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The effects of directive parental counseling on parental acceptance and perception of personality changes

Douglas Lane Smith
University of Windsor

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Acceptance and Perception
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by

Douglas Lane Smith

Faculty of Graduate Studies
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THE EFFECTS OF DIRECTIVE PARENTAL COUNSELING

ON PARENTAL ACCEPTANCE AND PERCEPTION

OF PERSONALITY CHANGES

by

Douglas Lane Smith
Hons. B.A. University of Guelph, 1973
M.A. University of Guelph, 1975

A Dissertation
Submitted to the Faculty of Graduate Studies
through the Department of Psychology
in Partial Fulfillment of the
Requirements for the Degree
of Doctor of Philosophy at the
University of Windsor

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APPROVED BY:

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ABSTRACT

The purpose of the present research was twofold. The
major issue was to investigate the effects of Directive
Parental Counseling (Holland, 1976) on parental acceptance,
and perception of personality changes in the child. The
second issue was to determine, if there were any differences
in age, sex, and parental acceptance scores on deviant
behavior reduction, and if training would reduce deviant
behavior. Seventy-nine mothers from various socio-economic
levels participated in this program. Children ranged in
age from 3 - 13, and were not preselected. There were 41
parents in the treatment group, and 38 in the control group.
In the treatment group, there were 25 younger children
(5 and under) and 16 older children (6-13); in the control
group there were 20 younger children and 18 older children.
There were 26 boys and 15 girls in the treatment group,
and 26 boys and 12 girls in the control group. Parents
completed two tests, a parental acceptance test and a
personality inventory, and they recorded one major behavior
problem of the identified child. This data was collected
at baseline, post-treatment, and three months after treatment.
Analysis of the data demonstrated that there were significant
positive changes in deviant behavior, and parental acceptance,
between baseline, and 3 month follow-up. Significant
positive changes in perceived personality of the child

was found between baseline and 3 month follow-up, but not between baseline, and post treatment. No support was found for differences in age, sex, and parental acceptance scores on deviant behavior reduction, either between baseline, and post-treatment or between baseline, and 3 month follow-up. Several suggestions for future research in Directive Parental Counseling were also discussed.

ACKNOWLEDGEMENTS

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CHAPTER I
INTRODUCTION

Over the last two decades parents have been trained in
ever increasing numbers to alter their children's deviant
behaviors. Many factors account for this growing popularity
of parent training. First, parenting is a complex and diffi-
cult skill that needs to be learned like anything else.
"Unfortunately it is not taught to parents in any systematic,
careful way, but is learned haphazardly by trial and error"
(Dodson, 1977 p.224). Frequently, parents handle their
children in the same way that their parents raised them.
Second, shifts from the "extended" family in the rural com-
munity to the "nuclear" family in the urban areas has neces-
sitated various changes within the family structure. Now,
most parents can no longer depend on grandparents and rela-
tives to help them with child rearing, as was the case years
ago. Children, who once lived on the farm seemed to have
developed a sense of responsibility from the tasks that they
were required to do. However, this does not appear to be
the condition for those now living in the city areas.
Third, parent training developed in reaction to the "arti-
ficiality" of traditional psychotherapy practised in the
clinicians office. It was felt that the behavior learned in

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the office would not generalize to the home situation, which produced the behavior in the first place. Fourth, most clinicians presume that the parents represent the most influential part of the child's natural environment. From the standpoint of learning theory the parents are in a unique position of providing the reinforcing conditions which control the child's behaviors. Following this line of reasoning, it makes sense that if the child is displaying deviant behaviors that the parents have probably contributed to the production and maintenance of the behavior of the child. It would seem reasonable, then, that to modify the child's behavior, one would have to change the parents' behavior. This could be done by training them to remove the conditions which presently maintain the deviant behaviors of the child and to introduce conditions which will encourage and support more acceptable behaviors (Wahler et al., 1975). Fifth, the vast number of children in need of special help far exceeds the number of professionally trained therapists available. Sixth, parents who become adept at treating the present deviant behaviors are more likely to have success in dealing effectively with future difficulties in their children (O'Dell, 1974).

Moreover, success in training parents to effectively reduce problem behaviors in their children has been reported in several reviews of the literature (Berkowitz and Graziano, 1972; Johnson and Katz, 1973; O'Dell, 1974; Reisinger, Ora

and Frangia, 1976; Tavormina, 1974). These reviews indicate
that the three major types of parent training e.g. Behavior
Modification, Client Centered Therapy and Adlerian Therapy
were all effective in reducing deviant child behaviors.

The purpose of this study is to examine the effects of
Directive Parental Counseling (DPC) on parental attitudes
and perceptions and to determine the effects of some child
characteristics (sex and age) on the outcome of DPC.
Therefore, this review will cover the following: 1) Parental
attitudes; 2) Parental perceptions; 3) Age of child; 4) Sex
of child.

Parental Attitudes

Before reviewing the literature on parental attitudes
we must first, grasp the idea of the attitude concept;
second, understand the importance and rationale for studying
parental attitudes; third, discuss acceptance as one of the
most basic and pervasive parental attitudes.

"The concept of attitude is complex. This complexity
derives from at least two sources: 1) The fact that the
referrent of any attitude includes an array of behavors from
unverbalized feelings to verbalized statements of opinions;
from vague inner urges to directly observable behavior; and
2) the selection for a given attitude of the appropriate
measurement technique" (Gildea, 1960 p. 43). Thurstone (1937)
looked at attitude in two ways; through verbal expression

and behavior. Ajzen and Fishbein (1977) in their review of research on attitudes found that strong attitude-behavior relations are manifested only when there is at least a high degree of correspondence between at least the target (the child in our case) and action elements of the attitude and the behavior. The latter study reported that attitudes consist of four different elements: 1) the action; 2) the target; 3) the context which the action is performed in; 4) the time that the action is manifested. Moreover, they noted that the degree of specificity or generality obtained for each element depends largely on the measuring instrument used. Rinn and Markle (1977) have also reflected on the need for an appropriate measuring instrument for studying parental attitudes. They suggested that the instrument chosen should measure the parents' attitudes about their own children rather than general opinions about child-rearing practices as most of the research has tended to do up until now.

Several researchers (Forehand and King, 1977; Hale, 1976; Johnson, 1976: Lobitz and Johnson, 1973; Peed et al., 1977) have emphasized the importance and need for studying the effects of parent training on parental attitudes. Lobitz and Johnson (1973) asserted that parent attitudes are better predictors of a referral for psycholgical treatment than is child misbehavior; consequently changes in parent attitudes may be a primary goal of therapy with children.

Johnson (1976) claims that parental attitudes are paramount in the behavior development of children. White (1973) noted that there are critical stages in the life of the young child in which parental attitudes are crucial for certain behaviors. Kanner (1935) argued that treatment success with children would be hampered greatly if parental attitudes were not changed. He also maintained that the deviant behavior presented by the child was a symptom of the attitudes of the parents.

Those who have investigated the attitudes of parents toward their children have concluded that there are only a few major ones. The issue of parental acceptance is perhaps the most basic and widespread; it is believed to be one of the most vital elements in the whole framework of the parent-child relationship. Moreover, the importance of parental acceptance has been assumed in much of the research and theories of child development. The fact exists that some parents like their children a great deal while others don't like them at all. Some parents communicate to their children via words, actions, and feelings that they love them a great deal. Others give the message that contact and closeness with their children is unpleasing. Children tend to perceive the degree of parental acceptance by the amount of time spent with them the amount of love shown to them whether they are happy with their achievements, whether they listen to them and their willingness to help out in times of need. The

quality of feeling one has towards one's children is likely to influence how one interacts with them and the children are likely to sense the parents feelings towards them which in turn will likely determine how the children respond to the parents. Furthermore, the degree of parental acceptance is not fixed forever; large shifts can occur as the parent or child's situation changes (Fisher & Fisher, 1977).

Porter (1954, p. 177-178) defined parental acceptance as "feelings and behavior on the part of the parents which are characterized by unconditional love for the child, a recognition of the child as a person with feelings who has a right and a need to express those feelings, a value for the unique make-up of the child and a recognition of the child's need to differentiate and separate himself from his parents in order that he may become an autonomous individual.... Nonacceptance is considered to include rejection, overprotection, indulgence and other forms of parental behavior which fail to provide the child with an assurance of being a worthy individual who is loved unconditionally and who is respected for his uniqueness and need to become an autonomous individual". Porter assumed that parental acceptance could be revealed in the behavior and feelings which a parent manifests toward his child. He also assumed that such acceptance could be quantified on a continuous scale from low acceptance (rejection), mediocre acceptance, to high acceptance. Taking these factors into account Porter devised a

unique and all encompassing measurement of parental atti-
tudes in one device called the Porter Parental Acceptance
Scale. Previous investigators (Baldwin et. al. 1945) as-
sumed that many different types of parental attitudes
existed such as democracy, autocracy, indulgence, overpro-
tection, rejection, acceptance and various combinations of
these. This led to a very confusing conceptualization of
parental attitudes. In contrast, Porter's acceptance scale
is conceptually clear, simple and quantifies parental atti-
tudes in one measure including all of the above types as-
sumed by Baldwin and his associates.

Behavior Modification Parent Training Effects on Parental Attitudes

Eyberg and Johnson (1974) and Patterson et. al. (1973)
reported significant positve changes in parental attitudes
using the "Becker Adjective Checklist". However, what they
termed "attitudes" are not really attitudes, but are percep-
tions toward their child e.g. the elements are relaxed dis-
position, withdrawn-hostile, lack of aggression, intellec-
tual efficiency and conduct problems.

Recognizing the problem using the Becker Adjective
Checklist as an attitude test, Forehand and King (1977)
selected an instrument called the "Parent Attitude Test",
which they believed more accurately reflected parental atti-
tudes. They found significant changes in the expected di-
rection for two of the four measures, namely home attitudes

and the behavior rating scale. School attitudes and the
adjective checklist were not significant. No reliability
or validity coefficients were reported for this instument.
The children in this study ranged from 3.5 to 6 years of
age and their parents were mostly upper middle class. Each
of the 11 subjects was treated singly..

Peed et. al. (1977) also employed the "Parent Attitude
Test" and found that only the home attitude was changed
significantly in the desired direction. They had 6 subjects
in the treatment group (2 were female and the age ranged from
3-8 years). These authors recognize that there are serious
limitations to the Parent Attitude Test and parent attitu-
dinal measures in general. They suggest that there is a
great need for more appropriate measurements of parental
attitude.

Using another measurement, Zimmern (1976) found no
significant changes in the expected direction using the
"Maryland Parent Attitude Survey" on any of the factors:
discipline, protection, indulgence and rejection. No reli-
ability or validity coefficients were reported for this
instrument. The treatment sample consisted of 12 profoundly
and severely retarded children age 4 to 14.

Kowalewski (1976) using the "Hereford Parent Attitude
Survey" found no significant positive differences on any of
the five scales: confidence in parenting skill, causation
(degree to which parents believe they affect their children's

behaviors and feelings), understanding (degree to which
parents are willing to share problems and feelings with
their children), trust (extent to which parents trust their
children and respect their individual beliefs, feelings and
actions). Each scale has 15 items. Rinn and Markle (1977)
reported that the reliability and validity are not impres-
sive for this instrument. There were 28 parents in this
sample. The author does not have information pertaining to
any other details of the sample in this study.

Sirridge (1975) reported that he found no significant
changes in parents attitudes following a parent training
program. No mention was made of the sample or instrument
used.

General Parent Training Program Effects on Parental Attitudes

Sapiro (1955, 1956) showed significant positive change
in parental attitudes in a discussion group (Rogerian)
using the "Shoben Parent Attitude Survey". Unfortunately
this researcher did not report what specific scales were
changed, nor the reliability or validity of the scales.

The next group of studies to be reported on, all used
"Hereford's Parent Attitude Survey". Gobel (1972) found
only one scale significant - understanding. Hanley (1973)
using Parent Effectiveness Training (P.E.T.) found signifi-
cant positive changes on the acceptance, and understanding
scales. Andelin (1975) also using P.E.T. found significant
changes on total score, confidence, and trust, Schmitz

(1975), who also used the P.E.T. procedure, found significant changes on total score and trust. Rinn and Markle (1977) reported that all three of the latter studies had methodological flaws of one kind or another, thus reducing the reliability of the results obtained. Hale (1976) applied the group discussion method and found significant changes on total score and acceptance only. All the children in this study were kindergarten age.

Bonner (1977) using the Personal Reaction Scale in parent-infant classes with 55 mothers and fathers found significant positive changes in parental attitudes, however, no reliability or validity has been established for this scale. Biferno (1977) found that there were positive and significant results in parental acceptance but he did not mention the specific measurement used. The latter study was composed of Adlerian and Cognitive development groups and the children ranged in age from 6-9 years. Fain (1976) also reported significant changes in parental attitudes, however, the author is unaware of other important details in this study. Using the "Parent Attitude Research Instrument", Auvenshine (1973) found that parents experienced positive change in authoritarian control and democratic attitudes. The author is not aware of the reliability or validity of this device.

There are two studies, Sywulak (1977) and Guerney (1977) which followed the Filial therapy (Client-Centered) mode of

parent training and employed the "Porter Parental Acceptance Scale". Both studies found highly significant positive changes in parent acceptance ($p < .001$). The first study used nineteen single and married parents in the treatment group, while the second one employed 18 foster parents. Both studies also found a highly significant difference after 4 months follow up.

Two recent studies (Bowman, 1978 and Fairbank, 1977) have reported no significant results at all using "Hereford's Parent Attitude Survey". Fairbank used Bessell's parent training program which instructs parents in the emotional development of children. The sample consisted of 22 parents (both mother and father) in a 5 week course. Bowman trained twelve parents of learning disabled children; he did not report what type of parent training method he was using.

D.P.C. Effects on Parental Attitudes

Four of the five studies on D.P.C. attempted to assess the effects on parental attitudes. Brown (1975) using the "Mother-Child Relationship Evaluation" found that the over-protection and rejection scales were significant, but that the acceptance and overindulgence scales were not. Two factors limit the conclusions that can be drawn with regard to this finding. One is that the reliability for this instrument is very meager e.g. .41 to .57; second, the treatment group was small (7 subjects) and no control group was employed in this study.

