

1976

A study of the effects of the Downing parent group education program upon parental self-concept, parental manifest anxiety, and the behavior of offspring in an alternative education environment

William Dale Cox
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A STUDY OF THE EFFECTS OF THE DOWNING
PARENT GROUP EDUCATION PROGRAM UPON
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OFFSPRING IN AN ALTERNATIVE EDUCATION
ENVIRONMENT.

The College of William and Mary in
Virginia, Ed.D., 1976
Education, guidance and counseling

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ENVIRONMENT

A Dissertation
Presented to the
Faculty of the School of Education
College of William and Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education

by
William Dale Cox
August 1976

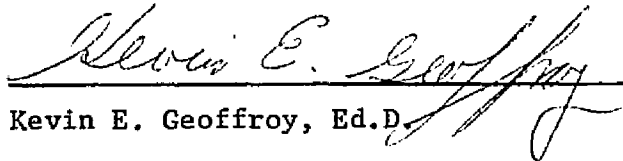
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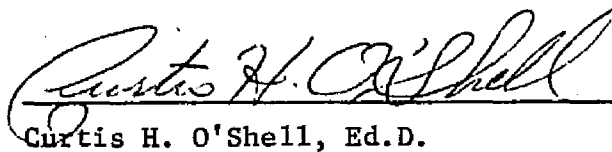
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ACKNOWLEDGMENTS

The total list of individuals who have made significant contributions to this learning experience would be prohibitively long, but to all of you--thank you.

A special thanks to Dr. Charles O. Matthews who served as the chairman of my committee and who provided guidance, support, and much patience.

To Dr. Kevin E. Geoffroy, for sharing his time, knowledge, and perspective of the academic world on innumerable occasions.

To the faculty, staff, parents, and students at the Chesapeake Center for Alternative and Rehabilitative Education, most notably classroom teachers--Terri Byrne and Chris Speelman--for the support and assistance in data collection.

A most special thanks to Lenard Wright for his time and cooperation, without which this program could not have been completed. And, a unique and warm thank you to Elizabeth Cox, my wife, for her friendship and love.

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GLOSSARY OF ACRONYMS AND OTHER SHORT FORMS

ACL	Adjective Check List
A-State	State Anxiety
A-Trait	Trait Anxiety
BRF	Behavior Rating Form
CARE	Chesapeake Center for Alternative and Rehabilitative Education
CMAS	Children's Manifest Anxiety Scale
DMI	Defensive Mechanism Inventory
DP	Defensive Positive
ED	Emotionally Disturbed
FF	Fear of Failure
FS	Family Self
HA	High Anxious
Hi-F	High Failure
HS	Hope of Success
IBM	International Business Machines
I-E	Internal/external
IPD	Interpersonal Destructiveness
LA	Low Anxious
LD	Learning Disabled
LO-F	Low Failure
MANOVA	Multivariate Analysis of Variance
MAS	Manifest Anxiety Scale

MMPI	Minnesota Multiphasic Personality Inventory
SA	Self Actualizing
SC	Self Criticism
SEI	Self Esteem Inventory
STAI	State-Trait Anxiety Inventory
TAT	Thematic Apperception Test
TMAS	Taylor Manifest Anxiety Scale
TSCS	Tennessee Self Concept Scale

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Chapter 1

Introduction

It has been suggested that the recent gains in knowledge of human development, and the tremendous technological advances over the last decade have not only failed to reduce the level or amount of human suffering and unhappiness, but have, in fact, increased the number and intensity of uncertainties in almost every facet of human existence (Toffler, 1975). The effects of an increasingly turbulent society upon the family unit in the United States are reported to almost certainly result in structural changes within the family, ranging from the complete extinction of the family, a position assumed by Lundberg (1963), to the position by Greenberg that "the very turbulence of tomorrow will drive people deeper into their families [in Toffler, 1970, p. 239]."

The role of the family in the development and preparation of offspring to function within the larger arena of society is an important one (Labenne & Greene, 1969), but represents to the child only one of many influences which ultimately interact with the growth process. Cooper (1971) believes that society provides us with a large number of replications of the family form to continue the function of social mediation, principal among which are the school, both primary and secondary, and the university (p. 4). In a study examining the child-rearing practices across cultures, Whiting and Child (1953) found that important to the socialization of all cultures

was the management of sexuality, independence, acceptance, and aggression. Adults with harsh and punitive childhood socialization experiences were found to be prone to anxiety and guilt, to be suspicious of others, and potentially hostile. Similar outcomes in this country have been found, using socioeconomic status as the independent variable (Havighurst & Taba, 1949).

A Current Perspective

In order to better facilitate the process of individual growth, one recent effort of psychologists and educators has involved the deliberate teaching of mental health principles to groups. The emphasis of this approach, referred to as psychological education (Ivey & Alschuler, 1973), is prevention, and the goal is education rather than remediation (p. 589). Psychological education may include any aspect of the educational community as a means of fostering psychosocial development (Alschuler, 1975). Gluckstern (1973), for example, has developed a program to train volunteer parents within the community as drug counselors. This involvement of parents in educational programs is seen by some (Gordon, 1970; Kavin, 1963; Overman, 1975) as the result of both clinical and educational studies demonstrating the importance of the parent-child relationship upon the future adjustment of the offspring through the various developmental periods.

A developmental period which has been found to be particularly stressful is adolescence (Erikson, 1968; Hall, 1969). Erikson writes of the multi-faceted nature of challenges facing the child as he enters the period of adolescence, and these challenges are often no

less acute for the parents of the adolescent (Dreikurs, 1972; Ginott, 1969). As the sphere of influence upon the child entering adolescence has extended beyond the family and now includes the peer group and other sources of influence including that exerted by the school environment, existing patterns of family communication and behavior are often no longer appropriate or break down altogether (Ginott; Havighurst, 1972). The effects of inappropriate, inconsistent, or broken patterns of interaction and communication within the family are many (Coopersmith, 1967; Wahl, Johnson, Johansson & Martin, 1974), extend to a broad area of life experiences (Downing, 1971), and may stifle creative, independent functioning (Coopersmith).

Parent Education

Systematic parent training or parent education is a relatively new concept, with few studies reported before 1950 (Overman, 1975). In her extensive review of the development of parent education programs in the United States, Overman concluded that the early efforts usually employed a Rogerian, nondirective approach with a subjective evaluation of program effectiveness in changing parent attitudes, a presumed antecedent factor leading to modification of the home environment (p. 26). The need for parent education programs in this country is thought to have crystallized during the late 1940s and early 1950s when family therapist Nathan Ackerman and others began writing on the lack of a concept as to what constituted the healthy family (Harper, 1975, p. 4). This conceptual deficiency has found more recent support in the findings of Liberman (in Harper) and others that families seeking professional assistance have dealt with

the maladaptive behavior of one or more family members by responding to it (the behavior) for a long period of time, action that has had the effect of reinforcing the deviant or maladaptive behaviors (Harper, p. 18). A study by Wahl et al. (1974) utilizing an operant analysis technique of behaviors and rewards within the family found evidence to support the relationship between maladaptive behavior and parental response to the behavior, although the question of causality is not developed.

The Self-concept as a Behavioral Mediator

Rogers (1951), in discussing the self-concept, or the organization of thoughts and beliefs that a person holds toward himself, stresses the importance of the evaluational interaction with others as a basis for the building of the self-structure, "an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships [p. 498]." This self-perception or self-concept largely determines what one can do and how one reacts to life in general (Combs, Avila & Perkey, 1971; Gazda, Asbury, Bayler, Childers, Desselle & Walters, 1973).

In discussing the significance of self-process and role behavior, Horrocks and Jackson (1972) write of the interaction of both cognitive and conative processes in the interpretation of stimulus events, an interpretation that is highly individualistic. Horrocks and Jackson continue by relating this dual-based interpretation to the self by writing:

Of all man's idiosyncratic interpretations, self-interpretation is most central to his nature. Ontogenetically, he faces the

long developmental task of self-definition. He must learn to interpret and cope with himself as a functioning physical entity and to relate that entity to his physical and social environment; incoming stimuli, as well as those originating internally, must be given meaning as they are processed, organized, and integrated by cognitive processes into a representation of an individual over the course of ontogenesis. As he develops concepts of himself as an entity he simultaneously develops concepts of other entities of objects in his kaleidoscopic environment. Concepts of self, however, are products of his mental constructions and are modified through encounters with others. The effects of socialization upon his mental constructions are evidenced in his accommodations to his contemporaries and by his establishment of and existence in social organizations for interactive beneficence [p. 2].

With the development of concepts of self, the organism implements its humanity as it gains a mediating process between itself and the environment. Horrocks and Jackson (1972) conclude that an individual's perceptions of himself are pervasive throughout his behavior-- as much a product of emotions and motivation as they are of intellect.

Based upon the results of his investigations into expressions of self-esteem in children, Coopersmith (1967) concluded that, in the participation of children in social groups, a strong relationship exists between poise and assurance of a child and the popularity accorded him by his peers, although Coopersmith was unable to

determine the antecedent factor in this case. The popularity rating of esteem by peers, according to Coopersmith, is: "remarkably similar to the teacher's behavioral ratings [of esteem] [p. 49]." Some of the familial antecedents to high self-esteem in children were found to include: (a) high self-esteem in mothers, (b) involvement of the father with children (high self-esteem boys are more likely to confide in their fathers), (c) clear lines of responsibility and authority within the family, and (d) frequent indirect impressions and direct experiences of success (p. 117).

An area of weakness in the Coopersmith (1967) studies, that he acknowledges, is the absence of direct evaluation of the effect of the father upon the self-concept of the adolescent male and female. Piaget (1951) has suggested that the role of the father within the family is an important one, possibly providing a lifelong influence to the son or daughter:

Day to day observation and psychoanalytic experience show that the first personal schemes are afterward generalized and applied to many people. According as the first inter-individual experiences of the child who is just learning to speak are connected with a father who is understanding or dominating, loving or cruel, etc., the child will tend (even throughout life if these relationships have influenced his whole youth) to assimilate all other individuals to his father scheme [p. 207].

Further evidence of the importance of the father as well as the mother within the family environment has been provided by Cox (1962) in a

comparison of the attachment or rejection attitudes of 9- to 12-year-old males and females. Cox found a significant relationship existed between attachment scores (measured through material provided by six cards from the Thematic Apperception Test [TAT]) and sociometric measures of peer acceptance of preadolescents toward the same sex or parents of both sexes. Cox concluded that:

A positive attitude towards both parents seemed likely to offer the best prognosis for peer group acceptance, since it appeared probable that such a child would have both positive attitudes towards other people and a considerable repertoire of relevant social skills [p. 822].

