A comparison of parent effectiveness training and behavior modification parent training groups on behavior change in target children: self-concept, family interaction, and patterns of behavior change

Mark A. Pinsker

College of William & Mary - School of Education

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CHANGE IN TARGET CHILDREN: SELF-
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Presented to the 
Faculty of the School of Education 
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In Partial Fulfillment 
Of the Requirements for the Degree 
Doctor of Education 

by 
Mark A. Pinsker 
April, 1977
APPROVAL SHEET

We the undersigned do certify that we have read this dissertation and that in our individual opinions it is acceptable in both scope and quality as a dissertation for the degree of Doctor of Education.

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A Comparison of Parent Effectiveness Training and Behavior Modification Parent Training Groups on Behavior Change in Target Children: Self-Concept, Family Interaction and Patterns of Behavior Change

Abstract of a Doctoral Dissertation
Submitted by
Mark Pinsker

In the current study, two different methods of parent training techniques have been compared: Parent Effectiveness Training and Behavior Modification Parent Training. Each of these groups were compared with each other as well as to a control group. Although Parent Effectiveness Training and Behavior Modification-Parent Training strive toward the completion of common goals, they are different in philosophy and in the techniques used in order to gain a more conducive family atmosphere.

The criteria used in the study included both process as well as outcome measures. The following measurements were administered on a pre-post basis to the twenty-seven families (subjects; n=40) who participated in this project: Tennessee Self-Concept Scale - Total Self-Concept, Behavior Self-Concept and Family Self-Concept, Problem Checklist, Family Environment Scale - Cohesion, Conflict and Control, and achievement tests in Parent Effectiveness Training and Behavior Modification Parenting techniques. In addition, five one hour observations were implemented using the Behavior Coding System (Patterson et al, 1969).

The subjects were drawn from the populations of three elementary schools. Covariates which were used to equate the three groups included: age of target child, parental years of education, family size, family income and pre test scores. They were then separated into three groups. Group I (n=13) received Behavior Modification Techniques: eight two-hour sessions, one per week for 8 weeks. Group II (n=13) received eight weeks of Parent Effectiveness Training Techniques: eight three-hour sessions, one per week for eight weeks. The control group (n=14) participated in the pre-post testing procedures. When this study was completed, they received eight weeks of parent training techniques.

The analysis of data revealed the following:

1) Contrary to prediction, there were no significant differences found
among Groups I, II and III in Total Self-Concept.

2) Contrary to prediction, there were no significant differences found among Groups I, II and III in Behavior Self-concept.

3) Contrary to prediction, there were no significant differences found among Groups I, II and III in Family Self-concept.

4) As predicted, the Behavior Modification Group demonstrated significantly fewer problem behaviors in their target children than either the Parent Effectiveness Training and control groups.

5) This prediction was partially correct as the Parent Effectiveness Training Group demonstrated significantly more cohesion and less conflict than the control group. Contrary to prediction, the Parent Effectiveness Training Group did not demonstrate significantly less family conflict. Neither the Behavior Modification nor the control group portrayed significant change in the areas of Cohesion, Control or Conflict.

6) Contrary to prediction, there were no significant changes in the following relevant patterns of behavior change in Groups I, II and III: compliance, attention, talk, touch, positive physical, approval, and compliance to approval behaviors. There was, however, a significant decrease in talk-talk behaviors detected in the Behavior Modification Group. Deviant behaviors of the target child did significantly decrease in the Behavior Modification Group, but not in the Parent Effectiveness Training Group. Positive parental consequences were significantly increased in the Parent Effectiveness Training Group, but not in the Behavior Modification Parent Training Group.

7) As predicted, the Behavior Modification Group demonstrated significantly higher BM achievement scores than the Parent Effectiveness Training Group. Concurrently, the Parent Effectiveness Training Group significantly increased PET achievement scores and the Behavior Modification Group did not.
Dedication

To my parents, my father in memorium, for their generous love, support and encouragement.
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A Comparison of Parent Effectiveness Training and Behavior Modification Parent Training Groups on Behavior Change in Target Children: Self-Concept, Family Interaction and Patterns of Behavior Change
Chapter 1
Introduction

The aspect of parent training has been a relatively new concept in family development. Parents are generally expected to know how to rear their own children as a natural consequence of everyday living. In many cases, parents use the same rearing techniques that they had experienced when they were growing up. Although these techniques may have been found to be effective in the past, they may be ineffective or even detrimental when applied in the contemporary family structure. Inefficient or abusive child-rearing techniques may still be used even though they offer poor results.

The growing concern for victims of child abuse has acted as a catalyst in exemplifying the need for proper methods of rearing children. From the general literature, it was discovered that children who were abused in the past became child-abusers themselves. This pattern, then continues, even though the parents themselves are disappointed in their actions. Severe penalties are also imposed for known cases of child abuse, but it still occurs at an intolerable level.

The growing trend in parent training appears to relate what parents can do in order to remediate difficulties, rather than chastising them for their failures. Extensive research has developed numerous techniques which have been successful within family settings. Current periodicals and books are filled with various perspectives and methods of child-rearing. However, much of this literature may be so general, as to cover a large audience, that practical, specific methods are never presented. In addition, these methods are not always uniform and contradictory information may be given for similar situations, this tends to add to the confusion of an already perplexed parent population.
The use of "cookbook" approaches to child-rearing are usually perceived with a great deal of skepticism for the following reasons: 1) children are individuals and techniques that work with one child may not work with another, 2) parents may misinterpret the information and, thereby use the techniques incorrectly, and 3) complex relationships within the family contain so many variables that a comprehensive manual for child-rearing would be an impossible task to complete. Parent groups incorporate a trained specialist who can offer techniques individually designed for the specific family unit.

Parent training involves specific skills which can be used to establish positive relationships as well as to increase cooperation among all members of the family. Skills connote the concept of learning. Any polished skill can only be ascertained after training and practice. Proper skills in child management need to be taught and gradually accommodated within the parental thought processes. It may also entail continual learning or refresher training courses in order to maintain high levels of proficiency within the child-rearing area.

The social relationships that are formed within the family mold a foundation by which the individual members interact with others within their community. "Likewise, it patterns the form and range of opportunities for security, pleasure, and self realization. It structures the sense of responsibility the individual must feel for the welfare of others. It provides models for success and failure in personal and social performance" (Ackerman, 1958, p. 23).

**Theoretical Rationale**

Child-rearing and effective management techniques have been a primary concern of our forbears and have become increasingly important today. The historical perspective reveals strong recommendations for punitive and restrictive
measures in raising children. Child-beatings, tales of strange demons who eat children if they are bad, public display of hangings, swaddling techniques and even chemical means in the form of Godfrey Cordial, a mixture of opium, molasses and sassafrass were used. Fortunately, over time, the above techniques have lessened in frequency. "Good parenting is something that has been achieved only after centuries as generation after generation of parents tried to overcome the abuse of their own childhoods by reaching out to their children on more mature levels of relating" (De Mause, 1975 p. 85).

Unproductive child-rearing techniques have led to maladjustment tendencies in children (Peterson, 1961). Children who report their parents as punishing agents, tend to be viewed as more withdrawn than their peers. Concurrently, introverted children tend to perceive their parents as rejecting (Siegelman, 1966). Behavior disorders have been strongly influenced by either highly permissive or highly restrictive home environments. "Absence of parental constraints may be interpreted by the child as either rejection or indifference on the part of the parents .... High parental restrictiveness, on the other hand, would create a situation on which failure to meet parental expectations would be realized" (Williams, Jr. et al, 1970, p. 290). In another analysis, parental dominance was found to be sex-linked with reference to behavior disruptions. A dominant mother-passive father relationship was most detrimental to boys, while the converse was true for girls. Mothers were expected to fulfill an expressive affectional role, whereas the fathers were to assume an instrumental - adaptive role. "If either of the parents abdicate their sex-role model function by playing a passive role in the family, some degree of family disruption occurs" (Klein et al, 1972, p. 419).

Children may be learning inappropriate behaviors from the family environ-
Agressive boys tend to come from homes where high rates of aggression are found (Patterson, 1967). These children tend to grow up and become abusive parents with their own children. "For many of our maltreating parents those very attributes and behaviors that were so life threatening to them in their early childhood now become models for disciplining their own children," (Paulson et al, 1974, p. 28).

There is a growing increase in the group approach toward positive mental health. The perspective has broadened to include the social interactive environment. The traditional dispositional, idiographic perspective may contain shortcomings when confronted with the social realities of the community where the individual resides. "The concepts of 'normal' behavior which prevail in a given community influence greatly people's reactions to nonconforming types of conduct. Such social judgements translated into everyday behavior of persons toward one another may heighten the tendencies toward illness in an individual or may affect the process of recovery" (Ackerman, 1958, p. 6).

Man has always been a social animal and influenced by the decision-making process. This influence is heightened during ambiguous situations (Asch, 1952). When unsure or lacking in confidence, one tends to conform to group decisions. Striving for power and leadership roles have been defined as a function of social sensitivity and correct perceptions of social meaning (Lewin, 1951).

This use of the group approach allows for reality-testing of interpersonal skill development. In this manner, the self may be perceived as a system whereby positive social remarks enhance, while negative statements degrade the individual. "Accordingly, psychiatric treatment should be directed toward the correction of interpersonal distortions, thus enabling the individual to lead a more abundant life, to participate collaboratively with others, to obtain
interpersonal satisfactions in the context of realistic, mutually satisfying interpersonal relationships" (Yalom, 1970, p. 19).

Communication within groups involves a complex network of countless possible combinations and potential for distortion. Communication within the family unit becomes more complex as it is also integrated with numerous socializing functions. The psychosocial framework includes an inner circle of interpersonal relationships as well as an outer circle which is involved with emotional satisfaction, sexual relationships, status, economic security, child-rearing, and home management. Family developmental theorists view the family in seven successive stages which include the: (1) establishment phase, (2) child-rearing, (3) school-age children, (4) adolescents, (5) launching stage, (6) post parental stage, and (7) aging families (Woody and Woody, 1973). "The interaction of individual and family needs and of individual and family patterns of behavior, both within the family and outside in the larger society, suggests the many possible sources of family problems" (Woody and Woody, 1973, p. 30).

The family, as a system, involves a total unit of integrative processes. "This 'family' set of relations may be mapped into one's body, feelings, thoughts, imaginations, dreams, perceptions; it may become scenarios enveloping one's actions, and it may be mapped onto any aspect of the cosmos," (Laing, 1971, p. 18). In order to provide any lasting therapeutic value within the family system, it is essential to take into account the multiple variables that it contains. "From these considerations arises my convictions that the single, most encompassing reason for our conspicuous failure thus far to prevent mental illness derives from our failure to cope with the mental health problems of family life" (Ackerman, 1958, p. 9).
The disorders of schizophrenia have been traced to distortions of family communication patterns. Notably, the double-bind situation which increases frustration and anxiety within the child. "The idea proposed was that the schizophrenic had been raised in a situation where he faced conflicting levels of message from a parent or a combination of both parents with an injunction against commenting on this conflict or leaving the field" (Haley, 1969, p. 21).

Traditional therapeutic measures failed to take into account the family reaction to the identified patient. High recidivism rates have been noted in mental hospitals. Half of the annual admissions to mental hospitals return for treatment (Silverstein, 1968). Short-term therapy patients remain in the hospital longer than originally designed or are re-admitted six months after the treatment ended (Dintz et al, 1961). Recidivism within the mental hospital framework involves multiple variables. Familial reaction to this phenomena must be taken into account as an integral part of the therapeutic process. "In treatment, the assumption is developing that one person cannot change unless the context of a relationship in which he lives also changes, which leads to more treatment of marital pairs and whole families as a consequence" (Haley, 1969, p. 27).

Parent skill-building techniques, although not a new concept has greatly increased over the past decade. Parents have the primary influence of the child during the formative years (Hawkins, 1972). In addition, parenting skills are closely aligned with preventative mental health care (Glidwell, 1971). "By consulting with parents, we are essentially affecting the child by communicating with significant adults in his life. It is the parents who provide guidance for the child's growth development and behavior, and it is from them that he observes the nature of human relationships. By directly helping the parents,
we are therefore, providing indirect service to the child" (Carlson, 1969, p. 136).

The formal use of parent training skills in a group approach did not become popular until World War II. War-time shortages necessitated the need for a system which required the same coverage, but less professional personnel (O'Dell, 1974). The discovery led to increased use of parent groups as it contained numerous advantages over traditional child therapy. They are: (1) less professional time is necessary, (2) less parent suspiciousness is created as they become an integral part in the maintenance of the therapy, (3) therapeutic change appears to be faster, (4) increased generalization takes place as the family is used together as a unit, and (5) the increased confidence level of the parents after training leads to further independence and thereby prevents future problems from arising (Clement, 1971).

Statement of the Problem and Treatment Programs

Parents are often blamed, but never trained for what they do (Gordon, 1970). Many child-rearing difficulties emerge because of poor parenting skills due to insufficient knowledge of proper techniques. The major rationale behind parent groups appear to focus upon the re-education of child-rearing techniques. "A parent education program is a means for producing a better functioning child... A major purpose of parent education is to give parents the confidence to assume the responsibility for the management of their own children," (Lutherman, 1973, p. 507). "One of the most significant societal problems stem from the fact that parents seldom receive adequate training in relating effectively and in a growth promoting manner with children," (Dinkmeyer, 1973, p. 252).

Instruction for proper parenting has been delayed for general usage because of conservatism within the American education system. The topics of
discussion involving mother-child interactions of love and warmth were more conveniently shifted to the private domain of the family unit, so as not to overlap governmental responsibilities with those of the citizenry (Horowitz, 1976).

In a review of literature comprising thirty years of research, Becker (1964) found 88 references referring to parent training. Since 1960, however, over 200 references have been found (Horowitz, 1976). Overall growth in parent training has increased on a geometric progression. The mushrooming research has added new dimensions as well as new questions or areas to discover in this domain. "We do not by any means believe this work is completed.....The process of adding new components and altering or deleting old ones are still going on. The 'current' manual is little more than a snapshot of the treatment process as we found it at the time of this writing," (Patterson, 1976, p. x). "The more one studies family dynamics, the more unclear one becomes as to the ways family dynamics compare and contrast with the other groups not called families, let alone the way families differ" (Laing, 1972, p. 3).

The need for parent training is essential. The family structure has been weakened by increasing mobility, woman's changing role, and limited usefulness as the economic, educational, recreational and socializing functions have been usurped by schools, government and industry.

Toffler (1970, p. 249) describes the innovative "fractured family" consisting of things such as: "childless marriage, professional parenthood, post-retirement childrearing corporate families, communes, geriatric group marriages, homosexual family units and polygamy." Exactly how extensive the impact of these trends will be on the family structure is difficult to ascertain at this time.
Neurotic family patterns can produce neurotic adults (Davis and Engen, 1975). Undesirable child-rearing practices may instill neurotic children. Physical punishment for aggression leads to aggression outside of the home (Bandura and Walters, 1963). Unsocialized aggressive children are a result of inconsistent disciplinary practices (Coleman, 1972).

Lindsey related that the number of school children vastly outweighs the total number of professionals who are available to work with them (Ulrich et al, 1972). For that reason alone, preventative parent training is necessary for productive child management.

**Hypotheses**

The purpose of this study is to determine what effects Parent Effectiveness Training and Behavior Modification parent training techniques have on parental self-concept, patterns of family behavior and family interactions. More specifically, what are the effects of parent training as they relate with parental self-perceptions of their own behavior, self-perceptions with reference to their family structure, and perceptions of the number of problems they encounter with their target child? What are the effects of parent training as they relate with behavioral patterns of family interaction? What are the effects of parent training as they relate with the cognitive knowledge of parent training techniques?

**Hypothesis 1:** The total self-concept of the Parent Effectiveness Training Group will show significantly greater improvement than Behavior Modification or control groups. More specifically, the Parent Effectiveness Training group will show a significantly greater pre-post change in total self-concept than either Behavior Modification or control groups.
Hypothesis 2: The behavioral self-concept of the Parent Effectiveness Training group will show significantly greater improvement than Behavior Modification or control groups. More specifically, the Parent Effectiveness Training group will show greater significant pre-post change in behavioral self-concept than either Behavior Modification or control groups.

Hypothesis 3: The family self-concept of the Parent Effectiveness Training group will show significantly greater improvement than the Behavior Modification or control groups. More specifically, the Parent Effectiveness Training group will show significantly greater pre-post change in family self-concept than either the Behavior Modification or control groups.

Hypothesis 4: The number of problem behaviors from targeted children of the Behavior Modification group will show significantly greater improvement than Parent Effectiveness Training or control groups. More specifically, the Behavior Modification group will show a significantly greater pre-post difference in problem behaviors in their target children than either the Parent Effectiveness Training or control groups.

Hypothesis 5: The Family Environment of Behavior Modification and Parent Effectiveness Training will show a significantly greater improvement than control. More specifically, Behavior Modification and Parent Effectiveness Training will show higher cohesion, significantly lower degree of conflict and significantly higher parental control than the control group.

Hypothesis 6: There will be a significantly greater change in relevant patterns of behavior for the Behavior Modification group than for the Parent Effectiveness Training and the control group. Specifically the Behavior Modification group will show significantly higher frequency behaviors of compliance, attention, talk, touch, positive physical, approval, compliance-approval and talk-talk
interactions than the Parent Effectiveness Training and control groups.

Hypothesis 7: The learning achievement of Behavior Modification and Parent Effectiveness Training will show greater improvement than the control group. More specifically, Behavior Modification and Parent Effectiveness Training will show higher post-test scores than the control group.

Definition of Terms

Self-Concept

"The self is an organized set (Gestalt) of perceptions and characteristics of the 'I' or 'me'. The term refers to both the characteristics of the 'I' or 'me' and the perceptions that we have about others" (Price, 1972, p. 131). One of the goals of parent training is to increase awareness of self and others within the family context. Awareness is the first step toward realistic goals. From the standpoint of the individual family unit as well as that of the course instructor, properly stated goals are necessary. "When clearly defined goals are lacking, it is impossible to evaluate a course or program efficiently, and there is no sound basis for selecting materials, content or instructional methods," (Mager, 1972, p. 3). Concurrently, perceptions of adults toward children are directly related with their consequent behavior (Rosenthal and Jacobson, 1968).