Hyde (1975) used the same instrument as Brown (1975).
She found a lack of significant changes on all four parental
attitudes. In addition, Hyde had a larger treatment group
and also employed a control group as well. Also, whereas
Brown employed experienced therapists, Hyde utilized para-
professionals (graduate students). However, it seems that
differences in results can be attributed to the fact that
the instrument has low reliability and that no control group
was employed in the former study.

On the other hand, there was one D.P.C. study by
Fellbaum (1978) which did find significant changes in paren-
tal attitudes using the "Hereford Parent Attitude Survey".
Specifically, he found significant changes in the desired
direction for confidence, trust and total score; but not for
acceptance, understanding or cause. This study did use a
large treatment sample (36) and employed a control group
(27). However, it has been shown that the Hereford Parent
Attitude Survey has only modest reliability. It is also
surprising that no significance was found for acceptance (the
one that is the most basic, fundamental, and pervasive of all
parental attitudes). Furthermore, Brown (1975, p.168) states
"that it remains to be determined via further research whether
the D.P.C. program can be effective in increasing parental
acceptance as a specific attitude".... Additionally, the
Hereford Parent Attitude Survey does not fit the criteria
of a good attitudinal measure as set out by Ajzen and

Fishbein (1977). There is not a high degree of correspondence between the target and action elements of the attitude and behavior. For example, the target used in this instrument (HPAS) is a general referrent e.g. "children" is not as specific as "child" is. The statements in this instrument also tend to be general opinions regarding child rearing rather than specific actions or feelings taken towards their child in specific situations.

In short, the literature on the effects of parent training on parental attitudes shows at best, mixed results. The reasons for this appear to be quite varied. Several researchers have tended to utilize different attitudinal measures. Some either report no reliability or validity for their instuments, or the measuring devices have limited reliability and validity. Moreover, most of the parent attitudinal measures are too general and vague; tapping general opinions about child rearing rather than being specific feelings and actions taken with a specific child in a specific situation. Anchor and Thomason (1977) go so far as to point out that most research on parent training fails to reveal significant changes in parent attitudes. In their review of the parent training literature Berkowitz and Graziano (1972, p.316) emphasize the need for "more precise and meaningful measures of parental....change in the broader sense of attitudinal variables".

Effects of Behavior Modification Parent Training Programs
in Changing Parental Perceptions Toward Their Children

Patterson et. al. (1973) obtained significant changes
in parents perceptions toward their children on all 5 scales
of the "Becker Adjective Checklist": relaxed disposition,
hostile-withdrawn, lack of aggression, schoolroom efficiency,
and conduct problems. The 13 children in this study were
all highly aggressive boys (ages not reported). No control
group was reported. Eyberg and Johnson (1974) repeated the
study using the same instrument and found the same results.
The children in this study were all male but one. Ages
ranged from 4 to 11 years. No mention was made of a control
group in this study either. The Patterson group concluded
that the changes in the child should be accompanied by
changes in the parents perceptions and that further research
needs to be done in this area.

It is interesting to note that Peed et. al. (1977)
found no significant changes in the expected direction for
parents perceptions toward their children using the "Becker
Adjective Checklist". The differences between the latter
study and the former two, may be partly attributed to the
fact that the latter one employed a control group whereas
the two former ones did not. Be that as it may, Peed et. al.
suggested that the measurement selected was not an appropri-
ate one.

Karoly and Rosenthal (1977) found a significant decrease
in perception of deviant behaviors, using the "Family

Environment Scale" and the "Eatontown Children's Psychiatric
Center Problem List". The children ranged in age from 3-14
years, with a mean age of $7\frac{1}{2}$ years, with 14 out of the 17
children being males. No control group was used in this
study. These investigators suggested that the effects of
behavioral intervention on the perceptions of parents is in
need of further investigation.

Effects of the D.P.C. Program in Changing Parental Perceptions Toward Their Children

Four of the five D.P.C. studies (Brown, 1975; Hyde, 1975;
Capanzano, 1976; Fulgenzi, 1978; Fellbaum, 1978) have found
significant changes in the desired direction for parental
perceptions toward their children using the "Walker Problem
Behavior Identification Checklist.". More specifically,
Brown found that total score and 4 out of the 5 subscales
were significant e.g. acting-out, withdrawl, immaturity,
distractability but not disturbed peer relations. Hyde
found only total score, acting-out and distractability to be
significant. Capanzano found nothing significant. Fellbaum
obtained significant results on acting-out, distractability, and
total score only on the Walker, - on the Missouri- only total
score and activity level. In contrast, Fulgenzi obtained signif-
icant effects on distractability and immaturity only. It is
clear from these studies that the results are not consistent
in every case. In two of the studies (Brown and Capanzano), no
control groups were employed. However, it does seem clear

that "distractability" was found to be significantly changed
in the desired direction for the other three studies which em-
ployed control groups. It would have been interesting to
see what would have happened to the changes in Parental per-
ceptions using another instrument, apart from the Walker
Problem Identification Checklist. In fact, Fulgenzi (1978,
p.78) "recommended that other instruments be investigated
and used in assessing the effects of D.P.C.".

Child Variables (Sex and Age)

Resinger et. al. (1976) argue that in addition to fur-
ther exploration of specific parental characteristics, re-
search on parent training needs to be focused on specific
child characteristics such as sex and age, to see what rela-
tionship they have to treatment outcome. However, to the
author's knowledge only one parent training study has tested
the effects of the child's age on the outcome of treatment.
Patterson (1974) found no significant effect of the age of
the child. There were 27 boys in this study; the ages of
the boys were not reported in the study. No studies appear
to have tested the effects of sex of the child on treatment
outcome. Most of the studies surveyed in the literature use
boys age 2 to 14. It seems to be an implicit assumption in
the parent training literature that the younger child will
do better, since more of the younger end of the age range
are employed in these studies.

Pervin (1970, p.535) suggests that the age of the child is an important variable. "Since change and development are most rapid for many behavior characteristics during the early years, it is during these years that the environmental forces exert their greatest impact....generally the early environment is of critical importance." The same author also points out that many psychoanalysts maintain that the child has formed most of the significant aspects of later personality at age 5. Sears, Maccoby and Levin (1957) reported the same finding in their research.

Concerning sex differences, Maccoby and Jacklin (1974) reported that it is widely known that boys are significantly more aggressive, both physically and verbally, and that this sex difference can be seen as early as the age of 2 years. They also reported that girls have a tendency to be more compliant to authority demands.

In view of the lack of research on sex and age variables in parent training, it would be interesting to determine if any differences do exist which may account for part of the treatment results.

Statement of the Problem

The research has revealed quite clearly the need and importance for further study of the effects of parent training on parental attitudes: 1) Parent attitudes appear to be better predictors of referral for psychological treatment than is child misbehavior....parent attitudes may need

to be a primary goal of therapy with children. 2) Parental
attitudes are very crucial for the behavior development of
children; negative attitudes toward their children may pre-
cipitate and maintain negative behaviors of the children.

At best mixed results have been obtained on the whole
for changes in parental attitudes toward their children.
Anchor and Thomason (1977) indicate that there is not suf-
ficient evidence gathered yet, which could lead one to sug-
gest that significant changes in attitudes has been clearly
established in the parent training literature. Many differ-
ent instuments have been used with poor to mediocre reli-
ability and validity. Most of the assessment devices for
measuring parental attitudes are too vague and general, with
one exception. It appears that "Porter's parental acceptance
scale" is a highly reliable and specific instrument which
fulfills the criteria suggested by Ajzen and Fishbein (1977)
for an appropriate and meaningful attitude measure. More-
over, very highly significant and positive results have been
found with this measurement (Sywulak, 1977; Guerney, 1977).
Berkowitz and Graziano (1972) support this view, that more
precise and meaningful measures of parental attitudes need
to be employed in parent training studies. Brown (1975) also
points out that further research is necessary to determine
if parental acceptance as a specific attitude can be in-
creased using the D.P.C. program. None of the past D.P.C.
studies have been able to shed any further light on this

specific issue. Moreover, parental acceptance seems to encompass most other parental attitudes. In view of the above, it would seem imperative to: 1) use an instrument which is highly reliable and specific; 2) to investigate the effects of D.P.C. on parental acceptance as a specific attitude.

The research on parental perceptions has yielded similar results to those of parental attitudes. Patterson et. al., 1973; Karoly and Rosenthal, 1977 and Fulgenzi, 1978 all agree that different and more appropriate instruments are needed to explore the area of parental perceptions in greater depth.

Child clinicians and theorists have long held the notion that age and sex of the child differentially affect treatment outcome, however, there is a paucity of research in this area of parent training. Therefore, it would be interesting to explore the effects of age and sex of the child on the outcome of D.P.C.

The purpose of the present study was to investigate further the issues raised above. This study not only investigated reductions in target child behavior but also the changes in parental attitudes and perceptions and the effects of child characteristics (sex and age) on treatment outcome. Thus in view of the findings presented above the following hypotheses were advanced:

1) It was predicted that training in D.P.C. would
   enable parents to significantly reduce deviant

behaviors in their target child.

2) It was further predicted that training in D.P.C. would significantly increase parental acceptance toward the target children as measured by the Porter parental acceptance scale.

3) It was also predicted that training in D.P.C. would significantly change parental perceptions toward the target child in the desired direction as measured by the Personality Inventory for Children.

4) It was predicted that the younger children (up to age 5) would have significantly better treatment results (more reduction in deviant behavior) in D.P.C. than the older children (6 and over).

5) It was predicted that girls would have significantly better treatment results (more reduction in deviant behavior) in D.P.C. than boys.

6) It was predicted that the children of those parents who score high (pre-test) on the PPAS would have reduced deviant behavior significantly more after the D.P.C. program than the children of those parents who score low (pre-test) on the PPAS.

CHAPTER 11

METHOD

Subjects

Ninety-three families were originally referred to the
D.P.C. program. These referrals came from local school
boards, nursery schools, social service, and mental health
agencies, and the University of Windsor. The referrals
were not preselected except that the referred child
had to be at least 3 years old and not older than 13.
Additionally, the referred child had to exhibit at least
one deviant behavior within the home setting. Deviant
behaviors included in this study consisted of a broad range
of behaviors such as noncompliance, aggressiveness,
temper tantrums, and others as listed in tables 3 and 4.
All children referred, lived at home with their parents.
No psychotic or severely disturbed parents or children
were accepted in this study.

Seventy-nine subjects actually completed the study.
Mothers were randomly selected for treatment and control
groups. There were 41 mothers in the treatment group, and
38 in the control group. Demographic data was collected
for all families and is summarized in tables 1 and 2.

The mean age of children in the treatment group

Table 1

Demographic Data for the Treatment Group

| | Child | | Parent | | | | | Number of | |
| | Age | | Age | Married(M) or | Income | Education | Occupation | Children | |
ID	(in years)	Sex	(Mother)	Single(S)	(000's)	(Mother)	Mother	in Home	Religion
1	4	M	28	S	25	12	Clerk	2	Catholic
2	5	M	23	S	7-10	11	Waitress	2	Protestant
3	8	M	35	M	25	12	Telephone Op.	6	Protestant
4	7	M	28	M	25	14	Hairdrssr.	5	Catholic
5	9	M	29	S	7-10	11	Student	2	Catholic
6	3	F	37	M	7-10	15	Dental Asst.	2	Catholic
7	4	M	29	S	16-25	15	Nurse	2	None
8	11	M	42	S	13-16	12	Secr'y	2	Protestant
9	5	F	28	M	13-16	12	Secr'y	1	Catholic
10	6	F	25	M	7-10	14	Homemaker	3	Jewish
11	5	M	32	M	16-25	11	Homemaker	2	Catholic

ID	Child Age (in years)	Sex	Age (Mother)	Parent Married(M) or Single(S)	Income (000's)	Education (Mother)	Occupation Mother	Number of Children in Home	Religion
12	3	F	28	S	4-7	11	Homemaker	3	Protestant
13	5	M	35	M	25	15	Secr't'y	1	Muslem
14	5	M	33	M	16-25	12	Homemaker	2	Protestant
15	4	M	27	S	4-7	12	Nurses Aid	1	Protestant
16	4	F	27	M	25	16	Teacher	1	None
17	3	M	36	M	16-25	8	Homemaker	1	Protestant
18	3	F	31	M	under 4	14	Homemaker	1	None
19	3	M	30	M	16-25	12	Homemaker	3	Catholic
20	8	M	39	M	25	11	Secr't'y	2	Protestant
21	4	M	28	S	13-16	14	Nurse	1	Catholic
22	13	M	38	M	16-25	17	Nurse	1	None
23	5	F	26	M	16-25	16	Homemaker	1	Protestant
24	5	F	30	M	16-25	17	Teacher	1	Catholic
25	8	M	27	S	4-7	9	Housekpr.	2	Catholic

	Child			Parent						
ID	Age (in years)	Sex	Age (Mother)	Married(M) or Single(S)	Income (000's)	Education (Mother)	Occupation Mother	Number of Children in Home	Religion
26	5	M	25	S	4-7	10	Homemaker	5	Catholic
27	10	M	39	M	16-25	12	Homemaker	3	None
28	4	F	33	S	7-10	12	Secr'ty	1	Catholic
29	3	F	32	M	16-25	13	Nurse	2	Protestant
30	3	M	29	M	25	11	Homemaker	2	None
31	6	M	24	M	10-13	10	Homemaker	2	None
32	4	F	26	F	16-25	14	Waitress	2	Protestant
33	5	M	25	M	16-25	11	Homemaker	1	Protestant
34	6	M	27	M	25	12	Nurses Aid	1	Catholic
35	3	F	24	S	4-7	14	Student	1	Protestant
36	4	M	25	M	16-25	8	Homemaker	1	Catholic
37	6	M	31	M	25	17	Researcher	2	Hindu
38	11	F	32	S	16-25	13	Homemaker	3	Catholic

	Child			Parent						
ID	Age (in years)	Sex	Age (Mother)	Married(M) or Single(S)	Income (000's)	Education (Mother)	Occupation Mother	Number of Children in Home	Religion
39	6	M	33	M	16-25	12	Homemaker	1	Protestant
40	8	F	25	S	4-7	10	Homemaker	2	Protestant
41	12	F	32	S	13-16	13	Secrt'y	1	Catholic
42	7	M	28	S	4-7	12	Homemaker	2	Catholic
43	12	M	36	M	13-16	11	Nurse	3	None
44	9	M	27	S	4-7	12	Homemaker	1	Catholic