Anxiety

Sullivan (1953), in tracing the patterns of interpersonal processes as they unfold throughout the development of the individual, found these processes to focus on two basic concerns: the pursuit of the satisfaction of bodily needs, and the pursuit of security that pertains to the individual's interest in avoiding anxiety. Fischer (1970) points out that, for Sullivan, there are obvious degrees of anxiousness. The degree of anxiety that the individual experiences is: "a function of two factors: the significance of the other (a significant other)--either real or fantasized--who disapproves of one's manner of being, and the severity with which this disapproval is expressed and communicated [p. 27]." For Sullivan, severe anxiety is like a: "blow on the head [p. 152]," making orientation difficult, anticipation problematical, and coping impossible (Fischer, p. 27). Anxiety may be described, then, as the anticipated or

sensed feeling of failure as a human being. Interpersonal living, by nature, implies a vulnerability to anxiety. Man employs four mechanisms of self-defense: sublimation, selective inattention, substitution, and dissociation. Fischer stated that the most meaningful way to analyze the defense mechanisms may be to ask the following four questions:

(a) To what extent does the use of a particular security operation permit focal awareness of the anxiety-provoking situation?

(b) If the operation does permit focal awareness, how is this handled so as to minimize its implications?

(c) If the operation does not permit focal awareness, how is this accomplished?

(d) In what senses does the individual's behavior express his explicit experience or lack thereof of the anxiety-provoking situation [p. 29]?

Hoyt and Magoon (1954), in a validation study of the Taylor Manifest Anxiety Scale (MAS), developed the following definition of manifest anxiety:

(a) Nervous (i.e., mannerisms such as nail biting, knuckle-cracking, chain smoking, profuse perspiration, etc.)

(b) Tense (i.e., unable to relax, continually working under pressure, hand trembling, tics, etc.)

(c) Easily embarrassed (i.e., readily blushes, stammers, etc.)

(d) Worried (i.e., apprehensive over what will happen from

day to day, doubts self continually, etc.) [pp. 357-358].

In reporting the relationship between self-concept and anxiety, Ornes (1970) reported a correlation coefficient of $-.67$ between anxiety and Total P (positive self-esteem) of the Tennessee Self-Concept Scale (TSCS), using a sample of 96 junior high school students. This high negative relationship between anxiety and feelings of self-worth or self-concept has also been reported by Lipsitt (1958) using an elementary school population; Rosenberg (1953), in a large scale study of junior and senior high school students; and by Suinn and Hill (1964) at the college level. Sarason, Davidson, Lighthall, Waite, and Ruebush (1960), in examining parent perceptions of high anxious (HA) and low anxious (LA) children, found fathers described HA children as less mature, less relaxed, and more dependent; however, mothers were unable to make this same distinction, leading to the conclusion that mothers of HA children consciously withheld or distorted evidence and were unconsciously defensive in their style.

In their discussion of counseling with the parents of children, Brammer and Shostrom (1968) write that, as parents are often responsible for the unhappiness of their children, one method of changing the child's environment is to change the parent or parents responsible.

Parents have two broad and overlapping kinds of problems. First, the parent may have anxieties and problems not strictly related to the child but which are passed on to the child through attitudes of tension, emotional inconsistency,

strictness, thoughtlessness, and the like. In such cases, the procedures are the same as for adult counseling, but with efforts to help the parent understand the effects of his or her behavior on the child.

Secondly, the parent may be well-intentioned but inadequate through ignorance of the developmental perspective to understand that everyone passes through certain physical, mental, and emotional phases in growing from infancy to adulthood. This knowledge is usually very reassuring to parents and helps them anticipate and meet problems of development with more confidence [p. 384].

Theoretical Framework

A theoretical approach that lends itself well to the education of family members is the work of Adler (1930). Utilizing a holistic psychological framework, Adler felt that human thinking is goal-directed and the end result of goal direction is the formation of a style of life. This life style describes the sum total of the goals, attitudes, and beliefs that an individual has developed in order to make a place for himself in society. Closely related to this is the Adlerian concept of social interest, or the amount of importance a person places upon the relationships with those around him. The redirection of the striving for superiority toward the interest in and relationship building with other persons will lead to increased adjustment, and an increased understanding of human nature. It was Adler's position that if a person developed little social interest, he was more likely to develop a deviant or maladaptive style of living.

Basic to Adlerian theory is the importance accorded to the parents and family as either facilitating or limiting agents in the subsequent development of the child. Dreikurs (1972), a student of Adler, has developed and directed Adlerian principles as they apply within the democratic family setting. In a sympathetic but admonishing vein, he writes of the importance of the parents upon their children:

But you--and by "you" I always mean mothers and fathers--are a problem not only to the psychiatrist. You are the greatest problem to society as a whole. You are in a most strategic position, more than any other group of citizens, to decide the development of our nation [p. x].

Dreikurs (1972) continues that, with rapidly changing moral values, social conditions, and everyday changes in living, the parents of today must keep one foot in the past and one foot in the future-- a condition that often leads to discomfort and frustration for both parent and child. Stressing the importance of interpersonal living, Dreikurs writes: "The proper way of training children is identical with the proper way of treating fellow human beings. The methods of child training can be equally applied to the conflicts of any human relationship [p. xi]."

This position finds support from the human relations skill development work of Gazda et al. (1973) in their discussion of "significant others" (p. 2). However, being a significant person in the life of a child, within contemporary society, is often a most paradoxical position (Dreikurs & Gray, 1970). It is Dreikurs' (1972) position that the conflict experienced in later life is highly

related to damaging childhood experiences, but without training, how can parents be blamed for the role they often play in these damaging experiences? Brammer and Shostrom (1968) suggest that parents often do blame themselves and feel inadequate in the role of parent, resulting in low parental self-confidence and negative attitudes toward themselves and others. Attitudes and behaviors are often assimilated by the child through modeling the behavior of significant others (Bandura & Walters, 1963). A major factor in this cyclical behavioral pattern is parental ignorance of proper methods of education (Dreikurs, 1972, p. 2). For the child in the classroom setting, the end results of inconsistent, uncertain, or inappropriate parental behaviors are often manifested in misbehavior with the aim to: (a) gain attention, (b) demonstrate power, (c) punish or to get even, or (d) demonstrate inadequacy (Dreikurs, p. 153).

Thus far, the attempt has been to show a strong relationship between experiences within the family constellation, with specific emphasis upon the self-conceptions and anxieties of the parents and the behavior and self-perceptions that the children of these parents may manifest in later life, in a wide range of settings. Downing (1971) has developed a parent education program designed to increase parental skills in the areas of family relationships and family management. Basing his study upon the results indicated by previous parent training programs, Downing concluded that the following areas have been found to be highly related to the family relationship, and therefore should be incorporated into a parent education program:

1. From Adlerian psychology (Dinkmeyer & Dreikurs, 1963),

concepts of behavioral causality were extracted. Attitudes resulting from the parent's view of the causes and motives of child behavior were studied. The Adlerian concepts of the goals of children's behavior were adopted for use in the program.

2. Rogerian counseling theory (Rogers, 1961) provided concepts and skills of communication for the training program. Based on the premise that sound relationships depend on clear communication of the data relevant to the relationship, inclusion of such skill training was determined as essential for the program.

3. Emphasis was placed upon two specific techniques of behavioral psychology, the modeling of behavior (Bandura, 1969) and the positive reinforcement of behavior (McIntire, 1970).

4. The family relations literature provided evidence that conflict is present to some degree in all families. Such conflict is the source of much stress leading to maladaptive behavior (Wolff, 1969). Ideas about family conflict and procedures for aiding the resolution of such problems were adopted from Baruch (1949) and Gordon (1970).

5. Related to conflict resolution was the issue of punishment, a source of considerable parental confusion (Ames, 1970). Research evidence of the effects of punishment were taken from Becker (1964). Ideas of alternatives to punishment as sources of conflict resolution were drawn from Gordon (1970), McIntire (1970), and Menninger (1966) (pp. 43-44).

The incorporation of these principles into a systematic and structured parent education program has been found to result in

significant changes in parental attitudes concerning: (a) the use of controlling techniques with children, (b) awareness of the emotional needs of their children, (c) parent-child communications, (d) expressions of trust and respect for their children, and (e) parental confidence in child rearing practices (Downing, 1971, p. 72). Overman's (1975) study of parent education, based on a modification of the Downing program, indicated no significant change in the self-esteem of parents, as measured by Coopersmith's (1967) Self-Esteem Inventory (SEI), and no significant change in perceived child self-concept. However, just as the specific behaviors of an Adlerian life style may vary through life (Mosak & Dreikurs, 1973) even though the life style remains relatively constant, so the components of self-esteem may change although the global construct remains probabilistically not different. Thus, the measurement of specific components of self-esteem would appear to be a more appropriate strategy in the assessment of program effectiveness. In addition, it is felt the limitations of assessing change in the parental perceptions of self, and the theoretically consistent position of resulting behavior change in children, without benefit of follow-up data is too confined, as the inculcation of basic personal and interpersonal modifications occurs over a period of time, and sampling measures at the end of intervention only might fail to measure actual change.

An aspect of parent education program evaluation that this study plans to incorporate into the basic design is a follow-up evaluation after a 2-month period, using the same instruments that

will be used to measure change between groups at the conclusion of the parent group meetings. In a report by Frazier and Matthes (1975) comparing an Adlerian-based parent education program, a behaviorally-oriented parent education program, and controls (no parent education), the authors concluded the Adlerian-based approach resulted in significantly greater parental change in their attitude toward control of children and appeared to apply the principles of logical consequences more frequently than either the behaviorally-oriented program parents or control parents--findings very similar to the earlier findings of Downing (1971). Frazier and Matthes conclude that the lack of change in self-reported inappropriate behavior by children raises the question that possibly: "the validity of the assumption that to change the parent you change the child needs to be examined more closely [p. 38]." The follow-up procedure to be used in this study will examine this point.

Statement of Problem and Hypotheses

A method found to be relevant as an alternative to the "mistake-centered" (Dreikurs, 1972) approach emphasized in many homes involves parents meeting in a group setting where positive, adaptive methods of behaving are discussed and practiced within an Adlerian theoretical framework (Downing, 1971). The purpose of this study is to investigate the effect of the Downing program of parent education upon the parents of students (ages 12 to 18) attending an alternative education public school, and to investigate the effect of the Downing program upon the behavior of the students within the classroom environment. As this program provides parents with a consistent,

structured, and informative format of human relations and family management skill development that has been shown to result in attitudinal changes in parents, it is proposed that parents participating in the Downing program will tend to feel more adequate in their role as a family member, will display a reduced level of manifest anxiety, and will demonstrate a reduction in the level of defensiveness. The Tennessee Self Concept Scale (see Appendix A) will be employed as the instrument to provide measures of family adequacy and defensiveness and the Bendig adaptation of the Taylor Manifest Anxiety Scale (see Appendix B) will be employed as the instrument to provide measures of manifest anxiety.

There will be three hypotheses tested to determine the effect of the Downing (1971) program of parent education upon the self-evaluation of parents. To investigate the effect of the Downing parent education program on the behavior of adolescents whose parents completed the parent program, two hypotheses will be tested. For hypotheses four and five, the measurement techniques will consist of systematic time-sampling of classroom behavior by independent observers (see Appendix C), and completion of the Coopersmith (1967) Behavior Rating Form (BRF) (see Appendix D) by the teachers of students.

Hypothesis 1. There will be a significant difference in measures of defensiveness between parents completing the Downing parent group education program and parents not participating in the Downing program, on both Posttest and Follow-up evaluations.

