group almost invariably increases the parents' receptiveness to different ideas. They state: "The example of parents who try certain procedures, investigate them thoroughly, make adaptations, and make them work is much more convincing

than any pontifical pronouncements of a professional" (p. 36).

The three main parent education approaches which utilize the group mode are Parent Effectiveness Training, Adlerian Parent Training and Behavior Modification programs. The following section will introduce Adlerian Parent Education, Parent Effectiveness Training, Systematic Training for Effective Parenting and the parent training program used in the present study.

2.4 ADLERIAN PARENT TRAINING

One of the pioneers and major figures in the parent education movement has been Rudolph Dreikurs. While he has published a great deal on parent-child and teacher-child relationships, his most important book on parenting remains Children: The Challenge (Dreikurs & Solz, 1964). This book, with the accompanying instructor's manual (Soltz, 1967) has been the basis of countless parent education and study groups (Fine, 1980).

Rudolph Dreikurs based much of his thinking on the work of Alfred Adler. Dreikurs was one of Adler's early students and colleagues and made a profound impact upon parent education, marriage and family counselling, the field of education and the practice of psychotherapy. Dreikurs' work gave a great deal of emphasis to the importance of the socialization process that takes place in the family. He stated:

> The family atmosphere - the attitudes, values and relationships within the immediate family ... provides the initial, critical medium through which the child's personality takes shape. From his experience of it, the child creates a picture of himself, of others, and of the world at large. It shapes his values and provides the testing ground for actions that will give him a sense of belonging and significance (Christensen & Thomas, 1980, p. 56).

The assumption that underlies Adlerian parent education is that assisting parents is an educational endeavor rather than a medical procedure. The model is an educational one which makes the assumption that the lack of knowledge, information, or experience, is the basis of maladaptive behavior. It is assumed that individuals, if provided with new and useful information, are capable of applying new information to their situation in order to bring about change (Christensen & Thomas, 1980).

A fundamental tenet of this program is that with the emergence of a democratic social system and with the striving for social equality evident in the human rights movement, the concept of equality has permeated our social structure to the extent that children also see themselves as the social equals of adults. For this reason, Dreikurs believed that autocratic training methods - the age-honoured disciplinary techniques of reward and punishment - are no longer effective.

The purpose of this type of parent education is to assist parents and children discover more appropriate patterns of interaction based on the assumption of equality

(equal value and mutual respect) between adults and children. The parent education approach is designed primarily to teach methods of parenting to parents, as well as to other adults, that are consistent with the concept of equality. For example, rather than employing punishment as a disciplinary measure (which is seen as implying superiority of one person over another) parents are taught other corrective procedures. The development of logical consequences is one such technique (Christensen & Thomas, 1980).

The use of encouragement (Dinkmeyer & Dreikurs, 1963) is another approach designed to develop positive behavior in children. The critical point is that the training methods employed by parents must be consistent with the concept of mutual respect and equal treatment inherent in a democratic setting (Christensen & Thomas, 1980).

To understand children as well as effectively relate to them and guide them, an important component of this approach is learning about and identifying what Dinkmeyer and McKay (1976) refer to as the child's mistaken goals or the four goals of misbehavior: (a) attention; (b) power; (c) revenge; and (d) display of inadequacy. These concepts are based on the Adlerian assumption that human beings are social creatures whose behavior is purposeful and whose basic desire is to belong. Beginning with this assumption, it follows that the primary goal of all human beings is to

establish a place of belonging and a sense of social acceptance and usefulness.

The four goals of misbehavior are mistaken approaches by which children, regardless of their personality or background, attempt to find and secure a place of belonging, security, and acceptance within the family or group. These goals are mistaken because, although children can keenly and accurately observe what goes on around them, they often misinterpret these events, draw mistaken conclusions and make faulty decisions and generalizations. They may then act upon these errors in judgement, in the mistaken belief that these behaviors will help them to belong.

This approach to parent education teaches parents to observe their children's behavior. According to Dreikurs, the four mistaken goals can be easily recognized in children up to the age of 10. Dreikurs asserts that children at this age have not yet learned how to mask their real motives and intentions and it is possible to recognize their goals by observation (Christensen & Thomas, 1980).

In addition to observation, however, children's mistaken goals can be recognized by the effects these goals have on others - the immediate, impulsive reaction of other people . Giving undue attention, engaging in power struggles, seeking retaliation, or giving up in despair, are adult reactions to the children's goals. This insight reveals how and when children's faulty behavior is

reinforced by adults' reactions. The Adlerian approach thus asserts that if the faulty behaviors of children are to change, adults must take the initiative to modify their own patterns of reacting to these behaviors. When adults change their responses to provocation, therefore, children are stimulated to seek new ways of gaining social recognition. If, at the same time, the adults encourage the children, they develop new, cooperative and constructive relationships (Christensen & Thomas, 1980).

The concepts of the four goals and the "recognition reflex" are, according to Christensen and Thomas (1980), two of Dreikurs' most significant contributions to understanding, correcting and preventing children's faulty behavior. Many therapists, counselors, teachers and parents have benefitted from employing them in their relationships with their children.

There are two basic components to the Adlerian model of parent education. One is the parent study group movement, which is based on parent leadership, study and group discussion of Adlerian concepts of childrearing. The other is the Parent-Teacher Education Centre movement which is based on a model for counselling parents, children and teachers.

The goals of the parent study groups include clarification of the requirements of living together as social equals within a democratic family unit; understanding

that behavior is purposeful and goal oriented; and identifying and encouraging behavior appropriate for the development of responsible and cooperative family behavior.

Parent study groups are based on Adlerian principles as outlined by Dreikurs and Soltz (1967), Dinkmeyer and McKay (1973), Carsini and Painter (1975) and Gould (1977). The Dreikurs model, following Children: The Challenge is the most widely used.

According to McKelvie, Elliaton, Dodson, Gollow & Graftow (1977), parent study groups are based on the following psychological principles:

> 1. Democratic relations between parents and children are based on mutual respect with an attitude of firmness and kindness. Kindness is expressed respect for the child; firmness is reflected in respect for one's self.
>
> 2. The ability to identify the children's immediate goals and the understanding of the social consequences of their behavior enables parents to gain psychological understanding of children.
>
> 3. Since reward and punishment have no place in a truly democratic society where all are social equals, natural and logical consequences replace the authority of a person with the authority of reality and the social needs of the situation.
>
> 4. Encouragement that communicates respect, love, support and valuing of the child as a person becomes the major tool for helping a child to feel a more positive sense of self worth. Misbehavior is viewed as indicative of discouragement. Through building on a child's strengths and through parental warmth, acceptance, and love, a cooperative relationship is established. From this friendly relationship the parent is able to influence the child to more constructive and socially useful attitudes and behaviors (Christensen & Thomas, 1980, p. 70).

Adlerian parent study groups usually consist of 7 to 9 members and are ideally made up of couples. These groups typically meet for approximately 2 hours, once each week for 8 to 12 weeks. The group leaders are usually parents who are familiar with the basic principles in Children: The Challenge and have attended a previous study group. The leaders act as moderators or facilitators, rather than as experts. Specific childrearing topics are discussed at each meeting and there is an opportunity to discuss individual problems confronting the participants. A systematic format for leading groups is outlined in Study Group Leader's Manual for Children: The Challenge (Soltz, 1967). Handouts and homework assignments are used to reinforce the concepts and topics that are covered during the meetings.

2.5 PARENT EFFECTIVENESS TRAINING

Parent Effectiveness Training (P.E.T.) was developed by Thomas Gordon (1970). Its roots derive from Carl Rogers' client-centred therapy, with its emphasis on the therapist's acceptance of the client and nonjudgemental attitude. The goal of his program is to improve communication between parent and child. Gordon believes that parents historically have erected road blocks to communicating with their children through the use of non-productive verbal responses. These include responses such as "commanding, threatening, lecturing, blaming and moralizing" (Fine, 1980, p. 9).

Emphasis in the program is placed on "problem ownership" (whether a problem is the parent's or the child's), and "active listening". "Operationally, this is a nonjudgemental response that communicates that the parent is listening, caring, and understanding" (Fine,1980, p. 9). For example, a parent could demonstrate active listening when a child complains about another child by saying "I can see that you are very upset by what Rusty did". These statements help the child become aware of his or her feelings and thoughts and permit the child to work out a solution to the problem. In situations where parents believe that they are involved and need to actively intervene, Gordon describes the use of "I messages". These messages are expressed as statements of personal concern that are directly related to the situation and do not lay blame. For example: "When you throw the ball in the living room, I get very concerned because I'm afraid you'll break something".

Gordon also advocates a "no-lose method of conflict resolution" (Carver & Imeson, 1982, p. 20). Active listening and I messages are utilized and all parties involved have the opportunity to express their point of view. The six steps in the no lose method of conflict resolution are:

1. Define the problem
2. Think of all possible solutions
3. Select the most promising solutions

4. Select the best solution
5. Implement it
6. Decide if it solves the problem (p. 20).

2.6 SYSTEMATIC TRAINING FOR EFFECTIVE PARENTING (STEP)

The STEP program, developed by Dinkmeyer and McKay (1976) is based on the Adlerian approach to childrearing, but incorporates Gordon's ideas on communication as well. The program is humanistically oriented and focuses on building a positive relationship between parents and their children. The STEP program helps parents understand the goals of behavior and misbehavior, how to encourage their children, applying natural and logical consequences and implementing family meetings. The authors also incorporate Gordon's active listening and I messages. It is designed for use with groups of parents and provides both instruction and opportunity for discussion. The leader of the group is a facilitator rather than an expert whose purpose is to keep the group's discussion focused. Homework assignments are completed by parents between meetings and serve to put the new knowledge into practice.

2.7 PARENT TRAINING PROGRAM USED IN THE PRESENT STUDY

The parent training program used in the present study was closely modelled on the STEP program. The STEP Parent Handbooks and Leader's Manual were used and the material in the STEP program was presented in the prescribed order. Both instruction and opportunity for discussion were provided and all of the homework assignments given. The difference between this program and the STEP program lay in the use of auditory aids and examples of children's behavior presented in the parent's handbook. The present program was implemented with parents of pre-school age children. Many of the examples presented in the STEP material are more appropriate for parents of older children. Thus examples of problem behaviors were drawn from the parents' experiences, rather than from the accompanying program tape and parent's handbook and these examples were used as the basis for generating discussion of the program material. In addition, role playing was utilized to afford parents an opportunity to practice the parenting techniques discussed and to provide feedback to the parents from the group on their performance.

In the next section, an overview of the evaluation of parenting programs is presented and the research on STEP programs is discussed.

2.8 EVALUATION OF PARENT EDUCATION RESEARCH

Harman and Brim (1980) delineate three criteria by which parent education efforts may be evaluated. The first examines the needs of parents and evaluates the extent to which the program meets their needs. Indicators of satisfaction are generally used to evaluate this component. The second examines changes in the parents and differences in knowledge, self concept or behavior which can be associated with participation in the program. The third, examines changes in children and differences in cognition, attitude, self concept or behavior which can be associated with their parents' participation in the program. Parent education programs can be evaluated in terms of one or more of these foci.

Carver and Imeson (1982), in their review of evaluation in parent education research state that each of the two models of parent training - the communication, reflective counselling or humanistic model and the behavior modificattion model (Tavormina, 1974) defines and assesses outcome from a different perspective. The success criterion used by the behaviorist model is change in certain target behaviors and generally measured by a reduction in the frequency of occurence of a negative child behavior. The communication model - which includes the Adlerian, PET and STEP approaches - uses as its success criteria changes in cognitions or attitudes. Carver and Imeson (1982) quote Hereford (1963) thus:

> Unlike some other areas of education, that of parent-child relations is concerned primarily not with knowledge, information and facts but with concepts, ideas and attitudes. Since the ultimate goal in any attempt at educating parents in the parental role is to change the parent's behavior in his relations with his child, merely providing the parent with factual knowledge is not enough. The main problem lies in those parental difficulties which stem not from ignorance but from attitudes, feelings and emotions. From this point of view, therefore, the most appropriate program for parents is that of attitude change which will in turn, lead to behavior change.

In accordance with the criteria for the evaluation of the communication model of parent education, the present study utilized measures that examined the extent to which the parents felt that the program was useful to them; differences in their perceptions of their children's behavior; differences in their attitudes toward parenting and differences in the severity of their child management problems measured indirectly through informal observation at the treatment centre and through the parents' self-report.

2.9 OVERVIEW OF RESEARCH ON STEP PROGRAMS

Since the development of the STEP program in 1976, a number of studies have been undertaken to assess its effectiveness in changing parents' attitudes toward child rearing. The premise of the program, as previously stated, is that children's behavior will change in response to changes in their parents' behavior. The program's goal is to help parents alter their behavior by providing information about the goals of human behavior and about how to promote more positive parent-child interaction.

The effectiveness of the program in attaining this goal has been assessed in a number of ways. Some studies have focused on parent attitude change (Hammett, 1981; Kozlowski, 1978; Sellick, 1979; Summerlin & Ward, 1981). Others have examined changes in parents' perceptions of their children's behaviors (Clarkson, 1979; Cronauer, 1981; Dodley, 1981; McKay, 1976; McKay & Millman, 1979; Misja, 1981; Moline, 1979). Other studies have assessed changes in children's self-concept and self-esteem as a result of their parents' involvement in STEP groups (Cronauer, 1981; Esters, 1980; Hammett, 1981; Hinkle, Arnold, Croake & Keller, 1980; Kozlowski, 1978; Meredith & Benninga, 1979) and one has examined changes in the parents' self-concept (Bauer, 1978). Fewer studies have examined actual child behavior changes (Clarkson, 1979; Gould, 1979).