Table 2

Demographic Data for the Control Group

| Child | | | Parent | | | | | | |
ID	Age (in years)	Sex	Age (Mother)	Married(M) or Single(S)	Income (000's)	Education (Mother)	Occupation Mother	Number of Children in Home	Religion
45	3	M	32	S	13-16	12	Secr't'y	4	Protestant
46	8	M	30	S	10-13	14	Secr't'y	2	Protestant
47	5	F	36	M	16-25	18	Counsellor	2	Catholic
48	8	F	26	S	7-10	9	Student	2	None
49	3	M	31	M	16-25	16	Homemaker	2	Catholic
50	5	M	30	S	4-7	6	Homemaker	2	Catholic
51	3	F	28	M	16-25	16	Homemaker	2	Protestant
52	9	M	31	M	16-25	12	Nurse	2	Catholic
53	3	F	28	M	13-16	17	Teacher	2	Protestant
54	3	M	29	M	25	11	Artist	1	Radha Soum
55	3	M	34	S	0-4	12	Homemaker	1	Catholic

Child ID	Age (in years)	Sex	Parent Age (Mother)	Married(M) or Single(S)	Income (000's)	Education (Mother)	Occupation Mother	Number of Children in Home	Religion
56	10	M	44	S	4-7	16	Homemaker	6	Catholic
57	11	F	31	S	4-7	12	Homemaker	2	None
58	7	M	34	M	16-25	15	Homemaker	3	Protestant
59	13	F	33	M	25	12	Homemaker	3	Catholic
60	13	M	36	M	7-10	14	Homemaker	2	None
61	5	M	31	M	7-10	11	Homemaker	3	Catholic
62	4	M	24	M	13-16	12	Homemaker	2	Catholic
63	4	F	34	M	25	14	Secrt'y	1	Protestant
64	6	F	39	S	16-25	17	Nurse	1	Catholic
65	12	M	31	M	16-25	11	Homemaker	3	None
66	7	F	28	M	25	15	Secrt'y	1	None
67	12	M	32	S	13-16	14	Hairdssr.	2	Catholic
68	8	M	37	M	13-16	10	Homemaker	2	Catholic
69	5	M	31	S	13-16	12	Underwriter	2	Protestant

Child ID	Age (in years)	Sex (Mother)	Parent Married(M) or Single(S)	Income (000's)	Education (Mother)	Occupation Mother	Number of Children in Home	Religion
70	8	F	M	13-16	12	Homemaker	3	Protestant
71	3	F	S	4-7	10	Student	1	Protestant
72	11	F	M	16-25	14	Homemaker	4	Protestant
73	4	M	M	13-16	16	Technician	2	Protestant
74	5	F	S	4-7	14	Student	1	Catholic
75	3	F	M	16-25	21	Lecturer	1	Protestant
76	3	M	S	16-25	12	Homemaker	1	Protestant
77	4	M	M	10-13	14	Clerk	1	Catholic
78	5	M	M	16-25	15	Homemaker	1	Catholic
79	4	M	M	25	9	Laborer	3	Protestant
80	13	M	M	25	10	Lettr Carr'r	2	Catholic
81	9	F	S	13-16	11	Lettr Carr'r	3	Protestant
82	9	M	S	4-7	12	Counsellor	2	Catholic
83	7	F	S	7-10	12	Corr.Officer	1	None

(at the time of referral) was 6 years, 0 months, and they
ranged from 3 - 13 years. There were 25 children, 5 years
and under, and 16 children, 6 years - 13 years, and
26 boys, and 15 girls in the treatment group. In contrast,
the children in the control group had a mean age of 6 years,
6 months, and ranged in age from 3 - 13 years. There were
20 children 5 years and under, and 18 children, 6 - 13 years,
as well as 26 boys, and 12 girls in the control group.

In the treatment group, there were 15 single parent
families. Educational level of parents averaged 12½ years
of schooling, with a range of 8 - 17 years in the treatment
group. In the same group, total annual income for each
family averaged within the range of $16,000-$25,000, with
a spread of under $4,000 to $25,000 and over. There were
15 Catholics, 15 Protestants 1 Jew, 1 Hindu, 1 Moslem,
and 8 who declared no religion in the treatment group. The
most prevalent occupation among the mothers in the latter
group was that of homemaker. Moreover, slightly more than
half (54%) of those mothers in the treatment group,
worked outside the home. The average number of children
in each home was 2 in the treatment group with a range of
1 to 6 children.

In the control group, there were 15 single parent
families. This group averaged 13 years of schooling, with
a range of 6 - 21 years of school. They also had an average
total annual income of $16,000-$25,000 with a spread of under

$4,000 to $25,000 and over. The control group was comprised
of 17 Catholics, 14 Protestants, 1 other, and 6 stated no
religion. The occupation with the largest number was that
of homemaker. Fifty-five percent of the mothers were employed
outside the home. In the control group, the average number
of children in the home was 2 with a range of 1 - 6.

Therapist

Only one therapist, the author, a clinical psychology
doctoral candidate, experienced in teaching D.P.C. was
utilized in this study.

Procedure

Before contact was made with the parents, subjects were
assigned to either the treatment group, or control group on
a randomized basis. Treatment group parents were interviewed
for the following: 1) To discover the nature of their child's
deviant behavior. 2) to describe the D.P.C. program
briefly and to explain the data to be collected e.g. be-
havior recordings and questionnaires. Those in the control
group were told that they could not be seen for approximately
eight to ten weeks and were requested to collect data on
behavior recordings and the questionnaires also. The treat-
ment group was comprised of groups ranging in size from 5 to8
members.

To establish a baseline, parents recorded the target
behavior for the first two weeks of the program. They also
completed the questionnaires during this time. Families were

seen at the Psychology department, University of Windsor,
Essex County Children's Aid, Regional Children's Center, and
at the University of Windsor Day Nursery. All families
were represented by the mother and it was the latter who
completed the required. The treatment program was conducted
in 8 weekly sessions with each session lasting approximately
two hours. This study closely followed the D.P.C. procedures
as described by Holland (1977). In the first session,
parents in the treatment group were given a copy of the
D.P.C. parent's manual (Holland, 1975). During the first 6
sessions the 30 steps of the program were discussed with the
parents. Additional aids such as modelling, role play and
coaching were employed to assist the parents in learning
the specific techniques described in the D.P.C. program.
During the last 2 weeks the parents applied what they
learned in D.P.C. to change the deviant behavior of their
child. Group discussions during this period focused on this
aspect. During the last 2 weeks of the program the frequency
of deviant behavior was recorded and collected as well as
the parent questionnaires from both treatment and control
families. Following the program, treatment families were
contacted by phone once every two weeks to see how they
were doing and additional help was given to those who need-
ed it. Three months following the treatment, parents were
required to complete the same data as requested at termin-
ation of treatment.

Measurements

There were three major measuring instruments used to assess changes in the target child. A) The home observation of deviant behavior as recorded by the parents. B) Changes in parental acceptance toward the target child. C) Changes in parental perceptions of personality toward the target child.

A. Behavior Recording

Parents selected one deviant behavior that their referred child exhibited at home. The parents were given explicit instructions as to how the behavior should be observed and recorded. Special forms were given to the parents to record the frequency of the deviant behavior of their child. For the first two weeks of the program parents collected daily baseline data; the same data was also collected during the last 2 weeks of the program and 3 months following treatment.

B. Porter Parental Acceptance Scale (PPAS)

Porter (1954) devised this unique 40 item scale. It is a verbal self report measure which requests parents to rate themselves by checking one of five multiple choice responses on the specific feelings they have towards their deviant child and the specific action they take with the same. There are 4 scales or dimensions of acceptance.

1. This type of acceptant parent recognizes that his child is a person who has feelings and respects the

child's right and need to express these feelings. In other words, this factor measures <u>acceptance of feelings</u>.

2. This type of acceptant parent respects the uniqueness of his child and does what he can to promote this uniqueness within limits considered to be normal and healthy. In short, this scale measures <u>acceptance of uniqueness.</u>

3. This parent values the child's need to separate and differentiate himself from his parents; the parent recognizes the child's need to become autonomous. This scale measures <u>acceptance of autonomy</u>.

4. This parent loves his child unconditionally. This scale measures <u>unconditional acceptance.</u>

The total score is obtained by adding the four subscale scores; it also locates parents along a continuum from low acceptance (rejection) to mediocre acceptance, to high acceptance. This measuring instrument was standardized on children aged 6 to 10 years of age. Since there appears to be no other standardized and appropriate attitudinal measure which covers the entire range of ages of the subjects in this study (3 to 13); the PPAS was used for all children in this project.

A corrected reliability correlation coefficient of .865 was found for this instrument. Hawkes et al. (1956) in a later study reported total test reliability at .80. For

each of the 40 items at least 3 out of 5 experienced
clinicians agreed on the rankings (the response e.g. 1 to 5,
1 representing low acceptance, 5 representing high accept-
ance). Burchinal et al. (1957) reported that only 1 of
the 40 items did not discriminate between low and high
scoring parents at a significant level, and this suggests
that the scale has internal consistency.

C. Personality Inventory For Children (PIC)

This instrument was constructed by Wirt, Lachar,
Klinedinst, and Seat (1977) and consists of 600 items. There
are 16 major scales that can be scored. There is a separate
profile sheet for males and females. The PIC was designed
primarily for children aged 6-16 but profiles can also be
obtained for children aged 3-5. There are three validity
scales, one screening scale for maladjustment and twelve
clinical scales. The Defensive, Lie and F scales are the
validity scales; they are utilized to determine response
sets and inclinations for parents to be biased about their
child's behavior (they determine whether the instrument is
valid or not). The adjustment scale was devised as a
general screening measure to aid in selecting those children
who are likely in need of further psychological assessment,
and as an overall measure of maladjustment. The twelve
clinical scales that follow are used to indicate the
particular characteristics of the child's disturbance.

1. Achievement (ACH) This scale identifies those children whoose academic achievement is below normal. This 76 item scale also measures poor adjustment due to limited concentration, impulsivity, unassertiveness with peers and a lack of respect for the expectations of parents. It seems to be closely related to reading comprehension. A scale score to criterion validity of .76 was obtained for this factor.

2. Intellectual Screening (IS) This 44 item factor seems to identify children with impaired intelligence. It suggests that this child should be intellectually assessed. A scale score to criterion validity of .93 was obtained for this measure.

3. Development Scale (DVL) This scale reflects poor intellectual and physical development. A Kuder-Richardson reliability of .71 was assessed for this scale.

4. Somatic Concern (SOM) This 40 item scale tends to measure the frequency and seriousness of somatic illnesses; complaints such as headaches, stomach aches; sleep patterns, appetite, energy and strength. A Kuder-Richardson reliability of .71 was found for this scale.

5. Depression (D) This 46 item scale tends to reflect the usual diagnosis of childhood depression. Such factors as social isolation, brooding and moodiness tend to account for about 56% of the common variance here. Other factors include indecisiveness, serious attitude, low self concept, crying spells, pessimism, lack of energy,

uncommunicativeness and concern with death and separation. No reliability or validity data was reported for this scale.

6. Family Relations (FAM) This factor tends to measure, in general, family cohesion and effectiveness, stability of the marital relationship, presence of feelings of love and happiness in the home, parental emotional adjustment, appropriateness of discipline, concern for the rights of the child, level of parental role effectiveness, family involvement in community affairs, and ability to cooperate in making family decisions. The authors of this instrument found that this scale is significantly related to acting out behaviors e.g. delinquency. This 35 item scale has a Kuder-Richardson reliability of .84.

7. Delinquency (DLQ) This 47 item scale measures delinquent tendencies. Antisocial behaviors, disregard for limits and disrespect for others accounts for 68% of the variance. Other factors relate to irritability, hostility, poor frustration tolerance, sadness, and limited social skills. This scale obtained a criterion validity of .89.

8. Withdrawl (WDL) This 25 item scale measures the following: degree of physical and social isolation, shyness, fear of strangers, number of friends, distrust of others, amount of discomfort in social situations, and desire to

remain isolated. The Kuder-Richardson reliability of .62 was assessed for this scale.

9. Anxiety (ANX) This factor measures various forms of anxiety such as exaggeration of problems and concerns, irrational fears, and nightmares. There is also considerable overlap with the Depression scale e.g. brooding and moodiness, sensitivity to criticism and pessimism, insecurity, and poor self concept. This 30 item scale obtained a Kuder-Richardson reliability of .74.

10. Psychosis (PSY) This 40 item scale tends to reflect isolation and social withdrawl, poor social skills, problems with toilet training, depressive symptoms, and disorientation in cognition and affect. The criterion validity was .88 and a coefficient of .84 was obtained for the cross-validation.

11. Hyperactivity (HPR) This scale reflects emotional lability, interpersonal hostility, active social participation, poor personal grooming, denial of problems, impulsivity, restlessness, and conduct problems. This 36 item scale obtained a test-retest reliability of .90 and a criterion validity of .78.

12. Social Skills (SSK) This scale reflects the number of friends, poor peer relationship, aggressive behavior, self-centeredness, obstinacy, self-confidence, social comprehension, tact in interpersonal relations, and ability to lead and follow. This 30 item scale obtained a Kuder-Richardson reliability of .81.

The PIC was obtained from a sample of 2390 children who ranged in age from $5\frac{1}{2}$ to $16\frac{1}{2}$ years. Norms were created from a sample of about 100 boys and 100 girls for each age level. Children were eliminated from the sample if it was found that they had previous psychological disturbances. Reliability (Kuder-Richardson) ranged from .62 to .84.

CHAPTER III

RESULTS

The purpose of this study was to investigate reductions
in target child behavior, changes in parental attitudes and
perceptions, and the effects of child characteristics (age and
sex) on treatment outcome. The results will be presented by
considering each of the six hypotheses in turn.