Hypothesis 2. There will be a significant difference between

parents completing the Downing parent group education program and parents not participating in the Downing program on a measure of manifest trait anxiety for both Posttest and Follow-up evaluations.

Hypothesis 3. There will be a significant difference in perceived family adequacy between parents completing the Downing parent group education program and parents not participating in the Downing program, on both Posttest and Follow-up evaluations.

Hypothesis 4. Adolescent students of parents completing the Downing parent group education program will demonstrate a significantly lower level of inappropriate classroom behavior than will adolescent students whose parents did not receive the Downing program on both Posttest and Follow-up evaluations.

Hypothesis 5. Adolescent students whose parents complete the Downing Parent Group Education Program will differ significantly from students whose parents do not participate in the Downing program, on teacher-rated measures of classroom functioning for both Posttest and Follow-up evaluations.

All hypotheses will be tested in the null form in the analyses of data for statistical purposes.

Definition of Terms

Alternative Education

Alternative education is herein operationally defined as those services provided by the Chesapeake Center for Alternative and Rehabilitative Education (CARE) in Chesapeake, Virginia. The CARE offers educational facilities and programs for three student populations (see Appendix E):

1. Students who may or may not be succeeding in the regular school setting because of lack of ability, lack of interest and/or lack of educational experience suitable to the student, but who have expressed and demonstrated an interest in prevocational or vocational education.

2. Students who are in danger of being expelled from school because of persistent or severe behavior problems.

3. Youth who are in trouble with the courts and who should not go to jail, but who are not compatible to or acceptable in a normal school setting, or who are returning from incarceration and need readjustment to the regular school.

Inappropriate Behavior

Inappropriate behavior is operationally defined as specific behaviors within the classroom setting in the categories of gross motor, object noise, disturbance of property, contact, verbalization, and turning away, based upon the criteria established by Madsen, Becker, and Thomas (1973).

Family Adequacy

Family adequacy is operationally defined as the nature of an individual's relationship with his primary group (family and close friends) and his sense of adequacy as a family member, as measured by the Tennessee Self Concept Scale, Column D, Family Self (FS) score.

Manifest Anxiety

Manifest anxiety is operationally defined as perceived feelings of apprehension, tension, and stress, as measured by the 20-item Bendig adaptation of the Taylor Manifest Anxiety Scale.

Parent Education

Parent education is operationally defined as a structured group counseling program of educational activities designed to increase parental awareness of adult and adolescent behavior, in terms of antecedents and consequences, and provide parents an opportunity to practice and discuss alternate behaviors, with the goal of increasing the effectiveness and sense of well-being of the parent in implementing his or her family role (Downing, 1971; Tavormina, 1974).

Defensiveness

Defensiveness is operationally defined in two parts:

- (a) "obvious defensiveness [Fitts, 1965, p. 5]," as measured by the Tennessee Self Concept Scale, Self-Criticism (SC) score; and
- (b) "subtle defensiveness [p. 5]," as measured by the Tennessee Self Concept Scale, Defensive Positive (DP) scale.

Plan of Presentation

The presentation of this investigation is organized into five segments which have been designated as chapters. The purpose of the present chapter has been to serve as the vehicle of presentation for the following areas: (a) introduction, (b) a current perspective, (c) theoretical framework, (d) statement of problem and hypotheses to be tested, and (e) the definition of selected terms. The remaining four chapters will be presented as follows: (a) Chapter 2, a review of relevant and related research; (b) Chapter 3, the research methodology used in this study; (c) Chapter 4, analyses of data and results; and (d) Chapter 5, a summary of findings, conclusions based upon the findings, and recommendations.

Chapter 2

Review of Related Research

The purpose of this chapter is to present a review of the research in the following areas: (a) the role of the counselor in parent consultation and education; (b) parent group education effectiveness; (c) parent group education applicability; (d) Adlerian-based parent group education; (e) the relationship between parent group education and parental anxiety; (f) the relationship between parent group education, parental self-concept, and the behavior of offspring; (g) the relation of individual defensiveness to anxiety and self-concept; and (h) summary.

The Role of the Counselor in Parent

Consultation and Education

Rapp, Arnheim, and Lavine (1976) have written that parents often seek the advice of counselors when their children experience social, physical, or emotional difficulties. In these situations, the counselor is faced with the tasks of both assisting the parent and preventing the parent from becoming too dependent upon counselors or other mental health professionals. For maximum effectiveness, Rapp et al. suggest the roles of facilitator, resource person, teacher, and model should be assumed by the counselor at various stages in the parent consultation process.

Guertin (1975) has conducted an analysis and appraisal of counseling in the public high schools of the Commonwealth of

Massachusetts utilizing a population of 120 public senior high counselors. These counselors completed a two-part questionnaire relating, in part, to function performance. Guertin reported that counselor functions with high priorities included serving as consultants to parents as well as providing direct services to students.

Loughary, Stripling, and Fitzgerald (1965) have reported the statement of policy for secondary school counselors, as presented by the American School Counselor Association. Included in this statement under the heading of professional responsibilities of the school counselor are both direct and indirect services to the pupil. A direct responsibility to the child included in this listing is reported as follows:

The school counselor has the responsibility to assist parents to understand the developmental progress of their child, his needs, and environmental opportunities, for purposes of increasing their ability to contribute to their child's development [p. 97].

Dinkmeyer and McKay (1974) have written that the counselor can play a vital role in the education of parents, and that an effective counseling program includes providing services to all interested parents. Dinkmeyer and McKay have maintained that one of the most important roles of the counselor in consulting with parents about child-rearing procedures is that of facilitator, or one who keeps the discussion moving and on target, and this role of facilitator can be maximally effective in the group setting where the opportunity for parents to share opinions and experiences is present.

A report on the initiation of child study groups by Baruth and Jones (1975) has been presented by the authors as one step in the expansion of counseling services to include parents in the community. Baruth and Jones have suggested that many parents have difficulty with their children primarily because they either lack information or have misinformation as to how to raise their children. The role of the counselor serves as a natural vehicle for both the transmission of information to parents as well as the improvement of parent-community relations. Baruth and Jones conclude: "The question for the counselor thus becomes, 'Will I initiate these [parent] groups?' rather than 'Can I initiate them?' [p. 126]."

Camp and Rothney (1970) conducted a study to determine the extent to which work by the school counselor with parents results in greater parental participation in the overall counseling and guidance process in the schools. These authors utilized 98 high school sophomores and their parents, drawing from 29 Wisconsin high schools who had referred the students to the authors for research with the gifted. After meeting with the students in a laboratory setting, the counselor would compile a list of possible enhancers of child development and discuss these findings with the parents. In an analysis of this effort, Camp and Rothney found that all parents reported that they had found the experience to be valuable. Of the male students involved in the study, 75% approved of the practice of parent consultation while 66% of the female students offered such approval.

Culbertson (1975) has conducted a related study in which the

needs and perceptions of average students were assessed in a scrutiny of the roles of school psychologists and counselors. The population for this study consisted of 32 students in an elementary psychology class and 42 students in a child psychology class at the University of Wisconsin. Culbertson reported that while the respondents indicated confusion in distinguishing the role of the school counselor from that of the school psychologist, they did agree that contact with parents in those cases deemed necessary by the counselor was an important role within the school setting.

McWhirter and Kahn (1974) have stressed that parent education offers a unique modality for increasing the counselor's effectiveness and have proposed a parent education program, conducted by the counselor, emphasizing the skills of active listening and conflict resolution. McWhirter and Kahn propose that one resource for this family and parent counseling is the public school system.

Norton (1971) has reported on one problem, and a possible solution, in the implementation of the counselor role of parental consultant in the face of parental apathy. In a large school system in Pennsylvania, counselors at the elementary school level were convinced, according to Norton, that in-service parent meetings were an essential part of the role of the school counselor. In an attempt to maximize parent attendance in an in-service meeting after poor turnouts at previous sessions, counselors sent special letters of invitation to the parents, counselors made home visits, and completed phone calls on the day of the scheduled meeting. Of a possible attendance of 500 parents, 2 parents attended the session. In an

analysis of this situation, Norton concluded that in implementing the role of consultant:

1. Counselors must clarify why they are seeking to involve parents.
2. Counselors must then enter into the consultive process with the parent utilizing two-way communication techniques.
3. The initial relationship with the parent must be positive, that is, to focus on the positive aspects of child development.

Parent Group Education Effectiveness

In an early summary of the research on parent education programs, Brim (1959) found several points favorable to the use of the group discussion format in parent education programs. It was Brim's conclusion that parent education utilizing a group discussion format provided parents with the opportunity to make full expression of their feelings under nonpunitive conditions, a provision that resulted in reduced parental anxiety and defensiveness, thus permitting significant changes in attitudes and feelings to occur. Brim also found evidence of the superiority of the group discussion method in the enrichment of each member's repertory of solutions to specific child-rearing situations, as the group discussion helped each parent to see issues from several perspectives, including that of the offspring.

Foote and Cottrell (1955) have stressed that the parent group discussion format serves as an example of "quasi-families [p. 133]," which may have an important function where the actual family has failed. Foote and Cottrell have defined the quasi-family as:

small groups of persons similarly affected by some distinctive problem, condition or interest, who come together voluntarily to solve, correct, or pursue it by concerted effort, meanwhile providing each other with a degree of understanding, encouragement, and support which they have not found elsewhere in the community [p. 132].

Foote and Cottrell continue that while some of the quasi-families have been the product of formal therapy efforts, the number of spontaneous parent groups suggests that they are: "a particularly fitting response to current situations confronted by members of the community [p. 133]."

In discussing the proliferation of radio, television, and newspaper programs devoted to providing advice to the parent, Auerbach (1968) has found the group discussion format to be more closely related to the actual needs of those who attend than are alternative programs available through the mass media. Within the parent group discussion model the participants themselves provide much of the material that is discussed thereby providing opportunities for feedback and clarification that would not otherwise be possible. Auerbach has reported this discussion approach, in practice, meets the needs of parents from all socioeconomic levels and educational backgrounds in any setting where parents naturally congregate (p. 16).

A related study by Dinkmeyer and Muro (1971) has reported that the past efforts of parent organizations to resolve parental difficulties through organizational meetings is not an appropriate

arena for therapeutic growth, nor is individual counseling a practical solution. These authors write: "The only possible way is through the parent group, more accurately, called parent education [p. 285]." Dinkmeyer and Muro also state that the parent group affords each parent the opportunity to contribute to each other and to develop new approaches to the parent-child relationship with: "the corrective process of feedback from contemporaries [p. 287]" having a tremendous effect upon the dynamics of the group.

Cartwright and Lippitt (1961), in reporting a summary of the research relating to the assertions about individuals, groups, and group dynamics found: "that groups develop norms for the behavior of their members with the result that 'good' group members adopt these norms as their personal values [p. 12]." The use of reinforcement strategies to maximize the number of "good" group members has been used successfully by McIntire (1970) with children.