Twenty three studies assessing the effectiveness of the STEP program were reviewed for the present study. Twelve reported positive changes in parents or children as a result of involvement in the program. Seven of these studies reported parents' significantly more positive perceptions of their children's behavior after involvement in a STEP group (Cronauer, 1981; Gruen, 1978; McKay, 1976; McKay & Millman, 1979; Misja, 1981; Moline, 1979; Sellick, 1979). Four reported that parents had more democratic attitudes after participating in a STEP program (Gruen, 1978; Hinkle, Arnold, Croake & Keller, 1980; Moline, 1979; Nystul, 1982).

Three reported positive changes in children as a result of their parents' involvement (Cronauer, 1981; Hinkle, Arnold, Croake & Keller, 1980; Gruen, 1978). Moline (1979) reported significant positive change in parents' attitudes toward the freedom of children. Nystul (1982) reported that parents who completed the STEP program showed a significant increase in attitudes regarding the encouragement of verbalization and a significant decrease in attitudes reflecting strictness. Summerlin and Ward (1981) reported that at the completion of the program parents were more accepting of their children's feelings and behavior and that the children were more trusted as individuals. Bruner (1979) reported that mothers who participated in a STEP program had significantly more positive perceptions of their target child's behavior than did control mothers as well as more positive ratings on scales assessing the rationality of their beliefs and locus of control. (A target child is one whom the parents would like to improve their relationship with). In addition, however, Bruner reported that when the target children received Adlerian counselling as well, the children's perceptions of their mother's behavior showed significant improvement and that they too had more positive ratings on scales assessing the rationality of their beliefs and locus of control. This study suggested that it is beneficial to have the target children as well as their mothers participate in Adlerian study groups. Finally, in

an exploratory study, Sharpley and Poiner (1980) reported parents' improvement between pretest and posttest on a questionnaire developed to test their knowledge of STEP principles.

Two studies reported no change on the dependent measures after parents' involvement in the STEP program. Dodley (1981) conducted a study assessing the effectiveness of STEP with 30 parents of seventh to twelfth grade students attending a treatment oriented educational setting who showed maladaptive behavior in the classroom. While statistically significant differences were found between pretest and posttest on a questionnaire assessing parents' knowledge of STEP principles, no significant differences were reported on measures of parents' perceptions of their child's social behavior as measured by the Jesness Behavior Checklist (JBC) or on parents' perceptions of their family social climate as measured by the Family Environment Scale (FES). Scogin (1979) conducted a study to determine the extent to which the STEP program influenced the cognitive and affective development of educationally deprived Appalachian pre-school children and the extent to which the program influenced the prime caregivers' assessment of the children's behavior. In this study, the STEP materials were presented to participants individually, in their homes, and not within a group format. The results indicated that there were no significant differences between parents involved in

the STEP program and control parents on cognitive or affective variables, as measured by the Peabody Picture Vocabulary Test (PVT) and the Florida Key (FK) or on parents' assessments of their child's behavior as measured by the Adlerian Parental Assessment of Child Behavior Scale (APACBS).

The remaining nine studies reviewed reported mixed results. Hammett (1981) and Kozlowski (1978) reported positive changes in parental attitudes following involvement in the STEP program but no changes on measures of the children's self concept. Gould (1979) and Meredith and Benninga (1979) also reported no change on measures of children's self concept after their parents' involvement in STEP, but Gould (1979) reported improvement in the children's classroom behavior and more positive perceptions of parents' behavior by two of three groups of children whose parents attended STEP compared to children whose parents attended a counselling alternative treatment group. Meredith & Benninga (1979) reported that parents who attended the STEP group developed significantly more democratic attitudes and less authoritarian ones. Bauer (1978) compared the efficacy of a "didactic" STEP group, a "process oriented" STEP group and a "Dreikurs Approach" group. The results indicated that all groups showed more positive parent-child interaction on the APACBS and that neither STEP group yielded better results than the other nor

was effective in improving parents' self concept scores. The parents in the Dreikurs group, however, obtained a significantly more positive total score in the self-concept measure but not on the subscales: self concept, self satisfaction and family self.

In a study to determine whether parents who participated in a STEP group benefitted significantly more than parents who read the STEP parent handbook and parents in a no-treatment control condition, Bellamy (1979) reported that at follow-up, parents in the STEP group obtained more positive scores on the Becker Adjective Checklist (BAC) which measured perceived changes in the target childrens' behavior for the "less withdrawn and hostile" subscales, but that there were no other significant differences on the Taylor-Johnson Temperament Analysis Profile (TAP) or on the Hereford Parent Attitude Survey (PAS). It was concluded that in the sample studied, parents participating in the STEP group did not benefit significantly more than did the parents who read the parent's handbook in terms of attitude, self-perception and perception of children's behavior.

In another study, Clarkson (1979) attempted to discover whether changes could be demonstrated in the classroom after elementary school childrens' parents had taken the STEP program and the children had received group counselling using the Developing Understanding of Self and Others (DUSO) program. Four groups were formed: Children in group

counselling and parents in STEP; Parents in STEP only; Children in group counselling only; No group counselling and no STEP. The results indicated that there were no differences in children's classroom performance between treatment groups or between the treatment groups and the control group. There were, however, significant positive changes in the perceptions of their childrens' behavior by parents attending the STEP program regardless of the childrens' involvement in group counselling. Parents who did not participate in the group did not complete the questionnaire assessing their perceptions.

In a study investigating the differential effectiveness of two parent counselling approaches in altering self esteem and academic achievement among latency age, low achieving children, Esters (1980) compared the Gilmore Self Esteem Parent Counseling approach to STEP and a control conditon. The results indicated that children whose parents participated in the counselling approach achieved significantly better scores on the Piers-Harris Children's Self Concept Scale (CSCS) than did children whose parents were in either of the two other groups. On the Behavior Rating Form, parents in both parent groups reported significantly higher child behavior ratings than did those in the control group. In terms of their children's Grade Point Averages (GPAs), children whose parents attended the Gilmore Self Esteem Counseling group showed significantly

greater improvement in Language, Arithmetic, and Social Studies when compared to children whose parents were in the control condition and significantly greater improvement in Language when compared to children whose parents attended the STEP group.

In another study reporting mixed results, Weaver (1982) examined the relationship between the effectiveness of the STEP program in changing mothers' and target children's behavior and participants' socioeconomic status. Weaver reported that the STEP program was significantly effective in changing the treatment middle to upper-middle income mothers' perceptions of their childrens' behavior but did not significantly change those of the low to lower-middle income group. Attitudes toward the freedom of children did not significantly change for any of the mothers' groups. On the Parent Behavior Inventory (PBI), there was a significant difference reported for the middle and upper-middle socioeconomic status (SES) target childrens' perceptions of their parents' behavior on the "positive evaluation" factor and for the low to lower-middle SES target childrens' perceptions on the "nagging and intimidation" factor. As well, analyses of diaries kept by both groups of mothers indicated that middle to upper-middle SES mothers were more aware of their feelings and more aware of alternative ways of relating to their target children than were low to lower-middle SES mothers.

In a different type of study, Dinkmeyer (1981), investigated the parenting attitudes and behaviors of individuals who had completed the STEP program 3-40 months prior to completing his questionnaire. Respondents indicated that they perceived STEP as a valuable experience and 93% would recommend the group to other parents. The "most liked" aspects of the program were the group discussion, interaction with other parents and learning that other parents had similar parenting concerns. The "least liked" aspects were the lack of a follow-up course, too few examples used and the brevity of the course.

From this summary it may be seen that previous studies evaluating STEP and STEP-based programs have focused on parental attitude change, change in the parents' perceptions of their children's behavior, changes in children's self concept and self esteem, changes in the parents' self concept, child behavior change, or parents' satisfaction with the program.

Of the studies reporting positive results, the majority reported positive change in the areas of parent perceptions and attitudes while there were only three reports of positive change in children. Those studies reporting mixed results tended to report positive change in parents' attitudes and perceptions of their children's behavior but no change on measures of chidren's or parents' self concept. The studies reporting no change found that involvement in

the STEP program did not influence parents' perceptions of their children's behavior, their perceptions of their families' social climate or the children's cognitive and affective development.

Of the studies reporting positive changes, all but one were analogue studies - conducted with volunteers who responded to requests for participants for the parent training programs via radio, newspaper, flyer or newsletter. In contrast, both studies that reported no change drew parents for their program from treatment populations - parents of children attending a treatment oriented educational setting and parents of educationally deprived Appalacian pre-school children. Of the studies that reported mixed results, six were analogue studies and three were not.

From this review, two factors seem to be important to the success of a STEP program. The first is the dependent measure selected as the criterion of success and the second is the population parents are selected from. The STEP program has been found to be particularly successful in altering parents' perceptions of their children's behavior and their attitudes toward parenting. Thus after completion of the program, parents have tended to view their children's behavior more positively and have developed more democratic beliefs about child-rearing, more trust in their children and so on. STEP is not as successful on criterion assessing

specific child or parent behaviors or self concept change. In terms of the population of parents involved in the program, STEP seems to be most successful in promoting these changes with parents who are experiencing no particular problems with their children's behavior but who want to enhance their relationship with their children, and one study suggests that parents with middle to upper middle SES benefit more than parents with low to lower middle SES.

No conclusions are drawn in the literature regarding the types of parent populations participants are drawn from and the program's effectiveness. It may be suggested, however, that those studies in which interested parents respond to an advertisement or announcement and participate in parenting programs, measure a different parent population than those in which parents are asked to participate because their children exhibit classroom behavior problems, learning disabilities or other difficulties and that in these populations the STEP program may be less effective.

If this is the case, it is important that further research be undertaken with varying parent populations to determine which groups of parents benefit from involvement, which do not, and which benefit from other types of programs. This information is important to parent training implementation in settings with diverse parent populations.

2.10 SUMMARY

The present study attempted to add to the data base of the STEP program by assessing the effectiveness of a STEP-based program with a treatment population. Only five of the studies reviewed above have used this type of parent population (Dodley, 1981; Gould, 1979; Hammett, 1981; Moline, 1979; Scogin, 1979). As well, the present study examined the program's effectiveness with parents of pre-school age children. Only two of the studies reviewed (Gruen, 1978; Scogin, 1979) assessed the program with parents of children this age. Further, none have evaluated the program both with parents of pre-school age children and in a treatment setting although Scogin's 1979 study examined the effectiveness of the program with parents of educationally deprived pre-schoolers.

In terms of success criterion, the Adlerian Parental Assessment of Child Behavior Scale (APACBS), which assesses parents' perceptions of their children's behavior, was utilized in 9 of the 23 studies reviewed, is the most widely used assessment tool and was selected, therefore, for use in the present study. The Parental Attitude Research Instrument Q4 (PARI Q4) was utilized in two of the studies and selected for use in the present study as well, as the measurement of parental attitude change. Various measures to assess changes in children were reported in the literature. Neither of the two studies involving pre-school

age children, however, included an assessment of child behavior component. Scogin (1979) assessed cognitive and affective change and Gruen (1978) focused on parental change exclusively. Therefore, this researcher decided to include an indirect assessment of behavior change by having the social workers at the treatment centre most involved with each family rate the severity of the family's child management problems before and after the parents' involvement in the program.

The present study attempted to add to the research on STEP and STEP-based programs by evaluating the program with parents of preschool age children in a treatment setting and by including an assessment of behavior component as well.

In summary, this chapter has traced the emergence and history of parent education efforts; described present trends in parent education and presented a review of the Adlerian Parent Training, Parent Effectiveness Training and STEP approaches to parent education. A desription of the parent training program used in the present study and a summary of previous research on STEP were also presented.

In the following chapter, the methodology pertinent to the present study will be presented.

Chapter III

METHODOLOGY

3.1 INTRODUCTION

In this chapter the purpose of the study and the research questions are presented. The study's underlying assumptions are stated and the study's variables are operationally defined. The study is classified; the study location and the parenting sample are described; and the content of the parenting program is summarized. As well, the data collection methodology, data analysis procedures, study design and limitations of the study are reported.

3.2 RESEARCH QUESTIONS

This research study was quasi-experimental in nature and its purpose was to assess the effectiveness of a STEP-based parenting program in a particular treatment setting. The study had a test-retest format and parents completed questionnaires dealing with their perceptions of their children's behavior, their attitudes toward parenting and their satisfaction with the program. Demographic information regarding the parents in the sample was collected and social work assessments of the severity of each family's child management problems were obtained.

The research questions arising from the review of the literature were as follows:

(1) Did the parents' participation in this STEP-based program lead to increasingly positive perceptions of their children's behavior? Since 9 of the 23 studies previously reviewed on STEP and STEPbased programs have evaluated their effectiveness in terms of change in parents' perceptions of their children's behavior and have utilized the APACBS as an assessment tool, the researcher chose to use the same tool as a success criterion in the present study.

(2) Did participation improve the parents' attitudes about family and child-rearing practices? This question, assessing attitudinal change, was chosen in keeping with success criteria appropriate for the evaluation of communication models of parent education delineated by Harman and Brim (1980) and allows comparison to be made between the results of this study and those of other studies evaluating parent attitude change associated with participation in a parent education group. The PARI 04 (Schludermann & Schludermann, 1977) was chosen as the instrument to evaluate this change.

(3) Did participation lessen the severity of the parents' child management problems? This question was chosen to address a behavioral change component in the evaluation of the program and to focus the inquiry on the degree to which changes in attitudes and perceptions, if

any, are reflected in behavior change. This question was addressed through the completion of questionnaires assessing child behavior completed by the social workers at the treatment centre.

(4) Was participation in the parenting program seen by the parents as helpful? This question was addressed by the participating parents' completion of questionnaires pertaining to their satisfaction with the group. From the discussion above, the following hypotheses were developed.