Operationally, self-concept is defined by the following test scores from the Tennessee Self-Concept Scale: Total Score, Behavior Score (the subject's self-perception of the way he acts) and Family Score (the subject's self-perception in reference to his family structure). In addition, the Problem Checklist will be used to assess the number of problems the subjects perceive from their target children. Please refer to Appendix B for an example protocol.
Family Interaction

Family interaction assesses the social climate of the family structure. The general atmosphere of the family unit is indicative of the amount of freedom or restrictiveness is permitted. A positive change in family atmosphere would tend to increase positive communication skills as well as form a more conducive environment for productive parent rearing skills. In an operational perspective, relevant scores on the Family Environment Scale (control, conflict, and cohesion scales), would assess family interaction.

Patterns of Behavior Change

"In the final analysis, the outcome goal of any counseling intervention is to help a person behave in a more rewarding manner" (Delaney and Eisenberg, 1972, p. 2). The theories of the parent training methods used in this study are derived from two predominant counseling theories in contemporary professional disciplines. Behavior change is a primary indicator of the productivity of the training techniques. Operationally - behavior change is defined by frequency interaction of the parents and their target children within the home environment by objective observers. The observation coding system with thirty-two categories will be used to analyze these behaviors. The frequency behaviors will be assessed pre-post, and three times during intervention. The Behavior Coding System (Patterson et al, 1969) will use a 15 second time interval technique and observation sessions will be one hour in duration.

Compliance: A person immediately does what is asked of him.

Attention: When a person listens to or looks at another person and the categories Approval and Disapproval are not appropriate.

Talk: This code is used if none of the other codes are applicable.

Touching: When the subject touches another person or hands an object to another person.
Positive Physical: A subject physically shows approval through gesture or movement.

Approval: A person gives clear gestural or verbal approval to another individual. Must include some clear indication or positive interest or movement (Patterson et al, 1969).

**Process Interaction Behaviors**

Compliance-Approval: Frequency counts of this interaction will be assessed. The individual categories are discussed above.

Talk-talk: Frequency counts of this interaction will be assessed. The individual categories are discussed above.

**Learning Concepts**

The cognitive understanding of the concepts used in both Behavior Modification and Parent Effectiveness Training are essential before they can be correctly put into practice. In addition, any generalization and long-term effects of the treatments will be dependent upon the basic knowledge of the concepts learned in the treatment programs. Operationally, the concepts discussed will be assessed pre and post by the use of factual tests.
Chapter 11

Review of the Literature

This chapter contains a review of the literature as it relates with:

a. Theoretical Framework-Parent Effectiveness Training
b. Review of Related Literature-Parent Effectiveness Training
c. Theoretical Framework-Behavior Modification
d. Review of Related Literature-Behavior Modification
e. Types of Families

Theoretical Framework-Parent Effectiveness Training

The theoretical base used in Parent Effectiveness Training is solidly built upon the foundation of Rogerian client-centered therapy. Strong emphasis is made concerning immediate here and now relationships, empathy, congruence, positive self-regard and communication skill development, particularly in the areas of reflective statements and active listening skills. "The basic theme... is an emphasis on conceiving of therapy as a process, both in terms of the internal events occurring within the client and with respect to their interaction of client and therapist" (Wexler and Rice, 1974, p. 16). The goal of therapy generally is to facilitate the communicative process, thereby permitting freedom of expression and release of frustrated feelings. "Guidelines are offered for helping individuals cultivate facilitating qualities so that they can, in turn, promote psychological growth for themselves, their spouses, and their family members" (Shauble, 1973, p. 65).

"There is growing reason to suspect that hope, purpose, meaning, and direction in life produce and maintain wellness, even in the face of stress, whereas demoralization by the events and conditions of daily existance helps people become ill" (Jourard, 1974, p. 75). An internal attitude or predis-
position appear to be the crucial factors involved in sickness or positive well-being. Sickness is viewed as a protest against a present life style which is aversive to the individual (Jourard, 1974).

Positive communication in the form of self-disclosure is the key to positive mental health. "Every maladjusted person is a person who has not made himself known to another human being and in consequence does not know himself" (Jourard, 1974, p. 32).

The communicative process is an emerging one, not an end process in and of itself (Rogers and Skinner, 1962). Buber mentions a striving toward the natural unfolding of potentialities. It is viewed as a fruition of the individual. In addition, Rogerian counseling is perceived as a complement to behaviorism rather than being directly oppositional. To put it in another perspective...."affect and action are neither opposed to each other nor mutually exclusive. In fact, one does not occur except in the context of the other; every action is either prompted by or expressive of some affective state, while every affect refers to the state of the Individual in his action-oriented relations within the world" (Fischer, 1970, p. 101).

A breakdown or distortion in communication can result in confusion, despair, or feelings of hopelessness. Extensive time and useless energy are sometimes spent when this communicative process breaks down.

There is something I don't know
that I am supposed to know.
I don't know what it is I don't know,
and yet am supposed to know,
and I feel I look stupid
if I seem both not to know it
and not know what it is I don't know.
Therefore, I pretend to know it.
This is nerve-racking
since I don't know what I must pretend to know.
Therefore I pretend to know everything.
I feel you know what I am supposed to know
but you can't tell me what it is
because you don't know that I don't know what it is.
You may know what I don't know, but not
that I don't know it,
and I can't tell you. So you will have to tell
me everything. (Laing, 1970, p. 56).

Counseling is viewed as a process of facilitating a client's self-awareness. No one can know the client as well as the client himself. Goals of this therapy do not include social conformity, but..."the continued belief in the client's responsibility and capacity to devise the steps which will lead him to a more potent encounter with his reality" (Rogers and Wood, 1974, p. 213).

Striving toward an integrated personality is a function of social interaction. Feedback obtained by significant others is perceived within the individual and is incorporated directly with the way he sees himself. "It is the dynamic functional capacity to view and deal with others which has developed out of the interactions with significant people. In a way, it is not original with the individual, but is the reflective appraisal of others" (Bruch, 1974, p. 156).

Communication theory and interpersonal relationships are strategically located within the locus of family disturbances. "Many family disturbances
suggest a homeostatic deadlock marked by restrictive, impoverished, stereotyped and nearly unbreakable family ties" (Stierlin, 1974, p. 303).

The Parent Effectiveness Training program emphasizes communication skills as well as conflict resolution techniques (Peterson, 1969). Gordon (1967) departs from Rogerian philosophy in the area of unconditional positive regard. He substitutes this concept with his methods of conflict resolution (as explained earlier in this section). The outcomes of conflict resolution include the following:

1. Children are more motivated to carry out decisions they have a hand in making (The Principle of Participation). Rules and regulations not only are established but they are more apt to be followed.

2. Because parental power does not have to be used, children have nothing to rebel against. Children do not rebel against parents, they rebel against power.

3. Children do things because they have agreed to do them rather than because they fear punishment.

4. Children have little reason to lie and cover up so they are more open and honest with their parents.

5. Because all solutions to conflicts are acceptable to the children, they do not feel resentment and anger. Nor do the parents.

6. Children learn to respect the needs of their parents because their parents respect theirs.

7. Children used to Method III conflict-resolution are more likely to employ this method in their conflicts
with other children.

8. Children learn to be responsible, whereas Method I never gives them a chance and Method III allows them to be responsible.

9. Children from Method III homes are more apt to spot authoritarianism in teachers or other parents. They are critical of Method I people, but they also seem more apt to cope with them constructively rather than self-destructively.

10. After Method III has been instituted in the home, some parents have reported changes in their children that are as dramatic as changes often seen in children as a result of individual psychotherapy. (Gordon, 1967, p. 23).

Gordon and other proponents of Parent Effectiveness Training have made direct statements against the use of Behavior Modification programs with parent populations, especially in the areas of consistency. Gordon believes that "parents are people." As a result, parental moods, feelings, attitudes, etc. change daily. To require parents to be consistent with their children would be unrealistic or overly demanding upon themselves. "In fact, if parents should try to be consistent, they obviously cannot be real with their children" (Gordon, 1967, p. 11). In addition, McWhirter and Kahn (1974) feel that the reinforcement techniques of Behavior Modification theory are basically different from parental values of child-rearing skills.

Review of Related Literature--Parent Effectiveness Training

There are numerous studies available demonstrating the substantiality of Parent Effectiveness Training as well as Behavior Modification techniques. For
the purpose of clarity, the following section will be divided into two distinct portions - Parent Effectiveness Training and Behavior Modification training techniques.

Group counseling workshops emphasizing communication skill-building techniques have demonstrated their effectiveness within the public education sector. After a one-day workshop, school teachers significantly raised their level of regard as determined by the Barrett-Lennard Relationship Inventory, (Boller and Boller, 1973). Perkins and Wicas (1971) found significant changes in grade point average as well as in the area of student self-acceptance using group counseling techniques.

A special GUIDE (Guidance, Understanding, and Information in Drug Evaluation) group counseling efforts have demonstrated effectiveness in a number of areas as compared with a non-drug related juvenile offender population: 1) GUIDE students attended school longer, 2) GUIDE students were expelled less often and 3) recidivism was three times greater for the control group, (Wunderlich et al, 1974).

Communication workshops with parents have also demonstrated progress. Significant gains were found in confidence, causation, acceptance, understanding and trust as determined by the Hereford Parent Attitude Survey over a ten week period (Ryan et al, 1973). Jensen (1973) found significant increases in genuineness, understanding, valuing and acceptance using parent awareness training. Gabel (1974) employed a parent discussion group approach and found significantly greater autonomy and more positive involvement with the children of experimental group mothers over a control group.

In a comparison parent study of group and individual counseling approaches, Gilmore (1971) found significant positive changes in grade point average as
well as significant differences of parental ratings of their target children than a control group. In addition, positive changes were found in siblings other than the target children as the family unit improved as a whole. Gilmore found inconclusive results when comparing group and individual counseling methods. However, Gilmore did mention the following advantages of employing the group approach: 1) parents learn from each other, 2) parents reward each other for improvement, and 3) parental perspectives tend to change from negative to positive.

Parent Effectiveness Training was found to be proficient in improving various areas of attitudinal changes within parent populations. Andelin (1975) found a greater increase in parental self-confidence. In addition to greater self-confidence, improved interactions between parent and child have been found in the areas of mutual understanding and trust (Garcia, 1971; Lillibridge, 1971).

A major technique of Parent Effectiveness Training has demonstrated improvement in facilitating the "helpful" relationship. The use of I-messages over you-messages significantly increased empathic understanding, unconditional positive regard and congruence (Cline, 1971). The use of I-messages has also been effective in reducing disruptive classroom behavior (Carducci, 1974).

A greater use of democratic rather than authoritarian controls were discovered when using Parent Effectiveness Training. Significant improvements were also found in self-esteem (Stearn, 1970). Schmitz (1975) found significant decreases in close mindedness and authoritarianism as determined by the Rokeach Dogmatism scale. In addition, significantly improved scores were noted on the causation and trust scales of the Hereford Parent Attitude Survey. In conjunction, subjects significantly improved in empathic understanding facilitating a non-threatening environment for greater self-disclosure (Piercy and
Parent Effectiveness Training methods have also displayed usefulness in the educational system. Increased student participation and democratic decision-making procedures were noted (Cleveland, 1973). The primary traits of congruence, empathy, respect, facilitative, and improved communication skills demonstrated effectiveness within a relatively short period of time (Fine, 1975; Dillard, 1974). Lutz (1975) found better overall communication between teachers and students in a church school setting.

Parent Effectiveness Training has been productive in various settings, including the home, school, and the hospital. Personnel relations among hospital staff members have been increased by reducing roadblocks and increasing the active listening process, (Willenson and Bisgaard, 1970).

In comparison studies of Parent Effectiveness Training and other methods, the former approach has demonstrated its proficiency in significantly improving parent attitudes. Criteria measures of parental acceptance, understanding, and trust was found to be significantly greater than a Family Enrichment Program and a control group (Hanley, 1973). Haynes (1972) found a greater improvement in parental attitudes toward child-rearing than a lecture discussion group in adolescent psychology.

Parent Effectiveness Training was also compared with other techniques using educational performance ratings. Parent Effectiveness Training in combination with Verbal Reinforcement Group Counseling had the greatest impact on behavior and improving student attitudes toward their parents (Miles, 1974). Under-achievers in school gained a full grade point in school, reduced behavior problems, and elevated parental self-concept as compared with a control group. Parent Effectiveness was also found to be more productive than an Achievement
Motivation Program and a Discussion Encounter Group approach in improved parent-child relations (Larson, 1972).

Theoretical Framework--Behavior Modification

The philosophy or theory underlying behaviorism has been espoused by many authors, notably Skinner (1953), Bandura (1963) and Graziano (1975). However, a comprehensive theory of behaviorism is difficult to ascertain. "There is as yet no articulated theory; rather, it is more the case that each investigator shares the implicit assumption that intervention should occur in the environment in which the child lives, and then sets about devising his own means of bringing this about" (Patterson, 1971, p. 752). The basic assumption underlying behaviorism would entail the influence of the environment upon the individual. Environmental factors control the actions of individuals and the social engineer attempts to manipulate these contingencies in order to bring about socially desirable behavior (Patterson, 1971). Behavior modification, thereby, appears to consist of a series of techniques focusing specifically on behavior change.

Techniques of behaviorism have evolved during the twentieth century. J. B. Watson has been attributed as the pioneer in behaviorism. His contributions include the strong influence of environmental factors as well as strict adherence to operational definitions of human behavior.

Pavlov's discoveries in animal psychology led to pioneering work in the classical conditioning school of behavioral science.

Philosophical orientation was brought about by Jeremy Bentham and his hedonistic principle. This was later revised and used by E. L. Thorndike in his Law of Effect (Zimbardo and Ruch, 1975). Generally, the Law of Effect states that organisms will tend to repeat acts which are pleasant and tend to
avoid situations which are unpleasant. Reinforcement theory, as espoused by Skinner (1953) has emanated from this assumption. Manipulating positive and negative reinforcement schedules has acted as a catalyst in further developing and refining research design and predictability of human behavior.

Skinner believes that man is controlled, man controls the environment which controls him, and that man can design an environment in which positive reinforcement contingencies can be established to emit the optimal level of social responses by the individual (Rogers and Skinner, 1962). Current societal sanctions incorporate extensive use of aversive or punishment contingencies, in the form of prison systems, negative social sanctions, etc. What exact form the new society will take under behavioral design will depend upon the priorities of the designers. "If the designer is an individualist, he will design a world in which he will be under minimal aversive control and will accept his own goods as the ultimate values. If he has been exposed to an appropriate social environment, he will design for the good of others, possibly with a loss of personal goods. If he is concerned primarily with survival value, he will design a culture with an eye to whether it will work," (Skinner, 1971).

The concept of training parents as behavior therapists is viewed as an attempt to overcome some of the limitations of traditional child therapy (Graziano, 1975). The mental health facility is a somewhat artificial environment and the opportunity to have genuine observations of high frequency deviant behavior are rare. The observations from parents, who are not trained in observation techniques, often are misleading or unreliable (Russo, 1964). Recommendations from traditional guidance clinics have been either so general that they lose their applicability or so technical that many of the parents do not fully understand them. Parents, overwhelmed with the demands of a disturb-
ing child find little relief from their feelings of helplessness or even hate (Patterson, McNeal, Hawkins, and Phelps, 1967).

The social learning approach assumes that the child is reacting to external contingencies within his immediate environment, thereby, "(1) a child's maladaptive behavior has been acquired in his natural environment and can best be changed by modifying that environment; and (2) the maintenance of newly developed adaptive behavior also depends upon successful modification in the natural environment" (Berkowitz and Graziano, 1972, p. 298).

The aspect of environmental control focuses upon behavior within a specific setting. Similar deviant behaviors of two boys were noticed at home as well as in school. A contingency management strategy implemented within the home changed the rate of undesirable behavior to an appropriate level within that particular setting, but no change took place within the school setting (Wahler, 1969). A token reinforcement system was established for seven children within a second grade classroom. Appropriate decreases in deviant behavior were found in five of the children during the afternoon when the tokens were used. However, there were no changes noted during the morning session when the reinforcement system was not used (O'Leary et al, 1969). In addition, Patterson and Fagot (1967) found differential effects within the same setting by changing the reinforcing agent.

The primary method of training parents within the social learning context is to provide parents with therapeutic skills for the proper management of their own children.

The parents, by virtue of their role: (1) have assumed the major moral, ethical and legal responsibility for their children; (2) they generally have the greater degree of contact with the
children and greatest control over the natural environments; and (3) they are typically both willing and fully capable of assuming and carrying out detailed and direct therapeutic measures (Berkowitz, 1972, p. 299).

The growth of parent training groups has been cross-sectional covering a wide range of populations, problems, and situations. The use of parent training with "normal" parents has demonstrated its effectiveness and underscored the prevention area of its treatment (Clark and Risley, 1975).

This is also an increasing concern toward generality and effectiveness. Follow-up studies (Patterson, 1974a) demonstrated longe-range maintenance of appropriate behaviors. Studies have also been performed demonstrating the effectiveness of untreated siblings (Lavigeur et al, 1973). Lovibond (1964) reviewed the effectiveness of 512 cases using direct conditioning methods. Favorable results were found and there were no reports of symptom substitution taking place.

**Review of Related Literature--Behavior Modification**

There have been numerous studies incorporating the use of behavior modification techniques with children. The research demonstrates laterality with reference to the type of techniques, settings, subjects and therapeutic goals. For the purpose of this study, the related literature will focus specifically upon behavior change of children, primarily within the family structure.

One of the earliest studies used the technique of extinction in reducing tantrum behavior of a 21 month old male (Williams, 1959).

Physiological disorders have been decreased through behavior modification techniques. A seven year old boy reduced chronic asthmatic responding via therapeutic procedures. Effectiveness was demonstrated after an eleven month
follow-up (Neisworth and Moore, 1972). After a three month follow-up, long-standing encopresis was extinguished by discriminantly attending and non-attending of the mother of a nine year old boy (Conger, 1970). Excessive scratching over a one year period of time was terminated by a differential reinforcement system (Allen and Harris, 1966).