Additional support for the inclusion of basic reinforcement strategies in consulting with parents has been provided by Brown and Brown (1975). These authors have reported evidence that:

1. There has been increasing evidence that for behavioral change to occur, counselors must work within the natural environment of the child.
2. Interventions with parents can lead to significant changes in children.
3. Research results have demonstrated positive outcomes when parents are taught to use behavioral approaches with their children (p. 96).

The power of the group in influencing personal change has been demonstrated by Lewin (1953), who found that group decisions may produce changes in individual behavior to a much greater degree than those customarily found to result from attempts to modify the behavior of individuals as isolated individuals.

The effectiveness of the application of structured group procedures, or training (Carkhuff, 1969) as the preferred mode of intervention has been demonstrated by Carkhuff and others (Gazda et al., 1973). The evidence leading to this conclusion has been summarized by Carkhuff and Bierman (1970) in the following manner:

- (a) The core of functioning or dysfunctioning (health or psychopathology) is interpersonal;
- (b) The core of helping processes (learning or relearning) is interpersonal;
- (c) Group processes are the preferred mode of working with difficulties in interpersonal functioning;
- (d) Systematic group training in interpersonal functioning is the preferred mode of working with difficulties in interpersonal functioning [p. 157].

In comparing treatment effectiveness of training in interpersonal skills versus traditional therapeutic counseling upon the parents of emotionally disturbed children, Carkhuff and Bierman (1970) found that training does not operate to the exclusion of the more therapeutic learning, but rather incorporates these experiences within a work-oriented structure. Carkhuff and Bierman concluded that: "In a relatively brief period systematic group training can effect changes

in interpersonal skills that traditional counseling cannot [p. 160]."

Training procedures as an effective method of parent group education has also been advocated by Clement (1971), who included the following advantages of parent training groups over more traditional therapeutic approaches:

1. Less treatment time is necessary for therapeutic changes to take place.

2. One therapist can serve the entire group rather than isolating certain members.

3. Parental distrust of the techniques of psychotherapy are usually lessened as the family members are actively involved in the therapy process.

4. Parent training aids in the prevention process as parents can apply the same principles when the situation appears to be appropriate.

Aronoff (1975) implemented a pilot study to compare the efficiency of two group counseling methods in dealing with the problematic behavior of primary grade school children; group counseling with primary grade children and group counseling with the parents of primary grade children. There were 30 first- through third-grade students, and their parents, utilized. Half of the students were enrolled in group counseling and one parent of each of the other 15 students was enrolled in group counseling. Utilizing pretest and posttest measures from the Burks' Behavior Rating Scale, Aronoff concluded that both direct counseling of the student and

counseling of the student's parent produced highly significant changes in the behavior of students.

In an investigation of the effectiveness of a time-limited parent counseling program upon the underachievement of school children, Esterson, Feldman, Kringsman, and Warshaw (1975) invited the parents of 119 children, third through sixth grade, to participate in a series of 20 parent group sessions emphasizing the clarification of familial patterns of interaction. Of the original 119 parents who participated (one parent participating for each child), only 13% completed all of the sessions; however, the authors reasoned that this figure is actually quite high, as only 3% of the population of parents voluntarily seek help. A comparison of reading and math achievement between underachieving children whose parents participated in the program and underachieving children whose parents did not participate in the program revealed that: "the counseled group made excellent, if not significant, gains [p. 82]." On the basis of information gained through the time-limited counseling program for parents, the authors concluded:

(a) At any given point, some portion of the parents of the school population is in crisis and will be responsive to a proffered group counseling situation.

(b) Underlying familial problems seem to be intimately related to underachievement. In all the families in the pilot program, crucial parental conflicts came to the surface.

(c) In families where there is a pre-adolescent under-achiever for which there is no apparent intellectual,

neurological or physiological reason, at least one of the parents as an adult remains an underachiever [p. 83].

In a related study, Gabel (1975) evaluated the effectiveness of a discussion group for parents of adolescents led by trained para-professional discussion leaders which focused on maternal behavior, as perceived and described by the adolescent children of participating mothers. Parent participants were 18 mothers of eighth-grade students, randomly divided into equal treatment and control groups. The group discussion program consisted of five weekly, 2-hour sessions, held at the George Peabody College for Teachers, Nashville, Tennessee, campus and followed the model for parent group discussion provided by Auerbach (1968). This model focuses the discussion on child rearing and family issues raised by the participants. Gabel reported results supporting the view that maternal participation in group discussion programs leads to changes in adolescents' perceptions of aspects of their mothers' behavior, with perceived behavioral shifts in the direction of mothers permitting greater freedom and showing increased positive involvement with the offspring.

Shapiro (1956) has conducted an experimental attempt to measure the effects of a series of parent group discussion meetings, led according to a well-defined methodology, upon the child-rearing attitudes of the parents who participated. Subjects in the Shapiro study were drawn from the families in a medical service and research program in New York City known as the Family Health Maintenance Demonstration. There were 25 individuals, representing 15 families, who attended from 1 to 12 meetings in the group discussion series.

Each of these 25 experimental subjects was matched with a control subject with respect to occupation, education, religion, age, and sex. In addition, Shapiro reports the experimental and control subjects were matched on a group basis according to number of children per family, age distribution of children, annual income, and nativity. In summarizing his findings, Shapiro reported the following findings:

(a) After exposure to a series of group discussion meetings, the members of the experimental group modified their child-rearing attitudes in the predicted direction (toward good judgement and lessened authoritarianism) to a statistically significant degree as measured by the questionnaire responses of parents and staff ratings while the control group did not show significant modification in child-rearing attitudes.

(b) The modification of child-rearing attitudes of the experimental group as measured by the questionnaire responses of parents was the result of gains fairly evenly distributed among the total group of those parents who changed and was not the result of marked changes on the part of a few parents only.

(c) There was some indication that the group members benefited in areas other than child-rearing, i.e., in social, marital, and ethnic group relations [p. 158].

Wright (1976) has conducted a related study in an effort to obtain quantifiable outcome data on the effectiveness of the indirect treatment of children through parent consultation groups at the Children's Hospital of the University of Oklahoma Health Sciences

Center, Norman, Oklahoma. In this study, 22 mothers who had participated in three separate consultation groups utilizing a Principle-Oriented model, and 22 matched controls were administered the Childrearing Attitude and Behavior Inventory, the Cloze Story Scale, and the Parent Attitude Survey on a pretest and posttest basis. In the analysis of data, matched-pairs t tests were significant between pretesting and posttesting within the experimental group while controls revealed no significant changes. Wright concluded that the parent group consultation method is an economical and valid means of changing mothers' knowledge of their parental skills and their children's level of adaptation, with the technique being appropriate by any agency offering clinical services to children and their families.

O'Dell (1975), in a comparison of parent training techniques in the modification of child behavior, investigated the extent which training persons in a verbal knowledge of behavioral principles assisted in their acquisition and implementation of the specific skills considered necessary for modification of child behavior. Subjects in the study were 40 persons, primarily parents of exceptional children, who underwent three types of group training. While all subjects underwent a similar workshop training experience which taught the performance of basic behavior modification techniques, each subject underwent one of three different types of experiences prior to participation in the workshop: (a) verbal-theoretical training in behavioral principles, (b) a placebo pretraining experience which served as a control, or (c) no pretraining experience of any kind.

Results reported by O'Dell showed that the behavioral principles pretraining experience consistently failed to demonstrate that it produced worthwhile training differences to justify its additional time and expense. Small differences which did occur tended to be in favor of the briefer training workshop. O'Dell concluded that the evidence supports the position that theoretical pretraining of parents in the behavior modification child management approach is not justified and that parents receive the most efficient assistance by direct and initial behavioral intervention.

James (1974) has conducted a study in a similar vein whereby he investigated the effectiveness of a parent group education program with the parents of seventh- and eighth-grade underachieving, socially maladjusted students. The parent group program consisted of eight 2-hour training sessions in behavior management and communication skills. The subjects reported by James were 102 seventh- and eighth-grade students in Mattoon, Illinois, who had been designated as socially maladjusted and underachieving on the basis of achievement test scores and psychological reports. Students were partitioned into three groups: 31 students whose parents made a commitment and participated in the parent program, 26 students whose parents made a commitment but did not participate, and 45 students whose parents made no commitment and did not participate in the program. While James reported the parent program had little effect on student absences from school, the author did report significant differences in the areas of family relations, acting out (when compared to behavioral baseline), and off task (when compared to behavioral

baseline) in favor of the parent group education program. James concluded that when students were measured and compared on specific criteria that directly reflected the format of the parent program, significant changes in favor of students whose parents had participated occurred and these changes could be measured in the classroom.

Kimmick (1975) has conducted a most relevant study in which he tested the relative effectiveness of two different parent education designs aimed at changing fathers' opinions about methods of discipline. One approach used the lecture-discussion method and the other used role-playing and discussion. Kimmick also evaluated the general usefulness of the role-playing approach in the parent education of fathers. Subjects for the Kimmick study were four groups of fathers randomly assigned to either the lecture-discussion or role-playing program. Control group scores were obtained from 35 fathers prior to their participation in pilot sessions of the programs. The experimental design used in the study was a posttest only design. The content of the programs was identical for both treatment groups. In the lecture-discussion group the material was presented in tape recorded lectures while in the role-playing groups, members were given printed copies of the articles which the participants then presented. Programs were held at four weekly intervals and lasted for a minimum of 1-1/2 hours each. Kimmick reported findings supporting his central thesis that fathers' opinions concerning methods of discipline can be changed through carefully planned educational programs; however, the data provided no support for the hypothesis that the role-play design was superior to the lecture-discussion design.

Serridge (1975) has presented a study whereby parent training effectiveness was assessed through the measurement of parent attitudes, parent management skills, and child target behavior. Using a treatment, no-treatment model, Serridge investigated the differences between the two groups following termination of the program, or the initial posttest, and after a prescribed length of time (1 month) following the end of the program, which served as the delayed post-test. Results indicated that members of the treatment group increased their use of management-control skills and significantly altered the social behavior of their children with the differences between the two groups being maintained at the same significance levels when delayed posttesting was accomplished. Serridge, however, reasoned that diminishing differences in adjusted mean scores at the delayed posttesting period might suggest a pattern which might predict the differences between treatment and no-treatment would disappear over time.

Parent Group Education Applicability

Parent group education programs utilizing a structured format have been applied successfully to a number of child-centered problem areas. Sanders and Boswell (1974) concluded that a standardized training program is more effective than traditional counseling techniques in educating parents to socially interact more effectively with their emotionally disturbed (ED) children.

In a related study, Caskey and Richardson (1975), in a research report directed toward a better understanding of child-abusing parents, have generated the following conclusions relative to the importance of

the group method of treatment in working with abusive parents:

Group methods of treatment are desirable, perhaps even preferable, in the treatment of many abusive parents, who may find individual counseling too threatening and anxiety provoking.

Abusive parents have been described as unskilled; they tend to deny their difficulties, have problems controlling impulses, and experience difficulties with authorities. All of these problems have responded to appropriate application of group techniques.

Group counseling also has the advantage of providing a firsthand experience when interaction with others occurs, and, in general, such experiences are likely to be much more effective in producing self-concept and behavioral change than are more symbolic experiences [p. 203].