3.3 HYPOTHESES

1. There will be a positive change in parents' perceptions of their children's behavior associated with their participation in the program.

2. There will be a positive change in parental attitudes toward family and child-rearing practices associated with their participation in the parenting program.

3. There will be a lessening in the severity of child management problems associated with the parent's participation in the program.

4. Participation in the program will be helpful to the parents.

3.4 ASSUMPTIONS

An assumption is defined by Lillian Ripple (1975) as a "proposition that is taken as a given" (p. 35). Further, assumtions may be made regarding values, regarding variables not specifically related to a specific research study and variables which are germane to a particular investigation (Ripple, 1975).

The following are assumptions made by the researcher regarding the present study.

1. A parent education program, if effective, influences parent's perceptions of their children's behavior and their attitudes toward family and child-rearing practices.

2. Change in parents' attitudes towards and perceptions of their children will result in change in the parents' behavior toward their children.

3. The assessment of change in parents' perceptions of their children's behavior and attitudes toward family and childrearing practices is an appropriate manner of evaluating the effectiveness of a parent education program.

4. Parental involvement in a parenting program will result in changes in their children's behavior.

5. The Adlerian Parental Assessment of Child Behavior Scale (APACBS) is an appropriate measure of parents' perceptions of their children's behavior.

6. The Parental Attitude Research Instrument Q4 (PARI Q4) is an appropriate measure of parents' attitudes toward family and child-rearing practices.

7. The Child Management Assessment Scale (CMAS) is an appropriate measure of the severity of child management problems.

8. The STEP Group Evaluation Forms are an appropriate measure of parents' satisfaction with the group.

3.5 OPERATIONAL DEFINITIONS OF VARIABLES

Parents Those parents whose children attended a diagnostic and day treatment centre for pre-school age children in Windsor who agreed to participate in the study.

Target Child The child in each family attending the treatment centre.

STEP Group An Adlerian-based parent training program which utilized the STEP (1976) leader's handbook and parent's handbook and in which the STEP material was presented in the prescribed order and over the suggested time period.

Treatment Group Those parents who attended seven of the nine parent training sessions conducted between February 9, 1983 and April 6, 1983.

Contrast Group Those parents who did not attend the STEP-based group but who agreed to participate in the study by completing the appropriate questionnaires and were used as a comparison group.

Attitudes Beliefs pertaining to family life and child-rearing practices held by the parents as measured by the PARI 04.

Perceptions Parental interpretation of their children's behavior as measured by the APACBS.

Data Collection Instruments In the present study, six data collection instruments were used. All were scales according to Kerlinger's (1979) definition: "a scale is like a test in that it has items which are designed to measure a particular construct, but it lacks the competitive flavour of a test" (p. 310). Kerlinger states that a scale is so constructed that different numbers can be assigned to different individuals to indicate different amounts of a property or attribute being measured. Four of the scales (the APACBS, PARI Q4, STEP Group Weekly Evaluation Form and the STEP Group Evaluation Form) were attitude assessment instruments which involve face-valid self-report items and thus record only what participants were willing to indicate they believe or feel. The fifth instrument (the Demographic Data Sheet) collected demographic data and, while it was a self-report scale as well, it collected more concrete information. The sixth instrument (the CMAS) was completed by professional social workers who had knowledge of the parents' interaction with their children and who rated the families' child management problems. The data collection instruments used in the present study were as follows.

Demographic Data Sheet This instrument was designed by the researcher to elicit pertinent family information such as: the age, sex and occupation of the respondent; the ages

and sex of their children; the parents' educational background and family income. This information allowed comparisons to be made between members of the two groups and to determine whether the groups were roughly equivalent in terms of these variables.

Adlerian Parental Assessment of Child Behavior Scale (APACBS) This instrument was developed, in 1976, by Gary McKay, a co-author of the STEP program, to assess parents' perceptions of typical child behaviors dealt with in Adlerian-based programs. It is a 7-point Likert-type scale in which parents are asked to respond to statements such as: Your Identified Child " involves you in resolving physical fights with other children (for example: brothers or sisters, or children in the neighborhood)" by circling a number from 1 to 7 that corresponds to "ALWAYS" "VERY OFTEN" "OFTEN" "SOMETIMES" "SELDOM" "VERY SELDOM" "NEVER". Total scores on the questionnaire may range from 32 to 224 with a theoretical neutral score of 128. Low scores indicate negative perceptions of the child's behavior and high scores indicate positive perceptions of the child's behavior.

The APACBS was judged for content validity at the time of its development by three judges familiar with Adlerian-based programs. A reliability test of the instrument was conducted during the pilot study in 1976. A Crombach alpha, calculated to determine internal consistency, ranged from .90 to .91. A Pearson r test for stability over time yielded a coefficient of .97.

This instrument was chosen for use in the present study because it was developed specifically for the evaluation of an Adlerian parent education program and because it is the most widely used data collection instrument with this program (Bauer, 1977; Cronauer, 1981; Gruen, 1978; McKay, 1976; McKay & Hillman, 1979; Misja, 1981; Moline, 1980; Scogin, 1979; Sellick, 1979). It therefore yields results that will allow comparisons to be made with other studies.

The effectiveness of this STEP-based program in promoting more positive parent perceptions of their children's behavior would be suggested if the parents in the treatment group were to demonstrate higher scores on the APACBS at posttest than they had at pretest and if their posttest scores were higher than those demonstrated by the contrast group at posttest.

Parental Attitude Research Instrument Q4 (PARI Q4) There are two versions of this scale, one for mothers and one for fathers. The Mother's version was developed by Schaefer and Bell in 1958. The original instrument (the PARI Q1) consisted of 23 scales with 5 items per scale. The instrument is a Likert-type attitude questionnaire in which respondents read statements such as "A good mother lets her child learn the hard way about life" and indicate that they: strongly agree (A), agree (a), disagree (d), or strongly disagree (D) with the statement.

In a series of methodological studies Zuckerman (1959) found that responses to the PARI Q1 were significantly influenced by response set biases. Response set biases are defined by Schludermann and Schludermann (1977) as a subject's tendency to respond to test items in terms of variables other than content. Such responses, they state, may be due to a subject's tendency to "agree" (acquiescence set) or to "disagree" (oppositional set) or to give "extreme" answers (extreme set). Zuckerman proposed an alternate form of the PARI to overcome the problem of response set biases and called the instrument "Q2".

Later, Schludermann and Schludermann (1977) examined methodological properties of PARI Q1 and Q2 and developed an alternate version of the Mother's PARI called Q4, with minimized methodological problems. Q4 was produced by selecting 20 Q2 scales and 3 Q1 scales that had no counterpart in Q2. These 23 scales were called basic scales and were selected for low response biases. In addition to these scales, 3 Q1 scales with high response biases were selected and called response bias scales. By comparing performance on corresponding items between response bias check scales and basic scales, a subject's response bias can be estimated.

The 23 basic scales in the Mother's PARI Q4 can be reduced to two factors which Schludermann and Schludermann (1977) labelled the "Authoritarian Control Factor" and the

"Family Disharmony Factor". For both these factors, scores may range from 5 to 20 with a theoretical neutral point of 12.5. For the Authoritarian Control (AU) Factor, high scores indicate approval of authoritarian values and low scores indicate approval of democratic values. For the Family Disharmony (FD) Factor, low scores indicate approval of family harmony and high scores indicate approval of family disharmony. For each subject, therefore, in each completion of the Mother's version, there are 5 subscores. AU, FD, Acquiescence set, Oppositional set, and Extreme set.

The Father's Version of the PARI was also developed by Schaefer, in 1958. The original instrument consisted of 30 scales of eight items each. Using methodological data and items provided by Schaefer (1968), Schludermann and Schludermann shortened the scale by selecting 20 scales of five items on the basis of item reliability and relevence. The shortened version of Schaefer's original instrument is called Q1. This instrument, like the Mother's PARI, is a Likert-type attitude questionnaire consisting of statements such as "A good father lets his children learn the hard way about life". The respondent is asked to read each statement and circle the response that indicates his opinion.

After a series of revisions similar to the ones performed on the Mother's PARI, a Father's PARI Q4 was developed, which includes a set of response bias scales as well. The 20 basic scales in the father's version can be

reduced to two factors, "Democratic Attitudes" (DA) and "Paternal Detachment" (PD). For these factors as well, scores may range from 5 to 20 and have a theoretical neutral point of 12.5. For the Democratic Attitudes factor, high scores indicate approval of democratic attitudes and low scores indicate approval of authoritarian attitudes. For the Paternal Detachment factor, high scores "suggest a father who refuses to take reponsibility for his children's behavior and who wants freedom from family responsibilities" (Schludermann & Schludermann, 1979, p. 4) and low scores indicate approval of paternal involvement attitudes.

Normative studies of the PARI Q4 were conducted using 425 female and 387 male college students. Test-retest reliabilities of the Mother's and Father's PARI Q4 with a one week interval between testings ranged from r = .57 to r = .75 for individual scales on the Mother's version and r = .52 to r = .81 for individual scales on the Father's version (Schludermann & Schludermann, 1979). They are seen, by Schludermann and Schludermann (1979), as sufficiently high as to make the Q4 an instrument which yields stable scores.

Test-retest reliabilities for response sets yield reliability coefficients on the Mother's Q4 of r = .61 (acquiesence set), r = .50 (opposition set), and r = .77 (extreme set), and r = .50 (acquiesence), r = .51 (opposition set) and r = .78 (extreme set) on the Father's Q4. These results were interpreted by the researchers as

indicating that a subject's tendency to agree, disagree or give extreme answers may be an individual (personality) characteristic which may be relatively stable over time.

The PARI Q4 Mother's and Father's versions were also chosen for the present study because they have been used in other evaluations of parent training programs (Cronauer, 1981: Nystul, 1982) and thus yield results which will allow comparison with these studies.

On the Mother's PARI Q4, the effectiveness of this parenting program in changing parents' attitudes toward family and child-rearing practices, in a positive direction, would be suggested if mothers in the treatment group were to obtain lower posttest scores on the Authoritarian Control Factor and the Family Disharmony Factor relative to their pretest scores and relative to the contrast group's posttest scores. These findings would suggest that after participation in the parenting group, the mothers endorsed more democratic attitudes and greater approval of family harmony attitudes than they had prior to involvement in the group and to a greater extent than did mothers in the contrast group.

On the Father's PARI Q4, the effectiveness of the program in promoting positive parental attitude change would be suggested if fathers in the treatment group were to obtain higher posttest scores on the Democratic Attitudes Factor and lower scores on the Paternal Detachment Factor

relative to their pretest scores and relative to the contrast group's. These findings would suggest that after participation in the group the fathers endorsed more democratic attitudes and greater approval of paternal involvement attitudes than they had prior to involvement in the group and to a greater degree than did the fathers in the contrast group.

Child Management Assessment Scale (CMAS)

This instrument was adapted by the researcher. It is a 7-point Likert scale which contains all of the APACBS items and an additional seven items which deal with relevant child behavior. This instrument was completed for each parent, on each of the three testing occasions, by the social worker at the treatment centre who worked most closely with the parent. The social workers' ratings were based on observed parent-child interaction and parent report. Low scores indicate more child management problems and high scores indicate fewer child management problems. On this scale, effectiveness would be suggested if the treatment group were to obtain higher posttest scores relative to their pretest scores and relative to the contrast group's scores.

STEP Group Weekly Evaluation Form

This form was developed by the researcher and contains three parts. The first is a 4 point Likert-format scale in which parents circled their responses to four statements related to the weekly group meetings. Parents were

required, for example, to respond to "I enjoyed the group this week" by circling (A) "strongly agree" (a) "mildly agree" (d) "mildly disagree" or (D) "strongly disagree". In the second structured part, parents rated the usefulness of particular group activities on a scale of (1) "most useful" to (8) "least useful" and in the third, open-ended part, the participants stated what they found to be the most and least useful parts of the week's meeting. If the parents were satisfied with the parenting group they would indicate that they found the group useful and helpful at home, and that they felt comfortable participating. Information regarding what the parents felt to be the most useful parts of the program was obtaind for consideration in planning future groups.

STEP Group Evaluation Form

This instrument was developed by the researcher and consisted of the same three parts presented in the weekly evaluation form. This questionnaire, however, sought feedback about the program as a whole. As well, parents were asked to indicate whether they had participated in any other form of counselling during the course of the program.

All instruments are found in Appendices A - G.

3.6 CLASSIFICATION OF THE STUDY

This study cannot, according to Tripodi et al., (1969) be classified as experimental because there was no random assignment of parents to experimental and control conditions. Instead it is classified as quasi-experimental. Parents were pre-selected for inclusion in one group or the other on the basis of a social work assessment of the family's treatment needs. Because the study is not experimental, the groups are referred to as treatment and contrast groups rather than as experimental and control groups and statistical analyses were selected for the study to take the non-randomization into consideration. Both groups completed the pretest, posttest and follow-up questionnaires. The contrast group in this study provided a comparison with the treatment group and allowed the effects of the parenting program to be determined.

3.7 STUDY LOCATION

The study was conducted at an assessment and day treatment centre for pre-school children and their families in Windsor, Ontario. At this centre, a maximum of forty children experiencing a variety of difficulties including learning disabilities and behavior problems attend half-day sessions five days a week from September through July. Each child's needs are treated via individualized programs. As well, the child's parents and siblings are involved as much

as possible in the therapeutic progamming through parent groups, parent observation, classroom participation, teacher-counsellor sessions, specialized behavioral management programs and conjoint family therapies as appropriate.