Hypotheses

Hypothesis I

Hypothesis I stated that training in Directive Parental
Counseling (DPC) would enable parents to significantly
reduce deviant behaviors in their target child. The criterion
for successful target problem behavior reduction was
operationally defined as 60% decrease from baseline. This
standard has been used in previous DPC studies and in other
parent training research. Specifically, it was predicted
that the reduction in target problem behavior would be
significantly larger for the treatment group. The target
problem behavior was observed and recorded by parents
(mothers) for two week periods, at the beginning of both
pre-treatment and post-treatment. The behavior change was
calculated by subtracting the average daily rate after
treatment from the average daily baseline rate and computing
a percentage.

Tables 3 and 4 present the results pertaining to
hypothesis I. The hypothesis was confirmed. The parents
were indeed able to reduce significantly deviant behaviors
when compared with the control group. The success-failure

Table 3

Frequency of Problem Behavior as Recorded

by Parents for Target Child - Treatment Group

Family I.D.	Problem Behavior	Daily Baseline Occurance	Post-Treatment Occurance	Behavior Change %	3 Month Follow-Up	Overall % Change
1	Aggressiveness	3.43	2.00	41%	1.57	54%
2	Noncompliance	3.36	.86	74%	-	-
3	Whining	8.07	2.14	72%	1.71	79%
4	Temper Tantrums	3.14	.50	80%	1.00	68%
5	Noncompliance	1.93	.64	67%	.64	67%
6	Temper Tantrums	3.93	1.29	67%	.50	87%
7	Aggressiveness	2.14	.36	83%	.57	73%
8	Noncompliance	6.36	3.00	53%	7.21	-13%
9	Dawdling	2.00	.43	79%	.14	93%
10	Sassing	2.21	.79	64%	.93	58%
11	Noncompliance	8.79	3.00	66%	2.07	76%

Table 3 Continued

Family I.D.	Problem Behaviour	Daily Baseline Occurance	Post-Treatment Occurance	Behavior Change	3 Month Follow-Up	Overall % Change
12	Noncompliance	1.64	.5	70%	.29	82%
13	Sassing	1.93	.57	70%	.92	52%
14	Interrupting	1.93	.64	67%	.43	78%
15	Talking Back	7.29	1.42	81%	.36	95%
16	Dawdling	1.00	.07	93%	-	-
17	Biting Nails	1.92	.00	100%	.57	70%
18	Noncompliance	.93	1.00	-8%	.43	54%
19	Aggression	5.43	.79	85%	2.71	50%
20	Interrupting	5.78	1.07	81%	-	-
21	Noncompliance	9.43	3.43	64%	.50	95%
22	Biting Nails	4.07	.57	86%	.07	98%
23	Temper Tantrums	4.42	.86	81%	-	-
24	Interrupting	1.71	.57	67%	.21	88%
25	Aggressiveness	2.86	1.21	58%	1.29	55%
26	Sassing	4.86	1.64	66%	1.21	75%

Table 3 Continued

Family I.D.	Problem Behavior	Daily Baseline Occurance	Post-Treatment Occurance	Behavior Change % Change	3 Month Follow-Up	Overall % Change
27	Spitting	4.14	.79	81%	.36	91%
28	Temper Tantrums	2.71	.14	95%	-	-
29	Aggressiveness	5.07	1.36	73%	.86	83%
30	Screaming	3.00	.43	86%	.79	74%
31	Noncompliance	4.79	1.07	78%	-	-
32	Aggressiveness	7.79	2.42	69%	2.14	85%
33	Aggressiveness	2.36	.29	88%	.21	95%
34	Noncompliance	2.29	1.50	34%	2.00	13%
35	Sassing	4.07	.57	86%	1.07	74%
36	Noncompliance	2.43	.50	79%	.71	71%
37	Interrupting	8.00	1.86	89%	2.43	70%
38	Screaming	1.21	.14	88%	.43	64%
39	Noncompliance	2.64	.07	97%	.50	81%
40	Aggressiveness	4.00	.57	86%	.86	79%
41	Noncompliance	2.29	0	100%	.36	84%

Table 4

Frequency of Problem Behavior as Recorded

by Parents for Target Child – Control Group

Family I.D.	Problem Behavior	Daily Baseline Occurance	Post-Treatment Occurance	Behavior Change
42	Noncompliance	1.43	1.71	-20%
43	Motoric Over-activeness	6.57	6.14	7%
44	Aggressiveness	1.71	1.64	4%
45	Noncompliance	2.36	.86	64%
46	Aggression	4.00	4.42	-11%
47	Noncompliance	1.79	2.00	-12%
48	Noncompliance	4.00	3.92	2%
49	Noncompliance	12.64	10.92	14%
50	Noncompliance	13.86	15.86	-14%
51	Noncompliance	2.93	3.00	-2%
52	Whining	4.86	5.29	-9%
53	Sassing	4.07	3.64	11%

Table 4 Continued

Family I.D.	Problem Behavior	Daily Baseline Occurance	Post-Treatment Occurance	Behavior Change
54	Aggression	1.07	1.21	-13%
55	Aggression	1.71	1.93	-13%
56	Noncompliance	2.21	2.36	-7%
57	Noncompliance	2.43	2.57	-6%
58	Sassing	5.57	5.93	-6%
59	Aggression	13.64	11.71	14%
60	Thumb-sucking	1.57	1.57	0%
61	Sassing	2.57	2.86	-11%
62	Aggression	7.57	7.00	8%
63	Noncompliance	2.43	1.64	32%
64	Tantrums	.79	1.07	-35%
65	Noncompliance	1.14	1.57	-38%
66	Aggression	3.00	-	-
67	Sassing	4.36	3.79	13%
68	Screaming	7.42	8.14	-10%

Table 4 Continued

Family I.D.	Problem Behavior	Daily Baseline Occurance	Post-Treatment Occurance	Behavior Change
69	Noncompliance	4.78	5.14	-8%
70	Aggression	6.86	6.07	12%
71	Sassing	5.36	5.64	-5%
72	Tantrums	3.29	3.36	-2%
73	Screaming	1.50	1.79	-19%
74	Thumb-sucking	1.29	1.36	-5%
75	Noncompliance	3.93	3.50	11%
76	Aggression	3.07	2.64	17%
77	Aggression	1.50	1.79	-19%
78	Noncompliance	2.42	2.07	14%
79	Aggression	.43	.43	0%
80	Sassing	3.71	2.86	23%

analysis results for target problem behaviors showed that 36 out of 41 subjects (88%) in the treatment group were found to be successful. In the control group only 1 out of 38 subjects (3%) was successful. A chi square analysis of this difference was highly significant ($p < .005$). The average reduction for all treatment subjects was 74% with a range of -8% to 100%. The average reduction for all control subjects was -.5% with a range of -38% to 64%.

Hypothesis II

Hypothesis II stated that training in DPC would significantly increase parental acceptance toward the target children as measured by the Porter Parental Acceptance Scale (PPAS). Table 5 presents the raw score means for the PPAS.

A 2x2 multivariate analysis of variance (MANOVA) with one between factor - groups (treatment and control) and one within factor - time (pre and post) was calculated for the PPAS. This analysis included five dependent variables, acceptance of feelings (AF), acceptance of uniqueness (AU), acceptance of autonomy (AA), unconditional acceptance (UA), and total acceptance (TA). Using Pillai's trace criterion, the MANOVA yielded highly significant effects for time (approximate $\underline{F}$ (22,54) = 4.92, $\underline{p} < .01$), and groups x time interactions (approximate $\underline{F}$ (22,54) = 4.99, $p < .01$). Both the PPAS and the Personality Inventory for Children (PIC) were analyzed together in the same MANOVA.

Table 5

Raw Score Means For

Porter Parental Acceptance Scale for

Treatment and Control Group, Pre-Post Test

for Target Child

Groups	Pre-Post	Acceptance of Feelings	Acceptance of Uniqueness	Acceptance of Autonomy	Unconditional Acceptance	Total Acceptance
Treatment	Pre	31.24	32.20	36.95	28.76	126.90
	Post	36.00	35.71	40.51	35.56	147.29
Control	Pre	31.84	31.18	37.95	29.53	131.47
	Post	32.58	31.18	38.66	30.82	133.00

A 2x2 analysis of variance (ANOVA) with one between-subject factor (groups) and one within-subject factor (time) was comleted on each of the 5 PPAS variables. The results of this analysis are presented in tables 6-8. Hypothesis II was confirmed. A significant time effect (i.e. combined data from both treatment and control subjects pre-post) was obtained for the total acceptance score (TA) and subscale scores for acceptance of feelings (AF), and unconditional acceptance (UA). A significant group x time interaction (table 6) was revealed for TA only. Further analysis using Tukey's honestly significant difference (HSD) indicated that parents at post-treatment were significantly more accepting of their children than at pre-treatment on three subscales, UA ($p < .01$), AF ($p < .01$), TA ($p < .01$). No significant differences were found on any of the PPAS scales from pre to post measures in the control group.

Hypothesis III

Hypothesis III states that training in DPC would significantly change parental perceptions toward the target child in the desired direction as measured by the PIC. This instrument included 16 dependent variables: defensive (DEF), lie (L), F, adjustment (ADJ), achievement (ACH), intellectual screening (IS), development (DVL), somatic (SOM), depression (D), family relations (FAM), delinquency (DLQ), withdrawl (WDL), anxiety (ANX), psychosis (PSY), hyperactivity (HPR), social skills (SSK).

Table 6

Analysis of Variance Summary Table

Porter Parental Acceptance Scale

Total Score

Source of Variation	SS	df	MS	F
Between Subjects				
Group	310.91	1	310.91	.81
Subj. within groups	12657.28	75	168.76	
Within groups				
Pre-Post	3942.74	1	3942.74	10.29*
Group x Pre-Post	2853.26	1	2853.26	7.44*
Within Cell	28361.94	74	383.25	

*$p < .05$

Table 7

Analysis of Variance Summary Table

Porter Parental Acceptance Scale

Unconditional Acceptance

Source of Variation	SS	df	MS	F
Between Subjects				
Group	.38	1	.38	.94
Subj. within groups	1449.82	75	19.33	
Within groups				
Pre-Post	526.89	1	526.89	5.81*
Group x Pre-Post	247.57	1	247.57	2.73
Within Cell	6710.16	74	90.68	

*p < .05

Table 8

Analysis of Variance Summary Table

Porter Parental Acceptance Scale

Acceptance of Feelings

Source of Variation	SS	df	MS	F
Between Subjects				
Group	26.34	1	26.34	.60
Subj. within groups	1081.90	75	14.42	
Within groups				
Pre-Post	213.35	1	213.35	4.90*
Group x Pre-Post	104.24	1	104.24	2.39
Within Cell	3222.32	74	43.54	

*$p < .05$

A 2x2 ANOVA with one between-subject factor (time) revealed no
significant differences for the PIC on any of the 16
dependent variables. Thus hypothesis III was not confirmed.
Inspection of the means for the PIC in table 9 reveal that
differences in the desired direction, though not significant
were obtained for 13 out of the 16 PIC scales (i.e. F, ADJ,
ACH, DVL, SOM, D, FAM, DLQ, WDL, ANX, PSY, HPR, SSK).

Hypothesis IV

Hypothesis IV states that younger children (up to and
including age 5) would do significantly better than older
children (age 6 and over) after treatment on reduction of
deviant behavior. Problem behavior reduction was operationally
defined in hypothesis I as being 60% decrease from baseline.
The same criterion level was used to test this hypothesis.
The results are presented in tables 10 and 11. A chi square
analysis revealed that the hypothesis was not confirmed.
No significant difference was found between younger and
older children on reduction of deviant behavior after
treatment. Twenty-three out of twenty-five younger children
and thirteen out of sixteen older children were treatment
successes. There were no significant differences in the
control group.

Hypothesis V

Hypothesis V predicted that females would reduce
their deviant behavior significantly more than males

Table 9

Raw Score Means For
Personality Inventory ofr Children for
Treatment and Control Groups Pre-Post Test
For Target Child

Groups	Pre-Post	L	F	DEF	ADJ	ACH	IS	DVL	SOM
Treatment	Pre	46.46	65.21	41.29	69.29	56.26	50.31	55.02	62.76
	Post	49.21	59.41	43.73	64.63	55.04	51.00	53.95	59.48
Control	Pre	45.53	61.05	45.85	66.39	55.31	52.81	52.60	62.68
	Post	45.39	62.28	45.15	65.21	54.39	50.76	51.36	63.92

Groups	Pre-Post	D	FAM	DLQ	WDL	ANX	PSY	HPR	SSK
Treatment	Pre	69.63	65.92	63.80	58.39	68.95	75.21	51.75	59.24
	Post	61.85	63.65	62.43	59.26	62.19	71.56	49.34	57.26
Control	Pre	64.26	63.44	65.36	59.34	64.68	71.05	52.94	60.15
	Post	65.60	64.28	65.28	58.63	65.81	72.84	55.05	59.81

TABLE 10

Percentage Change of Problem Behavior and Success According

to Age and Sex - Treatment Group

I.D.	Age	Sex	% Behavior Change Pre-Post	% Change Pre-Follow-up	Success Pre-Post	Success Pre-Follow-up
1	4	M	41%	54%		
2	5	M	74%	-	*	-
3	8	M	72%	79%	*	*
4	7	M	80%	68%	*	*
5	9	M	67%	67%	*	*
6	3	F	67%	87%	*	*
7	4	M	83%	73%	*	*
8	11	M	53%	-13%		
9	5	F	79%	93%	*	*
10	6	F	64%	58%	*	
11	5	M	66%	76%	*	*
12	3	F	70%	82%	*	*
13	5	M	70%	52%	*	
14	5	M	67%	78%	*	*
15	4	M	81%	95%	*	*
16	4	F	93%	-	*	-
17	3	M	100%	70%	*	*
18	3	F	-8%	54%		

Table 10 Continued

55

I.D.	Age	Sex	% Behavior Change Pre-Post	% Change Pre-Follow-up	Success Pre-Post	Success Pre-Follow-up
19	3	M	85%	50%	*	
20	8	M	81%	-	*	-
21	4	M	64%	95%	*	*
22	13	M	86%	98%	*	*
23	5	F	81%	-	*	-
24	5	F	67%	88%	*	*
25	8	M	58%	55%		
26	5	M	66%	75%	*	*
27	10	M	81%	91%	*	*
28	4	F	95%	-	*	-
29	3	F	73%	83%	*	*
30	3	M	86%	74%	*	*
31	6	M	78%	-	*	-
32	4	F	69%	85%	*	*
33	5	M	88%	95%	*	*
34	6	M	34%	13%		
35	3	F	86%	74%	*	*
36	4	M	79%	71%	*	*
37	6	M	89%	70%	*	*
38	11	F	88%	64%	*	*
39	6	M	97%	81%	*	*

Table 10 Continued

56

I.D.	Age	Sex	% Behavior Change Pre-Post	% Change Pre- Follow-up	Success Pre-Post	Success Pre- Follow-up
40	8	F	86%	79%	*	*
41	12	F	100%	84%	*	*

Note   *   Denotes success in meeting the criterion of

60% reduction of problem behavior.