In a comparative study on learning disabled (LD) children of three short-term parent counseling approaches, Spector (1975) found traditional psychodynamic, behavior modification, and parent-child interaction programs all resulted in positive parental change, but that the behavior modification and parent-child interaction programs most effective and recommended the use of these two approaches when counseling parents. The population in the Spector study consisted of 21 learning disabled male students in grades one through nine, and their mothers. These subjects were randomly assigned to the three treatment conditions and assessed on a pretest, posttest basis. Spector concluded that, in light of the results, it appeared that

training the mothers of learning disabled children to be counselors may be more effective than treating the children alone.

In counseling the parents of learning disabled children, Bricklin (1970) found that using a structured-to-less structured group program sequence, parental responses were able to move from anger and guilt during the early phase, to information seeking toward the end of the program, at which time listening and communication techniques were introduced and practiced. The results of the Bricklin study included an improved method of parental interacting with the spouse and children as well as serving the following functions:

(a) Parent sessions provide information concerning learning disabilities and help parents understand and cope with their feelings about their children's problems.

(b) Parent sessions help parents understand their child's behavior as it relates to typical child development and to sort out those behaviors growing out of his (or her) learning disability. The parents learn to recognize and accept their own feelings as well as those of the child.

(c) The parent sessions help parents set more effective limits, accept and acknowledge feelings and develop appropriate independence in the child [p. 338].

The importance of the parent-child response style in the subsequent development of the offspring has been emphasized by Devlin (1975) in a study dealing with the characteristic behaviors of parents when dealing with the world in general. The author examined differences in Interpersonal Destructiveness (IPD), a hypothetical construct

derived from the interpersonal style of parents as determined by clinical raters, among four groups of parents as it was related to the development of psychosis, antisocial behavior, neurosis, and normality in their children. Subjects reported by Devlin were 80 couples, divided into four groups of 20 each according to whether the couple had a boy between the ages of 7 and 14 who was considered to be schizophrenic, antisocial, neurotic, or normal. The author reported significant IPD distributions in the predicted directions for the parents of schizophrenic and normal boys, and consistent trends in the predicted directions for the parents of antisocial and neurotic boys, and relates these findings to existing theoretical and research findings suggesting some parental characteristics and behaviors as being associated with the emergence of pathology in children.

White (1975) has provided some important information to the growing body of parent education literature. Using the small group approach, White presented parents with a cognitively oriented, sequentially designed program of child development principles and hypothesized that the cognitive acquisition of these child development principles by parents would result in changes of child-rearing attitudes. Although the generalization of results is limited by the number of parents participating in her programs ($N = 28$), White concluded that attitudinal change may not be equated with cognitive change, and the educational level of the parents may not be the determining factor in the existing levels of parental knowledge of child development principles. While, on the surface, this appears in

contradiction to the position taken by Dreikurs and Sonstegard (1967) that cognitive understanding helps facilitate change in attitudes and behavior, the findings of the White study may more meaningfully point out the weakness of single-technique approaches. Runyan (1973), for example, found significant changes in children's attitudes and school behavior subsequent to parental exposure to a multitechnique Adlerian-based parent group education program.

The review of the research literature has thus far presented evidence to indicate that parent group education may be effective in modifying parental perceptions toward self and offspring, knowledge of child-rearing principles, and in modifying attitudes and behaviors in offspring. An additional area of the parent-child relationship important to the present investigation is the verbal communication patterns between parent and child. Wahl et al. (1974) recruited 33 families through newspaper and radio advertising, with each family observed in their home by an observer for 45 minutes each evening for 5 consecutive days. In an operant analysis of the parent-child behavior within the home, the authors reported deviant child behavior was more frequently preceded by negative or neutral responding from parents than by positive responding while nondeviant child behavior was more often preceded by the positive responding of parents.

Rogers (1974), in investigating the influence of a parent group education program upon communication and language interaction between parent and offspring, found that subsequent to participation in a structured parent education program, parents used significantly more verbal rewards, significantly more total words, and significantly

more complete sentences in their interactions with their children. Rogers concluded that language and communication patterns are substantially influenced by parent group education participation.

Shoffner and Klemer (1973) have extended the applicability of parent education programs to include the clarification of the parental role in children's vocational choices. These authors have recommended that parental involvement and improvement in vocational choice should concern the following areas: (a) parents as role models for achievement, (b) parent involvement in the improvement of child self-concept, and (c) parents as providers of a developmentally supportive environment. Shoffner and Klemer conclude that several advantages exist through providing educational vocational information through group meetings with parents. Among these advantages are:

(a) People with the same goals can come together to share and interchange ideas, feeling comfortable and able to talk about their children's needs because they see that others have similar problems.

(b) The group meeting is very efficient; much can be accomplished in one hour that would otherwise require many hours of work with individuals [p. 425].

In a test of the feasibility of parent group counseling, Shaw (1969) evaluated a specific parent group model as part of a total guidance services program in public schools at all levels from elementary through secondary. The model posited by Shaw held three basic objectives for guidance services: (a) problem prevention, (b) early identification and treatment, and (c) diagnosis and therapy

(p. 44). The data in the Shaw study were collected in five different school districts and are based on the experience of 38 counselors who conducted a total of 53 parent counseling groups. It was Shaw's conclusion that:

There would appear to be no reason why typical . . . school guidance personnel should be reluctant to initiate parent group counseling on grounds of feasibility. Parent responses at all grade levels and following all three counseling series were, with a single exception, strikingly positive [pp. 52-53].

The applicability of parent group counseling to the modification of the reading behavior of children has been investigated by DeLaurier (1975). With a population of fourth-grade students and their parents drawn from six public elementary schools, DeLaurier introduced a parent study group designed to assist the parents in learning and using democratic child-rearing practices as presented by Dreikurs (1964). While no significant difference was found between treatment and control children in reading achievement at the conclusion of the parent group meetings, which lasted 10 weeks, the response of parents and children was positive toward the program.

Stafford (1975) has conducted a comprehensive evaluation of 15 parent training programs occurring at different times and places as part of an ex post facto study of the effectiveness of these programs in bringing about change in child-rearing strategies. Stafford reported the majority of programs evaluated included the areas of discipline, self-concept, behavior modification, problem solving, and

communications as being particularly relevant to parents. All 15 programs included discussion techniques, with 11 programs reporting lecture, question and answer, and brainstorming techniques utilized to some extent. Stafford made the following recommendations concerning future parent education programs:

1. Parent education programs should be conducted between the months of October and June.
2. Educational organizations should continue to offer parent education programs.
3. Workshop materials and consultant assistance should be provided at the intermediate level to train parent education leaders.

Adlerian-based Parent Group Education

A brief mention has been made previously of Spector (1975) and his findings that not all parent education programs have proven to be equally effective when subjected to comparative analysis. Frazier and Matthes (1975) have reported that few studies have been published in the area of parent group education utilizing: "complete research designs, and those that do have based their conclusions on information that was gathered in a vague and unreliable manner [p. 32]." In a determination of parent group programs with high face validity, Frazier and Matthes reported: "Two of the most promising approaches for improving parent-child relationships that provide a basis for parent education programs are the Adlerian approach . . . and the behavioral approach [p. 31]." These programs, according to the authors, share a common premise of parent education that includes the healthy growth of children, establishment of a groundwork for the

child's positive feelings about himself, and setting the stage for the development of a child's capacities for effective interaction with the world. Participants in the Frazier and Matthes study were 55 parents who volunteered to participate in a parent education program from an informed population of 1,500 families. Of the parents who volunteered, 49 were randomly assigned to either an Adlerian or behavioral parent education treatment condition, with the remaining 6 assigned to a no-treatment control condition. After the program began, 19 other parents were assigned to complete the no-treatment condition. With 60% meeting attendance and instrument completion requirements for inclusion into the final analysis of data, 18 parents from the Adlerian group and 17 parents from the behavioral group were considered. The program consisted of 10 1-1/2-hour meetings for both Adlerian and behavioral conditions. Each group of parents followed a predetermined schedule for each of the 10 sessions. Using a posttest only design for data analysis, Frazier and Matthes concluded:

Parents who participated in the Adlerian parent education program were less restrictive in their attitude toward children's freedom than were those in either the behavioral parent education program or the control group. The parents in the behavioral parent education program were also less restrictive than the control group parents.

Parents who participated in the Adlerian parent education program were more inclined to use logical consequences and discipline in line with the child's misbehavior than were those in the control group. The parents in the behavioral

parent education program were seen as more likely to be inconsistent in relation to their children, while at the same time not playing or talking with their children as frequently as did the parents in the control condition and those in the Adlerian parent education program.

The results indicated that there were no significant differences among the treatment conditions on either the reported frequency of inappropriate behavior or the frequency when the behavior was bothersome. The reasons for this lack of differences might well be that the control group responded in a socially appropriate manner, whereas the parents in the parent education program might have been more willing and more able to identify misbehavior on the part of their children [pp. 36-37].

Hereford (1963) conducted a large-scale investigation into parental attitudes through seven research segments, from 1956 through 1960. Responses used in his evaluation were gathered from a total of 903 parents and their children. While fathers were underrepresented in the sample drawn, due in part to the reluctance of fathers to participate, Hereford presented some relevant findings concerning the relative frequency of parents who revealed ideas relating to problems, worries, ideas on parent-child relations, and interactions with their children. A summary of selected results, as presented by Hereford are:

1. "About one third of the parents saw discipline as their greatest problem in child-rearing. Responses included such items as

the child's not paying attention when spoken to, disobedience, and lack of child cooperation [p. 82]."

2. "Slightly more than one fourth of the parents responded to the question with self-oriented problems, such as inadequacy, inconsistency, and indecision [p. 82]."

3. "For a great many mothers and fathers (25 percent) the most prevalent worry was their own adequacy as parents [p. 93]."

4. "Only a small number of parents (14 percent) felt themselves most effective in offering companionship and sharing activities with their children [p. 89]."

Hereford and associates also examined the effectiveness of four research groups--lecture-control, nonattending control, experimental-discussion method, and random control--to bring about changes in parental attitudes. An examination of his findings revealed the following:

1. "Parents who attended the discussion groups changed their attitudes and behavior as shown by responses to the Parent Interview significantly more than parents in the control group [p. 137]."

2. "Children of parents who attended the discussion meetings improved in their classmate relations significantly more than did the children of parents in the control groups [p. 137]."

3. "The number of discussion meetings attended, the amount of verbal participation in the discussion, and the frequency of personal references generally proved to be unrelated to the quantity of attitudinal and behavioral change in the parents [p. 137]."

4.

None of the differences among the four leaders was significant on any of five attitude scales. These results indicate that the leader himself was not an important variable in the quantity of change that occurred in the parents, leaving the discussion method per se as the most likely explanation for the differences obtained among the research categories [p. 133].

Hereford concluded that the discussion-group method is a: "powerful educational technique for changing attitudes and behavior [p. 137]."