3.8 SAMPLE

The participants were 18 parents whose children attended the treatment centre. The parents in the treatment group were referred for inclusion by the social workers at the treatment centre as part of the family's treatment plan. They were parents who were seen by the social workers as experiencing child management problems and who agreed to participate. The parents in the contrast group were also seen by the social workers as experiencing child management problems but for these parents, involvement in the parenting group at this time was seen as inappropriate. The parents in the contrast group were seen as having less severe child management problems or were less amenable to involvement in a group.

3.9 PARENTING PROGRAM

The treatment parents attended 9 weekly 2-hour sessions at the centre for a total of 18 contact hours. Each group session was led by the researcher and an experienced clinical social worker who had led these groups before. The

group was structured by the Systematic Training for Effective Parenting (STEP) parent training program (Dinkmeyer & McKay, 1976). This program utilizes handbooks, cassette tapes and posters in teaching a combination of principles pertinent to democratic child-rearing practices. STEP handbooks were provided to group participants.

Course content for each of the nine sessions was as follows:

Session 1: Introduction of group participants; personal goal statements; understanding children's behavior and misbehavior.

Session 2: Understanding more about your child and yourself as a parent; the "good" parent and the "responsible" parent.

Session 3: Uses of encouragement; the differences between praise and encouragement.

Session 4: Communication: How to listen to your child; reflective listening.

Session 5: Communication: Exploring alternatives and expressing your ideas and feelings to children; I messages.

Session 6: Natural and logical consequences; differences between punishment and logical consequences.

Session 7: Applying natural and logical consequences to other concerns.

Session 8: Family meetings.

Session 9: Developing confidence and using your potential.

The format for all sessions was structured to incorporate cognitive and affective concerns and to address specific situations presented by the parents.

3.10 DATA COLLECTION METHODOLOGY

The parents in both the treatment and contrast groups completed three sets of questionnaires. The Demographic Sheet was filled out once, at the end of the program. The APACBS and the PARI Q4 were completed at the beginning of the parenting program, at its conclusion, and again at follow-up. The Child Management Assessment Scale (CMAS) was completed by the parents' social worker at the same three points in time. The parents in the treatment group completed the STEP Group Weekly Evaluation Form at the end of each meeting and the STEP Group Evaluation Form at the conclusion of the program.

3.11 DATA ANALYSIS PROCEDURES

In order to test the study's hypotheses, two statistical tests were used. The study's design employed 2 groups which were measured over 3 time periods; thus there were 6 cells in the total analysis. Each cell contained three measures (the APACBS scores, the Pari Q4 scores and the CMAS scores).

In order to test the hypothesis that the parenting program had an effect on the parents' perception of their children's behavior, their attitudes toward child-rearing and parenting and the severity of their child management problems, analyses of covariance (ANCOVA), using the groups' pretest scores as the covariate were performed on the scores obtained by the groups at posttest and follow-up. A multivariate analysis of variance (MANOVA) was also used to combine the measures and allow overall differences between the groups to be determined.

3.12 STUDY DESIGN

This study was designed to examine the effectiveness of a STEPbased parent training program in altering parents' perception of their childrens' behavior and their attitudes towards family and child rearing, in a positive direction; in lessening the severity of their child management problems and in providing a program the parents were satisfied with. A 2 X 3 factorial design was utilized. Two groups were formed. One received the parent training and the other did not. Measurements were taken at three times - before the program began, at its completion and two months later.

3.13 LIMITATIONS OF THE STUDY

The study was not experimental. Therefore it could not be assumed that the treatment and contrast groups were equivalent prior to the treatment parents' involvement in the program. This limits the confidence one is able to place in the results of the study but is often a restriction placed on research conducted in a clinical setting. Second, direct observations of the children's behavior in their homes were not made pre and post-treatment. Therefore, child behavior change could not be directly measured but was indirectly measured by the social workers' assessments of the parents' child management problems. Third, the study was dependent on the accuracy of the parental reports. These may have been influenced by factors such as expectations on the part of the parents regarding what were socially acceptable and unacceptable responses to report. Fourth, the study was dependent on the sensitivity of the measurement instruments to changes in this parent population. While the APACBS has been used to assess the effectiveness of STEP programs with parents of pre-school age children, the PARI 04 and the CMAS have not, and they may not have been valid tools with this parent population. In addition, the study had a small sample size. While it would have been preferable to have had a larger number of parents involved in the program, the optimal number of parents suggested for the groups is 7 - 9 members and

participants were restricted to those who were most in need of it. This problem might have been overcome had it been possible to include more than one parent training group in the study. A further limitation was that the results were generalizeable only to another STEP-based parenting group with parents of pre-school age children in a treatment setting. The following chapter will present the study's findings.

Chapter IV

ANALYSIS OF THE DATA

4.1 INTRODUCTION

This chapter will describe the sample used in the study. The research hypotheses and the statistical analyses will be presented and the treatment parents' responses to the STEP Group Weekly Evaluation Form and STEP Group Evaluation Form will be summarized.

4.2 SAMPLE

The sample for this study consisted of 18 parents whose children attended a diagnostic and day treatment centre for pre-school age children. Eight parents took part in the parent training program and 10 parents made up the contrast group. In the treatment group, there were three married couples, one single mother and one mother attending without her spouse. All participants attended at least seven of the nine treatment sessions. Data from two other couples who attended the first session but did not continue was not used in the study. In the contrast group, there were four married couples, one single mother and one father attending without his spouse. One other couple was unable to complete the follow-up measures and their data was dropped from the study.

The age of the parents in the treatment group ranged from 29 to 35 years with a mean age of 31.5 years. The target children's ages ranged from 3 to 5 years with a mean age of 4.1 years. The mean family size was 2.2 children. Fifty percent of the parents had a university degree or some university education; 25% had college education and 25% had high school education. The income of the families ranged from $15,000 to $35,000, with a mean income of $26,000.

The age of the parents in the contrast group ranged from 21 to 54 years, with a mean age of 32.1 years. The target children's ages ranged from 4 to 6 years, with a mean age of 4.5 years. The mean family size was 2 children. Thirty percent of the parents had a university degree; 30% had college education and 40% had high school education. The income of the families ranged from $5,000 to $40,000, with a mean income of 23,900.

The parents in the two groups were roughly equivalent in terms of age, target children's age, family size and education. Parents in the contrast group had a larger range of income and a lower mean annual income.

4.3 ANALYSES OF THE DATA

To test the first hypothesis, "There will be a positive change in the parents' perceptions of their children's behavior associated with their participation in the parenting program", an analysis of covariance (ANCOVA) was

performed on the parents' APACBS scores. The ANCOVA analyzed the differences between the groups' scores at posttest and follow-up when the differences between the two groups at pretest were taken into consideration as the covariate. Since the subjects were not randomly assigned to the treatment and contrast groups, it could not be assumed that the groups were equivalent at pretest for comparison purposes and the ANCOVA allowed the parents' scores to be compared between groups across the two testing periods.

The mean scores for the treatment group on the APACBS at pretest, posttest and follow-up were 125.2, 116.9 and 122.0. Theoretically, scores on this scale may range from 32 to 224 with a neutral point of 128. Higher scores represent more positive perceptions of the children's behavior and lower scores represent more negative perceptions of the children's behavior. Mean scores for the contrast group on the APACBS at pretest, posttest and follow-up were 137.3, 135.8 and 146.9. Tables 1 and 2 and present the mean scores, standard deviations and ANCOVA results on the APACBS for all parents in the treatment and contrast groups.

In this analysis, one significant difference was found. There was a significant difference between the treatment and contrast groups at follow-up, $F = 6.88$, $p < .05$ $(1,15)$. This indicates that at follow-up, the parents in the contrast group had significantly more positive perceptions

TABLE 1

Mean scores and standard deviations for parents in treatment and contrast groups on the APACBS: Pretest, Posttest and Follow-up.

		Pretest	Posttest	Follow-up
Treatment	mean	125.2	116.9	122.0
	S.D.	16.2	21.3	15.3
Contrast	mean	137.3	135.8	146.9
	S.D.	13.5	11.7	15.7

of their children's behavior than did parents in the treatment group.

Therefore, the results obtained did not support hypothesis 1: that there would be a positive change in parents' perceptions of their children's behavior associated with their participation in the STEP-based program offered at the treatment centre.

To test hypothesis 2 "there will be a positive change in parental attitudes toward family and child-rearing practices associated with their participation in the program" an ANCOVA was performed on the parents' PARI 04 scores. The ANCOVA analyzed the differences between the treatment and contrast groups' mothers' and fathers' scores

TABLE 2

Covariance Analysis of APACBS Scores

SOURCE	DF	SUM OF SQUARES	MEAN SQUARE
MODEL	2	3295.740	1647.870
ERROR	15	3324.759	221.650
CORRECTED TOTAL	17	6620.500	
MODEL F =	7.43		PR > F =0.0057
R-SQUARE	C.V.	STD DEV	
0.497	10.96	14.88	

SOURCE	DF	TYPE III SS	F VALUE	PR > F
GROUP	1	1524.638	6.88	0.019
APACBS1	1	540.140	2.44	0.139

scores at posttest and follow-up, using their pretest scores as the covariate.

The mean scores for the treatment group on the Mother's PARI 4 Authoritarian Control Factor at pretest, posttest and follow-up were 9.6, 9.6 and 9.8. On the Family Disharmony Factor, the mean scores were 15.2, 13.8 and 13.6. For both these factors, scores may range from 5 to 20 with a theoretically neutral score of 12.5. High scores indicate approval of authoritarian values and family disharmony and and low scores indicate approval of democratic values and family harmony. The mean scores for the contrast group on the Mother's PARI 04 Authoritarian Control Factor at pretest, posttest and follow-up were 10.6, 10.4 and 10.6. On the Family Disharmony Factor, the mean scores were 13.0, 13.0 and 13.0. The mean scores and standard deviations for each group are given in Table 3

No significant differences were found for either of the two main factors. When t-tests were performed on the differences between pretest, posttest and follow-up scores within each group, for each of the 23 subscales on the Mother's PARI 04, there were significant differences on 3 subscales in each group.

In the treatment group there was a positive difference on the "Marital Conflict" scale between posttest and follow-up, $t = -3.32$, $p < .05$, which indicated that after participation in the group the mothers became less approving

TABLE 3

Mean scores and standard deviations for the treatment and contrast groups on the Mother's PARI Q4 Authoritarian Control (Auth) and Family Disharmony (Fam. Dis.) factors at pretest, posttest and follow-up

		Pretest		Posttest		Follow-up	
		Auth	Fam Dis	Auth	Fam Dis	Auth	Fam Dis
Treatment	mean	9.6	15.2	9.6	13.8	9.8	13.6
	S.D.	1.5	0.8	2.2	1.9	1.3	0.9
Contrast	mean	10.6	13.0	10.4	13.0	10.6	13.0
	S.D.	2.2	0.0	1.8	0.7	1.7	1.2

of attitudes related to marital conflict. There was a positive difference on the "Approval of Activity" scale between pretest and posttest, $t = -4.00$, $p < .05$, which indicated that the mothers became more approving of children's unstructured activity after participation in the group. There were negative differences on the "Ascendancy of Mother" scale between pretest and follow-up, $t = -6.71$, $p < .01$, and between posttest and follow-up, $t = -3.50$, $p < .05$, which indicated that the mothers became more approving of attitudes reflecting fathers as "the decision-maker" in the family. These results lend partial support to Hypothesis 2.

In the contrast group, there was a negative difference on the "Fear of Harming the Baby" scale between posttest and follow-up, $t = -3.14$, $p < .05$, which indicated that the mothers became less approving of statements describing concern for child safety. There were also negative differences on the "Exclusion of Outside Influences" factor between pretest and follow-up $t = 3.50$, $p < .05$, and posttest and follow-up, $t = 3.50$, $p < .05$, which indicate that the mothers became more approving of the exclusion of these influences. There was a positive difference, however, on the "Acceleration of Development" scale between posttest and follow-up, $t = -3.16$, $p < .05$, which indicated that the mothers became less approving of statements endorsing rapid child development such as toilet training before 15 months of age.

On the Mother's PARI 04, therefore, no significant differences were found between the groups for the main factors (Authoritarian Control and Family Disharmony). On the 23 subscales, however, the treatment mothers demonstrated significant positive change on 2 subscales and significant negative change on 1 subscale. The contrast mothers demonstrated significant positive change on 1 subscale and significant negative change on 2 subscales. Therefore, for the mothers, the results obtained, overall, do not support the hypothesis that involvement in the parenting group was associated with positive attitude change.

The mean scores for the treatment group on the Father's PARI Q4 Democratic Attitudes Factor at pretest, posttest and follow-up were 12.7, 13.0 and 13.3. On the Paternal Detachment Factor, the mean scores were 10.7, 12.3 and 12.6. The mean scores for the contrast group on the Father's PARI Q4 Democratic Attitudes Factor at pretest, posttest and follow-up were 12.8, 11.6 and 12.6. On the Paternal Detachment Factor, the mean scores were 13.0, 12.8 and 12.6. The mean scores and standard deviations for each group are given in Table 4 For these factors as well, scores may range from 5 to 20 and have a theoretically neutral point of 12.5. High scores on the Democratic Attitudes Factor indicate approval of democratic attitudes and low scores indicate approval of authoritarian attitudes. High scores on the Paternal Detachment Factor indicate approval of the concept and low scores indicate approval of paternal involvement attitudes.

No significant differences were found. When t-tests were performed on the differences between pretest, postest and follow-up scores within each group, for each of the 20 subscales on the Father's PARI Q4, significant positive differences were found on one subscale for each group.

In the treatment group there was a difference on the "Irresponsibility of Father" scale between posttest and follow-up, $t = -5.00$, $p < .05$, which indicated that the fathers became less approving of these attitudes. In the

TABLE 4

Mean scores and standard deviations for the treatment and contrast groups on the Father's PARI 04 Democratic Attitudes (Dem Att) and Paternal Detachment (Pat Det) scales at pretest, posttest and follow-up.