In populations of exceptional children, behavioral techniques have successfully remediated acute disorders. Two mute schizophrenic children were taught imitative speech through shaping techniques (Lovaas et al, 1966). There severely retarded and psychotic children decreased self-destructive behaviors when time-out procedures were used (Lovaas and Simmons, 1969). Children may compound their handicap with behavior difficulties. Verbal commands may be futile with hearing-impaired children depending upon the extent of the loss. A behavior modification program using a combination of primary reinforcers and time-out procedures elevated the time that prosthetic devices were used, as well as lowered to appropriate levels the amount of undesirable behaviors (Mira, 1972).

Extremely disruptive behavior has been lessened by the use of behavioral technology. An eight year old "emotionally disturbed" boy with a number of abusive behaviors was reduced by teaching the mother learning principles and by behavioral feedback (Bernal et al, 1968). In another study, a "disturbed boy" was taught reading, arithmetic, communication and motor coordination skills within 30 weeks. These skills were elevated to appropriate grade levels (Mathis, 1971). Non-responsiveness, negativism, and extreme withdrawal were altered by changes within the parental reinforcement contingencies of a six year old boy (Patterson et al, 1966).

In parent-group research, a significant change in parental perceptions of
problem behaviors, family atmosphere (defined as more cohesive and less conflicted), learning proficiency, as well as a decrease targeted deviant behaviors were demonstrated in a Behavior Modification parent group (n = 17 families), (Rosenthal, 1975). In an unpublished pilot study (Pinsker, 1975; see Appendix F), the examiner found parallel results with the above study in the areas of parental perceptions and learning proficiency (n = 9). In contrast to the above study, the examiner did not find significant pre-post differences on the cohesion and conflict scales, but, however, did find overall significance in family atmosphere using the ten scales of the Family Environment Scale.

In comparison family groups, Behavior Modification (Vallett's approach) was compared with child advocacy techniques, using a combination of Gordon, Maslow, child psychology and behavior theory and research procedures. The Behavior Modification approach was found to be significantly more effective than the child advocacy and control groups in the child's self-concept. However, there were no significant differences among the three groups in parent attitude (Rath, 1975). Nelson (1972) found no difference between a child-centered group and Behavior Modification group in task attention behavior. The only significant difference found between the two groups was one of the eleven scales of the Devereux Elementary School Behavior Rating Scale (External Reliance). The Behavior Modification group was more effective than the client-centered approach in elevating external reliance.

In other comparison family (n = 46) groups, delinquent teenagers improved in family communication and reduced recidivism using short-term behavior modification approaches over client-centered, eclectic psychodynamic and control groups (Alexander and Parsons, 1973). In families (n = 51) where mentally retarded children were viewed as the target child, Behavior Modification technique
ques were more effective in promoting positive behavior change than the client-centered and control groups. In the Hereford Parent Attitude Survey--Causative Factor, Behavior Modification techniques were superior over client-centered and control groups. Client-centered techniques were also superior over the control group. In the same study, the Missouri Problem Checklist revealed that both Behavior Modification and client-centered techniques were equally effective over the control group in the Inhibition, Sleep Disturbance and Total Score. However, the Behavior Modification group was superior over the client-centered group and control in reducing Aggression. The client-centered group was superior in reducing Aggression over the control group. In behavioral observations, Behavior Modification was more effective than the client-centered approach and control. Client-centered techniques were more effective than control. In ratings of target behavior, Behavior Modification techniques were superior over both client-centered and control groups. There were no significant differences between the client-centered approach and the control. In mothers' reports of behavior change, the Behavior Modification group was considered to be more productive than the client-centered approach. In frequency counts of targeted behavior, no significant differences were found among the three groups (Tavormina, 1976)

Types of families

There have been numerous characteristics noted for populations which are referred (self-referred, or otherwise) for counseling assistance. The research studies which, however, cite mutually independent factors are few in number. It would also be beyond the scope of this study to delineate all possible characteristics of family life which may influence deviant child behaviors.

For the purpose of this study, the following factors will be analyzed and
computed in order to equate the three treatment groups: parental years of education, parental income, family size and age of target child. For a more detailed analysis, please refer to the hypothesis section.

Educational levels have been correlated with parental success (Salzinger, Feldman and Portnoy, 1970). Patterson, Cobb and Ray (1972) have also found positive results with more highly educated populations. They report poor results with lower educated groups because they lack basic knowledge in parent management skills.

Income levels have also shown positive correlations with parent success (Patterson, 1974). In another study, (Patterson, Cobb and Ray, 1972), found that parents of lower socio-economic levels did not have the availability of rewards necessary for productive contingency management programs.

Family size will also be considered as a factor for equating the treatments. Family size has been labeled as a predictive variable for potential high school dropouts. It's been described as "more children than parents can handle" (Cervantes, 1965, p. 198). Family size is inversely related with income levels (Schreiber, 1967) thereby, large families contend with many of the disadvantages of the low income level families.

The age of the target child has been included in order to assess the prevention aspects of parent management. It would appear that the younger the child, the easier it would be to implement a successful parent management program. Long-term maladaptive habit formations would not have had time to become a part of the child's response repertoire.

"To go beyond this, it can be suggested that good behavior management of a youngster while he is small is of utmost importance for preventing many of the potential problem behaviors as the child progresses through
the stages of development....In fact, it's never too late, but getting a good start contributes incalculably to making a good finish, and it makes everything in between less difficult" (Gosciewski, 1976, p. 28).

The last variable to be considered in reference to the parent population is relative normalcy. Each subject will be administered the Clinical and Research form of the Tennessee Self-Concept Scale. Those subjects who score out of the range of normalcy, as determined by the Tennessee Self-Concept Scale will be excluded from this study. Yalom (1970) identified the following groups as detrimental to the group process: brain damaged, paranoid, extremely narcissistic, hypochondriacal, suicidal, addicted to drugs or alcohol, acutely psychotic, or sociopathic. Termination rates ranged from 51-57%. "Early group termination is thus a failure for the patient and a detriment to the therapy of the remainder of the group. It is a very common phenomenon" (Yalom, 1970, p. 159).
Chapter 111

Methodology

Chapter three contains the methods used in selecting the subject population, pertinent topics within the Behavior Modification and Parent Effectiveness Training formats, and the statistical analysis employed in the data collection. The following topics are discussed: (a) Subjects and Methods of Selection, (b) Description of the Instruments, (c) Behavior Modification Format, (d) Parent Effectiveness Training, (e) Project Objectives, (f) Experimental Design, and (g) Analysis of Data.

Subjects and Methods of Selection

Twenty-seven families (n=27) participated in this study. Thirteen couples, who participated in this study, contained both marital partners. The remaining fourteen subjects included mothers who volunteered for this project. All of the subjects are currently married and residing with their respective spouses. These subjects were chosen from parent volunteers from three Chesterfield County Public Elementary Schools. Please refer to Appendix A for the parent forms used in this study. Each student of the three elementary schools was given a parent form (see Appendix A) from his classroom teacher. The students were then instructed by their classroom teacher to take these forms home to their parents. Those parents who were interested in the parent training project contacted the examiner as per the instructions on the parent form. Group 1 (n=13) was acquired from Davis Elementary School, Group 11 (n=13) from Reams Road Elementary School, and Group 111 (n=14) from Bon Air Elementary School. Group 1 received eight weeks of Behavior Modification techniques. Group 11 received eight weeks of Parent Effectiveness Training techniques. Group 111 was placed on an eight week waiting list and, thereby function as the control group. At the end of
this time period, Group III then participated in parent training sessions.

The current study was designed as a preventative program for normal, functioning adults. During the pretesting session, each subject completed the Clinical and Research Form of the Tennessee Self-Concept Scale (Flitts, 1965). If a subject's individual score was plotted outside the critical limits of this scale, that particular subject was omitted from this study. Analysis of these scores revealed no indications of general maladjustment from any of the subjects.

Demographic data revealed thirty-seven Caucasian subjects, two Afro-Americans, and one Spanish Surname. The general socioeconomic status revealed a middle to upper class level. The income levels were determined per subject as they related with the family income. If both marital partners attended, the family income was divided in half and that level was attached to each, e.g. If the husband made $20,000 per year and the wife made $0.00, the husband was assigned with $10,000 and the wife $10,000. Individual income levels averaged $12,380 (range $8,000 - 25,000). Education levels were unusually high with a general mean of 14.53 years of education (range 9 - 20 years). There were two subjects with Doctorate level degrees and two with Masters level degrees.

Characteristics of the children revealed that the average age of the target child was 7.23 years (range 2 - 14). Although the parent forms were sent to elementary schools, many of the parents chose a younger child or in one instance an older child aged fourteen, enrolled in middle school, as the target child. The families were relatively small in number. The number of children in the home averaged 2.19 (range 1 - 4). Please refer to Tables 1 and 11 for a summary of the above characteristics as they related with the treatment groups. In order to insure subject confidentiality, individual data was not presented.
## TABLE 1

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>Parent Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior Modification</strong></td>
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</tr>
<tr>
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<table>
<thead>
<tr>
<th>GROUP 11</th>
<th>Parent Effectiveness Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GROUP 111</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

1 Number - each group was originally scheduled for 15 subjects. One couple did not attend any of the sessions in Group 1. This also occurred in Group 11. In Group 111, the subject contacted the examiner and withdrew from the project because of personal injury.

2 Income in dollars - these amounts were determined individually. Actual family incomes would be double the amounts stated, e.g. Group 1 average family income would be $28.6K; R=$17-50K. K=1000

3 Race - C = Caucasian; AA = Afro-Americans; SS = Spanish Surname
TABLE 11

<table>
<thead>
<tr>
<th>Child Characteristics</th>
<th>Average Age of Target Child</th>
<th>Number of Children in the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP 1</td>
<td>7.23 R=2-14</td>
<td>2.46 R=2-4</td>
</tr>
<tr>
<td>Behavior Modification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROUP 11</td>
<td>8.69 R=4-13</td>
<td>2.3 R=1-4</td>
</tr>
<tr>
<td>Parent Effectiveness Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROUP 111</td>
<td>5.85 R=2-8</td>
<td>1.8 R=1-2</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R = Range
Parent Instructors

Two instructors, with education beyond the masters level, were used in this study. In addition, both instructors have had previous experience with their respective parent training methods. The examiner of this study instructed Group 1 in Behavior Modification parent training methods. Mr. Agamennon Vassos trained Group 11 in Parent Effectiveness Training techniques. He is currently authorized and certified to lead Parent Effectiveness Training groups.

Description of the Instruments

<table>
<thead>
<tr>
<th>Pretest Measures</th>
<th>Posttest Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee Self-Concept Scale</td>
<td>Tennessee Self-Concept Scale</td>
</tr>
<tr>
<td>Family Environment Scale</td>
<td>Family Environment Scale</td>
</tr>
<tr>
<td>Problem Checklist</td>
<td>Problem Checklist</td>
</tr>
<tr>
<td>Behavior Coding System</td>
<td>Behavior Coding System</td>
</tr>
<tr>
<td>(Behavioral Observations)</td>
<td>(Behavioral Observations)</td>
</tr>
<tr>
<td>Behavior Modification Cog. Scale</td>
<td>Behavior Modification Cog. Scale</td>
</tr>
<tr>
<td>Parent Effectiveness Training Cog. Scale</td>
<td>Parent Effectiveness Training Cog. Scale</td>
</tr>
</tbody>
</table>

Table 3: The above measures were administered to all three groups for pre and post-test measures. The only exception was the Behavior Coding System which was used Pre-Post and three times during intervention.

The Tennessee Self-Concept Scale

The Tennessee Self-Concept Scale (Flitts, 1965) offers a multitude of information. It has been highly researched in a number of different settings and its ease of readability facilitates administration and instruction. The subject chooses from five options, from completely true to completely false. The profile sheet contains thirty different scores as well as a composite total score. For the purposes of this study, the Empirical Scales, General Maladjustment, Behavior, Family and Total Self-Concept Score were used.
Empirical Scale. The Empirical Scale was used in its original form in order to discriminate subjects into the following classifications: normal, psychotic, neurotic, personality disorders, defensive positive subjects, and personality integration subjects. This scale was used in order to screen out subjects who are classified as other than normal.

General Maladjustment Scale. This score is derived from 24 items. It is a general indicator of pathology development. It was used in conjunction with the empirical scales in order to screen for a normal population.

Behavior Scale. This score is derived from statements referring to the way the subject acts or functions. It is involved with the subject's perceptions of the way he views his own behavior.

Family Scale. This assesses the subject's worth and value as a family member. It reveals the subject's self-concept with reference to his family structure.

Total Score. This score contains the composite of the 30 profile scores. It is the general score of self-concept. The higher the score, the better the individual feels about himself. Lowered scores indicate diminishing confidence levels. Pre-post test procedures were used in order to ascertain differences of results.

The Tennessee Self-Concept Scale was normed on a representative sample of 626 subjects. Test-retest reliabilities have been consistently reported in the high 80's. Validity studies include: (1) content validity, (2) discrimination among patient groups, (3) correlations with other measures and predicted personality changes under particular conditions. Content validity has been achieved by the use of seven judges requiring unanimous agreement before a test item could be included. The Tennessee Self-Concept Scale has also dis-
criminated between psychiatric and non-patient groups at the 0.10% level of confidence. In addition, it also discriminated among different psychiatric patient populations. It correlates highly with other measures, notably the Minnesota Multiphasic Personality Inventory (.50-.60), Taylor Manifest Anxiety Scale (-.70 with the Total Positive Score) and the Cornell Medical Index (.50-.70). In addition, the Tennessee Self-Concept Scale has predicted personality change under a variety of controlled studies. "Thus many psychometric qualities of the scale met the usual test construction standards that should exist in an instrument that hopes to receive wide usage," (Buros, 1972, p. 366).

In order to test hypotheses 1, 2, and 3, the Tennessee Self-Concept Scale was administered on a pre- and post assessment.

Problem Checklist. This checklist (Eatontown Children's Psychiatric Center, 1972), contains 237 descriptions of negative child-like behaviors. The subject simply underlines those descriptors which concern him about his target child. The total score of behaviors is calculated and then compared in a pre-post test analysis. After the checklist is completed, the subject then lists three priority behaviors which concern him the most. Please refer to Appendix B for an example protocol.

There are no available reliability and validity studies performed on this instrument. Because of its experimental nature, the examiner of this study conducted a pilot study (see Appendix) of this instrument.

Family Environment Scale. The Family Environment Scale (Moos, 1975) was developed in order to assess the social climate of the family structure. There are 90 true-false items. Administration time usually takes 20 minutes. Normative sampling included 285 families (814 individuals). Internal consistency has been described (Moos, 1975) as varying from moderate to substantial. Three
of the ten subscales were chosen for their direct relevance to parent training. They are: cohesion, control, and conflict. Test-retest reliabilities of these scales were .86, .77, and .85 respectively. The Family Environment Scale was used as pre-post test measurement for each subject.

This instrument is still experimental in nature. "Investigators should note that the normative samples which have been obtained on these three scales are not yet very extensive. Thus investigators should use caution in interpreting their results, particularly if these results are compared to the current norms." (Moos, 1974, p. 2). Because of it's experimental nature, the examiner of this study conducted a pilot study (see Appendix E) of this instrument.

The Behavior Coding System. This observation system (Patterson et al, 1975) focuses upon parent behaviors, child behaviors and parent-child interactions. Positive behaviors of compliance, attention, talk, touching, positive physical, and approval were analyzed along with parent-child interactions of compliance - approval and talk - talk. Please refer to Appendix C for examples of the Behavior Coding System.

The Behavior Coding System contains thirty-two classifications of behavior. It is based on a fifteen second interval recording system. Every fifteen seconds, an observer will mark the first response. The observers were trained for six hours before observing or until reliabilities between observer pairs reaches 80% or above. Reliabilities are established by dividing total agreements by total agreements and disagreements.

The observers used this Behavior Coding System pre, three times during the experimental period, and at post assessment. Please refer to the methodology section for a more detailed description of the statistical analysis that was performed with this instrument.
Behavior Modification Cognitive Scale. This test, adapted by the author, (Pinsker, 1976a), from the Behavior Modification format (Becker, 1976) was designed to assess the general knowledge as well as the practical applications of behavior modification techniques as they relate with parent training skills. This assessment contains 25 objective questions which usually takes 20 minutes to administer. Pre-post testing was performed with this instrument in order to determine if the subjects obtained the general cognitive information of Behavior Modification techniques. Please refer to Appendix C and Appendix E for an example protocol of this instrument.

Parent Effectiveness Training Cognitive Scale. This test, adapted by the author, (Pinsker, 1976b), from the Parent Effectiveness Training format (Gordon, 1970), was designed to assess the general knowledge as well as practical applications of Parent Effectiveness Training as they relate with parent training skills. This assessment contains 25 objective questions which usually takes 20 minutes to administer. Pre-post testing was performed with this instrument in order to determine if the subjects obtained the general cognitive information of Parent Effectiveness Training techniques. Please refer to Appendix D for an example protocol of this instrument.

Parent training techniques have followed a number of various formats and disciplines (Ackerman, 1958; Becker, 1971; Patterson and Gullion, 1976; Gordon, 1970; Dreikurs, Gould and Corsini, 1974). For the purpose of this study, particular formats were analyzed. Behavior modification using Becker's (1971) approach was compared with a communications approach using Parent Effectiveness Training as espoused by Thomas Gordon (1970). Both presentations involve eight sessions, one time per week.
Behavior Modification Format

The Behavior Modification format, as proposed by Becker, (1976), involves the following major topics:

1. Behavior theory
2. Reinforcement theory
3. Baselining procedures
4. Intervention designs and contracting
5. Punishment theory

This format evolves in a natural manner constantly building upon previous knowledge as a foundation. Action commitments are also used in the form of behavioral assignments. The subjects used in this study are encouraged to participate and use the skills within their family structure as soon as they feel confident to do so.

This format is a published, copyrighted program and thereby not reproduced in this section or the Appendix. However, the Group Leader's Guide, which contains specific procedures for the Behavior Modification Parent Training, may be obtained commercially (Becker, 1976).