TABLE 11

Percentage Change of Problem Behavior and Success According

to Age and Sex - Control Group

I.D.	Age	Sex	% Behavior Change Pre-Post	Success Pre-Post
42	7	M	-20%	
43	12	M	7%	
44	9	M	4%	
45	3	M	64%	*
46	8	M	-11%	
47	5	F	-12%	
48	8	F	2%	
49	3	M	14%	
50	5	M	-14%	
51	3	F	-2%	
52	9	M	-9%	
53	3	F	11%	
54	3	M	-13%	
55	3	M	-13%	
56	10	M	-7%	
57	11	F	-6%	
58	7	M	-6%	
59	13	F	14%	

Table 11 Continued

58

I.D.	Age	Sex	% Behavior Change Pre-Post	Success Pre-Post
60	13	M	0%	
61	5	M	-11%	
62	4	M	8%	
63	4	F	32%	
64	6	F	-35%	
65	12	M	-38%	
66	7	F	-	
67	12	M	13%	
68	8	M	-10%	
69	5	M	-8%	
70	8	F	12%	
71	3	F	-5%	
72	11	F	-2%	
73	4	M	-19%	
74	5	F	-5%	
75	3	F	11%	
76	3	M	17%	
77	4	M	-19%	
78	5	M	14%	
79	4	M	0%	
80	13	M	23%	

Note * Denotes success in meeting the criterion of
60% reduction of problem behavior.

after treatment. The criterion for success was the same
here as in hypothesis IV. Results are shown in tables
10 and 11. No significant differences were found between
the boys and girls on reduction of deviant behavior after
treatment. Twenty-two out of twenty-six boys and fourteen
out of fifteen girls were treatment successes. Moreover,
there were no significant differences in the control group.

Hypothesis VI

Hypothesis VI states that parents who score high
(130 or more on pre-test as defined by Porter (1954))
on the PPAS total score would have significantly more
reduction in their target child's behavior after the
training program, than the children of those parents who
score low (129 or less on pre-test as defined by Porter).
Tables 12 and 13 indicate no significant difference
between the high and low PPAS total score on target
behavior reduction.

Three Month Follow-Up

Although there were no specific hypotheses advanced
for a follow-up period in this study, most researchers
have included one in their design in order to determine
if the results are maintained for a duration after treat-
ment is terminated. For this reason the present study
includes these results for the six hypotheses. Thirty-five
out of the forty-one treatment families completed data
for the follow-up measures. No data are available for the

TABLE 12

Porter Parental Acceptance (Total) Pre-Test Scores and Their

Success in Meeting the Criterion of 60% Reduction of Problem

Behavior - Treatment Group

I.D.	Porter Parental Acceptance (Total Scale) Score	Success Pre-Post	Success Pre- Follow-up
1	Low		
2	Low	*	-
3	Low	*	*
4	High	*	*
5	High	*	*
6	High	*	*
7	Low	*	*
8	Low		
9	High	*	*
10	Low	*	
11	Low	*	*
12	Low	*	*
13	High	*	*
14	High	*	*
15	Low	*	*
16	Low	*	-
17	Low	*	*

Table 12 Continued

63
61

I.D.	Porter Parental Acceptance (Total Scale) Score	Success Pre-Post	Success Pre-Follow-up
18	High		
19	Low	*	
20	Low	*	-
21	Low	*	*
22	Low	*	*
23	Low	*	-
24	High	*	*
25	Low		
26	Low	*	*
27	High	*	*
28	Low	*	-
29	Low	*	*
30	Low	*	*
31	High	*	-
32	High	*	*
33	Low	*	*
34	High		
35	Low	*	*
36	High	*	*
37	Low	*	*
38	Low	*	*
39	High	*	*
40	Low	*	*
41	High	*	*

NOTE * Denoted success in meeting the criterion of 60%
reduction of problem behavior.

Table 12 Continued

62

I.D.	Porter Parental Acceptance (Total Scale) Score	Success Pre-Post	Success Pre-Follow-up
39	High	*	*
40	Low	*	*
41	High	*	*

NOTE   *   Denotes success in meeting the criterion of 60% reduction of problem behavior.

Low   Denotes a score of 129 or lower.
High   Denotes a scoreof 130 or more.

TABLE 13

Porter Parental Acceptance (Total) Pre-Test Scores and Their

Success in Meeting the Criterion of 60% Reduction of Problem

Behavior - Control Group

I.D.	Porter Parental Acceptance (Total Scale) Score	Success Pre-Post
42	Low	
43	High	
44	Low	
45	High	*
46	High	
47	Low	
48	High	
49	High	
50	High	
51	High	
52	High	
53	High	
54	Low	
55	High	
56	High	
57	High	
58	Low	
59	High	

Table 13 Continued

64

I.D.	Porter Parental Acceptance (Total Scale) Score	Success Pre-Post
60	High	
61	Low	
62	Low	
63	High	
64	Low	
65	Low	
66	Low	
67	Low	
68	Low	
69	High	
70	High	
71	High	
72	High	
73	Low	
74	Low	
75	Low	
76	Low	
77	High	
78	Low	
79	High	

NOTE   *   Denotes success in meeting the criterion of 60%
             reduction of problem behavior.
   Low   Denotes a score of 129 or lower.
   High   Denotes a score of 130 or more.

control group on follow-up.

Hypothesis I (Behavior)

Children whose behavior was reduced 60% or greater
from baseline to the three month follow-up were considered
as successful. The follow-up results according to table 3
indicated that 27 out of 35 subjects (77%) achieved the
criterion for successful behavior reduction. Of these 35
subjects the average rate of behavior reduction was 71%.

Hypothesis II (PPAS)

In order to determine significant differences between
(1) baseline and long-term PPAS scores and between
(2) post-test and long-term PPAS scores a t test (repeated
measures) was utilized. Table 14 reports highly significant
differences between (1) baseline and long-term PPAS scores
on all of the five scales, i.e., total acceptance,
acceptance of feelings, acceptance of autonomy, unconditional
acceptance and acceptance of uniqueness. The first four
scales were significant at .001 level; the fifth scale at
the .01 level. No significant differences were found
between (2) post-test and long-term scores on any of the
PPAS scales.

Hypothesis III (PIC)

A t test was used to assess the differences between
(1) baseline and long-term scores and (2) post-test and
long-term scores on the PIC. The results are shown in
table 15. Significant differences were found between
(1) baseline and long-term measures on the F, ADJ, D,
PSY ($p < .001$) and SOM, FAM, ANX, SSK scales ($p < .01$).

TABLE 14

Porter Parental Acceptance Scale Treatment Group Means and

Significant t test Analyses for Target Child - Pre, Post

and Follow-up

Time Period	Total Porter Parental Acceptance Scale Score	Acceptance of Feelings	Acceptance of Uniqueness	Acceptance of Autonomy	Unconditional Acceptance
Baseline Mean(1)	128.53	31.41	32.68	37.85	28.38
Post Treatment Mean (2)	150.00	37.26	35.02	41.74	34.60
Follow-up Mean (3)	149.71	36.18	36.11	41.15	36.09
t test (1&3)	***	***	**	***	***
t test (2&3)	-*	-	-	-	-

** $p < .01$ *** $p < .ool$

Table 15

Personality Inventory for Children Treatment Group

Means and Significant $\underline{t}$ test Analyses for Target Child

Pre, Post & Follow-up

Time Period	L	F	DEF	ADJ	ACH	IS	DVL	SOM
Baseline Mean(1)	46.94	67.20	43.23	69.41	57.00	50.88	55.61	63.47
Post Treatment Mean(2)	49.77	59.43	44.59	62.77	54.43	50.51	52.26	59.37
Follow up Mean(3)	48.82	54.56	43.38	59.85	53.00	48.00	51.97	57.53
$\underline{t}$ test (1&3)	-	***	-	***	-	-	-	**
$\underline{t}$ test (2&3)	-	**	-	-	-	-	-	-

** $\underline{p} < .01$ *** $\underline{p} < .001$

Table 15 Continued

Time Period	D	FAM	DLQ	WDL	ANX	PSY	HPR	SSK
Baseline Mean(1)	68.82	66.32	63.44	57.38	68.41	75.17	52.31	59.59
Post Treatment Mean(2)	60.03	61.54	58.83	59.31	61.77	69.77	49.80	57.54
Follow up Mean(3)	57.50	59.82	58.35	54.29	58.59	64.21	52.82	54.41
t test (1&3)	***	**	-	-	**	***	-	**
t test (2&3)	-	-	-	**	-	**	-	-

** $p < .01$ *** $p < .001$

Thirteen of the sixteen scales were found to have increased in the desired direction (eight significantly). A chi square analysis indicated that this was beyond chance expectation ($x^2=6.25$, $p < .02$). Significant differences were also found between (2) post-test and long-term measures on the F, WDL, and PSY scales ($p < .01$).

Hypothesis IV (Age)

A chi square analysis was used to determine the differences between younger children and older children on reduction of deviant behavior from baseline to follow-up. No significant differences were found (Table 10).

Hypothesis V (Sex)

No significant differences were found between boys and girls on reduction of deviant behavior from baseline to follow-up using a chi square analysis (Table 10).

Hypothesis VI (High PPAS)

A chi square analysis revealed no significant differences between those parents who scored high on the PPAS total scores and those who scored low on the PPAS total score on reduction of deviant behavior between baseline and follow-up (Table 12).

Summary of the Results

The findings clearly supported hypothesis I, revealing that training in DPC does indeed help parents to significantly reduce their child's deviant behavior and maintain this reduction after three months. The results also supported hypothesis II, showing that training in DPC did significantly increase parental acceptance toward the target child after treatment on three of the five

PPAS scales: total score, unconditional acceptance and acceptance of feelings. Significant differences were found between baseline and long-term measures on all five of the PPAS scales: total score, unconditional acceptance, acceptance of feelings, acceptance of uniqueness and acceptance of autonomy.

Hypothesis III was partially supported. There were no differences between treatment and control group on any of the PIC scales after the training sessions. However, significant differences were found between baseline and long-term measures on eight of the sixteen PIC scales for the treatment group, F, ADJ, D, PSY, SOM, FAM, ANX, SSK.

No significant differences were found between the younger and older subjects after treatment or between baseline and long-term measures (Hypothesis IV). Hypothesis V also was not supported. There were no significant differences between boys and girls on reduction of deviant behavior after treatment or between baseline and follow-up. Finally, hypothesis VI was not supported. No significant differences were found between high scoring pre-test PPAS parents and low scoring pre-test PPAS parents on reduction of deviant behavior either after treatment or between baseline and follow-up.

CHAPTER IV

DISCUSSION AND CONCLUSIONS

The primary aim of this research study was to explore
the effects of DPC on parental attitudes, specifically,
parental acceptance and perceptions of personality change in
the problem child. Secondly, the study sought (1) to deter-
mine if DPC would significantly reduce deviant behavior
after treatment; (2) to explore the issue of age and sex
differences in reduction of deviant behavior and (3) to
investigate the differences between high and low PPAS
pre-test total scores on deviant behavior reduction.

The results obtained in the present study confirm the
previous findings reported by Fellbaum (1978), Fulgenzi (1978),
Capanzano (1976), Hyde (1975), and Brown (1975), that train-
ing parents in DPC is effective in reducing specific problem
behaviors. Out of 41 subjects 36 (87%) were judged to be
treatment successes while only 1 out of 38 (3%) control
subjects was considered to have improved successfully
(Tables 3 and 4). Moreover, the results for the treatment
group were maintained three months after treatment was
completed (Table 3). The level of success for this study
compares favorably with the studies cited above.

PPAS

The DPC studies investigating changes in parental
attitudes, particularly parental acceptance, have yielded

meagre results (Brown, 1975; Hyde, 1975; Fellbaum, 1978).
However, this study reports a statistically significant
change in parental acceptance in the treatment group as
measured by the PPAS scale, total acceptance. Moreover, there
was a statistically significant increase for the treatment
group on all five PPAS scales, total acceptance, unconditional
acceptance, acceptance of feelings, acceptance of uniqueness
and acceptance of autonomy, from baseline to long-term
follow-up. These findings confirm the results reported
by Sywulak (1977), Guerney (1977), Hanley (1973), Hale (1976)
and Biferno (1977) but must be treated with caution since
no control group was available for comparative purposes.

Several factors appear to account for these results.
First, the present study used the PPAS. It has high
reliability and validity in contrast to other measures
previously used in the research such as the Mother-Child
Relationship Evaluation as used by Brown (1975) and
Hyde (1975) and the Hereford Parent Attitude Survey as
used by Fellbaum (1978), Kowalewski (1976), Andelin (1975),
and Schnitz (1975). Second, the PPAS is a more specific
measure of acceptance attitudes because it assesses
parental acceptance attitudes for a specific child only,
while the Mother-Child Relationship Evaluation Test and
the Hereford Parent Attitude Survey tap general parental
attitudes and general opinions about child rearing. Third,
parents learn through DPC that they do indeed have control
over their child's behavior and that it is the consequence

they provide for the child's behavior that determines in many instances the direction and intensity of that behavior. Once the parents realize that they contribute to the child's behavior, they seem to be more willing to view their child in a more positive light, i.e., accept him more. Fourth, through their successful efforts parents see a positive shift in the child's behavior. This in turn may promote a better understanding and feeling for their child. Fifth, the program itself, through discussion of the principles and examples encouraged parents to establish a more realistic and accepting view of their child. These reasons account for the significant changes in the PPAS scales.