	Pretest		Posttest		Follow-up	
	Dem Att	Pat Det	Dem Att	Pat Det	Dem Att	Pat Det
Treatment						
Mean	12.7	10.7	13.0	12.3	13.3	12.6
S.D.	0.6	2.1	2.0	2.5	1.5	1.5
Contrast						
Mean	12.8	13.0	11.6	12.8	12.6	12.6
S.D.	1.0	1.2	1.5	1.1	0.5	0.5

contrast group there was a difference on the "Avoidance of Harsh Discipline" scale between pretest and posttest, $t = -4.00$, $p < .05$, which indicated that the fathers in this group became less approving of harsh discipline.

No evidence was obtained overall, to support the hypothesis that there will be positive change in the fathers' attitudes toward family and child-rearing practices as measured by the two main factors on the PARI 04. Therefore, for both the mothers and fathers, the results obtained failed to support hypothesis 2.

To test hypothesis 3 "There will be a lessening in the severity of child management problems associated with the

parents' participation in the program" an ANCOVA was performed on the CMAS scores. The ANCOVA analyzed the differences between the groups' scores at posttest and follow-up, using their pretest scores as the covariate.

The mean scores for the treatment group at pretest, posttest and follow-up were 119.1, 165.6, and 163.0. For the contrast group, the mean scores were 118.0, 164.8 and 162.0. On this scale scores may range from 39 to 273 with a theoretically neutral score of 136.5. Low scores indicate severe management problems and higher scores indicate fewer child management problems. Table 5 presents the mean scores and standard deviations on the CMAS for both groups.

TABLE 5

Mean scores and standard deviations for the treatment and contrast groups on the CMAS at pretest, posttest and follow-up.

	Pretest	Posttest	Follow-up
Treatment			
Mean	119.1	165.6	163.0
S.D.	39.5	26.8	15.2
Contrast			
Mean	118.0	164.8	162.0
S.D.	74.2	58.6	46.0

No significant differences were found. When a repeated measures analysis of variance was performed on the within

groups scores however, significant differences were obtained for both treatment and contrast groups between pretest and posttest, $F = 29.60$, $p < .0001$ $(2,4)$ and $F = 14.03$, $p < .0004$ $(2,4)$. This indicated that the social workers at the centre assessed the parents in both groups as having less severe child management problems at posttest than at pretest.

Since both groups showed lessening in the severity of their child management problems, no evidence was obtained to support the hypothesis that these changes were associated with the parents' involvement in the parenting group.

To determine whether differences existed between the groups when the dependent measures were combined, a Multivariate Analysis of Variance (MANOVA) was also performed on the data. Results of that test indicated that there were no differences between the groups, using a Wilk's lambda criterion, at pretest, $F = 1.51$ $(5,12)$, $p < .25$, or at posttest, $F = 1.32$ $(5,9)$, $p < .33$. At follow-up, a significant difference between the groups was found, $F = 3.50$ $(5,11)$, $p < .05$. This result was due to the differences found between the groups on the APACBS, $F = 10.28$, $p < .0059$ $(1,15)$.

To test hypothesis 4 "Participation in the program will be helpful to the parents", responses of the parents in the treatment group to the STEP Group Weekly Evaluation Form and the STEP Group Evaluation Form were analyzed. The

percentage of items endorsed on the STEP Group Weekly Evaluation Form is given in Table 6

TABLE 6

Percentage of items endorsed on the STEP Group Weekly Evaluation Form

Item	Percentage Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
1. I enjoyed the group this week.....	69.5	30.5	0.0	0.0
2. The information provided will be helpful at home.....	67.8	32.2	0.0	0.0
3. The information was presented in an interesting manner.....	61.0	37.3	1.7	0.0
4. I felt comfortable participating.....	66.1	30.5	3.4	0.0

In terms of the parts of the program the parents found to be most useful, the frequency of responses was recorded for each of the eight parts listed and then rank ordered. The parents reported that they found discussing examples of their childrens' behavior with the group and interacting with other group members the most useful parts. Reading the handbook and role playing were reported to be moderately useful and discussion of the reading and listening to the tape recording were reported to be the least useful.

In response to the open-ended questions regarding what parents considered to be the most and least useful parts of the program, 60.3% of the responses described areas of discussion as the most useful part of the meetings. Within this category, 39.5% found discussing problems they were having with their children and receiving group feedback the most useful. Another 26.3% found the discussion of specific examples of misbehavior and ways of dealing with it the most useful: 13.2% found the group discussion, generally, the most useful; 10.5% found the discussion of the role playing the most useful and 10.5% found reading the parents handbook the most useful.

Specific topics such as the goals of misbehavior, the role of grandparents and ways of handling criticism of new parenting strategies; introduction to the group and to other group members; and seeing that other parents were experiencing difficulties with their children too were seen as most useful in 17.5% of the responses. Role playing was seen as most useful in 14.3% of the responses; 4.8% found talking with others and sharing experiences the most useful and 3.1% found identifying their feelings about parenting to be the most useful.

Parents' responses indicated that the tape was seen as the least useful part of the program (53.6%). Role playing was seen by some parents as being the least useful (10.7%); using the parent's handbook during the sessions was seen by

others (3.55%) as being the least useful part and reading the parent's handbook was seen by some parents (3.55%) as being the least useful part of the program. In addition, 28.6% of the responses indicated that the parents did not feel that there was a least useful part.

All participants in the parenting group completed the STEP Group Evaluation Form. Percentages of items endorsed on the questionnaire are given in Table 7

When asked to rate different parts of the program the most useful to the least useful, it was seen that the parents found the discussion of examples to be most useful, followed by interacting with other group members, role playing, discussion of the readings, reading the handbook and the audiotape.

In response to the open ended question "Do you feel that those parts which you found least useful could be improved in some way? How?", four parents (50%) indicated that they felt the tape was more appropriate for parents of older children and might be improved with more focus on younger children. Two parents (25%) felt that the examples used on the tape again were more appropriate for parents of older children and should be modified when used with parents of younger children. Another parent (12.5%) found the tape, generally, to be least useful, and one parent (12.5%) felt that nothing could be improved.

TABLE 7

Percentages of items endorsed on the STEP Group Evaluation Form

Item	Percentage Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
1. I enjoyed participating in the STEP group.....	75.0	25.0	0.0	0.0
2. I feel I am better able to manage my child's (children's) behavior as a result of participating in the group.....	37.5	50.0	0.0	12.5
3. I feel that my relationship with my children has improved as a result of my having attended the group.	37.5	50.0	0.0	12.5
4. In terms of the content of the STEP program, I found the parenting information useful with my child (children).....	50.0	50.0	0.0	0.0
5. I feel that the information offerred was difficult to put into practice at home.....	12.5	37.5	25.0	25.0

In response to the question "What did you like about the group?", three parents (23%) stated that they liked the help they received to solve the problems they were experiencing with their children; three parents (23%) liked the realization that they were not alone in experiencing these situations; two parents (15.4%) liked feeling free to discuss their experiences with the group; two parents (15.4%) liked the relaxed atmosphere of the group and two parents (15.4%) liked the group interaction. One parent (7.8%) liked the friendliness of the group members.

When asked "What would have made the sessions better?", six parents gave responses. One suggested adapting the program for parents of younger children. Another responded that more directive leaders would have improved the sessions. Another parent suggested that the program be lengthened and another suggested that fewer ideas be discussed. One parent felt that the sessions could be improved with more group members and one parent felt that more "committed" parents who did not miss meetings would have improved the sessions.

In response to the question "Would you recommend this type of group to other parents? Why or why not?", 100% of the parents stated that they would recommend the group to others. In addressing why they would recommend the group to other parents, two parents responded that parenting is hard and can be improved upon; one parent would recommend this

type of group because it helps parents to learn how to communicate; another would because the meetings were enjoyable; another stated that they felt the program would be helpful to others and another felt that it could help other parents realize that they were not alone with their parenting concerns.

In reponse to the question "Are there any comments you would like to add?", one parent stated that it was a great program. Another stated that the leaders were genuinely interested in them and one parent stated that there were too many questionnaires to complete.

In response to the question "Have you been involved in any other type of counselling since January 31? If so, what kind?", all of the parents indicated that they had not been involved in any other kinds of counselling. One parenting couple in the contrast group participated in family therapy during the course of the study. Therefore, the results of this study support the hypothesis that the parents would find the program helpful.

In this chapter, demographic data about the sample was presented, the statistical analyses performed to test the study's hypotheses were described and the study's results were reported. In the following chapter the study's conclusions, recommendations and implications will be discussed.

Chapter V

CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS

5.1 INTRODUCTION

In this chapter, the purpose of the study and the research hypotheses will be restated, general conclusions will be drawn and specific conclusions, in relation to each of the hypotheses, will be presented. The results obtained in this study will be compared to those obtained in other studies on STEP and STEP-based programs and explanations will be offered for the findings. The implications of the study's results will be discussed and recommendations for future research will be made.

5.2 GENERAL CONCLUSIONS

The purpose of the study was to evaluate the effectiveness of a STEP-based parenting program offered to the parents of pre-school age children attending a day treatment centre. Four hypotheses were tested:

(1) There will be a positive change in parents' perceptions of their children's behavior associated with their participation in the parenting program.

(2) There will be a positive change in parental attitudes toward family and child-rearing practices

associated with their participation in the parenting program.

(3) There will be a lessening in the severity of child management problems associated with the parents' participation in the program.

(4) Participation in the program will be seen by the parents as helpful.

The general conclusions are that this study failed to demonstrate the effectiveness of the STEP-based program in altering parents' perceptions of their childrens' behavior in a positive direction and in altering their attitudes toward family and child-rearing practices in a positive direction. The results indicated that both groups of parents showed lessening in the severity of their child management problems but failed to demonstrate how much of this change, for parents in the treatment group, could be associated with participation in the program. The program was, however, demonstrated to be helpful to the parents as measured by the level of satisfaction they indicated on the group evaluation forms.

Conclusions pertaining to the specific hypotheses will now be examined:

Hypothesis 1

THERE WILL BE A POSITIVE CHANGE IN PARENTS' PERCEPTIONS OF THEIR CHILDREN'S BEHAVIOR ASSOCIATED WITH THEIR PARTICIPATION IN THE PARENTING GROUP.

This hypothesis would have been accepted if the parents in the treatment group had obtained higher scores at posttest on the APACBS than they had at pretest and if their posttest scores had been higher than the contrast group's posttest scores.

The results obtained showed no statistically significant difference between the treatment group's pretest and posttest scores and therefore this hypothesis could not be accepted. The results, in fact, indicated that the contrast group obtained significantly better scores on this scale at follow-up than did the treatment parents but that there were no significant differences between the groups at the completion of the program.

Hypothesis 2

THERE WILL BE A POSITIVE CHANGE IN PARENTAL ATTITUDES TOWARD CHILD-REARING PRACTICES ASSOCIATED WITH THEIR PARTICIPATION IN THE PARENTING GROUP.

This hypothesis would have been accepted if (1) the mothers in the treatment group had obtained lower posttest scores on the Authoritarian Control and Family Disharmony Factors relative to their pretest scores and relative to the contrast group's scores and (2) if the fathers in the treatment group had obtained higher posttest scores on the Democratic Attitudes Factor and lower posttest scores on the Paternal Detachment Factor relative to their pretest scores and to the contrast group's scores.

The results obtained provided only partial support for this hypothesis. No significant differences were found between the groups on the main factors. However, the results obtained on the individual subscales of the Mother's and Father's PARI Q4 lent partial support for Hypothesis 2. After participation in the STEP-based group the mothers were less approving of the belief that arguments were an integral part of a marital relationship, and in relation to an associated concept, were more accepting of their spouses' decision-making power in the family. They also became more approving of allowing children unstructured free time.

Mothers in the contrast group became less concerned with worrying about child safety, less open to having their children question their views and to admitting when they are wrong, and more flexible in allowing children to reach developmental milestones at their own pace.

After participation in the parenting group, the fathers were less approving of the belief that having a family is burdensome and restrictive, while fathers in the contrast group became less approving of physical discipline for their children.

In summary, for the fathers in the treatment and contrast groups there were significant positive changes on one subscale for each group. For the mothers in the treatment group there were two positive changes and one negative change. For the mothers in the contrast group

there were two negative changes and one positive change. The program was effective in altering parents' attitudes toward marital conflict, children's activity, and parental responsibility in a positive direction, as well as in altering attitudes related to parental equality in a negative direction. The contrast group also made positive and negative changes that were not associated with participation in a parenting group. Therefore, while some significant positive effects were found to be associated with participation in the group, on the PARI Q4 subscales, overall, the results failed to demonstrate that positive changes in parental attitudes toward family and child-rearing practices were associated with their participation in the parenting group.

Hypothesis 3

THERE WILL BE A LESSENING IN THE SEVERITY OF CHILD MANAGEMENT PROBLEMS ASSOCIATED WITH THE PARENTS' PARTICIPATION IN THE PROGRAM.

This hypothesis would have been accepted if the treatment group had obtained higher posttest scores on the CMAS relative to their pretest scores and relative to the contrast group's scores.

The results indicated that while the treatment group obtained higher posttest scores relative to their pretest scores and that these gains were maintained at follow-up, the contrast group also obtained higher scores at posttest

than they had at pretest. These results suggest that the lessening in the parents' child management problems may have been due to the effectiveness of other forms of treatment the children were receiving at the centre which were not controlled for in the study. The study failed, therefore, to demonstrate that lessening in the parents' child management problems was due solely to their involvement in the program.