The behavior modification format emphasizes the following topics:

1. Behavior theory--The theory of behaviorism involves the use of overt, observable responses. In order for the subjects to fully understand and design programs of their own (which is the ultimate goal of the parent training), a general presentation of behavior theory is necessary. The objectives of the instructor are clear at the onset as well as the general motivations of the parents. Programs are designed by the subjects for use in their own homes. In this manner, personal relevance can be maintained. As a general rule, relevant curriculum has been demonstrated as a key factor in sparking and

2. Reinforcement theory—A formidable proportion of behavior theory is concerned with reinforcement, timing of reinforcement, how to reinforce, and what are effective reinforcers. A priority concern of program design is to increase productive responses. In order to accomplish this, meaningful reinforcers are essential. Frequently, abrasive or undesirable responses may be decreased by increasing incompatible responses. For a more detailed discussion of reinforcement theory, please refer to theoretical framework and related literature.

3. Baselining procedures—This phase of parenting skills involves the first difficult behavioral assignment that the subjects need to complete. The task presented is to count behaviors as they naturally occur within the family environment. Patterson (1971) describes the frustration of the instructor in this regard when the subjects fail to turn in baseline data. Methods used to increase compliance of baselining responses involve the use of different contingency management systems, such as rewarding the subjects with additional training sessions, or more advanced guidance in program design.

Baseline data is necessary in order to specify target behaviors, record them and eventually gauge the success or failure of the intervention or consequence (Madsen and Madsen, 1974).

4. Intervention designs—This phase of parent training involves the ultimate goal of the workshops. Intervention designs comprise a contingency management strategy which is stated in behavioral terms and understandable to all parties involved (Zifferblatt, 1970; Martin and Lauridsen, 1974).

5. Punishment theory—The topic of punishment is usually presented near the
end of a series of lectures. Parents are sometimes too eager to add to their armaments new methods for "shaping up" their children without adequate use of rewards for positive responses. Punishment is used to decrease or lessen the re-occurrence of responses. This is accomplished by either of two means: 1) taking away something positive, such as a prized toy, or for older children, the use of restriction--taking away free time; 2) Adding something negative, such as a spanking or scolding. The effects of these measures is directly related to the potency of the positive variable in the former and the potency of the negative variable in the latter as well as to the child's relationship with the punishing agent.

**Parent Effectiveness Training Format**

The Parent Effectiveness Training format, as proposed by Gordon, emphasizes the following major topics:

1. Parents are people--Introduction
2. Communication skills
3. Active listening techniques
4. I-messages
5. Environmental change
6. Conflict resolution--The "No-Lose Method"

This format, as in the Behavior Modification presentation, evolves in a natural manner constantly building upon previous knowledge as a foundation. The subjects used in this study were encouraged to communicate their feelings freely with reference to the techniques used. They were also encouraged to use these techniques as soon as they felt confident to do so.

This format is a published, copyrighted program and thereby not reproduced in this section or the Appendix. However, information about the Parent
Effectiveness Training format may be obtained by writing to: P.E.T. Information, Effectiveness Training Associates, 110 South Euclid Avenue, Pasadena, California 91101.

1. Parents are People--Parents often feel inadequate in their newly acquired role (Dodson, 1969; Gordon, 1970). The need for reassurance and collaboration with parents is a vital step in maintaining proper cooperation with them. People are trained for numerous skills in American society. Somehow, until recently, this area has been neglected. There are proper parenting skills in the job of being a parent as there are definite skills in occupations. As an introduction to the course, this presentation lays the groundwork for proper rapport-building among the subjects and the instructor.

2. Communication skills--The communicative process is the primary focus of Parent Effectiveness Training. A change in the process should have a direct relationship with relevant changes in conflict resolution. This conflict is inherent within the growing process. "As parents, our need is to be needed; as teenagers their need is not to need us," (Ginott, 1959b, preface). Poor communication skills have led to personality disorders as well as characteristic speech disorders of aberrant populations (Eisenson et al, 1963).

The primary techniques used in Parent Effectiveness Training involve the use of parent awareness, understanding, and acceptance of a child's feelings. The emotional tone is interpreted as to what the child is saying, what needs are not presently being met, etc., rather than the emphasis on the cognitive content of what is being said. Active parental listening skills are geared to the affective message of what the child is trying to say. In this manner, the parent can focus upon the relevant conflict as it exists and prepare for the appropriate steps for conflict resolution as well as to prevent further con-
conflicts from developing.

3. Active listening--Active listening is a process used in order to gain empathic understanding of the subject. It is directly related with subject self-exploration and degree of improvement (Truax and Mitchell, 1971). Accurate reflection of feelings delineates the needs of both the parent and the child. Expanding these communications may lead to self-discovery and inevitably resolution of the problem area.

Active listening is regarded as a specific skill. Methods are used to increase active listening through reflective techniques. Cautions are mentioned because too much accurate feedback on a defensive parent may be difficult for him to handle. "A flexible person, however, is not afraid of being changed. And kids who have flexible parents respond positively when they see their mothers and fathers willing to change, willing to be human," (Gordon, 1970, p. 61).

4. I-Messages--I-messages are an aid in delineating ownership of problem areas. Is the problem child-related or parent-related? Sometimes, this differentiation, alone, can resolve conflicts. The child may not have realized that the incident contained so much importance and react accordingly. It also involves risks in that the parent reveals honestly how he feels about a certain situation. "I-messages are also infinitely more effective because they place responsibility within the child for modifying his behavior," (Gordon, 1970, p. 118).

5. Environmental change--This is a preventative technique. The parent adds or deletes materials, depending on the skill level, which the child can manipulate easily and therefore meet his own needs independently. Parents often find themselves spending too much time caring for the needs of their children.
In return, children resent their overdependence on their parents. In order to resolve this natural conflict, manipulating the environment so as to promote as much independence as the child can handle is arranged.

6. Conflict resolution--After a problem has already developed, Parent Effectiveness Training encourages the use of their "No-Lose Method" of conflict resolution. It is a means of determining just what the needs of all parties are, the location of the conflict, and a cooperative solution. It is method III where nobody loses. Method I is a power play where the parental influence takes priority. Method II uses the child's power and his needs take precedence. Method III is a collaboration of the parent-child need states and resolution is determined by both.

**Project Objectives**

This study focuses on the effects of Parent Effectiveness Training and Behavior Modification parent training in the following areas:

**Self-Concept**

The ultimate goal of parent training techniques is to provide parents with positive and efficient methods for rearing their children. The knowledge and practice of these techniques should increase their opportunity of success with their children. This added success would thereby elevate parental confidence level and self-concept. "Psychotherapy, or other positive experiences would be expected to result in enhancement of the self-concept, while stress or failure would be expected to result in lowered self-esteem," (Fitts, 1965, p. 28). In addition, changing parental perceptions of their children may lead them to view more positive aspects of their behavior.

**Family Interaction**

The social climate indicates the general pleasantness or unpleasantness
of the family structure. Gordon (1970) alludes to this in the form of positive parental attitude as a function of conflict prevention. Patterson (1975) discusses avoidance behaviors such as lying, stealing and wandering are due to an aversive environment and are thereby negatively reinforcing the above behaviors. Relevant changes in the social climate should have an overall positive effect in reference to child management.

Patterns of Behavior Change

One of the goals of this study was to promote positive behavior change relative to parent-child interactions. One of the fallacies within research designs is the dichotomy between process and outcome research. Parent Effectiveness Training techniques represent process intervention, while Behavior Modification techniques represent outcome intervention. Process research has been typically involved with therapist-patient interview processes. Outcome research has focused primarily on patient pre-post changes. Strict adherence to the above designs may lead to invalid findings (Kiesler, 1971). In order to avoid this phenomena, the design of this study incorporated both process and outcome variables. In addition, the outcome variables include multiple observations as well as coded frequency interactions in which the communicative process is directly assessed.

The purpose of this study has been an attempt to determine what are the effects of Parent Effectiveness Training and Behavior Modification parent training techniques on the behavior change in target children, parental self-concept, and family interaction.

Experimental Design

This proposed study has used a before and after control group (Pre-test Post-test) Analysis of Covariance design (Kerlinger, 1973).
Methods

A1
A2
A3
X Y
X Y
X Y

Covariates: Pre-test scores, income in dollars, number of years of education, family size, and age of target child.

Independent Variable: Treatments

Dependent Variable: Post-Test scores

The analysis of covariance in combination with multiple regression techniques was implemented because randomization procedures were inaccessible for the purpose of this study. Intact groups were used, thus allowing the advantages of natural settings. "Through the analysis of covariance it is often possible to control class or other group differences statistically," (Kerlinger, 1973, p. 373). Pre-test scores, parental income, number of years of education, family size and age of target child are used to equalize the three groups. Although randomization techniques allow for the best theoretic control, the analysis of covariance design has advantages in "the precision of the analysis and the information it can yield," (Kerlinger, 1973, p. 373).

Methods (treatments)

<table>
<thead>
<tr>
<th></th>
<th>BM</th>
<th>PET</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariates</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Variable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion Measures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Analysis of Covariance
Figure 2: Cross-lagged panel correlation paradigm for assessing causal relationships between two variables.

A special design was also computed for the behavior observations. By the nature of its design, parent rate and child deviant behavior rate are recorded. By the use of the cross-lagged panel correlations, the causative variables can be determined...."If the causal connection between parent and child behavior has been established by treatment, the same two correlations computed from pre-treatment to post-treatment should show that the parents are causes of the child's behavior and the children are not causes of the parents' behavior. Specifically, the correlation (See Figure 2) between parent at pre-treatment and child at post-treatment should be significantly greater than the correlation between the child at pre-treatment and the parent at post-treatment," (Jones, 1964, p. 14)
Analysis of Data

Selected Variables

This design has attempted to control for treatment and criteria variables. The active variables are the treatments used in Groups 1 and 11 and then compared with the control (Group 11).

Statistical Analysis

In order to test hypotheses 1 - 7, data have been statistically analyzed by using the analysis of covariance to determine the effects of treatment. The computer sub-program ANOVA of the Statistical Package for the Social Sciences (SPSS) was used to compute pre-post test data (Nie et al, 1975). In addition, partial correlation statistics was also used to analyze hypothesis #4. Sub-program Partial Corr was used to test that data. All results have used a .05 level of confidence in order to determine statistical significance.
Chapter IV

Results

Chapter four demonstrates the analysis of data as they are related with the seven hypothesis and the statistical design of this study. The covariates age, income, family size and pre-test scores are analyzed separately and the significant factor or factors will be reported within each hypothesis. In addition, the attendance figures of Group I (Behavior Modification) and Group II (Parent Effectiveness Training) are presented.

Covariates

An analysis of the covariates revealed that the three groups in this study were of similar population groups. Please refer to Table III for an individual analysis of each covariate. The only significant differences found among the three groups were: income level and family size. The Behavior Modification Group was significantly higher ($F=3.662; p<.05$) than either the Parent Effectiveness Training and the control group in level of income. In the area of family size, there was a significant difference ($F=4.656; p<.05$) among Groups I and III and II and III. Both the Behavior Modification and Parent Effectiveness Training Groups had significantly higher family size than the control group. There was, however, no significant difference found between Groups I and II in family size.

Attendance

In order to insure high attendance figures, a 100% rebate was offered to each participant who attended the sessions. If the participant attended the first four consecutive sessions, he received a 50% rebate. If the participant attended the last four consecutive sessions, the other 50% of the cost was
given to him (see Appendix A). The parent training workshop was offered essentially free of charge if the participants attended all of the sessions. Figure 3 represents the percentage of attendance for the Behavior Modification Parent Training Workshop (Group I) and the Parent Effectiveness Training (Group II), respectively. The attendance figures appear to be very promising for both Groups I and II. Both Groups I and II had an overall attendance of 90.38%.

The use of contracting with parents has been applied extensively in the past not only for attendance, but also for the completion of behavioral assignments, (Peine and Munro, 1973). In addition to the rebate for attendance, the parents signed an agreement (see Appendix A) to allow the behavioral observations to take place within their home. With few exceptions, the subjects from all three groups were at the designated times and places in order to be observed. If the times were inconvenient, the subjects contacted the examiner in advance so that an alternate date could be scheduled. In each case, the alternate dates were within three days of the original time.

It would be difficult to ascertain if the rebate was the single variable which was instrumental in the high attendance percentage for the Behavior Modification and Parent Effectiveness Training Groups. However, it does appear to be a practical and feasible technique in order to increase and maintain high attendance figures. There were many instructional objectives which were sequential in nature for both Behavior Modification and Parent Effectiveness Training Groups. Truancy from any of the sessions may cause the participants to have gaps in their skill development and thereby frustration in applying their parenting skills.
Table III

Covariates: Age of Target Child, Income Level, Family Size, Years of Education and Pre-Test Scores

<table>
<thead>
<tr>
<th>Covariates</th>
<th>Group I Behavior Modification</th>
<th>Group II Parent Effectiveness Training</th>
<th>Group III Control</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Target Child Mean</td>
<td>7.23</td>
<td>8.69</td>
<td>5.85</td>
<td>2.246NS</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>3.37</td>
<td>2.78</td>
<td>2.17</td>
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<tr>
<td>Income Level Mean</td>
<td>$14.3K</td>
<td>$11.4K</td>
<td>$11.4K</td>
<td>3.662*</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>$1,970.00</td>
<td>2,727.00</td>
<td>3,367.00</td>
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</tr>
<tr>
<td>Family Size Mean</td>
<td>2.46</td>
<td>2.31</td>
<td>1.71</td>
<td>4.656*</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>.78</td>
<td>.75</td>
<td>.47</td>
<td></td>
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<tr>
<td>Parental Education Mean</td>
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<td>14.38</td>
<td>14.21</td>
<td>102NS</td>
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<tr>
<td>Standard Deviation</td>
<td>2.40</td>
<td>2.36</td>
<td>2.19</td>
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</table>

Pre-Test Scores

<table>
<thead>
<tr>
<th>Behavior Modification Achievement Test</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14.46</td>
<td>3.13</td>
</tr>
<tr>
<td></td>
<td>13.46</td>
<td>4.81</td>
</tr>
<tr>
<td></td>
<td>13.21</td>
<td>4.59</td>
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NS = not significant
* = p<0.05
K = $1000
Table III (continued)

<table>
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<tr>
<th>Count</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariates</td>
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</tr>
<tr>
<td>Parent Effectiveness Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>14.54</td>
<td>11.23</td>
<td>12.57</td>
<td>.32 NS</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.99</td>
<td>4.34</td>
<td>4.66</td>
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<tr>
<td>Achievement Test</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mean</td>
<td>24.31</td>
<td>26.85</td>
<td>28.57</td>
<td>.161 NS</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>19.23</td>
<td>24.34</td>
<td>14.25</td>
<td></td>
</tr>
<tr>
<td>Problem Checklist</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mean</td>
<td>24.31</td>
<td>26.85</td>
<td>28.57</td>
<td>.161 NS</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>19.23</td>
<td>24.34</td>
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<tr>
<td>Family Environment Scale</td>
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<tr>
<td>Cohesion</td>
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NS = not significant
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<td>Family Self-Concept</td>
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NS - not significant
Figure 3. Participant attendance at the Behavior Modification and Parent Effectiveness Training workshops.
Hypothesis 1

The total self concept of the Parent Effectiveness Training Group will show significantly greater improvement than Behavior Modification or control groups. More specifically, the Parent Effectiveness Training group will show a significantly greater pre-post change in total self-concept than either Behavior Modification or control groups.

The means and standard deviations of the pre- and post test scores are listed in Table IV. Although there were trends in both the Behavior Modification and Parent Effectiveness Training groups toward increasing total self-concept, they were not significant changes. Interestingly, the control group demonstrated a slight decrease in total self-concept formation, (see fig. 4).

The pre-test score of total self-concept accounted for the majority of the variance with a beta weight of 0.902, which was found to be significant at the 99.9% confidence level. The remaining covariates: age of target child, family size, and family income, were all considered to be non-significant.

Hypothesis 2

The behavior self-concept (How He Acts) of the Parent Effectiveness Training Group will show significantly greater improvement than Behavior Modification or control groups. More specifically, the Parent Effectiveness Training group will show greater significant pre-post change in behavior self-concept than either Behavior Modification or control groups.

The means and standard deviations of the pre- and post-test scores are listed in Table IV. Positive trends were discovered within the Behavior Modification group toward an increase in family self-concept, however, it was not significant. As shown in Figure 5, pre-post increase over the eight week time
### Table IV

**Tennessee Self-Concept Scale: Total, Behavioral, and Family Self-Concept**

<table>
<thead>
<tr>
<th></th>
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<th>Group II Parent Effectiveness Training</th>
<th>Group III Control</th>
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<tr>
<td>Mean</td>
<td>45.69</td>
<td>47.62</td>
<td>46.93</td>
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</tr>
<tr>
<td>Standard Deviation</td>
<td>12.79</td>
<td>14.06</td>
<td>13.95</td>
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<tr>
<td><strong>Post-Test Total Self-Concept</strong></td>
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<td>.768 NS</td>
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<tr>
<td>Mean</td>
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<td>51.23</td>
<td>44.86</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>11.62</td>
<td>15.11</td>
<td>14.37</td>
<td></td>
</tr>
</tbody>
</table>

| **Pre Behavioral Self-Concept** (How He Acts) | | | |
| Mean | 45.92 | 46.23 | 42.5 |
| Standard Deviation | 13.29 | 13.88 | 9.49 |
| **Post Behavioral Self-Concept** | | | |
| Mean | 49.00 | 48.38 | 44.64 |
| Standard Deviation | 10.73 | 13.90 | 10.24 |

| **Pre Family Self-Concept** | | | |
| Mean | 44.08 | 48.69 | 41.29 |
| Standard Deviation | 12.53 | 11.38 | 11.22 |
| **Post Family Self-Concept** | | | |
| Mean | 51.23 | 49.77 | 45.5 |
| Standard Deviation | 15.65 | 11.44 | 8.15 |

NS = not significant
Figure 4. Tennessee Self-Concept-Total Score. Average T-Scores for Groups I, II and III.
Figure 5. Tennessee Self-Concept - Behavioral Self-Concept. Self-Concept as it relates with the behavior of the subject. Average T-scores for Groups I, II and III.
period, was most dramatic within the Behavior Modification Group. In contra-
diction to the hypothesis prediction, the Parent Effectiveness Training group
demonstrated little change. The pre-test behavior self-concept score appeared
to produce the most influence as it was significant at the 99.9% confidence
level (F=70.051).