It was noted earlier that parental acceptance may be considered the most crucial of all attitudes in determining the intensity and direction of the child's responses to parental expectations and demands. Given this and the fact that parental acceptance was indeed significantly improved after treatment and maintained over follow-up in this study lends credence to the efficacy of DPC. It is not only a method of changing the manifestations of the problem, i.e., the specific deviant behavior, but is also perhaps one of the roots of the problem, i.e., the negative attitude of the parent manifested in the rejection of the child.

PIC

Pre-Post

Using the Walker Problem Behavior Identification Checklist, Fellbaum (1978), Fulgenzi (1978), Hyde (1975) and Brown (1975) found at least one of the six subscales

significant. Based on these results, it was expected that
by using the PIC, (a more comprehensive measure of parental
perceptions toward their children and a measure of personal-
ity, rather than a behavior checklist), significant results
would be obtained on some of the 16 scales.

No significant difference was found for any of the
16 PIC subscales from pre to post-treatment. Thus hypothesis
III was not confirmed. This result may be due to the
insensitivity of the PIC to measure short term changes.
At first glance, it would appear that this result runs
contrary to the findings of Fellbaum (1978), Fulgenzi (1978),
Hyde (1975), and Brown (1975) that parents' perceptions
change significantly between baseline and post-treatment.
However, closer scrutiny of the latter studies reveal that
the instrument used for parents' perceptions toward the
target child measures factors which are quite different from
this study. For instance, these other studies measure
largely parents' perception of behavior changes, which are
much more sensitive to short term changes than are the
more stable personality characteristics measured by the PIC.
Moreover, the PIC has three scales which measure parental
bias towards the child. The instrument (Walker Problem
Behavior Identification Checklist) used by the other studies
does not account for any parental bias, and thus may not
be an accurate reflection of the parents' perception of the
target child.

Pre-Follow-up

From baseline to follow-up, there were 8 out of 16 scales on the PIC which changed in a positive and significant direction. However, these results must be interpreted cautiously since no control group measure was available. These scales were F, (essentially a validity scale indicating parental exaggeration of the child's problem, adjustment (ADJ), depression (D), psychosis (PSY), primarily a measure of withdrawl, somatic concern (SOM), basically a measure of bodily complaints, family relations (FAM), anxiety (ANX), and social skills (SSK). Five other PIC scales changed in the desired direction viz., achievement (ACH), intellectual screening (IS), development (DVL), delinquency (DLQ), withdrawl (WDL). A chi square analysis indicated this to be beyond chance expectations.

In general, the results obtained in this study for the PIC are highly encouraging and merit further research. Equivalent and longer periods of follow-up procedures may be necessary to measure greater changes and also provide time to allow the parents to observe these changes. The value of this type of research in behavioral parent training research is immense because of its potential to dispel the opinion held by some psychologists that behavior therapy is merely an agent for behavior change.

Age and Sex

No significant differences were found between younger children and older children on reduction of deviant behavior

between (1) baseline and post-treatment or between (2)
baseline and three month follow-up. These results concur
with those of Patterson (1974). This finding appears to
contradict the popular belief that it is more advantageous
to treat children at an early age i.e., three to five years
of age because the child's behavior at this age is easier to
change than older children. It seems that older children
are able to improve their behavior after treatment just
as well as the younger children.

No support was found for the hypothesis that girls
would have significantly more reduction in deviant behavior
than boys for either the (1) pre-post test period or (2)
between baseline and follow-up. These results suggest
that gender does not predict success for DPC. However,
further research is needed in this area before firm
conclusions can be drawn.

High-Low PPAS

No significant difference was found between high and
low PPAS total scale scores (1) between pre-test and post-
test or (2) between baseline and follow-up on reduction of
deviant behavior. According to this study parents' initial
level of acceptance as measured by the PPAS does not
predict success with the DPC program.

It is important to know what variables accurately
predict success with the DPC program. A further search
for these factors using other measures would maximize the
outcome of DPC.

In summary, the findings of this study clearly demonstrate that DPC is not only an effective treatment procedure for reducing specific behavioral difficulties but also helps change crucial parental attitudes and parts of the child's core structure of personality as reported by parents. Specifically, these results strongly suggest that the reason why DPC is effective as a treatment procedure is because it immediately gives the parents success in reducing the child's deviant behavior and simultaneously reduces the underlying problems of the behavior, such as, negative parental attitudes and perceptions towards the child.

APPENCICES

APPENDIX A

PORTER PARENTAL ACCEPTANCE SCALE

PORTER PARENTAL ACCEPTANCE SCALE

We are trying to learn more about parent-child relationships. To do this we need the cooperation and assistance of many parents. You can help us a great deal by filling out the attached questionnaire as frankly and as carefully as possible. Sincere and frank answers are requested so that valid data can be secured.

You will note that the questionnaire does not call for any mark of identification. Thus your answers as well as the many others will be absolutely anonymous. Furthermore, all of the responses will be treated confidentially and will be used only for purposes of scientific research.

Please answer all questions. If you cannot give the exact answer to a question, answer the best you can.

GENERAL INFORMATION

1. Sex: Male____ Female____ 2. Year of birth____ 3. Year of marriage____

4. Living with spouse at present time. Yes____ No____ .

5. Married more than once. Yes____ No____ .

6. If married more than once, was previous marriage ended because of:
____death ____divorce ____other (Please state)_____

7. Draw a circle around the number of years of schooling you have completed.

1 2 3 4 5 6 7 8   1 2 3 4   1 2 3 4   1 2 3 4
Grade School   High School   College   Post Graduate

8. Religious Affiliation:
____Protestant   ____Jewish   ____None
____Catholic   ____Other_____

9. Was your childhood and adolescence, for the most part, spent in:

____open country or village under 1,000
____a town of 1,000 to 5,000
____a city of 5,000 to 10,000
____a city of 10,000 to 50,000
____a city of 50,000 to 100,000
____a city of 100,000 to 250,000
____a city of 250,000 or over

10. Present family income (annual)

____under $4,000
____4,000 to 7,000
____7,000 to 10,000
____10,000 to 13,000
____13,000 to 16,000
____16,000 to 25,000
____25,000 or over

11. Husband's occupation (Be specific such as Dairy Farmer, Drug Store Clerk, College Professor, Automobile Mechanic, etc.)_____

12. Wife's occupation_____

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13. Ages of children (to nearest birthday)
    Ages of boys_____; _____; _____; _____;
    Ages of girls_____; _____; _____; _____;

While responding to the following questions please think of <u>only one child</u>. ~~If you~~
~~have a child in the age range of six to ten years, choose that one. If you have more than~~
~~one child in that age range, choose the one nearest to ten. If your children are all younger~~
~~than six years, choose the one nearest six.~~ Place a circle around the age (in question 13
above) of the one which you will be thinking of while answering the questions about your
child. BE SURE AND REFER ONLY TO THIS CHILD WHILE ANSWERING THE QUESTIONS.

14. Is this child your: (circle one)   Own child   stepchild   adopted child

INFORMATION ABOUT YOUR CHILD

Many parents say that their feeling of affection toward or for their child varies with
his behavior and with circumstances. Will you please read each item carefully and place a
check in the column which most nearly describes the degree of feeling of affection which
you have for your child in that situation.

Check One Column For Each Item Below	Degree of Feeling of Affection				
	Much more than usual	A little more than usual	The same	A little less than usual	Much less than usual
1. When he is obedient					
2. When he is with me					
3. When he misbehaves in front of special guests					
4. When he expresses unsolicited affection. "You're the nicest mommy (daddy) in the whole world."					
5. When he is away from me					
6. When he shows off in public					
7. When he behaves according to my highest expectations					
8. When he expresses angry and hateful things to me					
9. When he does things I have hoped he would not do					
10. When we are doing things together					

Listed below are several statements describing things which children do and say.
Following each statement are five responses which suggest ways of feeling or courses
of action.

Read each statement carefully and then place a circle around the letter in front of
the one response which most nearly describes the feeling you usually have or the course
of action you most generally take when your child says or does these things.

It is possible that you may find a few statements which describe a type of behavior which
you have not yet experienced with your child. In such cases, mark the response which
most nearly describes how you think you would feel or what you think you would do.

Be sure that you answer every statement and mark only one response for each state-
ment.

11. When my child is shouting and dancing with excitement at a time when I want peace
and quiet, it:

a. Makes me feel annoyed
b. Makes me want to know more about what excites him
c. Makes me feel like punishing him
d. Makes me feel that I will be glad when he is past this stage
e. Makes me feel like telling him to stop

12. When my child misbehaves while others in the group he is with are behaving well,
I:

a. See to it that he behaves as the others
b. Tell him it is important to behave well when he is in a group
c. Let him alone if he isn't disturbing the others too much
d. Ask him to tell me what he would like to do
e. Help him find some activity that he can enjoy and at the same time not disturb
the group

13. When my child is unable to do something which I think is important for him, it:

a. Makes me want to help him find success in the things he can do
b. Makes me feel disappointed in him
c. Makes me wish he could do it
d. Makes me realize that he can't do everything
e. Makes me want to know more about the things he can do

14. When my child seems to be more fond of someone else (teacher, friend, relative)
than me, it:

a. Makes me realize that he is growing up
b. Pleases me to see his interest widening to other people
c. Makes me feel resentful
d. Makes me feel that he doesn't appreciate what I have done for him
e. Makes me wish he liked me more

15. When my child is faced with two or more choices and has to choose only one, I:

   a. Tell him which choice to make and why
   b. Think it through with him
   c. Point out the advantages and disadvantages of each, but let him decide for himself
   d. Tell him that I am sure he can make a wise choice and help him foresee the consequences
   e. Make the decision for him

16. When my child makes decisions without consulting me, I:

   a. Punish him for not consulting me
   b. Encourage him to make his own decisions if he can foresee the consequences
   c. Allow him to make many of his own decisions
   d. Suggest that we talk it over before he makes his decision
   e. Tell him he must consult me first before making a decision

17. When my child kicks, hits or knocks his things about, it:

   a. Makes me feel like telling him to stop
   b. Makes me feel like punishing him
   c. Pleases me that he feels free to express himself
   d. Makes me feel that I will be glad when he is past this stage
   e. Makes me feel annoyed

18. When my child is not interested in some of the usual activities of his age group, it:

   a. Makes me realize that each child is different
   b. Makes me wish he were interested in the same activities
   c. Makes me feel disappointed in him
   d. Makes me want to help him find ways to make the most of his interests
   e. Makes me want to know more about the activities in which he is interested

19. When my child acts silly and giggly, I:

   a. Tell him I know how he feels
   b. Pay no attention to him
   c. Tell him he shouldn't act that way
   d. Make him quit
   e. Tell him it is all right to feel that way, but help him find other ways of expressing himself

20. When my child prefers to do things with his friends rather than with his family, I:

   a. Encourage him to do things with his friends
   b. Accept this as part of growing up
   c. Plan special activities so that he will want to be with his family
   d. Try to minimize his association with his friends
   e. Make him stay with his family

21. When my child disagrees with me about something which I think is important, it:

    a.   Makes me feel like punishing him
    b.   Pleases me that he feels free to express himself
    c.   Makes me feel like persuading him that I am right
    d.   Makes me realize he has ideas of his own
    e.   Makes me feel annoyed

22. When my child misbehaves while others in the group he is with are behaving well, it:

    a.   Makes me realize that he does not always behave as others in his group
    b.   Makes me feel embarrassed
    c.   Makes me want to help him find the best ways to express his feelings
    d.   Makes me wish he would behave like the others
    e.   Makes me want to know more about his feelings

23. When my child is shouting and dancing with excitement at a time when I want peace and quiet, I:

    a.   Give him something quiet to do
    b.   Tell him that I wish he would stop
    c.   Make him be quiet
    d.   Let him tell me about what excites him
    e.   Send him somewhere else

24. When my child seems to be more fond of someone else (teacher, friend, relative) than me, I:

    a.   Try to minimize his association with that person
    b.   Let him have such associations when I think he is ready for them
    c.   Do some special things for him to remind him of how nice I am
    d.   Point out the weaknesses and faults of that other person
    e.   Encourage him to create and maintain such associations

25. When my child says angry and hateful things about me to my face, it:

    a.   Makes me feel annoyed
    b.   Makes me feel that I will be glad when he is past this stage
    c.   Pleases me that he feels free to express himself
    d.   Makes me feel like punishing him.
    e.   Makes me feel like telling him not to talk that way to me

26. When my child shows a deep interest in something I don't think is important, it:

    a.   Makes me realize he has interests of his own
    b.   Makes me want to help him find ways to make the most of this interest
    c.   Makes me feel disappointed in him
    d.   Makes me want to know more about his interests
    e.   Makes me wish he were more interested in the things I think are important for him

27. When my child is unable to do some things as well as others in his group, I:

    a. Tell him he must try to do as well as the others
    b. Encourage him to keep trying
    c. Tell him that no one can do everything well
    d. Call his attention to the things he does well
    e. Help him make the most of the activities which he can do

28. When my child wants to do something which I am sure will lead to disappointment for him, I:

    a. Occasionally let him carry such an activity to its conclusion
    b. Don't let him do it
    c. Advise him not to do it
    d. Help him with it in order to ease the disappointment
    e. Point out what is likely to happen

29. When my child acts silly and gigly, it:

    a. Makes me feel that I will be glad when he is past this stage
    b. Pleases me that he feels free to express himself
    c. Makes me feel like punishing him
    d. Makes me feel like telling him to stop
    e. Makes me feel annoyed

30. When my child is faced with two or more choices and has to choose only one, it:

    a. Makes me feel that I should tell him which choice to make and why
    b. Makes me feel that I should point out the advantages and disadvantages
    c. Makes me hope that I have prepared him to choose wisely
    d. Makes me want to encourage him to make his own choice
    e. Makes me want to make the decision for him

31. When my child is unable to do something which I think is important for him, I:

    a. Tell him he must do better
    b. Help him make the most of the things which he can do
    c. Ask him to tell me more about the things which he can do
    d. Tell him that no one can do everything
    e. Encourage him to keep trying

32. When my child disagrees with me about something which I think is important, I:

    a. Tell him he shouldn't disagree with me
    b. Make him quit
    c. Listen to his side of the problem and change my mind if I am wrong
    d. Tell him maybe we can do it his way another time
    e. Explain that I am doing what is best for him