Hypothesis 4

PARTICIPATION IN THE PROGRAM WILL BE SEEN BY THE PARENTS AS HELPFUL.

This hypothesis would have been accepted if the parents indicated that they found the group useful, and helpful in dealing with their children at home and that they felt comfortable participating in the group.

The data demonstrate that all the parents found the parenting information presented in the group useful, and all felt that what they had learned would be helpful at home, although roughly half felt that the information was difficult to put into practice at home. As well, most of the parents felt that their relationships with their children had improved as a result of having attended the group; most felt that they were better able to manage their children's behavior as a result of participation; and most felt comfortable participating. Therefore, Hypothesis 4 was accepted.

Information gathered for assistance in planning future programs indicated that the parents found group discussion of their personal child management problems and group interaction the most useful parts of the program. They found reading the STEP Parent's Handbook and role playing moderately useful; and group discussion of the assigned reading and listening to the STEP audiotapes least useful. The parents generally felt that the audiotapes were more appropriate for parents of older children and suggested modifying them for use with parents of younger children. The component of the program which the parents liked the most was what could be generally referred to as group process - the atmosphere of the group, the interaction between members, the friendliness of members and feeling that they were not alone in experiencing these problems.

5.3 COMPARISON WITH OTHER STEP AND STEP-BASED STUDIES

The results of this study were contrary to the results obtained in most of the other studies reviewed.

In relation to changes in parents' perceptions of their children's behavior, 12 of the 23 studies reviewed examined this variable. Of the 12, 9 of the studies used the APACBS to measure this component and all but 2 of the 12 reported positive parental change. Only one study using the APACBS reported no change (Scogin, 1979). The other study (Bruner, 1979) reported mixed results - that one group of parents

showed positive perception change while another group did not.

In relation to change in parents' attitudes as a result of participating in STEP and STEP-based programs, 12 of the 23 studies reviewed used this success criterion and all but 2 reported positive results. The results of these 12 studies indicated that the parents developed more democratic attitudes (Gruen, 1978; Hinkle, Arnold, Croake & Keller, 1977; Moline, 1979; Nystul, 1982; Meredith & Benninga, 1979), became more accepting of their children's behavior (Summerlin & Ward, 1981) and developed more positive attitudes generally, (Hammett, 1981; Kozlowski, 1978; Bellamy, 1979) and more positive attitudes toward the freedom of children (Moline, 1979). Weaver (1982) however, reported no change in the latter factor. Two of these 12 studies used the PARI 04 to measure changes in parents' attitudes. Nystul (1982) reported that participation in the STEP group was associated with more positive attitudes regarding parents' encouragement of children's verbalization and a decrease in attitudes reflecting strictness. Cronauer (1981) as well, reported that parents' attitudes toward family and child-rearing practices changed in a positive direction as a result of participation in the group.

In the present study there were also positive changes in some parental attitudes but, not in the area of democratic attitudes for either mothers or fathers. This

result was surprising because the STEP program is based on democratic child-rearing principles but consistent with Nystul's (1982) report of no change for the parents participating in the group on factors assessing democratic attitudes. It may be therefore that the PARI 04 is not a sensitive enough tool for measuring democratic attitude change in some groups.

In relation to changes in the severity of the parents' child management problems, only 1 study reviewed (Esters, 1980) directly assessed changes in child behavior. This study found that after participation in a STEP group, parents rated their children's behavior more positively than they had prior to involvement. Other studies focused on changes in children's self-concept (Hammett, 1981; Kozlowski, 1978; Gould, 1979; Meredith & Benninga, 1979; Esters, 1980) and in changes in classroom behavior (Gould, 1979; Clarkson, 1979). Of these studies, only 1 (Gould, 1979), reported positive change.

In the present study, assessment of child behavior change was indirect - based on the social workers' informal observation of parent-child interaction and through conversations with the parents. The results indicated that children in both the treatment and contrast groups showed improvement on this scale and thus change could not be asociated with the treatment parents' participation in the group. The fact that these results are consistent with most

of those reported in the literature points generally, to the difficulty of assessing child behavior change and specifically, in this study, to the difficulty partializing the effect of this program on children's behavior from the effects of the forms of treatment the children were receiving at the treatment centre.

In relation to the success of the program in meeting the parents' needs, Dinkmeyer (1981) reported results similar to those obtained in the present study. He reported that in his study as well, participants viewed the group as a valuable experience; most would recommend it to other parents; and the most liked aspects of the program were the group discussion, interaction with other parents and learning that other parents had similar parenting concerns.

These results also support observations made by Dubois (1983) and his colleagues regarding a variety of parent education formats they have implemented at Madame Vanier Children's Service in London, Ontario. He states:

> Group process, or mutual support and confrontation was as important or more important than the textbook that was selected. Although these are termed parent education groups we felt a great deal of group therapy went on to the extent that feelings were discussed and group support was found to be very valuable... (p. 11).
>
> The therapeutic value of these groups as outlined by Patterson has the following advantages:
>
> (a) It reduces guilt, isolation anxiety and sense of failure of the parents involved.
>
> (b) It offers the parents an opportunity to express their resentment, criticism,

> competetiveness, rivalry and jealousy towards the 'know-it-all' experts which, when unexpressed, prevent them from utilizing the collaborative counselling they are usually receiving, and often lead them to severing of therapy.
>
> (c) It offers them an opportunity to express, explore and 'discover' for the first time, the feelings, attitudes and beliefs that have unconsciously governed and interfered with their relationships with their children.
>
> (d) It offers the parents an opportunity to become acquainted with the basic communication process especially around feelings.
>
> (e) It offers these parents, many of whom have been struggling along in isolation, ostracized by their friends and relatives who have 'normal' children, a group of other parents who share a common problem and whose support and empathy can be tremendously helpful and reassuring (p. 12).

A number of factors may be postulated to have contributed to the results obtained in the present study. From the review of the literature it was seen that 2 factors appear to be important to the success of the parenting programs. The first was the success criterion used in the study: whether the researcher examined the extent to which the program was seen as helpful to the parents: various changes in parents or various changes in children. It was seen that STEP was reported to be most effective in promoting parent change in the areas of perceptions and attitudes and less effective in promoting specific child or parent behavior change and in promoting positive change in parents' or children's self-concept.

The second factor which seemed to be important was the parent sample used in the study. STEP seemed to be most successful in promoting these changes with parents who volunteered for involvement in the program and who wished to enhance their relationships with their children rather than with parents who were experiencing child management problems or whose children attended a treatment setting.

The fact that in this study the results were unable to demonstrate the effectiveness of the STEP-based parenting program in positively changing parents' attitudes and perceptions may be due to the fact that:

(1) the program was conducted with parents of pre-school age children.

(2) the program was conducted with parents of children in a treatment setting, or

(3) there may be an interaction between these 2 factors.

Explanations 2 or 3 could explain for example, the present results, while Gruen (1978) obtained positive results on the APACBS and on 2 other attitude scales with parents of pre-school age children who were selected on a voluntary basis and who were not experiencing specific problems with their children; and while McKay and Hillman (1978) also reported positive change on the APACBS with parents of pre-school age children.

The finding the parents in the contrast group had more positive perceptions of their children's behavior than the treatment parents did may be due to the fact that parents were selected for inclusion in the treatment group because they were seen as most needing the program. While there were no significant differences between the groups at pretest on the APACBS, PAPI Q4 or CMAS, it may have been that the problems the treatment families were experiencing were more resistant to change than those facing the contrast group. It may also have been that changes in the contrast group's scores on the APACBS and the CMAS could be attributed to the effectiveness of the treatment provided in the day program for these children.

It was also learned that one couple in the contrast group became involved in family therapy during the course of the study and it may have been that given the study's small sample size, changes in these parents' perceptions, as measured by the APACBS would have been reflected in the contrast group mean at follow-up.

Lack of change in a positive direction on the PARI Q4 may also have been due to the nature of the problems experienced by the parents in the treament group. It may have been that the PARI Q4 failed to assess relevent dimensions of parent attitude change in this sample. While Cronauer (1981) report a positive parental attitude change on the PARI Q4 with volunteer parents of third to fourth

grade students, Nystyl (1982) found only 2 positive changes with parents who responded to advertisements announcing the program. It may have been, therefore, that the PARI Q4 was not a sensitive enough measure to reflect change in the attitudes of this group of parents.

The social workers' assessment of the lessening in the severity of child management problems for both groups, may have been due to changes in behavior associated with the effectiveness of the day treatment most evident when the children were with their parents in the treatment setting. They may also have been due to the lack of validity of the measurement tool. These results lead to the conclusion that for this sample, the assessment of child behavior change is not congruent with assessment of attitude and perception change.

5.4 IMPLICATIONS

The implications of this study are that while the parents attending the group found it to be helpful and enjoyed participating, positive changes in their attitudes and perceptions of their children's behavior associated with participation failed to be detected. While the failure of this study to obtain evidence to support the research hypotheses may be due to the ineffectiveness of the STEP-based program with this parenting population, further research must be done to establish whether the dependent

measures are valid for evaluating change in parents of pre-school age children. Because the parents who participated found the group enjoyable, helpful and would recommend it to others, it is also important to stress that the program should be continued and further research efforts should be made to reassess the program with other, possibly more appropriate, measurement tools.

5.5 RECOMMENDATIONS FOR FUTURE RESEARCH

While the effectiveness of STEP and STEP-based programs with certain client populations has been extensively documented, the results of this study point to the necessity of conducting further research which compares the effectiveness of various types of parenting programs with different parent populations. In this way, the "program of choice" can be ascertained for various client groups. They also point to the necessity of modifying the existing STEP program for use with parents of pre-school age children in treatment settings and to develop the measurement tools that are sensitive enough to detect changes in attitudes and perceptions with this type of group. Future research in this area should also, as much as possible, attempt to include randomization of parents to the experimental conditions or to match the parents' target children in terms of their presenting problems.

It is incumbent upon social workers and other professionals in clinical settings, who work closely with families experiencing child management problems to conduct this type of comparative research in the "real world" and to tailor their parent training groups, as was done in this program, to fit the needs of the client populations they serve.

5.6 SUMMARY

The results of this study were unable to demonstrate the effectiveness of the STEP-based parenting program in altering parents' perceptions of their children's behavior and their attitudes toward family and child-rearing practices in a positive direction. Lessening in the parents' child management problems obtained could not be demonstrated to have been associated with participation in the parenting group. The results do, however, demonstrate that parents who participated in the group found it to be helpful to them and useful at home with their children. It was suggested that these results could be due to the fact that (1) the sample was composed of parents of pre-school age children who were receiving treatment for specific problems rather than the type of voluntary sample of school age children generally reported in the literature and that the problems these parents were facing might be more resistant to change; (2) the dependent measures used were

not sensitive enough to detect parental attitude and perception change: (3) in terms of the social workers' assessments of the severity of the families' child management problems, the CMAS was not a valid measure of this construct; (4) the results on the CMAS were confounded by the effects of the other forms of treatment the children were receiving. It is strongly felt that this program was effective, that it should be maintained and that further research efforts be undertaken to document its effectiveness with this client population.

Appendix A

DEMOGRAPHIC DATA SHEET

Dear Parent:

To make my study comparable to other studies of the STEP program, I require the following information. Please be assured that this information is strictly confidential, anonymous and will be used only for the purpose of the study.

Thank you for your help.

Please circle

SEX: Male Female

AGE: _____

OCCUPATION: _____

AGES AND SEX OF CHILDREN:

age	please circle
_____	m f
_____	m f
_____	m f
_____	m f

EDUCATION: highest high school grade completed _____

attended community college _____
completed community college program _____
attended university _____
completed university degree _____ post graduate degree _____
attended technical program _____
completed technical program _____

ESTIMATED YEARLY FAMILY INCOME: _____

Appendix B

ADLERIAN PARENTAL ASSESSMENT OF CHILD BEHAVIOR SCALE

Name _____ Date _____ 101 ~~100~~

Completed by _____

The Identified Child:	ALWAYS	VERY OFTEN	OFTEN	SOMETIMES	SELDOM	VERY SELDOM	NEVER
1. Has to be called more than once to get out of bed in the morning.	1	2	3	4	5	6	7
2. Gets dressed for school without being reminded.	1	2	3	4	5	6	7
3. Remembers to take lunch money, books, etc. to school.	1	2	3	4	5	6	7
4. Leaves for school <u>without</u> being reminded.	1	2	3	4	5	6	7
5. Makes helpful suggestions during family discussions.	1	2	3	4	5	6	7
6. Involves you in resolving verbal arguments with other children (for example: brothers or sisters, or children in the neighborhood)	1	2	3	4	5	6	7
7. Involves you in resolving physical fights with other children (for example: brothers or sisters, or children in the neighborhood)	1	2	3	4	5	6	7
8. Does chores <u>without</u> being reminded.	1	2	3	4	5	6	7
9. Figures out solutions to his/her own problems.	1	2	3	4	5	6	7
10. Changes behavior when told that it bothers you.	1	2	3	4	5	6	7
11. Puts dirty clothes in hamper <u>without</u> being reminded.	1	2	3	4	5	6	7
12. Argues with you.	1	2	3	4	5	6	7
13. Leaves belongings scattered around the house.	1	2	3	4	5	6	7
14. Interrupts you at inappropriate times.	1	2	3	4	5	6	7
15. Is on time for meals.	1	2	3	4	5	6	7
16. Eats most foods offered <u>without</u> being coaxed.	1	2	3	4	5	6	7

(OVER)

The Identified Child

	ALWAYS	VERY OFTEN	OFTEN	SOMETIMES	SELDOM	VERY SELDOM	NEVER
17. Has table manners which are acceptable to you.	1	2	3	4	5	6	7
18. Tattles on other children (for example: brothers or sisters, or children in the neighborhood.)	1	2	3	4	5	6	7
19. Throws temper tantrums.	1	2	3	4	5	6	7
20. Shares problems (s)he is facing with you.	1	2	3	4	5	6	7
21. Is considerate of your feelings.	1	2	3	4	5	6	7
22. Requests help on tasks (s)he can do independently.	1	2	3	4	5	6	7
23. Cleans up after snacking <u>without</u> being reminded.	1	2	3	4	5	6	7
24. Behaves in such a way that you find yourself feeling hurt.	1	2	3	4	5	6	7
25. Behaves in such a way that you find yourself feeling annoyed.	1	2	3	4	5	6	7
26. Behaves in such a way that you find yourself feeling discouraged, believing that the child <u>cannot</u> improve.	1	2	3	4	5	6	7
27. Behaves in such a way that you find yourself feeling angry.	1	2	3	4	5	6	7
28. Stays with difficult tasks until they are completed.	1	2	3	4	5	6	7
29. Disturbs you when you are driving.	1	2	3	4	5	6	7
30. Remembers where (s)he puts belongings.	1	2	3	4	5	6	7
31. Has to be told more than once to go to bed.	1	2	3	4	5	6	7
32. Is quiet after going to bed.	1	2	3	4	5	6	7

Appendix C

MOTHER'S PARENTAL ATTITUDE RESEARCH SCALE

Mother's PARI (Q4)
(Schludermann)

A QUESTIONNAIRE TO WOMEN (4)

Read each of the statements below and then rate them as follows:

A	a	d	D
strongly agree	mildly agree	mildly disagree	strongly disagree

Indicate your opinion by drawing a circle around the "A" if you strongly agree, around the "a" if you mildly agree, around the "d" if you mildly disagree, and around the "D" if you strongly disagree.