Hypothesis 3

The family self-concept of the Parent Effectiveness Training group will
show significantly greater improvement than Behavior Modification or control
groups. More specifically, the Parent Effectiveness Training group will show
greater pre-post change in family self-concept than either the Behavior Modi-
fication or control groups.

The means and standard deviations of the pre- and post-test scores are
listed in Table IV. In contradiction to the hypothesis prediction, the Parent
Effectiveness Training and control groups demonstrated small change. However,
positive trends were discovered within the Behavior Modification Group, (see
Figure 6). The pre-test family self-concept score demonstrated the most
influence as it was significant at the 99.9% level (F=48.117).

Summary of Hypothesis 1, 2, and 3.

The self-concept scales of Behavior, Family and Total Self-Concept did not
reveal significant change in any of the three groups. Although strong trends
were discovered within the Behavior Modification Group, in Family and Behavioral
Self-Concept, they were not significant changes. In each case, the major factor
in producing change was the pre-test score. The covariates of age of target
child, family size, family income, and years of parental education were all
found to be non-significant.
Figure 6. Tennessee Self-Concept - Family Self-Concept. Average T-scores for Groups I, II and III.
Hypothesis 4

The number of problem behaviors from targeted children of the Behavior Modification Group will show significantly greater improvement than Parent Effectiveness Training or control groups. More specifically, the Behavior Modification Group will show a significantly greater pre-post difference in problem behaviors in their target children than either the Parent Effectiveness Training or control groups.

As predicted the Behavior Modification Group demonstrated a significant decrease in perceptions of problems in their target children (F=6.067; p<.001) see fig. 7). Individual t-tests on the Parent Effectiveness Training (t=1.57) and control groups (t=1.18) indicated non-significant changes. Please refer to Table V for means and standard deviations of the three groups. There were, however, trends noted in both the Parent Effectiveness and control groups toward a decrease in perceptions of problem behaviors. The covariate with the strongest relationship was the pre-test Problem Checklist Score with a beta weight of .476 (F=38.928; p<.001).

The Problem Checklist was implemented in order to assess self-concept as it relates with the perceptions of others. The subjects of the Behavior Modification Group significantly lowered their perceptions of problem behaviors with their children. Self-concept appears to be a complex variable with multiple components. The parent training workshop emphasized the deletion of problem behaviors of children, while attending to overall self-concept on a secondary basis. These results were apparently reflected in the results obtained. It is feasible to predict that if the children were directly involved with the workshop, self-concept scores may have been increased to an even higher level.
Table V

Problem Checklist

<table>
<thead>
<tr>
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<th>Group II Parent Effectiveness Training</th>
<th>Group III Control</th>
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<tr>
<td>Post Problem Checklist Mean</td>
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<td>14.77</td>
<td>22.29</td>
<td>6.07**</td>
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<td>Standard Deviation</td>
<td>11.19</td>
<td>13.34</td>
<td>13.91</td>
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</tbody>
</table>

** = p < 0.001
Figure 7. Problem Checklist. The number of problems checked for the Behavior Modification, Parent Effectiveness Training and control groups.
Hypothesis 5

The Family Environment of Behavior Modification and Parent Effectiveness Training will show a significantly greater improvement than control. More specifically, Behavior Modification and Parent Effectiveness Training will show higher cohesion, significantly lower degree of conflict and significantly higher parental control than the control group.

Family interaction was assessed by the Family Environment Scale (Moos, 1975). The above hypothesis was partially correct in that the Parent Effectiveness Training had significantly higher cohesion ($p < 0.05$; $t = 2.42$) and lower conflict scores ($p < 0.01$; $t = 3.20$) than the control group. An analysis of variance revealed that cohesion ($F = 5.63$; $p < 0.001$) was elevated to a significant level. Please refer to Table VI for the means and standard deviations of Cohesion, Conflict and Control. Post-Test Cohesion scores for the control group were slightly lower than the pre-test scores, but it was a non-significant change ($t = 1.28$). The Behavior Modification Group Cohesion scores were slightly higher than either groups I or II, but found to be non-significant at the .05 level compared with the Parent Effectiveness Training Group ($t = 1.51$) and the control ($t = 1.28$). Please refer to Figure 8. The covariate which can be attributed with significant change was the pre Cohesion score ($F = 24.541$; $p < 0.001$).

Parental control was found to be non-significant for the three groups ($F = 2.28$; $p < 0.117$). There was a slight trend noted in both the Behavior Modification and the control groups. However, there was a definite trend within the Parent Effectiveness Training Group toward a decrease in parental control (see fig. 9). The covariate which can be attributed with the most influence included the pre-test Cohesion score which had a beta value of 0.564 and an F value of 24.541; $p < 0.001$).

Parental Conflict was found to be significantly lower for the Parent
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<td>43.15</td>
<td>46.93</td>
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<td>Standard Deviation</td>
<td>18.82</td>
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<tr>
<td>Mean</td>
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<td>Standard Deviation</td>
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<td></td>
</tr>
<tr>
<td>Mean</td>
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<td>43.69</td>
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NS = not significant
** = p < .01
Figure 8. Family Environment Scale - Cohesion. Standard scores for Groups I, II and III.
Figure 9. Family Environment Scale - Control. Standard scores for Groups I, II and III.
Effectiveness Group (t=1.04) and the control (t=1.16). The covariates which had a significant relationship included age (beta = 1.482; F=4.518; p<0.018) family size (beta = .016; F=7.458; p<0.01) and the pre-test Conflict score (beta = .761; F=31.635; p<0.001). Please refer to fig. 10.

Hypothesis 6

There will be a significantly greater change in relevant patterns of behavior for the Behavior Modification Group than for the Parent Effectiveness Training and the control group. Specifically the Behavior Modification Group will show significantly higher frequency behaviors of compliance, attention, talk, touch, positive physical, approval, compliance-approval, and talk-talk interactions than the Parent Effectiveness Training and control groups.

Behavior change was assessed by nine student observers. Each observer received six hours of training with the Behavior Coding System (Patterson et al., 1969). Observer reliability was computed by dividing the number of agreements by the total number of observations. In order to insure reliability, an agreement consisted of the proper categorization of the behavior, timing and appropriate code for the individuals observed. Table VII presents the reliability figures for each observer. Minimum Reliability Criteria for each observer

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Figure 10. Family Environment Scale-Conflict standard scores for Groups I, II and III.
was .70. As shown by Table VI, each observer surpassed the criteria stated. Each observation was conducted within the subject's home and lasted one hour in duration. One behavior code was recorded per every 15 seconds. The first twenty minutes was spent with the target child (chosen at the parents request), 10 minutes with the mother, 10 minutes with the father, 5 minutes with each sibling. This schedule was rotated until the observation hour was over. The examiner of this study provided the transportation for each observer to the observation sites.

Changes in compliance, attention, talk, talk-talk, touch, positive physical, approval, and compliance-approval interactions were calculated by an analysis of covariance for the pre-post comparison as well as a graphic illustration (figures 11-18) over the five observation periods. Please refer to Appendix C for the observation forms as well as definitions for each code.

An analysis of pre-post compliance scores revealed no significant change (F=.398; p>.999). Significant covariate relationships included education with an F-value of 6.1; p<.018. The graph (see fig. 11) illustrates that the control group demonstrated more overall compliance than either the Parent Effectiveness Training and the Behavior Modification Group.

Attention was calculated on a pre-post basis. The change was found to be non-significant (F=.617; p>.999). In addition all of the covariates were found to be non-significant at the .05 level. Figure 12 illustrates that the control group depicted more attention responses than either the Behavior Modification or the Parent Effectiveness Training group.

The talk behaviors were also found to be non-significant at the .05 level (F=2.36; p>.109). The significant covariates included age (F=7.942; p<.008), family size (F=7.043; p<.012), and the pre talk frequency (F=4.379; p<.042).
Figure 11. Compliance: The average number of compliance responses for the Behavior Modification, Parent Effectiveness Training and control groups.
Figure 12. Attention: The average number of attention responses for the Behavior Modification, Parent Effectiveness Training and control groups.
Figure 13 depicts that the Behavior Modification Group emitted higher frequency talk behaviors than the Parent Effectiveness Training or the control group. In the talk-talk interaction, however, there was a significant decrease within the Behavior Modification Group (F=3.57; p<.039). All of the covariates individually or collectively appeared to have a non-significant relationship to post changes in the number of talk responses. The talk-talk category was analyzed between the Behavior Modification Group (see fig. 14) and the Parent Effectiveness Training Group and the latter was found to be significant at the .05 level (t=2.579). There was a non-significant relationship between the Parent Effectiveness Training Group and control (t=1.76) and between the Behavior Modification Group and control (t=1.77). The overall analysis of variance revealed significant increases (F=3.570; p<.039) in talk-talk interactions. The covariates appeared to have little effect on the outcomes. The highest beta weight was the pre-observation frequency with a value of .108 (F=.571; p>.99).

The touch responses revealed non-significant changes. Family size was the only significant covariate (F=4.731; p<.035). Figure 15 illustrates the relatively low frequencies of this response category.

Positive physical behaviors were found to have non-significant behavior change. An analysis of variance revealed an F value of .037 (p>.999). The covariates of age and family size effected the only significant changes (F=4.408; p<.041) and F=7.385; p<0.01 respectively). It is interesting to note that the covariate age had negative beta weight of -0.606. Thereby, the younger the child, the more likely he is to gain positive physical responses. Figure 16 depicts that the Behavior Modification Group generally contained more approval responses than the control group and control had more positive physical behaviors than the Parent Effectiveness Training Group.
Figure 13. Talk: The average number of talk responses for the Behavior Modification, Parent Effectiveness and control groups.
Figure 14. Talk-talk Interaction: The average number of talk responses for the Behavior Modification, Parent Effectiveness Training and Control Groups.

* = p<0.05
Figure 15. Touch Interaction: The average number of touch interactions for the Behavior Modification, Parent Effectiveness Training and control groups.
Figure 16. Positive Physical: The average number of positive physical interactions for the Behavior Modification, Parent Effectiveness Training and control groups.
Approval responses revealed a non-significant relationship ($F=.925; p>.999$). There were also non-significant relationships among the covariates, either individually or collectively. Figure 17 depicts that the Behavior Modification Group tended to have more approval responses than the Parent Effectiveness Training Group which had more compliance to approval behaviors than the control. However, in the compliance to approval category, there was a strong trend of pre-post increase in the Behavior Modification Group ($F=3.188; p>.053$). Significant covariates included age ($F=4.064; p<.050$) and the pre observation compliance-approval ($F=19.425; p<.001$). Figure 18 depicts that in an overall analysis the Behavior Modification Group tended to emit these behaviors more than the Parent Effectiveness Training Group and the Parent Effectiveness Training Group had more compliance to approval responses than control.

A further analysis was performed with the behavior codes. The cross-lagged panel correlation was implemented in order to determine causality of parental consequations as they relate with deviant child behaviors. In order to assume causality, it is first necessary to obtain pre-post significant differences between each of the variables: parent consequations and deviant child behaviors. If both variables demonstrate significant productive behavior change (a decrease in deviant child behaviors and an increase in positive parental consequations), then it is feasible to correlate the pre-test parent consequation rate with the post deviant behavior rate and its reciprocal. If the correlation of the pre-parent consequation - post deviant behavior rate is higher than the pre deviant behavior - post parental consequation rate than it may be ascertained that the parent consequations caused the decrease of the deviant behaviors. If the reverse is true, however, then it may be ascertained that the child's behaviors caused a change in the parental consequation rate (Jones, 1974). For a more
Figure 17. Approval: The average number of approval responses for the Behavior Modification, Parent Effectiveness Training and control groups.
Figure 18. Compliance-Approval: The average compliance to approval interactions for the Behavior Modification, Parent Effectiveness Training and control groups.
detailed analysis, please refer to the methodology section.

Parental consequation rates were defined by the examiner as active positive parental behaviors which included: approval, attention, command, compliance, laugh, positive physical, receive, talk, and touch behavior codes. (See Appendix C for definitions of the above categories). A consequation behavior literally indicates the subsequent behavior. It was the examiner's opinion to use active consequations. For instance, a parental consequation may be a no response after a child's behavior which would probably not alter the child's frequency of that behavior. It would have been too difficult at this time for the examiner to train the observers to determine if each parental consequation may have altered the child's behavior and thereby tally those consequations, (See Table VII and fig. 19). An analysis of covariance revealed a significant relationship \( F=4.844; \quad p<0.014 \). The Parent Effectiveness Training Group had significantly higher positive parental consequations than the control \( t=2.14; \quad p<0.05 \). There was no significant change between the Parent Effectiveness Training Group and the Behavior Modification Group \( t=0.2033 \) and the Behavior Modification Group and the control \( t=1.617 \). None of the covariates of age, income, education and family size demonstrated a significant relationship.

For the purpose of this study, deviant behaviors were defined as the following behaviors: cry, dependency, destructiveness, high rate, humiliation, tease, non-compliance, negativism, physical negative, whine and yell (see Appendix C for definitions of the above categories). An analysis of covariance (see Table VII and fig. 19) revealed a significant relationship \( F=4.094; \quad p<0.025 \). The Behavior Modification Group demonstrated a significant decrease in deviant behaviors \( t=2.2084; \quad p<0.05 \) over the control group. However, there was no significant change between the Behavior Modification Group and the Parent Effectiveness
Table VIII

Parental Consequences & Deviant Behaviors of the Children

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<th>Group III Control</th>
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| Pre Deviant Behaviors (child) |                      |                                       |                   |       |
| Mean                           | 11.23                  | 8.85                                  | 11.42             |       |
| Standard Deviation             | 12.62                  | 8.08                                  | 8.98              |       |
| Post Deviant Child Behaviors   |                       |                                       |                   | 4.094*|
| Mean                           | 5.85                   | 3.69                                  | 13.57             |       |
| Standard Deviation             | 5.44                   | 2.93                                  | 14.94             |       |

* = p < 0.05
Figure 19. Frequency of pre-post positive parental consequations and deviant behaviors of their respective children and for Groups I, II and III.
Training Group (t=.99) and the Parent Effectiveness Training Group and control (t=1.306). The covariates age, education, family size and pre-deviant behaviors also proved to be non-significant.

In this instance, the cross-lagged panel correlation would be inappropriate because neither group - Parent Effectiveness Training nor the Behavior Modification Group achieved significant change in both variables. The Parent Effectiveness Training Group demonstrated significant change in positive parental consequences, but not in significantly decreasing deviant behaviors. The Behavior Modification Group achieved a significant decrease in deviant child behaviors, but non-significant relationship in increasing positive parental consequences. Both groups demonstrated strong trends in the appropriate directions (see fig. 19), but they were non-significant.

**Hypothesis 7**

The learning achievement of Behavior Modification and Parent Effectiveness Training will show greater improvement than the control group. More specifically, Behavior Modification and Parent Effectiveness Training will show higher post-test scores than the control group.

As predicted, there was an overall significant analysis of variance when comparing the Behavior Modification Cognitive Scale (Pinsker, 1976a) with the three groups (F=11.324; p<0.001). Upon further analysis, the Behavior Modification Group BM scored significantly higher than the Parent Effectiveness Training Group (t=3.384; p<0.005) and control (t=6.078; p<0.001). The Parent Effectiveness Training Group when compared with the control on BM learning achievement proved to be non-significant (t=1.241). (Please refer to Table VIII and fig. 20) the covariates: age of target child, family size, family income, BM pre test scores, and years of parental education were all non-significant.
The Parent Effectiveness Training Group performed with higher achievement scores on the PET Cognitive Scale (Pinsker, 1976b). An analysis of covariance revealed a significant increase in achievement scores \((f=10.179; p<.001)\). Please refer to Table IX and figure 20. An individual analysis revealed that the Parent Effectiveness Training Group obtained higher PET achievement scores than the Behavior Modification Group \((t=4.0725; p<.005)\) and the control \((t=4.112; p<.005)\). There were no significant differences between the Behavior Modification Group and the control \((t=.090)\). (Please refer to Table IX and figure 20). The covariates age of target child, family income, parental education and pre PET test scores proved to be non-significant.
Table IX

Behavior Modification, Parent Effectiveness Training and Control
Pre-post Learning Achievement

<table>
<thead>
<tr>
<th></th>
<th>Group I Behavior Modification</th>
<th>Group II Parent Effectiveness Training</th>
<th>Group III Control</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre BM Cognitive Scale</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>14.46</td>
<td>13.46</td>
<td>13.21</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>3.13</td>
<td>4.81</td>
<td>4.59</td>
<td>11.324***</td>
</tr>
<tr>
<td><strong>Post BM Cognitive Scale</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>20.00</td>
<td>15.23</td>
<td>13.85</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.92</td>
<td>3.29</td>
<td>4.72</td>
<td></td>
</tr>
</tbody>
</table>

| **Pre PET Cognitive Scale** |                               |                                        |                   |        |
| Mean                 | 14.54                         | 11.23                                  | 12.57             |        |
| Standard Deviation  | 2.99                          | 4.34                                   | 4.66              |        |
| **Post PET Cognitive Scale** |                               |                                        |                   |        |
| Mean                 | 15.23                         | 19.00                                  | 13.14             |        |
| Standard Deviation  | 3.14                          | 3.16                                   | 4.17              |        |

*** = p < .001 level
Figure 20. The PET and BM learning Achievement tests for Groups I, II and III.
Chapter V
Summary, Conclusions and Recommendations

Chapter V represents a summary, conclusions and recommendations for further research in parent training design.