33. When my child is unable to do some things as well as others in his group, it:

    a. Makes me realize that he can't be best in everything
    b. Makes me wish he could do as well
    c. Makes me feel embarrassed
    d. Makes me want to help him find success in the things he can do
    e. Makes me want to know more about the things he can do well

34. When my child makes decisions without consulting me, it:

    a. Makes me hope that I have prepared him adequately to make his decisions
    b. Makes me wish he would consult me
    c. Makes me feel disturbed
    d. Makes me want to restrict his freedom
    e. Pleases me to see that as he grows he needs me less

35. When my child says angry and hateful things about me to my face, I:

    a. Tell him it's all right to feel that way, but help him find other ways of
        expressing himself
    b. Tell him I know how he feels
    c. Pay no attention to him
    d. Tell him he shouldn't say such things to me
    e. Make him quit

36. When my child kicks, hits and knocks his things about, I:

    a. Make him quit
    b. Tell him it is all right to feel that way, but help him find other ways
        of expressing himself
    c. Tell him he shouldn't do such things
    d. Tell him I know how he feels
    e. Pay no attention to him

37. When my child prefers to do things with his friends rather than with his family,
    it:

    a. Makes me wish he would spend more time with us
    b. Makes me feel resentful
    c. Pleases me to see his interests widening to other people
    d. Makes me feel he doesn't appreciate us
    e. Makes me realize that he is growing up

38. When my child wants to do something which I am sure will lead to disappointment
    for him, it:

    a. Makes me hope that I have prepared him to meet disappointment
    b. Makes me wish he didn't have to meet unpleasant experiences
    c. Makes me want to keep him from doing it
    d. Makes me realize that occasionally such an experience will be good for him

39. When my child is not interested in some of the usual activities of his age group, I:

    a. Try to help him realize that it is important to be interested in the same things as others in his group
    b. Call his attention to the activities in which he is interested
    c. Tell him it is all right if he isn't interested in the same things
    d. See to it that he does the same things as others in his group
    e. Help him find ways of making the most of his interests

40. When my child shows a deep interest in something I don't think is important, I:

    a. Let him go ahead with his interest
    b. Ask him to tell me more about this interest
    c. Help him find ways to make the most of this interest
    d. Do everything I can to discourage his interest in it
    e. Try to interest him in more worthwhile things

THANK YOU VERY MUCH FOR YOUR COOPERATION

APPENDIX B
PERSONALITY INVENTORY FOR CHILDREN

PERSONALITY INVENTORY FOR CHILDREN

ADMINISTRATION BOOKLET

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This inventory consists of statements about children and family relationships.

DIRECTIONS: First fill in the information requested on the answer sheet; then read each of the statements in this booklet and decide whether it is *true* or *false as applied to your child.*

Look at the example of the answer sheet shown at the right. In the example the mother decided that statement 25 was true as applied to her child and statement 26 was false as applied to her child.

	Section of answer sheet correctly marked	
	Y T	N F
25	▓	¦¦
26	¦¦	▓

If a statement is TRUE or MOSTLY TRUE, as applied to your child, use a pencil to blacken between the lines of the column headed YT (Yes or True column. See 25 in the example). If a statement is FALSE or NOT USUALLY TRUE, as applied to your child. blacken between the lines of the column headed NF (No or False column. See 26 in the example).

In marking your answers on the answer sheet, *be sure that the number of the statement agrees with the number on the answer sheet.* Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks on this booklet.

DO NOT MAKE ANY MARKS ON THIS BOOKLET

1. My child learned to walk before he (she) was six years old.

2. My child seems average or above average in intelligence.

3. My child is small for his age.

4. Sometimes I think I'm too easy with the child.

5. My child never talks to strangers.

6. My child tends to pity him (her) self.

7. My child often plays with a group of children.

8. My child usually kisses me before going to school or to play.

9. My child hardly ever smiles.

10. Others always listen when my child speaks.

11. My child has hit a school official (teacher etc.).

12. Several times my child had complaints, but the doctor could find nothing wrong.

13. Other children often get mad at my child.

14. Usually my child kisses his (her) parents before going to bed.

15. My child hardly ever needs punishment.

16. My child thinks others are against him or her for racial or religious reasons.

17. My child worries about things that usually only adults worry about.

18. My child was a blue baby.

19. I often wonder if my child is lonely.

20. Usually my child takes things in stride.

21. My child had many friends.

22. My child is troubled by constant coughing.

23. My child is likely to take remarks the wrong way.

24. Little things upset my child.

25. My child keeps thoughts to him (her) self.

26. My child sometimes thinks he or she is someone else.

27. Often my child has to go to bed with a cold.

28. As a younger child, it was impossible to get my child to take a nap.

29. It has been a long time since our family has gone out together.

30. At one time my child was unconscious with an injury to his (her) head.

31. My child's manners sometimes embarrass me.

32. My child has never mentioned his (her) heart racing or pounding.

33. My child seldom gets a restful sleep.

34. My child often tries to show off.

35. My child is always humming to him (her) self.

36. My child has had to have drugs to relax.

37. My child has usually been a quiet child.

38. At times my child has seriously hurt others.

39. My child has never had cramps in the legs.

40. My child has had a severe case of one or more of the following: measles, mumps, encephalitis (sleeping sickness), chicken pox, scarlet fever, whooping cough, meningitis.

41. My child has a good sense of humor.

42. At times my child yells out for no reason.

43. My child sometimes sees things that aren't there.

44. As a child, my child hit other children on the head with sharp toys.

45. My child often complains of being hungry.

46. My child is worried about sin.

47. Stuttering has been a problem for my child.

48. My child will beg until I give in.

49. The child's father has been fired from his job several times.

50. Other children don't seem to listen to or notice my child much.

51. My child is fairly helpful in doing chores around the house.

52. My child is rather unattractive.

53. My child is liable to scream if disturbed.

54. My child sometimes undresses outside.

55. My child hardly ever kisses me.

56. My child has little self confidence.

57. Certain foods make my child ill.

58. My child has no special talents.

59. Our family seems to enjoy each other more than most families.

60. My child usually undresses him (her) self for bed.

61. I often wish my child would be more friendly.

62. My child broods some.

63. My child could do better in school if he (she) tried.

64. My child can comb his (her) own hair.

65. My child never liked to be cuddled.

66. At times my child gets so excited you can't understand his (or her) talk.

67. Often my child destroys other children's toys.

68. The child's father seems jealous of the child.

69. My child is usually rejected by other children.

70. My child seems to enjoy destroying things.

71. At times my child pulls out his (her) hair.

72. My child usually comes when called.

73. Now and then my child writes letters to friends.

74. I am afraid my child might be going insane.

75. My child sweats very little.

76. My child seems to delight in smashing things.

77. My child is over-confident in most things.

78. My child has trouble making decisions.

79. My child has had convulsions.

80. Thunder and lightning bother my child.

81. The school says my child needs help in getting along with other children.

82. Lately my child has shown interest in religion.

83. My child loves to hug and kiss.

84. My child often gets up at night.

85. Most of my child's friends are younger than he (she) is.

86. Eating is no problem for my child.

87. Others think my child is "easygoing".

88. Sometimes I think my child's memory has been lost.

89. There is a lot of swearing at our house.

90. I have found out my child has had sex play with with the opposite sex.

91. My child never takes the lead in things.

92. My child often asks if I love him (her).

93. My child first sat up before he was one year old.

94. My child would probably take blame rather than lie.

95. My child changes moods quickly.

96. Other children look up to my child as a leader.

97. My child could ride a tricycle by age five years.

98. My child takes criticism easily.

98. My child sometimes gets angry.

100. My child often jumps into things without thinking.

101. My child sometimes hears things others don't hear.

102. My child sometimes swears at me.

GO ON TO THE NEXT PAGE

2

103. My child is not worried about disease.

104. My child frequently complains of being hot even on cold days.

105. My child's behavior often makes others angry.

106. My child seems bored with school.

107. The child's parents are now separated or divorced.

108. My child gets exhausted so easily.

109. My child belongs to a gang.

110. My child plays a musical instrument.

111. My child often expresses dislike for teachers.

112. My child tends to talk faster than he (she) can think.

113. I can't get my child to do his (her) school lessons.

114. My child stays close to me when we go out.

115. Often my child goes about wringing his (her) hands.

116. My child is sometimes cruel to animals.

117. Recently my child has complained of eye trouble.

118. My child likes to build things from clay or sand.

119. The child's parents have broken up their marriage several times.

120. Sometimes my child runs errands for me.

121. Others think my child is talented.

122. My child is afraid of animals.

123. My child frequently has gas on the stomach (sour stomach).

124. My child is good at lying his (her) way out of trouble.

125. My child often carries a cloth or doll for comfort.

126. The child's parents sometimes forbid the child to play with certain other children.

127. Sometimes my child gets so excited he (she) can't sleep at night.

128. It is not too unlikely that my child will stay in the house for days at a time.

129. My child shows a lot of affection for a pet.

130. My child usually gets up without being called.

131. My child has had brief periods of time when he (she) seems unaware of everything that is going on.

132. My child often cheats other children in deals.

133. The child's parents have to keep after him (her) to do his (her) chores.

134. My child is good at leading games and things.

135. My child is more nervous than most children.

136. My child's feelings are hurt easily.

137. My child usually runs rather than walks.

138. My child sometimes irritates others with practical jokes.

139. My child never played peek-a-boo.

140. My child never worries about what others think.

141. Sometimes my child earns extra money by doing small jobs around the neighborhood.

142. The child's parents try to be as permissive as possible.

143. My child likes to dress like older children.

144. Usually my child eats all the food on his (her) plate.

145. My child is different than most children.

146. A child has a right to disagree with his (her) parents.

147. Others have remarked how polite my child is.

148. My child has original ideas.

149. At one time my child had speech difficulties.

150. My child usually completes something once it is started.

151. My child is afraid of dying.

152. My child carries a weapon (knife, club, etc.).

153. Pestering others is a problem with my child.

154. My child believes in God.

155. My child can cut things with scissors as well as can others of his (her) age.

GO ON TO THE NEXT PAGE

156. I feel I am very close to my child.

157. My child has never been elected to an office in a club or school.

158. My child doesn't seem to care for fun.

159. My child often talks about how strong he (or she) is.

160. At times my child has hit and kicked me.

161. My child sometimes feels things that aren't there.

162. Mistakes are often made by my child just because of hurrying.

163. My child worries about hurting others.

164. My child doesn't seem to care to be with others.

165. My child seems to enjoy talking about nightmares.

166. Others have told me I baby my child.

167. My child has difficulty doing things with his (her) hands.

168. Several times my child has performed in front of a group.

169. Several times my child has asked if he (she) were adopted.

170. Often my child will sleep most of the day on a holiday.

171. Others think my child is mean.

172. My child often stays in his (her) room for hours.

173. My child seems to know everyone in the neighborhood.

174. My child can cry one minute and laugh the next.

175. At times my child scratches his (her) face until it bleeds.

176. Voices sometimes tell my child to do things.

177. Often my child talks back to me.

178. My child has never had any paralysis.

179. My child would never take advantage of others.

180. My child will take the blame for others.

181. My child has to be coaxed or threatened before he (she) will eat.

182. My child has had an operation on his (her) head.

183. My child's allowance is his (her) own to spend.

184. My child usually blames others for any trouble.

185. My child has more than three bowel movements a day.

186. My child can be left home alone without danger.

187. Starting school was very difficult for my child.

188. My child jumps from one thing to another.

189. My child is always talking about the future.

190. My child has been in trouble for attacking others.

191. My child seldom breaks rules.

192. How to raise the child has never been a problem at our house.

193. My child belongs to a club.

194. Several times my child has threatened to kill him (her) self.

195. My child usually doesn't trust others.

196. My child seems too serious minded.

197. My child has more friends than most children.

198. My child cries if left home alone.

199. Often my child goes to the toilet outside the house.

200. Strength impresses my child.

201. My child often hits younger children.

202. My child has many friends of the opposite sex.

203. Often my child does things before thinking.

204. My child seems unhappy about our home life.

205. When my child gets mad, watch out.

206. My child seems shy with the opposite sex.

207. My child never really forgives anyone.

208. My child really has no real friend.

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209. My child often tells jokes.

210. My child often tattles (tells) on others.

211. My child has never been away from home at night.

212. My child is as happy as ever.

213. Others often remark how moody my child is.

214. We often argue about who is the boss at our house.

215. My child could walk downstairs alone by age five years.

216. Sometimes my child will go into a rage.

217. My child often complains that others don't understand him (her).

218. My child has to be prevented from eating and drinking too much.

219. The trouble with my child is a "chip on the shoulder."

220. My child has very few friends.

221. My child loves to make fun of others.

222. My child likes to play active games and sports.

223. Others often remark how relaxed my child is.

224. Sometimes I worry about my child's lack of concern for other's feelings.

225. Blushing is a problem for my child.

226. Nothing seems to scare my child.

227. My child can wash him (her) self as well as other children his (her) age.

228. Often my child is afraid of little things.

229. Often my child smashes things when angry.

230. My child doesn't seem to be interested in practical things.

231. I have often been embarrassed by my child's sassiness.

232. My child tends to see how much he (she) can get away with.

233. Others think my child is a "cry baby".

234. My child can't seem to keep attention on anything.

235. My child has never been in trouble because of sex behavior.

236. My child almost never argues.

237. My child gives in too easily.

238. Playing with matches is a problem with my child.

239. My child often disobeys me.

240. The child's mother frequently has crying spells.

241. My child cries when scolded.

242. My child is better than average at sports.

243. Falling down is a problem for my child.

244. The child's parents are not active in community affairs.

245. My child likes to show off.

246. My child sometimes chews on his (her) lips until they are sore.

247. My child has never been spanked.

248. My child loves to rock back and forth when sitting down.

249. My child is a good loser.

250. My child loves to stay over night at a friend's house

251. My child usually plays with older children.

252. The child's father changes jobs frequently.

253. My child has a weight problem.

254. School has been easy for my child.

255. Others have said my child has a lot of "personality".

256. Sometimes my child wets the bed.

257. My child goes to bed on time without complaining.

258. My child belongs to Boy Scouts, Girl Scouts or some younger branch of these organizations.

259. "Spare the rod, spoil the child" is a true saying.