There are no right or wrong answers, so answer according to your own opinion. It is very important to the study that all questions be answered. Many of the statements will seem alike but all are necessary to show slight differences of opinion.

		Agree		Disagree	
1.	Children should be allowed to disagree with their parents if they feel their own ideas are better.	A	a	d	D
2.	A good mother lets her child learn the hard way about life.	A	a	d	D
3.	A good mother should develop interests outside the home.	A	a	d	D
4.	The home is the only thing that matters to a good mother.	A	a	d	D
5.	Parents shouldn't feel they have to sacrifice for their children.	A	a	d	D
6.	Mothers worry too much about bathing babies.	A	a	d	D
7.	There is no reason for arguments in a happy marriage.	A	a	d	D
8.	Strict training will make a child resent his parents later on.	A	a	d	D
9.	There is no reason why a day with the children should be upsetting.	A	a	d	D
10.	Children have every right to question their mother's views.	A	a	d	D
11.	Loyalty on the part of children to their parents is something that the parents should earn.	A	a	d	D
12.	Children should be taught to fight so they can take care of themselves.	A	a	d	D
13.	Taking care of a home doesn't have to coop a woman up.	A	a	d	D
14.	Parents should adjust to the children some, rather than always expecting the children to adjust to the parents.	A	a	d	D

15.	A child needs time to just sit around and do nothing if he feels like it.	A	a	d	D
16.	Children should be encouraged to talk about their problems.	A	a	d	D
17.	Fathers generally are kind and helpful.	A	a	d	D
18.	Children should be taught about sex as soon as possible.	A	a	d	D
19.	It is not the mother's place to make the rules for the home.	A	a	d	D
20.	A child's thoughts and ideas are his own business.	A	a	d	D
21.	Children would be happier and better behaved if parents would show an interest in their affairs.	A	a	d	D
22.	Very few children are toilet trained by 15 months of age.	A	a	d	D
23.	A young mother doesn't need any help when going through her first experience.	A	a	d	D
24.	Children should be encouraged to tell their parents about it whenever they feel family rules are unreasonable.	A	a	d	D
25.	A child has to learn that he has to be disappointed sometimes.	A	a	d	D
26.	A good mother has an active social life.	A	a	d	D
27.	You can't make a child behave by cracking down on him.	A	a	d	D
28.	There is no reason why a mother can't be happy and make her child happy too.	A	a	d	D
29.	Most young mothers don't worry much about handling or holding the baby.	A	a	d	D
30.	A good wife never has to argue with her husband.	A	a	d	D
31.	Strict discipline makes children grow up to be mean or rebellious.	A	a	d	D
32.	Most mothers never get to the point where they can't stand their children.	A	a	d	D
33.	If a parent is wrong he should admit it to his child.	A	a	d	D
34.	A child should be taught that there are many other people he will love and respect as much or more than his own parents.	A	a	d	D

35.	A child should be taught to fight his own battles.	A a d D
36.	Most mothers are content to be with children all the time.	A a d D
37.	Parents must earn the respect of their children by the way they act.	A a d D
38.	There is plenty of time for children to strive for success after they are older.	A a d D
39.	A child should always be encouraged to talk about his troubles.	A a d D
40.	Husbands have a perfect right to their own interests.	A a d D
41.	There is nothing wrong with bathing boys and girls in the same bath tub.	A a d D
42.	The family is better off when the husband settles most of the family problems.	A a d D
43.	Children are entitled to keep their own secrets.	A a d D
44.	Laughing at children's jokes and telling children jokes makes things go more smoothly.	A a d D
45.	A child should take all the time he wants before he walks.	A a d D
46.	Women should handle most of child raising without much help from others.	A a d D
47.	A child has a right to his own point of view and ought to be allowed to express it.	A a d D
48.	Children should be encouraged to undertake tough jobs if they want to.	A a d D
49.	A mother can keep a nice home and still have plenty of time left over to visit with neighbours and friends.	A a d D
50.	There is no need for children to look on parents as their bosses.	A a d D
51.	Most children are grateful to their parents.	A a d D
52.	Little accidents are bound to happen when caring for young children.	A a d D
53.	If a couple really loves each other there are very few arguments in their married life.	A a d D
54.	If children are given too many rules they will grow up to be unhappy adults.	A a d D

55.	Most mothers can spend all day with their children and remain calm and even-tempered.	A	a	d	D
56.	A child should be encouraged to look for answers to his questions from other people even if the answers contradict his parents.	A	a	d	D
57.	Most children soon learn that their parents were mistaken in many of their ideas.	A	a	d	D
58.	It's quite natural for children to hit one another.	A	a	d	D
59.	Most young mothers don't mind spending most of their time at home.	A	a	d	D
60.	Children are too often asked to do all the compromising and adjustment and what is not fair.	A	a	d	D
61.	Children should have lots of time to loaf and play.	A	a	d	D
62.	A mother should be concerned with any problem of a child no matter how trivial.	A	a	d	D
63.	In most cases the mother rather than the father is responsible for trouble in the home.	A	a	d	D
64.	Sex play is a normal thing in children.	A	a	d	D
65.	A mother should take a back seat to her husband as far as the planning is concerned.	A	a	d	D
66.	A good parent doesn't tryp to pry into the child's thoughts.	A	a	d	D
67.	Parents who are interested in hearing about their children's parties, dates and fun, help them grow up right.	A	a	d	D
68.	A child needs to be emotionally close to its parents for a long time.	A	a	d	D
69.	A woman should be on her own after having a baby.	A	a	d	D
70.	A child's ideas should be seriously considered in making family decisions.	A	a	d	D
71.	Children have to face difficult situations on their own.	A	a	d	D
72.	Mothers should get out of the home fairly often.	A	a	d	D
73.	If a child acts mean he needs understanding rather than punishment.	A	a	d	D
74.	Children don't "owe" their mothers anything.	A	a	d	D

		Agree		Disagree	
75.	Most mothers are confident when handling their babies.	A	a	d	D
76.	Almost any problem can be settled by quietly talking it over.	A	a	d	D
77.	Raising children is an easy job.	A	a	d	D
78.	Most children are disciplined too much.	A	a	d	D
79.	When a child thinks his parent is wrong he should say so.	A	a	d	D
80.	A parent should not expect to be more highly esteemed than other worthy adults in their children's eyes.	A	a	d	D
81.	Children should be taught ways of defending themselves in a fight.	A	a	d	D
82.	If you can run your home right, you have plenty of time to do the things you like to do.	A	a	d	D
83.	As much as is reasonable a parent should try to treat a child as an equal.	A	a	d	D
84.	It isn't good for children to be constantly running from one activity to another.	A	a	d	D
85.	A mother should always be concerned about upset feelings in a child.	A	a	d	D
86.	Most husbands show a good understanding for a mother's problems.	A	a	d	D
87.	Sex is no great problem for children if the parent doesn't make it one.	A	a	d	D
88.	It's up to the father to take charge of the family.	A	a	d	D
89.	Being a mother doesn't give women the right to know everything in their children's lives.	A	a	d	D
90.	If parents would have fun with their children, the children would be more apt to take their advice.	A	a	d	D
91.	Toilet training should be put off until a child indicates that he is ready.	A	a	d	D
92.	A woman should be up and around a short time after giving birth.	A	a	d	D
93.	When a child is in trouble he ought to know he won't be punished for talking about it with his parents.	A	a	d	D

113.	When you do things together, children feel close to you and can talk easier.	A	a	d	D
114.	The longer a child is bottle or breast fed the more secure he will feel.	A	a	d	D
115.	Any woman should be able to take care of a baby by herself.	A	a	d	D
116.	Some children are just so bad they must be taught to fear adults for their own good.	A	a	d	D
117.	More parents should teach their children to have unquestioning loyalty to them.	A	a	d	D
118.	Children will get on any woman's nerves if she has to be with them all day.	A	a	d	D
119.	It is frequently necessary to drive the mischief out of a child before he will behave.	A	a	d	D
120.	The child should be taught to revere his parents above all other grown-ups.	A	a	d	D
121.	Mothers very often feel that they can't stand their children a moment longer.	A	a	d	D
122.	A wise parent will teach a child early just who is boss.	A	a	d	D
123.	A child soon learns that there is no greater wisdom than that of his parents.	A	a	d	D
124.	It's a rare mother who can be sweet and even-tempered with her children all day.	A	a	d	D
125.	Children need some of the natural meanness taken out of them.	A	a	d	D
126.	Parents deserve the highest regard and esteem of their children.	A	a	d	D
127.	Raising children is a nerve-wracking job.	A	a	d	D
128.	It is sometimes necessary for the parents to break the child's will.	A	a	d	D
129.	Loyalty to parents comes before anything else.	A	a	d	D
130.	It's natural for a mother to "blow her top" when children are selfish and demanding.	A	a	d	D

Appendix D

FATHER'S PARENTAL ATTITUDE RESEARCH SCALE

Department of Psychology
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Father's PARI Q4

A QUESTIONNAIRE TO MEN (4)

Schludermann, 1979

Read each of the statements below and then rate them as follows:

A	a	d	D
strongly agree	mildly agree	mildly disagree	strongly disagree

Indicate your opinion by drawing a circle around the 'A' if you strongly agree, around the 'a' if you mildly agree, around the 'd' if you mildly disagree, and around the 'D' if you strongly disagree.

There are no right or wrong answers, so answer according to your own opinion. It is very important to the study that all questions be answered. Many of the statements will seem alike but all are necessary to show slight differences of opinion.

	Agree		Dis-agree	
1. Children should be allowed to gripe about rules which their parents make.	A	a	d	D
2. A good father lets his child learn the hard way about life.	A	a	d	D
3. A child should never be taught to fear adults.	A	a	d	D
4. It is no use trying to make a child behave by slapping the child immediately for getting into mischief.	A	a	d	D
5. Deceiving a child is very often necessary for his own good.	A	a	d	D
6. There is no reason for arguments in a happy marriage.	A	a	d	D
7. Children who are troublemakers have most likely been spanked too much.	A	a	d	D

8.	Loyalty on the part of children to their parents is something the parents should earn.	A	a	d	D
9.	After a hard day's work a father should listen patiently to all the questions a wife and children ask.	A	a	d	D
10.	Strict training will make a child resent his parents later on.	A	a	d	D
11.	A child who is not afraid to show his emotions will do well in life.	A	a	d	D
12.	Children should be taught not to be content with what they have, but to strive for better things.	A	a	d	D
13.	Children must often be taught to do certain things by just being left on their own.	A	a	d	D
14.	A child should learn that he has to be disappointed sometimes.	A	a	d	D
15.	You can't make a child behave by cracking down on him.	A	a	d	D
16.	If small children refuse to obey, parents should not whip them for it.	A	a	d	D
17.	A good wife never has to argue with her husband.	A	a	d	D
18.	Physical punishment makes a child fear adults and this is the worst thing that can happen to a child.	A	a	d	D
19.	Strict discipline makes children grow up to be mean or rebellious.	A	a	d	D
20.	There is nothing wrong with bathing boys and girls in the same bath tub.	A	a	d	D
21.	A father has no right to demand that the whole family must do what he knows is best.	A	a	d	D
22.	Few wives realize that husbands are part of the family too, and need some looking after.	A	a	d	D
23.	It is not a mistake, when a man marries a woman who always wants to wear the pants in the family.	A	a	d	D
24.	Children should not be spanked immediately, when they are cross and nagging, because that makes them obstinate and they get into the habit of acting like that.	A	a	d	D