Summary

The needs for more positive parenting procedures have become increasingly paramount during the past decade. Rising divorce rates, geographic mobility, economic stress, and many other factors have contributed to family disruptions. In the current technological society, multilevel training is provided for almost all skills with the exception of proper parenting procedures. Parents are generally expected to know what to do. All too often, they follow the model of their own parents. These models may or may not be appropriate as new and different child and parent needs emerge in order to adapt to the changing society.

The need for a preventive, educational group parenting approach has been emphasized within this study. There are too many possible conflicts which may emerge between two individuals. The addition of the family variable increases the complexity of this relationship. The preventative aspect of parenting procedures appears to be an effective, efficient method of meeting the needs of all of the family members involved.

In the current study, two different methods of parent training techniques have been compared: Parent Effectiveness Training and Behavior Modification Parent Training. Each of these groups were compared with each other as well as to a control group. Although Parent Effectiveness Training and Behavior Modification Parent Training strive toward the completion of common goals, they are different in philosophy and in the techniques used in order to gain a more conducive family atmosphere. Parent Effectiveness Training strives toward in-
creasing genuine and more appropriate communication patterns among the family members, whereas Behavior Modification Techniques emphasize the actions or behaviors of the various family members. Therefore, Parent Effectiveness Training is a process approach and Behavior Modification uses an outcome approach to better parenting procedures.

The criteria used in the study included both process as well as outcome measures. The following measurements were administered on a pre-post basis to the twenty-seven families (subjects; n=40) who participated in this project: Tennessee Self-Concept Scale - Total Self-Concept, Behavior Self-Concept and Family Self-Concept, Problem Checklist, Family Environment Scale - Cohesion, Conflict and Control, and achievement tests in Parent Effectiveness Training and Behavior Modification Parenting techniques. In addition, five one hour observations were implemented using the Behavior Coding System (Patterson et al, 1969).

The subjects were drawn from the populations of three elementary schools. Covariates which were used to equate the three groups included: age of target child, parental years of education, family size, family income and pre test scores. They were then separated into three groups. Group I (n=13) received Behavior Modification Techniques: eight two-hour sessions, one per week for 8 weeks. Group II (n=13) received eight weeks of Parent Effectiveness Training Techniques: eight three-hour sessions, one per week for eight weeks. The control group (n=14) participated in the pre-post testing procedures. When this study was completed, they received eight weeks of parent training techniques.

The analysis of data revealed the following:

1. Contrary to prediction, there were no significant differences found among Groups I, II and III in Total Self-Concept.
2. Contrary to prediction, there were no significant differences found among Groups I, II and III in Behavior Self-concept.

3. Contrary to prediction, there were no significant differences found among Groups I, II and III in Family Self-concept.

4. As predicted, the Behavior Modification Group demonstrated significantly fewer problem behaviors in their target children than either the Parent Effectiveness Training and control groups.

5. This prediction was partially correct as the Parent Effectiveness Training Group demonstrated significantly more cohesion and less conflict than the control group. Contrary to prediction, the Parent Effectiveness Training Group did not demonstrate significantly less family conflict. Neither the Behavior Modification nor the control group portrayed significant change in the areas of Cohesion, Control or Conflict.

6. Contrary to prediction, there were no significant changes in the following relevant patterns of behavior change in Groups I, II and III: compliance, attention, talk, touch, positive physical, approval, and compliance to approval behaviors. There was, however, a significant decrease in talk-talk behaviors detected in the Behavior Modification Group. Deviant behaviors of the target child did significantly decrease in the Behavior Modification Group, but not in the Parent Effectiveness Training Group. Positive parental consequations were significantly increased in the Parent Effectiveness Training Group, but not in the Behavior Modification Parent Training Group.

7. As predicted, the Behavior Modification Group demonstrated significantly higher BM achievement scores than the Parent Effectiveness
Training Group. Concurrently, the Parent Effectiveness Training Group significantly increased PET achievement scores and the Behavior Modification Group did not. No significant change was detected within the control group. Overall attendance figures for both Parent Effectiveness and Behavior Modification Groups were 90.38%. In addition, verbalizations from the subject's from both Parent Effectiveness Training and Behavior Modification Groups desired to continue with an advanced or expanded group.

Discussion of the analysis focused upon the implications of the above seven hypothesis as well as considerations for future research.

Conclusions

Hypothesis 1

The Total Self-Concept includes the overall score of self-esteem (Fitts, 1965). The following sub-scales are included in the computation of the total score: 1) Identity, 2) Self-Satisfaction, 3) Behavior, 4) Physical Self, 5) Moral-Ethical Self, 6) Personal Self, 7) Family Self, and 8) Social Self. Both the Parent Effectiveness Training and Behavior Modification Parent Training dealt primarily with parent-to-child interactions at the exclusion of the other personality variables assessed by the Tennessee Self-Concept Scale. For instance, neither the Parent Effectiveness Training nor the Behavior Modification Parent Training Group provided or are designed to present information in Physical, Moral-Ethical, Identity, Self-Satisfaction, Personal Self Concept, and Social Self-Concept as a primary objective.
Hypothesis 2

The Behavioral Self-Concept (How He Acts) demonstrated no significant change for Groups I, II and III. The Parent Effectiveness Training Group focuses primarily upon the communication process within the family structure. Thereby the behavior of the parent was secondary to these communication techniques. The Behavior Modification Group, however, does implement specific behaviors as the primary objective. It may be possible that the subjects in this study were more influenced by the perspective of their children's behavior and possible contradictions therof, than of their own.

Hypothesis 3

The Family Concept demonstrated no significant change for Groups I, II and III. This was a surprising result to the examiner as neither Parent Effectiveness Training nor Behavior Modification Parent Training Groups produced significant change in this area. There were, however, positive trends noted, but not significant. Apparently, the generalization of effective parent techniques to familial self-concept does not take place. It is also possible that while both groups deal with more productive familial relationships, family self-concept involves more variables than parental techniques in child-rearing skills. In addition, the pre-test scores for all three groups were representative of an average, middle-to upper middle class population. Relative normalcy of each subject was ascertained for each subject before the study began. The pre-test scores for the Total, Behavior, and Family Self-concept were all very close to the average (Pre-test Total Self-concept BM = 45.69; PET 47.62; Pre-Test Behavior Self-concept BM = 45.92; PET 46.23; Pre-Test Family Self-concept BM 44.08; PET 48.69). Post-test Scores for both Behavior Parent Training Groups and Parent Effectiveness Training Groups were elevated closer to the average or even above
Hypothesis 4

The perceptions of problem behaviors significantly decreased within the Behavior Modification Group while no significant decrease was noted for the Parent Effectiveness Training Group. The techniques used in the Behavior Modification Group appear to provide specific techniques which increase positive while lessen or end undesirable behaviors. The parents in the Behavior Modification also completed behavioral assignments in which they gained positive experiences in productive behavior change with their own children. These experiences and positive results apparently had a beneficial effect on the parents of the Behavior Modification Group.

The Parent Effectiveness Training Group, while focusing upon positive communication patterns did not significantly decrease their perceptions of problem behaviors with their children. It may be possible that productive communication techniques require addition time in order to achieve the beneficial results of lessened parental perceptions of problem behaviors with their children. It may also be conceivable that the assumption of positive communication within the family structure is not directly related with a decrease in problem behaviors.

Hypothesis 5

The aspects of Cohesion were significantly (p<.05) elevated for the Parent Effectiveness Group, while no significant changes were noted within either the Behavior Modification or control groups. Cohesion refers to "the extent to which family members are concerned and committed to the family and the degree to which family members are helpful and supportive of each other" (Moos, 1974, page 4). The aspect of positive communication skills apparently increase cohesiveness of the family unit. Positive communication also has a direct effect
upon significantly decreasing conflict within the family setting. No significant changes in Cohesion were found within the Behavior Modification Group. These findings are supportive of the examiner's pilot study (see Appendix F). However, Rosenthal (1975) discovered significant increases within a Behavior Modification Group.

Conflict scores demonstrated a significant \( p < .01 \) decrease for the Parent Effectiveness Training Group. Conflict refers to "the extent to which the open expression of anger and aggression and generally conflictual interactions are characteristic of the family" (Moos, 1974, page 4). One of the methods used in Parent Effectiveness Training is directly involved in conflict resolution. Apparently, these methods have a direct relationship to a lessening of conflict within the home. No significant decreases were discovered within the Behavior Modification or control groups. These results concur with the examiner's pilot study (see Appendix F) and Rosenthal's study (1975).

The aspect of control was found to be non-significant for Groups I, II and III. Control refers to "the extent to which the family is organized in a hierarchal manner, the rigidity of family rules and procedures and the extent to which family members order each other around" (Moos, 1974, page 4). Although there were no significant changes, definite trends were noted. The Behavior Modification Group tended to increase parental control while the Parent Effectiveness Training Group tended to decrease parental Control. This fact is apparently the result of the differing theories involved. Behavior Modification techniques are designed to increase parental influence through the use of consistent rewards and punishments. Parent Effectiveness Training proposes that more parental power be delegated to the other family members.
Hypothesis 6

The behaviors of compliance, attention, talk, touch, positive physical and approval responses demonstrated a non-significant change for Groups I, II and III. An analysis of these behaviors revealed a flaw in the examiner's design. Although these behaviors are generally positive in nature, they may be inappropriate in specific situations. For instance, the family members may be involved in a game in which excessive talking would be inappropriate. In addition, an increase in one positive behavior would necessarily be incompatible with another positive behavior. For instance, using the Behavior Coding System (Patterson et al, 1969), only one parental consequation is permitted during an observation segment. A parent may therefore increase attention responses, while decreasing talk responses. In an overall perspective, the interactions may be positive, but a decrease was noted for specific responses. This appears to be the case when analyzing the significant decrease in talk-talk categories for the Behavior Modification Group, as well as an overall increasing trend in attention and compliance responses for the control group. It is therefore, advisable to be cautious in the analysis of specific behavior categories.

The groupings of positive parental consequations appeared to demonstrate a more valid analysis. In the comparison of positive parental consequations (approval, attention, command, compliance, laugh, positive physical, receive, talk, and touch behaviors), the Parent Effectiveness Training Group demonstrated a significant increase. However, there was a non-significant decrease in deviant behaviors (cry, dependency, high rate, humiliation, tease, non-compliance, negativism, physical negative, whine and yell). This aspect of parent training deserves a more intense analysis. The basic assumption of positive
communication skills proposes that proper communication will tend to lessen deviant behaviors. A definite trend toward a decrease of deviant behaviors did occur, but it was non-significant. There may be more variables involved with a change in deviant behaviors than positive communication. The Behavior Modification Group demonstrated a non-significant change in parental consequences, but a significant decrease in deviant behaviors. There was a definite trend toward an increase in positive parental consequences. It may be possible that there may be more variables involved in positive parental consequences than a decrease in the deviant behaviors of the children.

The technique of behavior observations appears to be generally effective in assessing the behaviors of the subjects employed in this study. The preventive, educational approach appears to be effective. However, the frequency of behaviors appear to be low. Significant relationships seem to be difficult to ascertain when approached individually. The behavior sampling technique necessarily requires a relatively high rate of behavior in order to demonstrate significant outcomes. In view of practicality, however, it may be more beneficial to view the parents and their respective children in an observation room, possibly with the use of video tape equipment. It was not always possible to send the same observer to the particular family over the eight week period. In addition, the subjects were not permitted to watch television or leave the perimeter of their property. There were times when the target child was not permitted to watch his favorite television program or go to the store with his friends because of the observation procedure. What might have been a relatively calm afternoon, created minor conflicts between the parents and their respective children. While this occurrence was relatively rare, it is worth noting. The use of videotape might be used to demonstrate improvement in behavior
techniques of praise and rule making procedures or Parent Effectiveness Training Techniques of active listening and I-statements.

**Hypothesis 7**

The learning achievement of both the Behavior Modification Group (p<.001) and the Parent Effectiveness Training Group (p<.005) demonstrated dramatic increases when compared with the control group. This is an important variable in terms of the effectiveness of the instruction as well as the future use of the techniques involved. An analysis of the previous hypothesis detected trends in the criteria which demonstrated the differences of the philosophies of the two techniques (e.g. Parental Control).

The covariates of age of target child, size of family, family education, and pre-test scores tended to be non-significant with the exception of the pre-test scores. The greatest influence of the covariates appeared to be related with the pre-test scores.

**Summary**

The present study was designed in order to ascertain the differences between Parent Effectiveness Training and Behavior Modification Parent Training in the areas of Self-concept, Family Interaction and Patterns of Behavior Change. Self-concept scores tended to be non-significant with the exception of perceptions of problems of target children were significantly decreased in the Behavior Modification Group. Family interaction scores of Cohesion and Conflict were significantly changed in appropriate directions for the Parent Effectiveness Training Group, but not for the Behavior Modification Group. No significance was detected in the area of Control. Patterns of behavior change revealed a significant increase in positive parental consequations for the Parent Effectiveness Training Group. A non-significant change was noted for the Behavior
Modification Group. Deviant behaviors of the children were significantly decreased for the Behavior Modification Group, but no significant decrease was discovered for the Parent Effectiveness Training Group.

The implications for parent group research are multifaceted. Different results occurred in the above analysis which appear to reflect the differing techniques of the parent training programs. The methods used should be reflective of the goals desired of the individual practitioner. It appears that both approaches are effective in their general goals of a more positive family setting. Another consideration to the practitioner might be cost effectiveness in terms of time commitment. The total time allotted for the Behavior Modification Group was 16 hours (8 sessions @ 2 hours a session) whereas the Parent Effectiveness Training Group was allotted 24 hours (8 sessions @ 3 hours a session).

Recommendations

1. It is recommended that this study be replicated using a random group design. The covariates (other than pre-test scores) appeared to have minimal effect because of the overall homogeneity of the populations used, but collectively subtle changes may have occurred.

2. It is further recommended that this study be replicated with a more stratified subject sample. The examiner attempted to attract a larger number of lower economic status subjects by the use of the low cost, but this did not occur. There may be an interaction effect between subject pool and methods used. Tavormina (1976) found differing results using a different population sample when he compared a behavioral approach to client-centered techniques in parenting.

3. It is further recommended that observation techniques take place within
a central location where observers would have the opportunity to view the family interaction with a one-way glass. Thereby, subtle differences in observer appearance, personality, disposition may be controlled. It is finally recommended that this study be replicated taking into account the interaction of parent instructor personality with the methods and subject populations employed.
APPENDIX A

Parent Training Forms
POSITIVE PARENT TRAINING

PURPOSES: 1) To give parents the required skills needed to cope with the problem behaviors exhibited by their children.

2) To help parents gain success and happiness in their integration with their children by showing how they can influence and change their children's behavior.

3) To provide preventive measures in effective child-rearing techniques.

PLACE: YMCA, 7540 Hull Street Road, Richmond, Virginia 23235
(Across from Manchester High School)

DATE: February 17, 1977-First meeting, - April 7, 1977

SESSIONS: Thursday-7:00 p.m. to 9:00 p.m. for 8 weeks.

COST: $10.00 per person, text included. Because of special research considerations*, this course is provided at a $40.00 per person savings!!! In addition, in order to defer babysitting costs, $5.00 will be rebated for 100% attendance for the first four sessions and $5.00 for 100% attendance for the last four sessions.

*Confidential testing will be involved during the first and last session of this course. In addition, permission for home observers to view your child in your home for 5 one-hour sessions will be necessary. All information will be pooled together and used on a group basis only. All information is confidential and individual feedback will be given upon request at the completion of this project.

CLASS SIZE: Limited to the first 45 parents who complete application (3 classes--limited size 15 per group)

INSTRUCTOR: Mr. Mark Pinsker, Certified School Psychologist, Licensed Counselor, and Mr. Agamennon Vassos, Certified Parent Instructor.

CONTACT: A. M. Davis Elementary School, Phone 276-5511, leave name, telephone number with secretary and Mr. Pinsker will contact you. Or contact Mr. Pinsker directly 786-1789 or 786-1790; or detach and return form at the bottom to Davis Elementary by February 15, 1977.

I am interested in participating in the Parent Training Course.

NAME ______________________________________________________________________

ADDRESS ____________________________________________________________________ Phone ____________________
PARENT EFFECTIVENESS TRAINING

PURPOSES: 1) To give parents the required skills needed to cope with the problem behaviors exhibited by their children.

2) To help parents gain success and happiness in their integration with their children by showing how they can influence and change their children's behavior.

3) To provide preventive measures in effective child-rearing techniques.

PLACE: Wagstaff Fire Station, Adkins Road, Richmond, Virginia

DATE: February 15, 1977 - First meeting, April 9, 1977

SESSIONS: Tuesday-7:00 p.m. to 10:00 p.m. for 8 weeks.

"24 hours that will change your life"

COST: $10.00 per person, text included. Because of special research consideration*, this course is provided at a $40.00 per person savings!! In addition, in order to defer babysitting costs, $5.00 will be rebated for 100% attendance for the first four sessions and $5.00 for 100% attendance for the last four sessions.

*Confidential testing will be involved during the first and last session of this course. In addition, permission for home observers to view your child in your home for 5 one-hour sessions will be necessary. All information will be pooled together and used on a group basis only. All information is confidential and individual feedback will be given upon request at the completion of this project.

CLASS SIZE: Limited to the first 45 parents who complete application (3 classes--limited size 15 per group)

INSTRUCTOR: Mr. Mark Pinsker, Certified School Psychologist, Licensed Counselor, and Mr. Agamennon Vassos, Certified Parent Instructor.

CONTACT: Mr. Pinsker directly 786-1789 or 786-1790; or detach and return form at the bottom to J. Sargeant Reynolds Community College, Psychology Dept., P. O. Box 12084, Richmond, Virginia 23241

I am interested in participating in the Parent Training Course.

NAME ____________________________________________

ADDRESS _________________________________________ PHONE ____________

____________________________________________________
POSITIVE PARENT TRAINING

PURPOSES: 1) To give parents the required skills needed to cope with the problem behaviors exhibited by their children.

2) To help parents gain success and happiness in their integration with their children by showing how they can influence and change their children's behavior.

3) To provide preventive measures in effective child-rearing techniques.

PLACE: YMCA, 7540 Hull Street Road, Richmond, Virginia 23235 (Across from Manchester High School)


SESSIONS: Tuesday - 7:00 p.m. to 9:00 p.m. for 8 weeks.