A related report is provided by Dinkmeyer and Muro (1971) which attempts to focus on the most effective areas of parent consultation as part of a broader, preventive program of mental health:

Consultation with parents and groups may originally focus on parent education, child-study groups, and similar activities. However, the attempt is always to reach a large number of parents and help them understand more effective ways to relate with their children. These parent groups work with developmental problems with the same C-Group emphasis. The counselor attempts to identify problems and concerns, then he utilizes the group mechanism such as acceptance, universalization, feedback, and reality testing to develop a cohesive group that looks at specific child-training situations, parent attitudes, and procedures [pp. 15-16].

The development and evaluation of an Adlerian- and behaviorally-based parent group education program was conducted by Downing (1971),

using 38 volunteer parents, divided into treatment and no-treatment groups. Using a pretest, posttest design, Downing reported the program to be effective in the modification of several self-reported parental attitudes relevant to the parent-child relationship. Specifically, parents completing the Downing program differed significantly from parents not receiving the parent group education program, in the predicted direction, on the attitudes of the use of controlling techniques with children, awareness of the emotional needs of children, the importance of parent-child communication, the degree of trust and respect for their children, and confidence in their child-rearing practices (p. 72). Similarly, Rogers (1975) reported changes in parental behavior subsequent to a parent education experience, and numerous studies have reported the modification of offspring behavior subsequent to parent participation in a structured group experience (Doherty, 1975; Spector, 1975; Turrall, 1975).

Overman (1975) modified the Downing (1971) parent group education program for use with younger children and assessed the effectiveness of the program in the modification of the self-concept of children whose parents completed the treatment experience. The parent group education program, as modified by Overman: "was structured, but there was time available for discussion of individual problems in the therapeutic setting [p. 62]." The author reports the emphasis of the program was toward individualization, through the use of personal examples of parent-child relationship problems as: "an avenue through which to develop understanding of the theory [of child management] [p. 32]." There were three counselor-group

leaders used, with each counselor assigned one group and instructed to follow the same general structure. Employing a posttest only control group design, data were obtained from 31 of 45 parents in the experimental group and 30 of 45 parents in the control parent education group. Control results were obtained by mailing the evaluation instruments to parents with instructions to return the material in a stamped, self-addressed envelope which was provided. Follow-up postcards and phone calls were employed to encourage parents to return the instruments. The experimental group met for 10 consecutive weeks, for approximately 1-1/2 hours during the afternoon (p. 64). Results of the Overman study included:

There were no significant differences between the mean self-esteem scores of parents attending the parent education group program and mean scores of parents serving as controls. The large range of scores in the experimental group, along with approximately the same mode as the control parent group would appear to indicate that the parents in the experimental group were at different levels of change and were beginning to have a better understanding and acceptance of self, both positively and negatively. Thus, positive change did occur in some of the parents while others were in the process of accepting their negative attitudes first [pp. 86-87].

Significant overall relationships were found between parents' self-esteem scores and parental acceptance scores, indicating that the greater the self-esteem an individual has for himself, the more accepting he is of others [p. 90].

A slightly inverse relationship was found between children's self-concept scores and parental acceptance. Future research is needed to determine if this inverse relationship is dependent upon appropriate or inappropriate behavior as a means of expressing feelings [p. 91].

Overman summarized her results in relation to parent group education by stating: "It appears possible that there would be a greater relationship between self-esteem and the variables of parental acceptance for parents who have attended a parent education program than for parents who did not attend such a program [p. 91]."

Turrall (1975), in a closely related study illustrating the importance of delayed posttesting in evaluating parent group education programs, investigated the differential effects of sensitivity training and Adlerian parent group training upon the self-esteem of academic underachievers in a high school setting. Turrall found evidence that student self-esteem increases significantly when fathers participated in parent group training, but this self-esteem change occurred some time after the conclusion of the parent group meetings. The use of follow-up data by Turrell is a rare exception to the general rule and points out that phenomenological investigations may well require such a follow-up analysis incorporated into the basic research design.

There is a dearth of studies, however, which have examined the relationship between self-reported parental measures of anxiety, adequacy of self within the family environment, and the effectiveness of parent group education in the modification of these measures as

components of parental and child growth within the educational, mental health, and community arena.

The Relationship between Parental Anxiety
and Parent Group Education

Horney (1950) has stated the conditions that presumably produce anxiety include domination, indifference, lack of respect, disparagement, lack of warmth, and isolation. Coopersmith (1967) continues that the list of specific factors could be virtually endless, but the common factor in all conditions is a disturbance in the relationship between parent and child. Based upon the results of his investigations into the antecedents of self-esteem, originating in part from data he obtained using the Children's Form of the Taylor Manifest Anxiety Scale (CMAS), Coopersmith has reported that anxiety and its consequences are a source of varying degrees of discomfort:

In its more intensive forms, anxiety produces a state of terror that interferes with all activities other than those directed toward its diminution. In less acute intensity, anxiety interferes with attention and with the intellectual or emotional life, yet permits the individual to function, although with attendant distress and reduced levels of effectiveness [p. 132].

Cameron (1963) has reported that anxiety is: "not in itself pathological, and to a certain extent is unavoidable [p. 219]." In distinguishing between normal and pathological anxiety, Cameron has stated that anxiety is normal: "when its intensity and character are appropriate in a given situation, and when its effects are not

disorganizing and maladaptive [p. 219]." Normal anxiety has then a potentially useful function. There are, however, drawbacks to normal anxiety in those situations where:

there is nothing that a person can do about a situation which justifiably makes him anxious [whereby] he may become diffusely tense, preoccupied and expectant, to no purpose. In the end this kind of reaction is fatiguing and depletes a person's resources. Even if anxiety readies the normal person for quick and efficient action, it meanwhile sacrifices his freedom and flexibility [p. 220].

Adams and Sarason (1963) reported findings in their investigation of 132 male and female high school students and their parents that demonstrate the importance of the home environment, and parental attitudes and behavior, to the occurrence of debilitating anxiety in children. The authors reported that, based on information provided in part by the Bendig short form of the Taylor Manifest Anxiety Scale, their findings agreed with the view that anxiety responses may be acquired in the home with the mother playing the more influential role in relation to children. Adams and Sarason concluded that:

Although not demonstrating a causal relation, the findings agree with the view that anxiety responses may be acquired in the home and that the mother, in comparison with the father, plays a more influential role in relation to the children, particularly in the case of daughters. The results further suggest, at least for boys and their parents, that parent-child similarity is most consistent for a measure of general

anxiety [p. 242].

It has been previously noted that the offspring is involved in significant learning-through-identification in the family setting, a position supported by the social learning theory of Bandura (1971). This suggests that the relationship of parental anxiety to increased behavioral competence is in need of further investigation with the parent group education setting. Further indication of this need has been shown by Dorn (1968) with his findings that individuals with a positive view of themselves are less likely to report symptoms of anxiety.

Research investigations of excessive anxiety, and the alleviation of tenseness and fatigue which may result from such a condition, are generally confined to formal therapy activities (Kanter, 1975). Brim (1959) has cautiously distinguished between parent education activities and parent therapy activities by stating the latter involves itself, to a varying degree, with the unconscious determinants of parent role performance. However, Brim goes on to say that the existing evidence argues for the presence of both conscious and unconscious determinants of parent role performance in almost all situations, and: "No one can say how much of the variability of parent behavior is determined by unconscious as contrasted to conscious factors, or designate areas of child-rearing of the kinds of parents where unconscious influences are greatest [p. 63]."

Lee (1974) has posited that anxiety is one of the fundamental and exclusive determinants of human behavior, thus whether one perceives of the construct of anxiety as operating within a conscious

or unconscious realm, the need for investigation of the effect of a program of parent group education upon the self-reported measure of anxiety exists. The use of self-report measures finds support from Grinker (1966) who has reported that: "Subjects who are prone to anxiety and who have experienced anxiety are exquisite raters of their own level of anxiety [p. 136]."

Phillips, Martin, and Meyers (1972) have reported that: while there is a lack of a general consensus of specific aspects of the nature of anxiety, and on specific aspects of the relation of anxiety to a broad spectrum of behavioral indices . . . There is agreement . . . that the effects of anxiety are generally maladaptive and debilitating, rather than adaptive and facilitating [p. 436].

In presenting a model of intervention in relation to anxiety which is appropriate to the school environment, Phillips et al. present the following assumptions upon which the model is based:

(a) The crucial role of psychological stress is anxiety, its concomitants, and its effects. Intimately related to this, is the corollary assumption that many (but not all) of the effects of anxiety (and its concomitants) are dependent on task and situational requirements.

(b) The second assumption involves a general acceptance of what is called the preventive model of mental health since the traditional medical model involving individual psychotherapy . . . is inadequate when applied to the schools.

(c) The preventive approach argues that we should not

limit our interventions to children who have already developed problems, and should attempt to avoid the development of such problems [p. 437].

Phillips et al. have further developed their model by identifying appropriate levels of intervention and school populations relevant to the different levels. Primary intervention would involve direct programs available to the student within the school environment. Also discussed and developed are two important secondary intervention points directed to subpopulations. The first would be directed toward groups of lower socioeconomic students and minority children while the second, relevant to this investigation, involves:

children where family socialization practices are likely to produce anxiety proneness. Although the origins of anxiety-proneness in early childhood are only vaguely and speculatively understood, there are patterns of child-raising which appear to dispose children toward anxiety-proneness in later years [p. 443].

A summarization of these child-raising patterns has been presented by Izard and Tomkins (1966):

1. The child may be exposed to parents who use fear as a technique of socialization, especially in gaining norm compliance.
2. Parents may communicate their own anxieties to the child, so that the child becomes anxious through identification.
3. Tolerance for fear is not taught, so that when the

child is afraid he either "sweats it out," or the burden is increased by shaming the child for his fear. Where there is normative socialization aimed at toughness and independence, the child is taught to overcome his fear, but usually this is done by invoking shame and other negative sanctions for cowardice.

4. Counteraction against the source of fear is not taught, so that when the child shows fear, it is either disregarded or derogated. If it is derogated, the child may be forced to counteract his fear by such humiliation that he would rather be still more frightened than suffer more humiliation.

5. The parents typically are insensitive to signs of anxiety in the child and disregard or minimize them. They deprecate as an alarmist anyone who suggests the child might need help [pp. 111-113].

Phillips et al. conclude that group therapy with parents is one method which may be successful in modifying the effects of anxiety.

In presenting another way in which to manipulate the effects of anxiety, Anderson (1967) has suggested a process involving the clarification of goals and:

the translation of these into behavioral objectives: the analysis of the behavior specified in the objectives into component concepts and subskills; the development of lessons to teach the concepts and subskills; and as many cycles of tryout, reanalysis, and revision of the lessons as are

necessary to attain the objectives [p. 103].

Research previously cited has demonstrated that one of the goals of parent group education following a discussion format is to increase the effectiveness of the parent, who will in turn influence the effectiveness of the child. Auerbach (1968) has reported that parent group education addresses itself to the ego-functions of individuals, and in its use of ego psychology, group education addresses itself to:

strengthening the ways in which the human personality "deals with the complicated network of forces and counter forces from instinct, conscience, and the larger social environment . . ." It recognizes "the ego's patterns of adaptation and its way of coping with and mastering ordinary demands and extraordinary stresses, both internal and external, the ego defenses against various kinds of anxiety and the part they play in everyday social functioning" [p. 36].