25.	If a couple really loves each other, there are very few arguments in their married life.	A	a	d	D
26.	Spanking a child makes it impossible for him to love and respect his parents.	A	a	d	D
27.	Having to be with the family all the time gives a man the feeling that his wings have been clipped.	A	a	d	D
28.	It's quite natural for children to hit one another.	A	a	d	D
29.	Most children soon learn that their parents were mistaken in many of their ideas.	A	a	d	D
30.	There is nothing wrong when outsiders upset the confidence a child has in his parent's way of doing things.	A	a	d	D
31.	There is no excuse for men to reach their boiling point when they run into family problems on their return home from work.	A	a	d	D
32.	Sex play is a normal thing in children.	A	a	d	D
33.	There should not be a boss in the family, and the father should not boss the family around.	A	a	d	D
34.	One thing that marriage means is that a wife belongs to the husband and not to her parents or other people she knows.	A	a	d	D
35.	Children should be trained to be independent by forcing them to do their own work.	A	a	d	D
36.	A child's ideas should be seriously considered in making family decisions.	A	a	d	D
37.	Children have to face difficult situations on their own.	A	a	d	D
38.	If a child acts mean, he needs understanding rather than punishment.	A	a	d	D
39.	The wise parent will not whip a child to teach him to change his ways.	A	a	d	D

40.	Children should be taught ways of defending themselves in a fight.	A	a	d	D
41.	A parent should not expect to be more highly esteemed than other worthy adults in their child's eyes.	A	a	d	D
42.	Children have a right to question their father's views.	A	a	d	D
43.	A father or husband should never get irritated about family problems, no matter how tired he is or how silly the problems are.	A	a	d	D
44.	Most children are disciplined too much.	A	a	d	D
45.	The old fashioned family, where the father is in charge, is a very bad thing.	A	a	d	D
46.	Most husbands would do better, if they quit trying to look smarter than their wives.	A	a	d	D
47.	Parents who teach children to express freely (uncontrollably) how they feel help them to get along better in life.	A	a	d	D
48.	Parents who allow their children to grow up with an idea that other people will often help them just encourage them to become failures.	A	a	d	D
49.	Children should be encouraged to undertake all kinds of jobs no matter how hard.	A	a	d	D
50.	It is no use whipping children who are always breaking their parent's rules.	A	a	d	D
51.	Often you have to fool children to get them to do what they should without a big fuss.	A	a	d	D
52.	Husbands and wives who have different views can still get along without arguments.	A	a	d	D
53.	Settling down to family life is hard for a man because it means giving up so many other things.	A	a	d	D
54.	Loyalty to parents is an over-emphasized virtue.	A	a	d	D

55. When at home a father must never get angry and 'blow his top.'	A	a	d	D
56. Strict training makes children unhappy.	A	a	d	D
57. Children are normally curious about sex.	A	a	d	D
58. The mother should be the final authority in the family.	A	a	d	D
59. Wives should be encouraged to have more say in running the family affairs.	A	a	d	D
60. The best attitude for a child to learn is not to take things as they are, but to work to improve his situation.	A	a	d	D
61. Children should at all times be told to fight their own battles.	A	a	d	D
62. Children should be encouraged to express their opinions about anything which involves them.	A	a	d	D
63. Children are most lovable when they become self-reliant.	A	a	d	D
64. You cannot train children by breaking them the way you break in horses.	A	a	d	D
65. Trying to be completely honest with a young child is just doing things the hard way.	A	a	d	D
66. Only a cruel parent would use physical punishment on a child.	A	a	d	D
67. Men don't know how much they enjoy being free to do as they please, until they begin raising a family.	A	a	d	D
68. Children should be allowed to hit back, when someone hits them.	A	a	d	D
69. Children should not be taught to love their parents always above everyone else.	A	a	d	D
70. When a child thinks his parent is wrong he should say so.	A	a	d	D

71.	No man has a right to be angry and irritated when the family doesn't give him the chance to relax at home.	A a d D
72.	It is very harmful to warn children abou sex. There is no harm if they sometimes indulge in sex play.	A a d D
73.	Wives too often use the children as an excuse for ignoring the father.	A a d D
74.	A parent does much harm to a child when he teaches him to keep from showing it, when he is 'boiling' inside.	A a d D
75.	A child should not be taught that about all one can expect to do is to make the best of what one has.	A a d D
76.	The child who grows up with the idea that he will have to do almost everything for himself gets on much further in life.	A a d D
77.	Family life would be happier, if parents made children feel that they were free to say what they think about anything.	A a d D
78.	You have to fool children into doing many things because they wouldn't understand why they should be done anyway.	A a d D
79.	Before marriage, most men don't realize how much of a burden the responsibility of a family can be.	A a d D
80.	A good child learns to fight for its own rights.	A a d D
81.	One should not attempt to safeguard a child's trust in his parents by preventing the child from meeting people with different ideas.	A a d D
82.	The ideal home is one in which it is clear to all that the mother is head of the household.	A a d D
83.	Too many wives are so busy with friends, relatives or the children that they forget all about the man they married.	A a d D
84.	The trouble with husbands nowadays is that they don't have any respect for a wife's right to have her say so.	A a d D

85.	A child who always looks calm and cool no matter how upset he feels inside does not get along well.	A	a	d	D
86.	Children should be taught not to be satisfied with life as it is and to make every effort to improve their condition.	A	a	d	D
87.	Children should be allowed to disagree with their parents if they feel their own ideas are better.	A	a	d	D
88.	Children who have fear of adults will get into trouble.	A	a	d	D
89.	When you can get kids doing what you want by being a little clever, there's no use wasting a lot of time explaining.	A	a	d	D
90.	In marriage a person must yield his rights in order to avoid a fight.	A	a	d	D
91.	Children never feel the same about a parent who spanks them.	A	a	d	D
92.	Most young fathers are bothered more by the feeling of being tied to the home than anything else.	A	a	d	D
93.	Children who are 'tomboys' or 'regular guys' are preferable to those who are gentlemanly or ladylike.	A	a	d	D
94.	Children should learn to think for themselves by comparing the ideas learned outside the home with their parent's ideas.	A	a	d	D
95.	A parent should sometimes let children get away with things they aren't supposed to do.	A	a	d	D
96.	Many well behaved children are curious about sex.	A	a	d	D
97.	It's a rare wife who pays much attention to her husband after the marriage.	A	a	d	D
98.	A wife's mother too often gives her the idea that she must respect what her husband says.	A	a	d	D
99.	Parents should teach a child to express his feelings as soon as he can understand.	A	a	d	D
100.	The main thing in growing up is to learn not to take things as they are, but to improve your situation in life.	A	a	d	D

101.	Some children are just so bad that they must be taught to fear adults for their own good.	A	a	d	D
102.	More parents should teach their children to have unquestioning loyalty to them.	A	a	d	D
103.	The things the wife and children ask of a man after his hard day's work are enough to make anyone lose his temper at times.	A	a	d	D
104.	It is frequently necessary to drive the mischief out of a child before he will behave.	A	a	d	D
105.	A child soon learns that there is no greater wisdom than that of his parents.	A	a	d	D
106.	It's no wonder that men reach their boiling point, when as soon as they come in the door at home, they run right into family problems.	A	a	d	D
107.	Children need some of the natural meanness taken out of them.	A	a	d	D
108.	Parents deserve the highest esteem and regard of their children.	A	a	d	D
109.	There are times when any husband or father gets to the point where he feels he can't stand his family a moment longer.	A	a	d	D
110.	Many children, like horses, must be broken in in order to be trained.	A	a	d	D
111.	Loyalty to parents comes before anything else.	A	a	d	D
112.	A man needs to 'blow his top' once in a while around the home just to clear the air a bit.	A	a	d	D
113.	To keep from getting into trouble, a child should have a healthy fear of adults.	A	a	d	D
114.	A child should always love his parents above everyone else.	A	a	d	D
115.	A man has a right to be angry and irritated when the family doesn't give him a chance to relax at home.	A	a	d	D

Appendix E

CHILD MANAGEMENT ASSESSMENT SCALE

Child Management Assessment Scale

Name _____ Date _____

Completed by _____

The Identified Child:	ALWAYS	VERY OFTEN	OFTEN	SOMETIMES	SELDOM	VERY SELDOM	NEVER
1. Has to be called more than once to get out of bed in the morning.	1	2	3	4	5	6	7
2. Gets dressed for school without being reminded.	1	2	3	4	5	6	7
3. Remembers to take lunch money, books, etc. to school.	1	2	3	4	5	6	7
4. Leaves for school <u>without</u> being reminded.	1	2	3	4	5	6	7
5. Makes helpful suggestions during family discussions.	1	2	3	4	5	6	7
6. Involves you in resolving verbal arguments with other children (for example: brothers or sisters, or children in the neighborhood)	1	2	3	4	5	6	7
7. Involves you in resolving physical fights with other children (for example: brothers or sisters, or children in the neighborhood)	1	2	3	4	5	6	7
8. Does chores <u>without</u> being reminded.	1	2	3	4	5	6	7
9. Figures out solutions to his/her own problems.	1	2	3	4	5	6	7
10. Changes behavior when told that it bothers you.	1	2	3	4	5	6	7
11. Puts dirty clothes in hamper <u>without</u> being reminded.	1	2	3	4	5	6	7
12. Argues with you	1	2	3	4	5	6	7
13. Leaves belongings scattered around the house.	1	2	3	4	5	6	7
14. Interrupts you at inappropriate times.	1	2	3	4	5	6	7
15. Is on time for meals.	1	2	3	4	5	6	7
16. Eats most foods offered <u>without</u> being coaxed.	1	2	3	4	5	6	7

(OVER)

The Identified Child

	ALWAYS	VERY OFTEN	OFTEN	SOMETIMES	SELDOM	VERY SELDOM	NEVER
17. Has table manners which are acceptable to you.	1	2	3	4	5	6	7
18. Tattles on other children (for example: brothers or sisters, or children in the neighborhood.)	1	2	3	4	5	6	7
19. Throws temper tantrums.	1	2	3	4	5	6	7
20. Shares problems (s)he is facing with you.	1	2	3	4	5	6	7
21. Is considerate of your feelings.	1	2	3	4	5	6	7
22. Requests help on tasks (s)he can do independently.	1	2	3	4	5	6	7
23. Cleans up after snacking <u>without</u> being reminded.	1	2	3	4	5	6	7
24. Behaves in such a way that you find yourself feeling hurt.	1	2	3	4	5	6	7
25. Behaves in such a way that you find yourself feeling annoyed.	1	2	3	4	5	6	7
26. Behaves in such a way that you find yourself feeling discouraged, believing that the child <u>cannot</u> improve.	1	2	3	4	5	6	7
27. Behaves in such a way that you find yourself feeling angry.	1	2	3	4	5	6	7
28. Stays with difficult tasks until they are completed.	1	2	3	4	5	6	7
29. Disturbs you when you are driving.	1	2	3	4	5	6	7
30. Remembers where (s)he puts belongings.	1	2	3	4	5	6	7
31. Has to be told more than once to go to bed.	1	2	3	4	5	6	7
32. Is quiet after going to bed.	1	2	3	4	5	6	7
33. Ignores you when you make a request.	1	2	3	4	5	6	7
34. Does not stop a negative behavior after you have disciplined him/her.	1	2	3	4	5	6	7
35. Has required you to change your disciplining actions so that they are now more severe.	1	2	3	4	5	6	7

The Identified Child	ALWAYS	VERY OFTEN	OFTEN	SOMETIMES	SELDOM	VERY SELDOM	NEVER
36. Will turn to the other parent to get his/her way.	1	2	3	4	5	6	7
37. Uses disruptive behavior at dinner time.	1	2	3	4	5	6	7
38. Uses disruptive behavior at bedtime.	1	2	3	4	5	6	7
39. Uses disruptive behavior most of the time.	1	2	3	4	5	6	7

Appendix F

STEP GROUP WEEKLY EVALUATION FORM

Letter: ____ Date: _____

Sex: __F M

STEP GROUP WEEKLY EVALUATION FORM

Please read each of the statements below and rate them as follows:

A	a	d	D
strongly agree	mildly agree	mildly disagree	strongly disagree

	agree		disagree	
1. I enjoyed the group this week.	A	a	d	D
2. The information presented will be helpful at home.	A	a	d	D
3. The information was presented in an interesting manner.	A	a	d	D
4. I felt comfortable participating.	A	a	d	D

5. In order, from the most useful (1) to the least useful (8), please indicate your feelings about those parts of the program you took part in this week. Please leave blank those activities you did not participate in or which weren't presented this week.

____ Reading the handbook

____ Using videotape

____ Interacting with other group members

____ The tape recording

____ Other (Please specify)

_____

_____

____ Discussing examples with the group

____ Role playing

____ Discussions of the reading

6. The most useful part of the meeting this week was:

7. The least useful part was:

Appendix G

STEP GROUP EVALUATION FORM

STEP GROUP EVALUATION FORM

Please read each of the statements below and rate them as follows:

A	a	d	D
strongly agree	mildly agree	mildly disagree	strongly disagree

	Agree		Disagree	
1. I enjoyed participating in the STEP group.	A	a	d	D
2. I feel that I am better able to manage my child's (children's) behavior as a result of participating in the group.	A	a	d	D
3. I feel that my relationship with my children has improved as a result of my attending the group.	A	a	d	D
4. In terms of the CONTENT of the STEP program, I found the parenting information useful with my child (children).	A	a	d	D
5. I feel that the information offered was difficult to put into practice at home.	A	a	d	D

6. In order, from the most useful (1) to the least useful (7), please indicate your feelings about the following parts of the program.

____ Reading the handbook	____ Discussing examples with the group
____ Using videotape	____ Role playing
____ Interacting with other group members	____ Discussions of the reading
____ Other (Please specify)	____ The Tape recording

_____

_____

Letter:_____ Sex: M F

7. Do you feel that those parts which you found least useful could be improved in some way ? How ?

8. What did you like about the group ?

9. What would have made the sessions better ?

10. Would you recommend this type of group to other parents ? Why or why not ?

11. Are there any comments you would like to add ?

_____

_____

_____

_____

12. Have you been involved in any other type of counselling since January 31 ? If so, what kind ?

_____

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