COST: $10.00 per person, text included. Because of special research consideration*, this course is provided at a $40.00 per person savings! In addition, in order to defer babysitting costs, $5.00 will be rebated for 100% attendance for the first four sessions and $5.00 for 100% attendance for the last four sessions.

*Confidential testing will be involved during the first and last session of this course. In addition, permission for home observers to view your child in your home for 5 one-hour sessions will be necessary. All information will be pooled together and used on a group basis only. All information is confidential and individual feedback will be given upon request at the completion of this project.

CLASS SIZE: Limited to the first 45 parents who complete application (3 classes--limited size 15 per group)

INSTRUCTOR: Mr. Mark Pinsker, Certified School Psychologist, Licensed Counselor, and Mr. Agamennon Vassos, Certified Parent Instructor.

CONTACT: Mr. Pinsker directly 786-1789 or 786-1790; or detach and return form at the bottom to J. Sargeant Reynolds Community College, Psychology Dept., P. O. Box 12084, Richmond, Virginia 23241

I am interested in participating in the Parent Training Course.

NAME __________________________________________

ADDRESS _________________________________________ PHONE __________________

________________________________________________
I give permission to allow observers to enter my home for five one-hour sessions. I understand that the times and dates will be scheduled in advance. I also realize that I am to contact my observer if the scheduled time is inconvenient.

Signed ______________________________________

Signed ______________________________________
CONFIDENTIAL

Please fill out the following information as completely as possible. It will be used in strictest confidence and used only in group statistics.

Name:

Address:

Phone:

Age:

Wife:

Husband:

Status: (check one) married ___ single ___ divorced ___ widowed ___

Years of education: highest year completed

Wife________

Husband______

Occupation:

Wife________

Husband______

Yearly income: Round off to nearest thousand

Wife________

Husband______

Age of target child ____________

Sex of target child male ______ female ______

Number of children in your household: ____________

Thank you very much for filling out this questionnaire.
APPENDIX B

Problem Checklist
NAME(S) OF RESPONSIBLE ADULT(S).......................................................... COMPLETING THIS FORM

DATE.................... CHILD'S NAME......................................................
Directions: Below is a list of problems that children often have. Read each one and draw a line under as many of them that really concern you about your child.

1. Eats too little
2. Eats too much
3. Not eating the right food
4. Drools
5. Frequently wets bed at night
6. Frequently not dry during day
7. Constipated often
8. Soils self
9. Gets lower grades in school than should
10. Afraid of tests
11. Afraid of going to school
12. Refuses to go to school
13. Does not talk plainly, poor pronunciation
14. Stutters
15. Uses baby-talk
16. Stammers
17. Shy with other children
18. Too few friends
19. Feels inferior to other children
20. Picked on by children
21. Feels unattractive
22. Feels too short
23. Feels too large in size
24. Feels inadequate about a handicap or deformity
25. Worries too much about health
26. Very nervous, tense
27. Fear of animals
28. Afraid of high places
29. Sad, unhappy too often
30. Cries too easily
31. Feels helpless
32. Blames self too much
33. Gets into trouble
34. Destroys property of others
35. Steals
36. Lies
37. Bites nails
38. Picks nose
39. Pulls out hair
40. Always late, dawdles
41. Puts everything to mouth
42. Difficulty falling asleep or sleeping
43. Sleeps too much
44. Troubled, restless sleep
45. Diarrhea, frequent bowel movements
46. Holds urine
47. Too much gas
48. Excessive masturbation
49. Slow in reading
50. Cannot keep mind on studies
51. Does not pay attention to teachers
52. Restless in class
53. Slow in learning to talk
54. Asthma
55. Headaches for no physical reason
56. Stomach cramps, aches too often
57. Feels different from other children
58. Too easily led
59. Left out by children of own age
60. Never chosen as a leader
61. Is self-conscious about own body
62. "Big-shot"
63. Gets angry too easily
64. Cruel to animals
65. Will not stay home alone
66. Fear of darkness
67. Fear of death
68. Panics when afraid
69. Too easily discouraged
70. Gloomy about the future
71. No interests
72. Has no character
73. Runs away from home
74. Sets fires, plays too much with matches
75. Traffic offender
76. Breaks promises
77. Breath holding
78. Thumb sucking
79. Bad table manners
80. Untidy
81. Has bad dreams
82. Sleepwalks
83. Has nightmares, night terrors
84. Talks in sleep

85. Touches or plays with sex organ when should not
86. "Peeps", looks at people when undressing
87. Exposes self excessively
88. A masculine girl ("tomboy")

89. Coaching, tutoring does not help in school work
90. Afraid to sepak up in class
91. A "bookworn"
92. Does not get along with teacher

93. Nausea, vomiting
94. Eczema
95. Hives
96. Ulcers

97. Picks wrong kind of friends
98. Fights too much with children
99. Can't keep up with kids of own age
100. Spends too much time with friends

101. Cruel to people
102. Blows his or her top
103. Suiks, pouts
104. Gripes too much

105. Fear-ridden child
106. Unusual fears (describe)
107. Has peculiar ideas
108. Gets very confused

109. A passive child
110. Too meek
111. A "clinging vine"
112. No self-confidence

113. Does not do chores
114. Takes advantages of people
115. Disobeys parents
116. Not close to parents

117. Scratches self a lot
118. Picks skin
119. Swears, uses dirty languages
120. Unable to keep to a time schedule

121. Uses hands in poorly coordinated way
122. Restless, can't stay in one place
123. Clumsy in using legs
124. Non-athletic
125. She is "boy crazy"
126. Menstrual difficulties
127. A feminine boy ("sissy")
128. She has had sex relations
129. Truants
130. Does not like to go to school
131. Does not spend enough time in study
132. Not interested in books
133. Colitis
134. Fainting, dizziness
135. Loss of feeling in part of body
136. Dislikes other children
137. Withdraws from children
138. Jealous of friends
139. Bossy with friends
140. Always wants revenge
141. Irritable child
142. Very sarcastic
143. Teases excessively
144. Daydreams a lot
145. Hears or sees things that are not there
146. Extremely poor judgment
147. Does strange things. Specify_____________________
148. "Spineless", no "guts"
149. Cannot make own decisions
150. Gets too excited
151. Does not try to correct bad habits
152. Too stubborn with parents
153. Continual demanding of gifts, new things
154. Over-obedient at home
155. Wants too much attention from parents
156. Loses own possessions frequently
157. Careless with own appearance
158. Careless with clothes and belongings
159. Selfish, won't share
160. Jerky movements
161. Lazy, apathetic, no energy
162. Head banging
163. Paralyzed
164. He is "girl crazy"
165. Abnormal sex acts
166. No interest in opposite sex though old enough
167. Always thinking about sex
168. Below average in intelligence
169. Does not complete work
170. Poor memory
171. Unsure of self in school
172. Hurts self too often

173. Neglects own health and safety
174. Has had a number of accidents
175. Threatens suicide
176. Difficulties with children of opposite sex

177. Plays too much with younger children
178. Bossy with brother(s) and/or sister(s)
179. Jealous of brother(s) and/or sister(s)
180. Does not express anger

181. Threatens homicide
182. Attempted homicide
183. Carries dangerous weapons
184. "Out of this world"

185. Preoccupied with own thoughts
186. Talks about going crazy
187. Does not notice surroundings
188. Loses temper

189. Makes hasty decisions
190. Is erratic, unpredictable
191. No control over emotions
192. Distrusts, suspicious of parents

193. Fights back, talks back to elders
194. Too dependent upon mother, father
195. Inconsiderate of parents
196. Cannot handle money as well as should

197. Smokes
198. Drinks
199. Gambles
200. Moves too slowly

201. Has twitches
202. Rocks all the time
203. Bumps into furniture, trips, etc.
204. Prudish and embarrassed by talk about sex

205. Unsure of how to act with opposite sex
206. Does not know enough about sex
207. Has been sexually molested
208. Watches T.V. all the time

209. Trouble adjusting to a new school
210. Tries to get attention in class
211. Too many absences from school
212. Has attempted to kill self
115. Let self be used by others
114. Makes fool of self
115. Wants to get punished
116. Fights brother(s) and/or sister(s) too much

217. Clings to brother(s) and/or sister(s)
218. No love for brother(s) and/or sister(s)
219. Hateful
220. Gets people angry, provokes

221. "Brat"
222. Bully
223. Is having, or will have, a nervous breakdown
224. Gets completely out of control

225. Talks to self
226. Laughs for no reason
227. Too cautious
228. Never shows feelings

229. Drives car too fast
230. Will do anything for thrills
231. Over-sensitive to criticism from parents
232. Spoiled, runs household

233. A pest at home
234. Too fussy about cleanliness, neatness
235. Does not take care of personal hygiene
236. Does not feed self well

237. Behind other children on dressing self

Are there any problems you are concerned about that were not mentioned on the check list? If so, list:

If you underlined more than one problem, do any worry you the most? If so, write down the number(s).

How long did it take you to complete this check list? ______ Do you think it gives an accurate picture of your child's difficulties? _____ If not, what are your criticisms?

Write a general description of the kind of person your child is:
What are the child's best qualities?
APPENDIX C

Behavior Coding System
## BEHAVIOR RATING SHEET

<table>
<thead>
<tr>
<th>Behavior Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-AP</td>
<td>Compliance-Approval</td>
</tr>
<tr>
<td>TA-TA</td>
<td>Talk-talk</td>
</tr>
<tr>
<td>AP</td>
<td>Approval</td>
</tr>
<tr>
<td>AT</td>
<td>Attention</td>
</tr>
<tr>
<td>CM</td>
<td>Command</td>
</tr>
<tr>
<td>CN</td>
<td>Command (neg.)</td>
</tr>
<tr>
<td>CO</td>
<td>Compliance</td>
</tr>
<tr>
<td>CR</td>
<td>Cry</td>
</tr>
<tr>
<td>DI</td>
<td>Disapproval</td>
</tr>
<tr>
<td>DP</td>
<td>Dependency</td>
</tr>
<tr>
<td>DS</td>
<td>Destructiveness</td>
</tr>
<tr>
<td>HR</td>
<td>High Rate</td>
</tr>
<tr>
<td>HU</td>
<td>Humiliate</td>
</tr>
<tr>
<td>IG</td>
<td>Ignore</td>
</tr>
<tr>
<td>LA</td>
<td>Laugh</td>
</tr>
<tr>
<td>NC</td>
<td>Non-compliance</td>
</tr>
<tr>
<td>NE</td>
<td>Negativism</td>
</tr>
<tr>
<td>NO</td>
<td>Normative</td>
</tr>
<tr>
<td>PL</td>
<td>Play</td>
</tr>
<tr>
<td>PN</td>
<td>Negative Physical Contact</td>
</tr>
<tr>
<td>PP</td>
<td>Positive Physical Contact</td>
</tr>
<tr>
<td>RC</td>
<td>Receive</td>
</tr>
<tr>
<td>SS</td>
<td>Self-stimulation</td>
</tr>
</tbody>
</table>

**Description**

Subject _____________________ Observer _____________________ Date __________ Sheet No. __________

118

ID Number ________
BEHAVIORAL CODING SYSTEM (BCS)

(Patterson et al, 1969)

VERBAL

CM (COMMAND): This category is used when an immediate and clearly-stated request or command is made to another person.

CN (COMMAND NEGATIVE): A command which is very different in "attitude" from a reasonable request (CM). 1) Immediate compliance is demanded. 2) Aversive consequences are threatened if compliance is not immediate. 3) A kind of sarcasm or humiliation is directing towards the receiver.

CR (CRY): Whenever a person cries, with no exceptions.

HU (HUMILIATE): Makes fun of, shames, or embarasses the subject intentionally.

LA (LAUGH): A person laughs in a non-humiliating way.

NE (NEGATIVISM): A statement in which the verbal message is neutral, but which is delivered in a tone of voice that conveys an attitude of, "Don't bug me, don't bother me."

WH (WHINE): A person states something a slurring, nasal, high-pitched, falsetto voice.

YE (YELL): The person shouts, yells, or talks loudly.

TA (TALK): This code is used if none of the other verbal codes are applicable.

DI (DISAPPROVAL): The person gives verbal or gestural disapproval of another person's behavior or characteristics.

DP (DEPENDENCY): When a person is requesting assistance in doing a task that he is capable of doing himself, and it is an imposition on the other person to fulfill the request.

NC (NONCOMPLIANCE): When a person does not do what is requested of him.

PL (PLAY): A person is playing alone or with others.

TE (TEASE): Teasing another person in such a way that the other person is likely to show displeasure and disapproval or when the person being teased is trying to do some other behavior, but is unable to because of the teasing.
WK (WORK): A person is working, either alone or with others, 1) the behavior is necessary for the smooth functioning of the household; 2) the behavior is necessary for a child to perform a behavior in order to learn it to help him assume an adult role.

NON-VERBAL

DS (DESTRUCTIVENESS): The person destroys, damages, or attempts to damage any non-human object: the damage need not actually occur, but the potential for damage must exist.

HR (HIGH RATE): Any repetitive behavior not covered by other categories that if carried on for a long period of time would be aversive or annoying.

IG (IGNORE): When a person A has directed behavior at person B and person B appears to have recognized that the behavior was directed at him, but does not respond in an active fashion.

PN (PHYSICAL NEGATIVE): A subject physically attacks or attempts to attack another person with sufficient intensity to potentially inflict pain.

PP (PHYSICAL POSITIVE): A subject physically shows approval through a gestural movement.

AT (ATTENTION): When one person listens to or looks at another person and the categories AP and DI are not appropriate.

NO (NORMATIVE): A person is behaving in an appropriate fashion and no other code is applicable.

NO NORMATIVE

NR (NO RESPONSE): When a person does not respond to another person. Applicable when a behavior does not require a response, or when behavior is directed at another person, but the person to whom the behavior is directed fails to perceive the behavior.

RC (RECEIVE): A person receives a physical object from another person and does not do anything as a result of the contact.

TH (TOUCH): When the subject touches another person or hands an object to another person.

EITHER VERBAL OR NON-VERBAL

AP (APPROVAL): A person gives clear gestural or verbal approval to another individual. Must include some clear indication or positive interest or involvement.

CO (COMPLIANCE): A person immediately does what is asked of him.

SS (SELF-STIMULATION): Repetitive behaviors which the individual does to himself and cannot be coded by any other codes.
APPENDIX D

Behavior Modification Cognitive Scale
ACHIEVEMENT TEST

Name __________________________

Place the most appropriate response in the proper blank.

1. Events which follow a response which can strengthen or weaken responses are called:
   a. antecedents
   b. rewards
   c. punishers
   d. consequences

2. Behaviors which cannot be performed at the same time are called behaviors.
   a. social
   b. cooperative
   c. academic
   d. incompatible

3. Consequent events which maintain or strengthen responses are called:
   a. reinforcers
   b. punishers
   c. antecedents
   d. incompatible

4. Withholding all forms of reinforcement for a specified period of time is useful form of:
   a. reward
   b. approval
   c. scolding
   d. punishment

5. Responses can be weakened by no longer:
   a. punishing them
   b. reinforcing them
   c. writing them down
   d. verbalizing them

6. Food, candy, toys and warmth are reinforcers for most people.
   a. unlearned
   b. learned
   c. secondary
   d. conditioned

7. An example of a social reinforcer could be:
   a. candy
   b. approval
   c. green stamps
   d. inner motivation
8. A reward is most meaningful if given:
   a. immediately before a proper response
   b. immediately after a proper response
   c. during a proper response
   d. if candy is used with small children

9. Money, points, stars, Green stamps are ________ reinforcers.
   a. unlearned
   b. learned
   c. tertiary
   d. primary

10. When teaching a new task,
    a. reward every other response
    b. reward all responses
    c. reward improvement
    d. reward only successful completion

11. To keep behavior going, reward
    a. every time
    b. once in a while
    c. every 29th time
    d. none of the above

12. Events that happen at the same time, tend to be:
    a. associated together
    b. cancel each other out
    c. are usually incompatible
    d. quickly forgotten

13. If praise, attention and affection do not work, then:
    a. should talk to the child
    b. go back to more basic reinforcers
    c. use money
    d. none of the above

14. If behavior is to persist,
    a. it must be intrinsic
    b. there has to be an effective payoff
    c. it must be carried out in a calm manner
    d. all of the above

15. TRUE OR FALSE
    The use of rewards with children is really a form of bribery.

16. How can one criticize less?
    a. Provide cues for praising more
    b. Getting practice in how to praise
    c. Make it possible to be reinforced for praising more
    d. all of the above
17. When you praise, it is important to focus on the child's
   a. past events
   b. personality
   c. behavior
   d. behavior and personality

18. Baselining involves:
   a. recording events under normal circumstances
   b. providing rewards at the appropriate time
   c. immediate punishment procedures
   d. a specific time for "family council."

19. Who determines the meaningful reward?
   a. the home environment
   b. the child
   c. the parent
   d. the child's peers

20. Punishment usually involves:
   a. short-term effects
   b. long-term effects
   c. hyperactivity
   d. self-control

21. Ignoring a behavior will cause that behavior to:
   a. decrease
   b. remain stable
   c. very indefinitely
   d. remain intact

22. A child can avoid punishment by:
   a. performing properly
   b. avoiding the punisher
   c. possibly lying about his behavior
   d. all of the above

23. An appropriate behavior to change would be:
   a. a negative self-concept
   b. aggression
   c. hitting
   d. bossiness

24. Time-out is:
   a. free time
   b. removing a child from reinforcement
   c. game or activity time
   d. discussion time

25. A behavior that would be appropriate to increase would be:
   a. self-control
   b. responsibility
   c. citizenship
   d. completion of tasks
KEY TO BM ACHIEVEMENT TEST

1. d 11. b 21. a
2. d 12. a 22. d
3. a 13. b 23. c
4. d 14. b 24. b
5. b 15. false 25. d
6. a 16. d
7. b 17. c
8. b 18. a
9. b 19. b
10. c 20. a
APPENDIX E

Parent Effectiveness Training Cognitive Scale
ACHIEVEMENT TEST

NAME ________________________________

Place the most appropriate response in the proper blank.