In an investigation of the effects of anxiety on problem solving, one component of interpersonal effectiveness, Fuller (1975), in an empirical test of Spielberger's (1972) state-trait process theory, determined that state anxiety (A-state) was positively related to efficiency, as measured by the Guilford Unusual Uses Test, and that A-state was positively related to measures of information seeking. Fuller was unable, however, to find support for her prediction that A-state would interact with trait anxiety (A-trait) to affect flexibility and information, indicating that a conceptualization of A-trait as a variable which might embody a person's habitual mode of

responding to state anxiety cannot be supported. The role of trait anxiety in problem solving was not reported.

Kanter (1975) has reported findings on the effectiveness of several behaviorally-oriented therapies for the reduction of interpersonal anxiety among 68 (18 male and 50 female) community residents. The mean chronological age of the subjects included in the study was 35.6. Kanter assigned subjects to one of four treatment conditions: (a) self-controlled desensitization, a variation of standard desensitization (N = 16); (b) systematic rational restructuring, a variation of rational-emotive therapy (N = 17); (c) self-control desensitization plus systematic rational restructuring (N = 19); and (d) a waiting list control group (N = 16). Subjects were categorized as moderately or highly anxious by a median split on pretest scores for the Social Avoidance and Distress scale. Therapy was conducted in groups of 8 to 10, for seven weekly sessions of approximately 1-1/2 hours each. Results reported by Kanter indicated each active treatment showed significant pre-post change when compared to the waiting list group. Results of a follow-up evaluation revealed the three treatment measures maintained the gains achieved at posttest, or showed continued anxiety reduction. Treatments were not differentially effective for high versus moderately anxious subjects, with data based, in part, upon self-report measures of anxiety.

The Relationship between Parent Group
Education, Parent Self-concept, and
the Behavior of Offspring

Fitts (1971) has written that the self-concept of the

individual, the perceptions of self, represents the frame of reference through which the individual interacts with the world. As such: "the self-concept is a powerful influence in human behavior [p. 3]."

Fitts (1972b) has also maintained, however, that the self-concept: "is a complex entity with numerous facets . . . and . . . in view of our lack of knowledge of how to enhance the general self esteem, it may be more productive to concentrate on the specific subselves [comprising the self-concept] [p. 115]." Fitts (1972a) has reported the results of a group training program at the Dede Wallace Center, Nashville, Tennessee, that has been successful in anxiety reduction, and: "appears to result in self-concept change and reduction in various psychophysiologic symptoms [p. 115]."

Within the same theoretical framework, Coleman, Freeman, and Owens (1966), in a study comparing the self-concept of parents who reported children with acting out and withdrawn behavior problems, found empirical evidence supporting the position that the self-concept of the parents is a significant factor in the emotional development and behavior of their offspring. In the summation of their findings, based upon information provided by the Tennessee Self Concept Scale, Coleman et al. wrote:

As a total group, these parents (reporting children with acting out or withdrawn behavior problems) indicated serious disturbances in confusion and contradiction in their self perceptions, particularly regarding Identity, Personal Self, and Family Self. In general, they showed lower self esteem in all areas [p. 74].

Phillips et al. (1972) have reported on two aspects of the self-concept which have been consistently related to anxiety: self-disparagement and feelings of inferiority. These authors report that, among 709 seventh-graders, dissatisfaction with self in relation to social activities had a correlation of +.60 with anxiety (p. 425). In reporting on adolescents, Phillips et al. found anxiety to be associated: "with the following aspects of self-concept: guilt-feelings and self-criticism, and frustration association with general aggressiveness [p. 425]."

Satir (1972) has found that family group therapy activities have been helpful in allowing individuals within the group to discover their own processes, to understand how each family member's process functions, and how they all work and fit together. The result of family therapy is felt by Satir to be effective in changing self-concept and behavior, and directs the individual toward the goal of self-actualization.

Dodson (1970) has reported similar findings utilizing a parent discussion group format emphasizing feedback techniques and teaching of the natural consequences of behavior. Central to Dodson's thesis is that while mistakes are inevitable in the raising of children, parents must be active and receptive to the phenomenon of human growth, with each child developing his own unique "life style" (p. 36). Central to successful growth and the key focus of his writings is the self-concept (p. 39).

Previous research relating to the effectiveness of parent group education programs has centered on the measurement of

attitudinal change on the part of the parent (Auerbach, 1968; Brim, 1959; Downing, 1971; Hereford, 1963), and behavior change of the offspring (Frazier & Matthes, 1975; Miles, 1975). The thrust of these studies has been to bring about learning for parents to increase their self-understanding, to better understand the behavior of their offspring, and to better understand the effects of their behavior upon their offspring (Dreikurs, 1972).

Rogers (1961) and Fitts (1971) have determined that a significant positive relationship exists between the self-concept and behavioral, or interpersonal, competence. Foote and Cottrell (1955) have similarly posited that interpersonal competence is neither a state nor a trait; rather, a continuing process allowing adaptation to: "those conditions beyond the control of the person [p. 50]." Foote and Cottrell continue that they take it:

for granted that the modern family requires the continued service of a range of agencies . . . as . . . there probably never was such a phenomenon as a self-sufficient family, securely equipped with resources for meeting all its needs and crises [p. 95].

In providing services for the family toward the goal of increasing interpersonal competence, Foote and Cottrell have concluded that while it is unlikely that individual counseling can or should be dispensed with: "the theoretical shift to recognition of the family origin and interpersonal nature of personality difficulties, justifies the support counseling activity gives to voluntary group procedures [p. 134]."

In a closely related study, Vargas (1968) found that persons with a positive self-concept gave evidence of being able to use both positive and negative experiences to enhance their psychological growth, while persons with negative self-concepts became more defensive and wary of life as the result of negative experiences. Vargas also found high self-esteem individuals to evidence generally healthier personalities and to demonstrate more warmth and openness in their interpersonal interactions than low self-esteem individuals, factors already shown to be desired in effective parent-offspring communication and growth experiences.

As a result of his investigations of the self-concept, Fitts (1971) has determined that: "no variable appears to be more consistent in its association with behavioral (and interpersonal) competence than self-concept [p. 99]." Closely related to this conclusion, and within a similar theoretical framework, are the findings by George (1970) that offspring do not identify as strongly with parents who have poor self-concepts. The offspring who evidenced the more optimal self-concept identified with both of their parents and these parents were found by George to evidence a good adjustment to life. In cases where one parent differs from the other, children tend to be selective and to identify with the better adjusted parent.

Coopersmith (1967) has examined this same aspect of the parent-child relationship from a similar perspective, moving from child to parent, and has reported similar findings. He found the parents of children with high self-esteem utilized reward as the preferred mode of affecting behavior and, when required, used

punishment only to manage undesired responses. In contrast, Coopersmith found that parents of low self-esteem children are more likely to employ punishment rather than reward with the procedures employed stressing force and the loss of parental love. The total amount of punishment administered in the high and low self-esteem families was not greatly different; it was the expression of the punishment that differed.

Fitts, Stewart, and Wagner (in Fitts, 1972a), in a study of self-concept change among hospitalized psychiatric patients, concluded: "the patients' self-concept changed coincident with behavior deemed suitable for functioning outside the hospital environment. This leads to the conclusion that the crucial issue may be that of healthy self-concept change [p. 73]."

Fitts (1970), in the development of the phenomenologically-based Wheel Model of Interpersonal Competency, has stated the development of interpersonal competence, and the facilitation of the self-actualization process through participation in a training course to have: "more long run therapeutic value than traditional psychotherapy [p. 95]." Fitts continued that professionals are not meeting the needs of society with approaches emphasizing a model which focuses on pathology.

The importance of parent communication skills, a vital component within the interpersonal competence framework, has been examined by Matteson (1974). In an investigation of the relationship between the self-esteem of adolescents and the quality of the parent-adolescent communication, she found low self-esteem adolescents viewed

communication with parents as less facilitative than did high self-esteem adolescents. Matteson also found that adolescents with high self-esteem measures had congruent ratings with their parents of the quality of the communication between them while the parents of low self-esteem adolescents consistently rated the communication between themselves and their offspring as more facilitative than did their children.

In a related study investigating the variables of self-esteem and social participation in relation to individual integration within the family, Cashion (1974) utilized data from 2,030 9th-, 10th-, and 11th-grade students on measures of family integration and interpersonal liking within the family. Additional measures of self-esteem and social participation, consisting of numbers of friends, membership in organizations, attendance at school activities and frequencies of dating. It was the hypothesis of Cashion that family integration influences both social participation and self-esteem. Results indicated complex relationships existed between the variables, but that family interaction was positively associated with all measures of social participation, with the positive relationship persisting for each sex, for all considered ethnic groups, and for different levels of self-esteem. Family integration and liking of parents was also significantly and positively related to self-esteem. When family integration was low, Cashion reported no apparent relationship between self-esteem and social participation. In addition to demonstrating the strong positive relationship between integration into the family and self-esteem, Cashion also reported a tendency for median self-esteem

scores to be more associated with individuals who named more friends and were named by others as a friend more often than individuals with either high or low self-esteem scores. These findings are consistent with reports by Fitts (1972a; 1972b) of optimal self-esteem score ranges on the Tennessee Self Concept Scale.

Anchor and Anchor (1974) have also provided relevant findings in their investigation of the effects of school failure upon students and their families. These authors hypothesized that successful students and their parents receive much more positive feedback (grades) from schools than do students who are unsuccessful, thereby increasing the probability of success for the already successful but not the unsuccessful student and family. Subjects in their study were students and parents at an ethnically mixed lower middle class urban junior high school with a large population of Mexican-American students. Each student was assigned to either a high success (low failure [Lo-F]) or low success (high failure [Hi-F]) data group, based upon the student's overall school performance. These data were compared with parental attendance records at scheduled parent conferences. Results indicated that:

A greater proportion of parents of Hi-F male students were absent from Parent-Teacher Conferences than parents of Lo-F male students. This behavioral factor, parent absenteeism among the Hi-F group, may reflect the fact that the primary mode of communication from schools to parents of Hi-F male students is frequently non-rewarding for them. This finding lends itself to a similarly tenable interpretation: namely,

that negative attitudes toward school held by the parents may enhance the likelihood of a child obtaining poor grades [p. 266].

Anchor and Anchor have proposed that parents and other community members must become involved in the school process. Parents, especially among the economically disadvantaged, regard school as an aversive stimulus and as a dispenser of primarily negative reinforcers. For the authors, a first step, to be taken by the schools, is clear: "To reduce further student and parent alienation, it appears that the time has arrived for earnestly studying and experimenting with the implementation of new, positive approaches to public education [p. 267]."

Other indications of the far-reaching effects of parental self-concept, as manifested in behavioral competence and positive attitudes, upon their offspring, are provided by Hjelle and Smith (1975) in their study of the relationship between self-actualization and retrospective perceptions of parental child-rearing attitudes and behaviors. Responses from 20 high and 20 low self-actualizing (SA) college females indicated high SA females scored significantly higher on scales reflecting perceived parental attitudes of acceptance and psychological autonomy. Conversely, low SA females responded to the scales in a manner reflecting perceived parental attitudes of rejection and firm control.