260. My child can't sit still in school because of nervousness.

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261. My child has older brothers or sisters.

262. I do not approve of most of my child's friends.

263. My child vomits frequently after meals.

264. Constipation has never been a problem for my child.

265. My child tells of having the same dream over and over.

266. My child likes to "boss" others around.

267. Reading has been a problem for my child.

268. I sometimes "blow up" at the child.

269. My child doesn't seem to have any fear.

270. Parents should be strict with their children.

271. My child is very jealous of others.

272. Five minutes or less is about all my child will ever sit at one time.

273. My child is often restless.

274. We seldom argue about religion at our house.

275. A scolding is enough to make my child behave.

276. My child seldom misses school because of illness.

277. Frequently my child looks under the bed before going to bed.

278. We frequently argue about money matters at our house.

279. My child often talks about the Devil.

280. Often my child sings around the house.

281. My child sometimes disobeys his (her) parents.

282. My child tends to doubt everything others say.

283. Usually my childs legs or arms are swinging.

284. Several times my child has been in trouble for stealing.

285. My child seldom complains of stomach aches.

286. Neither parent has ever been mentally ill.

287. My child takes sleeping pills to get to sleep.

288. My child has never failed a grade in school.

289. If my child can't run things, he (she) won't play.

290. The child's parents can't seem to live within their income.

291. Others have remarked about my child's unusual imagination.

292. I have heard my child swear at others.

293. The child's parents are often out socially.

294. My child is in a special class in school (for slow learners).

295. At times my child has to be held down because of excitement.

296. Others think my child has a "know it all" attitude.

297. My child usually plays alone.

298. My child won't go into the bedroom without someone else there.

299. Several times my child took money from home without permission.

300. Our family attends Church together.

301. My child often talks to him (her) self.

302. Affection is frequently shown in our home.

303. My child loves to work with numbers.

304. Usually my child sees good in everybody.

305. My child often talks about religion.

306. My child sometimes eats too many sweets.

307. My child has never been in trouble with the police.

308. My child often brings friends home.

309. My child could feed him (her) self fairly well by age five years.

310. My child seldom visits a doctor.

311. My child's favorite stories are fairy tales or nursery rhymes.

312. The child's father doesn't understand the child.

313. Nakedness embarrasses my child.

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314. Dizzy spells are no problem with my child.

315. My child usually falls right to sleep once in bed.

316. My child learned to count things by age six years.

317. The child's father drinks too much.

318. I have several times found my child masturbating (playing with self sexually.).

319. My child could print his (her) first name by age six years.

320. My child tends to brag.

321. My child doesn't seem to learn from mistakes.

322. My child would rather be with adults than with children his (her) own age.

323. My child can't seem to wait for things like other children do.

324. My child tends to be pretty stubborn.

325. My child rarely gets excited.

326. My child often asks questions about sex.

327. My child gets spanked about once a day.

328. My child seldom talks.

329. My child is constantly moving about.

330. My child is very critical of others.

331. My child seldom gets into mischief.

332. My child always does his (her) homework on time.

333. Sometimes during the night my child will crawl in bed with me.

334. My child often vomits when getting a headache.

335. My child is usually a leader in groups.

336. Sometimes my child lies to avoid embarrassment or punishment.

337. I have a terrible time getting my child to take a bath.

338. Car sickness is a problem with my child.

339. I always worry about my child having an accident when he (she) is out.

340. Other children make fun of my child's different ideas.

341. Our whole family seldom gets to eat together.

342. My child usually stays neat and clean.

343. Reading is my child's favorite pasttime.

344. My child loves excitement.

345. My child is often ashamed of the family.

346. Often my child plays to hard.

347. The child's father usually makes the important decisions at our house.

348. "Bad days" are frequent with my child.

349. My child often visits art museums or attends concerts.

350. My child insists on keeping the light on while sleeping.

351. My child could be trusted to walk upstairs alone before he (she) was four years old.

352. My child seems to prefer adults to children.

353. Sometimes my child's muscles twitch.

354. Much of my child's time is taken up with art or music.

355. My child sometimes smears self and walls after going to the toilet.

356. Punishment is usually given by the child's father.

357. My child never stays out too late at night.

358. My child seldom if ever has dizzy spells.

359. Chewing fingernails is a problem for my child.

360. My child is dependent on others.

361. An interruption is likely to get my child angry.

362. A lot of my child's suggestions as well as actions are very impractical.

363. During the past few years we have moved often.

364. My child worries about talking to others.

365. My child never sleep walks.

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366. My child first talked before he (she) was two years old.

367. My child gets common colds more often than most children.

368. My child will usually admit being wrong.

369. The child's parents disagree a lot about rearing the child.

370. School teachers complain that my child can't sit still.

371. Often my child locks himself (herself) in the bedroom.

372. My child has some bad habits.

373. Several times my child has spoken of a lump in his (her) throat.

374. "Head in the clouds" describes my child.

375. We often have friends in for a social evening.

376. My child often wakes up screaming.

377. My child drools when eating.

378. My child has been with me since he (she) was born.

379. Often my child will laugh for no apparent reason.

380. My child frequently has nightmares.

381. My child is often the center of attention.

382. My child almost never acts selfishly.

383. My child sometimes skips school.

384. My child is usually in good spirits.

385. The child's parents are active in church.

386. My child seems fearful of blood.

387. My child is not as strong as most children.

388. My child seems more clumsy than other children his (her) age.

389. Others have remarked how self confident my child is in a group.

390. Others often remark how sensible my child is.

391. The child's father seldom helps around the house.

392. My child loves to play in water.

393. Arguing is my childs biggest downfall.

394. My child seems to understand everything that is said.

395. My child will do anything on a dare.

396. My child always seems to have a cold.

397. At times my child just keeps on spinning around.

398. Sometimes the child's father will go away for days after an argument.

399. Sometimes my child gets so nervous his (her) hands shake.

400. Skin rash has been a problem with my child.

401. I have often found my child playing in the toilet.

402. The child's father sometimes gets drunk and mean.

403. My child often plays sports.

404. My child sometimes becomes envious of the possessions or good fortune of others.

405. Shyness is my child's biggest trouble.

406. My child often talks in rhymes.

407. The child's mother makes most of the important decisions in the home.

408. My child will do anything for a laugh.

409. My child is a healthy child.

410. My child thinks others are ploting against him (or her.)

411. My child has difficulty holding his (her) head up.

412. Usually my child gets along well with others.

413. The child's parents do not get along with the neighbors.

414. My child seems eager to please others.

415. My child seems to have no shame.

416. Usually my child plays inside.

417. The child's father seldom misses work.

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418. My child gets lost easily.

419. My child has the habit of picking his (her) nose until it bleeds.

420. My child has had asthma attacks.

421. My child is put to bed early if he (she) disturbs the rest of the family.

422. Often my child takes walks alone.

423. My child often has headaches.

424. The child's parents have set firm rules that must be obeyed.

425. Often my child will wander about aimlessly.

426. My child seems to get along with everyone.

427. My child is easily embarrassed.

428. My child is very popular with other children.

429. My child gets confused easily.

430. The child's father dislikes his present job.

431. My child is almost always smiling.

432. My child has more accidents resulting in cuts, bruises, and broken bones than other children.

433. Several times my child has threatened to run away.

434. At times my child has difficulty breathing.

435. There is always a lot of argument at our dinner table.

436. Others don't understand my child.

437. My child plays with friends who are often in trouble.

438. My child seldom has nose bleeds.

439. My child often talks of loving someone much older.

440. Parents should teach their children who is boss.

441. My child has never been expelled from school.

442. Sometimes my child acts like a clown.

443. My child loses most friends because of his (or her) temper.

444. Our house is always in a mess.

445. My child whines a lot.

446. My child is shy with children his (her) own age.

447. My child doesn't seem to feel pain like others.

448. My child was difficult to toilet train.

449. My child wants a lot of attention when sick.

450. My child saves most of his (her) spending money.

451. The child's mother or father have never been divorced.

452. My child can count change when buying something.

453. Winning a game seems more important than the fun of playing to my child.

454. The child's mother strongly dislikes housework.

455. My child has never run away from home.

456. My child needs laxitives.

457. My child shows unusual talent.

458. A mother's place is in the home.

459. Speaking up is no problem for my child.

460. I had an especially difficult time with temper tantrums in my child at an early age.

461. My child worries a lot about physical health.

462. My child can tell the time fairly well.

463. Sometimes my child comes home with torn clothes.

464. Sharing things has been no problem for my child.

465. Many times my child has become violent.

466. The child's parents always discuss important matters before making a decision.

467. I have a problem stopping my child from eating everything.

468. The child's mother can't stand to stay home all day.

469. Murder and crime stories seem to be my child's favorites.

470. My child insists on polished shoes.

471. My child can take a bath by him (her) self.

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472. My child smokes at home.

473. Recently my child has complained of chest pains.

474. The child's father frequently "blows up" at the child.

475. My child sees strange things.

476. My child is shy with adults.

477. Before going to sleep my child needs a teddy bear or doll in bed.

478. Frequently my child argues with others.

479. I have heard that my child drinks alcohol.

480. There is seldom a need to correct or criticize my child.

481. My child is rather absent-minded.

482. Others have remarked how pale my child looks.

483. My child bites his (her) fingernails or toenails.

484. The child's father is home almost every evening.

485. My child repeats numbers and letters over and over.

486. My child is always telling lies.

487. Recently the child's parents have argued with the school officials.

488. When talking my child often jumps from one topic to another.

489. By the age of five years, my child could dress him (her) self except for tying things.

490. My child most always tells me where he (she) is going to play.

491. The child's parents seldom visit the school.

492. My child boasts about being sent to the principal in school.

493. My child never has fainting spells.

494. My child is crabby most of the time.

495. My child spends over fifteen minutes at a time combing his (her) hair.

496. Music lessons have to be forced on my child.

497. The child's father is too strict with the child.

498. My child has as much pep and energy as most children.

499. Recently the school has sent home notes about my child's bad behavior.

500. A parent should try to treat a child as an equal.

501. My child often has unusual ideas.

502. My child will never clean his (or her) room.

503. Sometimes my child will put off doing a chore.

504. My child is able to keep out of everyday dangers.

505. My child often talks about death.

506. My child usually does just what you tell him (her) not to do.

507. My child has frequently been hospitalized.

508. My child likes parties.

509. My child always shows affection to me.

510. The child's father gets along fine with the child.

511. Sex seems to concern my child more than others.

512. My child is usually rested after a good sleep.

513. My child has been difficult to manage.

514. Children should be seen and not heard.

515. Hardly a day goes by when my child doesn't get into a fight.

516. My child often sits and reads the dictionary.

517. Others say our family is close.

518. Working puzzles is one of my child's favorite hobbies.

519. Most of my child's time is taken up watching television.

520. Frequently my child has a high fever.

521. Sometimes my child's room is messy.

522. I have seen my child laugh when others get hurt.

523. My child often talks of flying off into space.

524. Sometimes my child irritates me.

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10

525. Often my child tells fantastic stories.

526. The child's father is hardly ever home.

527. My child is seldom short of breath.

528. Sometimes I don't understand what my child means.

529. My child usually feels sorry when he (or she) has hurt others.

530. My child is usually afraid to meet new people.

531. My child almost never needs punishing or scolding.

532. My child speaks of him (her) self as stupid or dumb.

533. My child could eat with a fork before age four years.

534. Often my child complains of blurring (blurred vision).

535. There is a lot of tension in our home.

536. My child needs protection from every day dangers.

537. My child has a terrible temper.

538. My child daydreams quite a bit.

539. It is necessary for the child's mother to work outside the home.

540. Several times my child has threatened to kill others.

541. The child's father spends very little time with the child.

542. My child refuses to do anything around the house.

543. My child usually stays mad a long time.

544. My child needs help when going to the toilet.

545. My child is adopted.

546. My child runs around the house naked.

547. My child always insists on wearing clean clothes.

548. My child respects the property of others.

549. My child seldom has back pains.

550. Frequently my child will put his (her) hands over his (her) ears.

551. The child's father has very little patience with the child.

552. My child wants to sit in the bath tub for hours.

553. The child's father has held the same job for the last five years (or since marriage).

554. I have no trouble getting my child to bed at night.

555. My child often speaks of being smarter than others.

556. My child loves to read about murder and other crimes.

557. My child didn't have colic as an infant.

558. My child learned to drink from a cup by age three years.

559. The child's parents frequently quarrel.

560. Often my child sets goals that are too high.

561. My child's headaches usually start with a pain in the back of the neck.

562. Everything has to be perfect or my child isn't satisfied.

563. The child's parents belong to several clubs or community groups.

564. My child gets pneumonia almost every year.

565. Spanking doesn't seem to affect my child.

566. Lately my child has had diarrhea a lot.

567. My child was a "planned" child.

568. My child talks a lot about his (her) size or weight.

569. My child tends to repeat everything (parroting).

570. My child has never had face twitchings.

571. My child was completely toilet trained by three years of age.

572. My child often will cry for no apparent reason.

573. Both parents enjoy children.

574. My child seldom talks about sickness.

575. My child tends to swallow food without chewing it.

576. My child will worry a lot before starting something new.

577. My child is afraid of strangers.

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578. My child has trouble swallowing.

579. My child had difficulty breathing at birth.

580. My child shows a lot of interest in fire.

581. My child usually looks at the bright side of things.

582. My child is afraid of the dark.

583. Our marriage has been very unstable (shaky).

584. My child usually keeps his (her) mouth open.

585. My child often has crying spells.

586. My child often talks about the future.

587. My child never seems to have a goal.

588. Sometimes my child gets hot all over without reason.

589. Nothing seems to get my child upset.

590. Delivery of my child was with instruments.

591. Often my child will lick his (her) lips.

592. My child seems tired most of the time.

593. My child refused or couldn't suck as an infant.

594. My child is exceptionally neat and clean.

595. Others have remarked how smart my child is.

596. My child takes illness harder than most children.

597. My child was a premature or over-due baby.

598. Money seems to be my child's biggest interest.

599. My child goes on dates with the opposite sex.

600. Usually my child will sleep all night without awakening.

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