1. In order for parents to be persons, you must
   a. be consistent
   b. pretend to be accepting
   c. treat all of your children equally

2. According to PET,
   a. setting limits is a productive endeavor
   b. there is a difference between a child and his behavior
   c. there is no difference between a child and his behavior
   d. spanking procedures are OK

3. In order to demonstrate acceptance,
   a. it is a passive state of mind
   b. it is necessary to gain professional assistance
   c. it must be actively communicated
   d. knowledge of psychology is needed

4. Non-verbal messages are communicated via
   a. gestures
   b. postures
   c. facial expressions
   d. all of the above

5. Parents can demonstrate acceptance non-verbally by
   a. keeping hands off
   b. saying nothing
   c. special assistance
   d. both a and b

6. The most effective way of getting a child to do what you want
   is to:
   a. order, threaten, moralize
   b. advise, lecture, judge
   c. praise, ridicule, analyze
   d. console, question, humor
   e. none of the above

7. The communication process includes:
   a. 2 or more people
   b. 2 or more people, encoding, and code
   c. 2 or more people, encoding and decoding
   d. 2 or more people, encoding, code and decoding
8. Feedback involves:
   a. reassurance
   b. a reflection of feelings
   c. a reflection of content
   d. correct encoding

9. The risk of active listening involves:
   a. changing your attitudes and opinions
   b. the possibility of making a mistake
   c. giving up a certain amount of power
   d. a change in familial structure

10. Active listening should be used:
    a. only when serious problems occur
    b. when children communicate troublesome feelings
    c. one time a week at a specific time
    d. daily at a specific time

11. Active listening should not be used:
    a. to answer factual questions
    b. to convey emotions
    c. during dinner time
    d. with children under the age of 8

12. When you are interacting with a young child, it is important to:
    a. give the child a chance to meet his own needs
    b. give him toys that he has already demonstrated success
    c. encourage and advise the child as much as time will allow
    d. allow him to use non-verbal signs although he has verbalized his feelings in the past.

13. A child owns the problem when:
    a. he has his feet on your new sofa
    b. he makes two failing marks on his report card
    c. his best friend has to stay in for the day
    d. he is interrupting you when you are talking with a friend.

14. A parent has a problem when:
    a. a child left his toys on the living room rug
    b. a child got cut from the swimming team
    c. the school field trip was cancelled
    d. a fire occurred in the midwest

15. What alternatives does a parent have when he owns the problem?
    a. He can try to modify the child directly.
    b. He can try to modify the environment.
    c. He can try to modify himself.
    d. All of the above.

16. I-messages are effective because:
    a. the parent wins the power struggle
    b. It is less apt to provoke resistance and rebellion
    c. the places responsibility within the child to modify his behavior
    d. both b and c
17. Problems encountered with I-messages include:
   a. they don't work
   b. children may ignore them
   c. children may be too young to understand
   d. the fact that emotional tones may be conveyed

18. Changing the environment includes:
   a. enriching the environment
   b. impoverishing the environment
   c. simplifying the environment
   d. all of the above

19. Child-proofing the environment includes:
   a. locking up the child's toy chest
   b. putting matches out of reach
   c. raising the door handles
   d. all of the above

20. Method I is ineffective in problem resolution because:
   a. it allows no opportunity to develop self-discipline
   b. the child always wins
   c. there is a possibility to spoil the child
   d. it is too easy to enforce

21. Method II is ineffective in problem resolution because:
   a. the child may become too self-centered
   b. the child may withdraw
   c. it is time-consuming
   d. it involves a cooperative agreement of all family members.

22. The effects of parental power on the child include:
   a. resistance
   b. hostility
   c. aggression
   d. all of the above

23. It would be beneficial for children:
   a. to have their parents set limits on their behavior
   b. to know the limits of their parent's acceptance of behavior
   c. to set their own limits of behavior
   d. to accept authority of parental rules

24. Method III in problem resolution is effective because:
   a. it uses the principle of participation
   b. it uses the principle of parental power
   c. it uses the principle of consistence
   d. it involves tried and true business practices

25. The difficulty with Method III is that it
   a. uses parental power
   b. uses a group decision
   c. takes too much time
   d. none of the above
KEY TO PET ACHIEVEMENT TEST

1. d  
2. c  
3. c  
4. d  
5. d  
6. e  
7. d  
8. b  
9. a  
10. b  
11. a  
12. a  
13. b  
14. a  
15. d  
16. d  
17. b  
18. d  
19. b  
20. a  
21. a  
22. d  
23. b  
24. a  
25. d
APPENDIX F

Pilot Study
Pilot Study
Chesterfield County Public Schools
Chesterfield, Virginia

Mark Pinsker
May, 1975
Behavior modification parent training group: A quantitative analysis of three criterion measures: Family Environment Scale (Moos, 1975), Problem Checklist (Eatontown Children's Psychiatric Center, 1972), and the BM cognitive scale (Pinsker, 1976).

Purpose

The purpose of the following pilot study is two fold: (1) to discover the feasibility of three criterion measures: (a) FES (Family Environment Scale), PCL (Problem Checklist) and BM cog scale (The behavior modification cognitive scale), and (2) to increase the author's experience with parent training techniques.

Method

Subjects: 9 volunteers, 3 male and 6 female subjects volunteered from an elementary school located in Chesterfield County Public Schools, Chesterfield, Virginia. Flyers were sent to each pupil, who in turn, relayed them to their respective parents. The cost of the program was $10.00. The program was scheduled for 2 hour sessions, one per week for 10 successive weeks. The book, Parents are teacher, (Becker, 1971) was distributed to the subjects free of charge.

Experimental Design

A pre-post analysis was used in this study. Each experimental instrument plus a subjective evaluation form (Doland, 1976) was administered.

A ten week lecture-type parent training procedure was used by the author. The chronological sequencing of the sessions can be found in the appendix.

Results

1. The social climate of the family structure, as assessed by the FES (p<.01) was found to be overall statistically significant. However, individual analysis of the ten sub-scales demonstrated strong trends, but non-significant
results. This may be due to the low number of subjects in the sample.

2. Parental perceptions of the number of negative behaviors from their target child was found to statistically significant \((p < .01)\) on a pre-post test analysis.

3. The learning concepts of behavior theory were also found to be statistically significant \((p < .01)\). The subjects demonstrated proficiency in the knowledge of behavior modification techniques.

4. A subjective evaluation was also administered and the results were highly positive. A compilation of these results are located within the appendix.

**Discussion**

After reviewing the above instruments, the examiner feels confident that these measures can be used in worthwhile research analysis. The individual outcomes of each of these measures were favorable and they were closely aligned with the subjective evaluations given by the subjects verbally and in written form on the evaluations.
References


Pinsker, Mark A. "BM cognitive scale," Chesterfield County Public Schools, Chesterfield, Virginia, 1976.
OUTLINE OF BEHAVIOR MODIFICATION
PARENT TRAINING GROUP

SESSION I

1. Introduce group members, note attendance, hand out books, account for money, etc.

2. General discussion of concerns - what would you like to cover in the course?

3. Pre-Tests - Administration and short rationale why the tests are used.

4. Coffee Break - Promote free interaction among the various group members. Group leader facilitates discussion of task rotation, e.g., responsibility of refreshments, etc.

5. Discuss natural rewards and punishments in everyday life. What happens at work when your boss compliments you, calls you on the carpet, etc.? What are your feelings?

6. Discuss how behavior is learned. How does a baby, child, adolescent learn? How much learning is imitation, trial and error? How many mistakes are made in the beginning?

7. Discuss realistic expectancies of people in general - physical vs cognitive handicaps.

8. Assignment - Read Chapter 1 - PARENTS ARE TEACHERS

SESSION II

1. Reinforcement game - Separate group members into groups of three. One individual is designated as an observer, one as a parent, and one as a child. The task for the parent (role playing as the child) is to draw a picture of anything. The parent is to make the child aware of everything the child is doing wrong, be very critical and leave nothing out. The observer is to record everything that he or she sees or hears. Duration 5 minutes. Turn over the paper. The child is to draw another picture. This time, however, the parent is to tell the child everything that he or she is doing right. Duration - 5 minutes, then discuss contrasts of positive vs negative feedback. Ask the observers what they noted in each group, then the other members. Discuss feelings and attitude.


3. Discuss reward theory, timing of reward, superstitious behavior, types of reward, concrete, social, and intrinsic.

4. Coffee Break
5. Follow-up on rewards - Who gets the rewards in your home? How rewarding are you? How much do you fuss? You are a product of what people tell you. What do you tell others, what do others tell you?

6. Assignment - List as many things that are rewarding to your children.

7. Assignment - Read Chapter 2 and 7.

Session 111

1. Hand out list of rewards.

2. Parents hand in their rewards. Read and discuss them. Have parents add to their own from the examples presented.

3. Discuss Chapter 2 and 7.


5. Listening skills as a reward. Are your close friends people who reward you for talking?

6. List primary concerns. Discuss a skill such as swimming and the importance of breaking it down into specific hierarchical units. Anything can be broken down into easy beginning steps. Discuss the importance of success - Shaping.

7. Taking a Baseline. Discuss specifics. Take general concerns and place them into a usable, overt behavior, e.g. responsibility - completing work tasks without prodding, good citizenship - number of voluntary activities, respect - number of positive comments stated, etc.

8. Discuss the importance of activity over awareness. Baseline data indicates realistic expectancies and a criteria for improvement.

9. Assignment - Read Chapter #3.

10. Assignment - Specify one behavior and count it for at least 5 days, e.g. number of positive and critical remarks at the dinner table, use of the tape recorder or priority problem area of the child.

SESSION IV


3. Discuss Chapter 3.


5. Hand in Baseline - Learn to chart behaviors.
6. Assignment: Continue baseline.
7. Assignment: Read Chapters 4 and 5.

SESSION V
1. Discuss Chapters 4 and 5.
2. Discuss Baselines. Check on those members who have difficulty with this.
3. Discuss interventions programs for the individual parents.
5. Break into 2 or 3 groups. Hypothetical problems are discussed.
6. Hand out contract forms. Give examples of sample contracts and discuss its theory.
7. Assignment: Read Chapter 6

SESSION VI
1. Discuss intervention programs and progress made.
2. Discuss Chapter 6.
4. Begin general discussion punishment theory.
5. Assignment: Read Chapter 8.

SESSION VII
1. Discuss progress of intervention program.
3. Discuss Punishment: Time Out, Response Cost, Stop the World, and physical.
4. Discuss negative reinforcement.
5. Coffee Break.
6. Discuss Avoidance behaviors - stealing, lying, cheating, and waundering.
SESSION VIII

1. Review progress of interventions.
2. Discuss Chapter 9, Role play rules.
4. Discuss the use of power with kids; proclamation vs contracting, compliance vs cooperation.
5. Hand out Civil Rights begin at Home.
7. Assignment: Read Chapter 10, turn in completed interventions with graphs.

SESSION IX

1. Discuss general problems, etc.
2. Review evaluation of projects. Allow each member to discuss their program. Target-behavior, contingency reward or punishment, results, evaluation.

SESSION X

1. Administer Post-tests, evaluation forms, etc.
2. Social hour.
YOUR EVALUATION OF THE PARENT EDUCATION PROGRAM

The instructor earnestly desires to improve this course. To do this your honest opinions and feelings are most important. Please complete this form and return it to the instructor at your earliest convenience.
1. Was the written materials (books, handouts, etc.) easy to comprehend, useable?

2. Do you feel that the information presented was applicable to your own situation? Could you use it within your own family? Explain.

3. Has this course in any way changed your own behavior? List any changes if possible.
   1.
   2.
   3.
   4.

4. Have you observed any changes in your children or family? List any changes if possible.
   1.
   2.
   3.
   4.

5. What do you feel was the most beneficial aspect of this course? The least beneficial?

6. List any suggestions you would have for improving this course.

7. How would you rate this course? ___ very good
    ___ good
    ___ fair
    ___ poor
8. How would you evaluate the instructor?
   _____ excellent  _____ good  _____ fair  _____ poor

9. Would you recommend this course for other parents?
   _____ yes  _____ no

10. Would you be interested in an extension of this course or future involvement with this type of program?
YOUR EVALUATION OF THE PARENT 
EDUCATION PROGRAM

1. Was the written materials (books, handouts, etc.) east to comprehend, useable?
   (a) yes, the textbook was excellent
   (b) yes
   (c) yes
   (d) yes
   (e) yes
   (f) yes
   (g) yes
   (h) yes
   (i) yes
   (j) yes

2. Do you feel that the information presented was applicable to your own situation? Could you use it within your own family? Explain.
   (a) It was not applicable to my own lifestyle at the present time but will help in teaching children and in the family I plan to have in the future.
   (b) yes
   (c) Yes. Before the information nothing could be done without an argument. Now everyone knows his job and does it.
   (d) Yes. Time outs and praise helped improve his behavior and school works.
   (e) Most of the time.
   (f) Yes. Praising and rewarding gave excellent results immediately.
   (g) Yes. Not having to ask my child ten times to do the same thing.
   (h) Yes. It served as a reminder to me to praise and build children's self-confidence.
(i) Yes. We made a chart - target behavior was "whining". A star was placed each day on the chart by the child if whining was non-existent or stopped right after a warning. We praised more and spanked less. We have had good results.

(j) Yes. I have been made more aware of the need for consistancy in the handling of our family.

3. Has this course in any way changed your own behavior?

(a) Helped me understand the make-up of the young child.

(b) Helped me learn to deal with his/her emotions, desires and needs.

(c) Taught me to watch and count behavior problems to determine if it was as much a problem as I thought.

(d) More consistent.

(e) Less use of physical punishment, more use of time out - better results.

(f) Use of more praise.

(g) I praise the children more and criticize less.

(h) Use time out instead of spanking.

(i) Praise him more often - "catch him being good".

(j) Try not to yell - keep calm (try).

(k) Ignore somethings.

(l) No, but it did give me a better understanding of our family.

(m) I am less critical and think before criticizing.

(n) I try to praise as often as possible.

(o) Trying to keep temper under control.

(p) Learning to be verbally rewarding.

(q) Not feeling as guilty about raising child alone (1 parent).

(r) Changing my ideas of what is really important and what I thought was really important.

(s) Less critical remarks to children.

(t) I tend to give too many instructions at one time and realized it's too much for a child.
(u) I think more before I speak.
(v) It has made me more aware of my need for being more consistent in my dealings with our children.
(w) I have also tried to be more positive in dealings with children and other people.

4. Have you observed any changes in your children or family?
(a) Not applicable.
(b) Older children more responsible because of rewards for acceptable behavior.
(c) Young children fight less.
(d) More praise used, less criticism.
(e) They are taking more responsibility.
(f) Behavior is much better.
(g) Commands are given calmer.
(h) Mother doesn't give in.
(i) Improvement in school.
(j) Don't have to ask him to do something several times usually once is enough.
(k) I don't think there have been any changes but I have a different insight on our family situation.
(l) The children are more cooperative at home.
(m) Each child has volunteered to do a job once in a while which they never did before.
(n) They are beginning to be a little neater.
(o) Follows instructions better.
(p) Happier.
(q) Free with feelings.
(r) Two girls 10 and 12 help more. They like rewards with money.
(s) The two boys will do more - when they want a reward to go play - after they make bed or pick up, etc.
(t) I give them some responsibility first and then they earn their fun time.

(u) Less fights between children.

(v) My husband seems calmer and has more patience.

(w) My daughter is whining less and all of her undesirable behaviors have been minimized a great deal.

(x) The situation has not changed drastically, but I have been made more aware of things in both my children which we need to work on.

5. What do you feel was the most beneficial aspect of this course? The least beneficial?

(a) The book was extremely beneficial to me and I plan to refer to it frequently. The discussion of solutions to problems was excellent.

(b) It was all very good.

(c) Most beneficial - better understanding of behavior.

(d) Least - none.

(e) Showed me the right way to correct my son and not to nag so much. Least beneficial was how to stay calm when you are upset by his behavior. Deep breaths don't help!!!

(f) Group discussions were most beneficial.

(g) My realizing how the children feel - receiving mostly criticism rather than praise. None that I can remember.

(h) Getting to know my child better. The least beneficial was that the course does not go on longer.

(i) The most beneficial was realizing every one has problems with children and how to change some problem areas by my change of attitude and way of discipline.

(j) All of it was beneficial to me.

(k) The awareness which I have gained as to the behaviors in my children and myself which we need to work on and also the methods we can use to improve our situation.

6. List any suggestions you would have for improving this course.

(l) For the type of students involved in this course I felt it was excellent. Encourage each week for the students to read the chapters, and think about their meaning.
(2) Thought it was very good just up to parent to use it correctly and keep self-control.

(3) Maybe a little more structure to the class sessions.

(4) None.

(5) Having a follow-up meeting or meetings.

(6) More class discussion on individual problems or class participation.

(7) Perhaps having the instructor discuss the material first; then group discussion.

7. How would you rate this course?

(1) very good
(2) good
(3) very good
(4) very good
(5) good
(6) very good
(7) very good
(8) very good
(9) very good
(10) very good

8. How would you evaluate the instructor?

(1) excellent
(2) good
(3) excellent
(4) excellent
(5) good
(6) excellent
(7) excellent
(8) excellent
(9) excellent
(10) excellent

9. Would you recommend this course for other parents?
   (1) yes, absolutely
   (2) yes
   (3) yes
   (4) yes
   (5) yes
   (6) yes
   (7) yes
   (8) yes
   (9) yes
   (10) yes

10. Would you be interested in an extension of this course or future involvement with this type of program?
   (1) Yes, please contact me if you decide to have another class.
   (2) Yes
   (3) Yes
   (4) Yes
   (5) Yes, definitely.
   (6) Not at this time - I have learned so much that the results so far are much more than I'd hoped for. There are no other problems that haven't been covered completely in this course.
   (7) Yes
   (8) Yes, I feel it most important for both parents to get involved with child discipline. Really learned alot from class. Too much time spent on general behaviors vs discussing isolated behavior problems.
   (9) Yes
   (10) Yes
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**References**

All references will be supplied upon request

**Transcripts**

All transcripts will be supplied upon request