Miller and Simon (1974), in a stratified sampling of 2,064 Caucasian adolescents, concluded that a positive relationship existed between alienation from parents and incidence of first coitus. These

authors have suggested the importance of the parent-offspring relationship continues to exist through the adolescent period of the child.

The findings of Overman (1975), in her investigation of self-esteem change in parents, and self-concept change in children as a result of the participation of parents in a modification of Downing's (1971) parent group education program, are appropriate again at this point. Overman found that global self-esteem measures indicated, on a posttest only analysis, that self-esteem on the part of parents participating in the parent education program was in the process of changing, through accepting positive and negative self-features. The design used by Overman, however, did not allow for additional delayed posttesting, therefore leaving her conclusions as tentative until further study in this area is accomplished.

As an alternative to the traditional psychotherapeutic approaches emphasizing a "fix it" (Fitts, 1970) approach, systematic group training utilizing a discussion, lecture, and role playing format has been found to be effective in the change of anxiety and self-concept measures, and in the increase in perceived feelings of worth and effectiveness. It is felt that a discussion of the relationship between anxiety and self-concept, and a discussion of the closely related phenomenon of defensive process, will further facilitate an understanding of the present study. These variables, together with the classroom behavior of the offspring, represent the four primary dependent variables presently under investigation.

The Relation of Individual Defensiveness
to Self-concept and Anxiety

An alternative educational setting is an environment in which the lack of achievement among students, and a lack of parental effectiveness in assisting these students overcome existing school and/or family difficulties, is an identified problem area (CARE Program Bulletin, 1975). Both students and parents, then, represent a segment of the population which is presently viewed by the community as having a high rate of academic and/or interpersonal failure.

In a study by Hochreich (1974) involving the participation of 120 undergraduate students, the author hypothesized certain differences would exist between those individuals who were determined to be defensive externals, individuals who habitually fall back upon external attitudes and blame-projection whenever failure occurs or seems eminent, and true externals, or those individuals who tend to attribute responsibility for outcomes to external sources in both success and failure situations. Hochreich (1968) had earlier found that defensive externals act in a more internal manner than true externals in terms of responsiveness to feedback about performance situations. Results provided by the administration of the Rotter Internal-External Scale (I-E), the Rotter Interpersonal Trust Scale, and the Gough and Heilbrun edition of the Adjective Check List (ACL) indicated that defensive externals attributed less responsibility to story heroes (presented in booklet form to subjects) under failure conditions than did true externals and true internals, and that this attribution difference would be strongest when the failure was related to

achievement situations. Hochreich (1974) concluded that the defensive external has available a "ready-made" (p. 546) defense with little need to employ the defensive processes more frequently associated with that level of psychological adjustment allowing continued personal growth to take place.

A conclusion of the Hochreich (1968, 1974) studies is that when individuals are placed in situations of stress, there is an interaction of defense process and behavior in the direction of self-esteem maintenance. Those individuals with an existing low achievement performance level and nonfacilitative pattern of family interaction are, therefore, seen as more likely to utilize defensive strategies which serve to actually stifle or inhibit problem resolution than those individuals with average-to-above average achievement levels and adequate-to-highly facilitative patterns of family interaction.

While definitive aetiological investigations of defensive behavior utilizing empirical data are relatively few, Bregnant (1972) has reported that: "defects in the socialization process produced by frustrations of sociocultural and family origin [p. 62]" lead to lower aspiration levels and defensive behavior patterns which serve to protect the individual's self-respect. To systematically expose these individuals with low aspiration levels and pervasive defensive behavior patterns to norms relevant to the majority culture may possibly serve to exacerbate defensive reactions and increase the possibility of deviant behavior. The utilization of a discussion group format is seen as one technique which may be effective in minimizing the alienation of parents by the presentation of material

which may represent strategies implying aspirational beliefs significantly different from their own.

In a further illustration of the possible inhibitory effect upon learning of the excessive or psychopathological use of defensive processes, Twerski (1974) has posited that defensiveness, through the use of denial, may be equated to a type of "functional deafness" (p. 260) similar to Sullivan's (1953) concept of selective inattention. Twerski also found that with adults, rationalization is often employed as a mechanism to further reinforce the defensive process of denial. This cycle of continuing defensiveness could serve to inhibit the assimilation of experiences which serve to facilitate problem resolution and continued personal growth.

Falek and Britton (1974) have proposed that patterns of coping with environmental trauma, whether major or minor, are universal reactions in man and are seen as attempts to return to psychological homeostasis. Sullivan (1953) has posited that because of the unpleasant, obstacle nature of anxiety, man is impelled to develop systems and processes that help him avoid this experience. The most important of these is the self-system. Fischer (1970) has stated that the self-system maneuvers always to defend a person's feelings of adequacy and worth by not noting, shifting to nonfocal awareness, or prohibiting from focal awareness all threats to personal security (p. 146).

An approach found useful in altering the inhibitory effects of defensive behavior and increasing the probability of focal attention in a therapeutic setting has been suggested by Raft,

Tucker, Toomy, and Tucker (1974). These authors have found a conjoint or small group approach to be one effective approach in the improvement of interview and therapy outcomes when dealing with the psychosomatic complaints of patients utilizing defensive techniques through the use of denial.

Ritigstein (1974) examined the relation between defense mechanisms and levels of both trait anxiety (A-Trait) and state or aroused anxiety (A-State). Using the Spielberger State-Trait Anxiety Inventory (STAI) and the Defense Mechanism Inventory (DMI) instruments, the author determined that a strong relationship existed between defense mechanism reports and levels of A-Trait, but that defense mechanism scores and A-State arousal proved to be unrelated. Ritigstein found the relation between the defense mechanisms and A-Trait as supporting the assumption that in accounting for adaptation to the environment, levels of A-Trait bear a more important relation to problems of general adjustment than do levels of situation-specific A-State. The relationship of defense mechanisms to anxiety has also been reported by Naditch, Gargan, and Michael (1975) and Johnson (1975).

Weinstock (in Phillips et al., 1972) found denial, regression, repression, and displacement of aggression all highly related to early parent-child relations, although the specific relationships are reported to be complex (p. 420). Phillips et al. conclude that defensiveness can be viewed from two points of view as it relates to anxiety: "As sources of error variance in the measurement of anxiety, or as concomitants of anxiety [p. 429]." It appears that further

research is needed in this area. Sarason (1966), for example, has pointed out that the avoidance of anxiety, or defensiveness, is as important as the experience of anxiety itself.

In relating defensiveness to perceptions of self, Hultman (1976) has stated that values, or socially preferred beliefs, are often elevated to the status of motives within personality with their chief purpose to help people preserve and increase their self-regard. The possibility exists that any value may be used in a defensive manner. A result of the defensive use of values is tension, generated by unmet needs. Such tension, reports Hultman, is often responsible for the complaints of vague anxiety and depression among those seeking professional help. It is Hultman's position that: "Possessing even one defensive value can inhibit personal growth, since any defensive value is primarily oriented toward protecting the person from threat [p. 270]."

Dean (1974) appears to have offered support for the Hultman (1976) position with his findings that defensiveness appeared to be more a function of the values of possible outcomes than of expected levels of success. Engaging undergraduate subjects identified as Hope-of-success (HS) and Fear-of-failure (FF) in situations in which the subjects construed their scores as being valuable either for personal, esteem-relevant reasons or for nonpersonal consequences, the author led half the subjects in each group to believe they had succeeded on the task and half that they had failed. With dependent measures involving affective state, expected level of success, defensiveness, and the importance attached to succeeding and failing,

the author found that anticipatory feelings such as nervousness and worry varied independently of outcome expectancy and that the intensity of feelings was positively related to the values associated with possible outcomes.

Fitts (1972a) also seems to be following a similar path, although from a different methodological frame of reference, when he writes that individuals who report defensive or low self-esteem as well as unrealistically high self-esteem are almost: "Universally associated with psychiatric symptoms, antisocial behavior and maladaptive, ineffective behaviors of all types [p. 114]." Fitts (1972b) has also found successful persons in a variety of settings to share certain characteristics, as measured by the Tennessee Self Concept Scale.

These individuals have self concepts characterized by high Self Esteem in all areas, low Conflict and Variability [scores], average or moderate scores on Defensiveness, Self Differentiation and Response Set, below average signs of Pathology, and good Personality Integration [p. 71].

Rios-Garcia and Cook (1975) have reported that Self-Derogation (a measure of actual feelings toward one's self) scores are positively related to anxiety and negatively related to general defensiveness, and that individuals with a positive view of themselves are less likely to report symptoms of anxiety. It was their conclusion that relatively self-satisfied individuals typically employ mechanisms of defense such as denial, repression, and rationalization to deal with emotional difficulties (p. 277), although Rios-Garcia and Cook caution

that this relationship between defense and adjustment is dependent upon the population studied and the research methodology employed.

Fitts, (1969, 1972b) has found two scores on the Tennessee Self Concept Scale to be particularly relevant to the measurement of defensiveness. The first, the Self Criticism score, measures defensiveness, openness, honesty in self-description and capacity for self-criticism at the conscious level. The second measure of individual defensiveness is provided by the Defensive Positive score, a more subtle measure than the SC score, providing an index of the effectiveness of the psychological defenses.

Cameron (1963) has postulated that, in normal ego functioning, it is often difficult to differentiate between adaptation and defense. With the premise that the prime functions of the human psychodynamic system are to remain organized and at as effective a level as possible, Cameron has developed and distinguished between conscious and preconscious ego functioning, a slowly developing system operating primarily on a realistic level, and the system unconscious, which includes: "id-deviations and the repressed unconscious ego [which] controls verve and a certain amount of irrationality to normal adult behavior [p. 232]." The mechanisms of defense, Cameron has reported, serve to: "keep by far the greater part of unconscious activity silent and unrecognized [p. 232]." Cameron has continued:

There is no general agreement as to the number of defense mechanisms that should be distinguished. A recent account of active, ongoing clinical work points out clearly that any attempt to sort out separate defense mechanisms is bound to

be arbitrary [p. 234].

Spielberger (1972) has affirmed that: "people differ in anxiety proneness, that is, in their vulnerability to different kinds of stress. Therefore, a comprehensive theory of anxiety must include a concept of anxiety as a personality trait [p. 490]." Important variables included by Spielberger in relation to a theory of anxiety include:

- (a) The nature and magnitude of stress;
- (b) The availability of coping processes, and
- (c) The avoidance behaviors and psychological defenses that serve to reduce anxiety states and protect the individual from threatening stimuli [p. 491].

Auerbach (1968) has proposed that parent group education employing a discussion format can play an important role in the alleviation of sources of chronic stress, and in aiding parents in developing more adaptive coping processes. Parent group education, according to Auerbach, can serve to provide information to parents toward the goal of being more effective parents, to confront parents on the responsibilities of parenthood, to serve as an arena of expression during special or unusual occurrences, and to bring about: "changes in feelings, attitudes, and coping behavior that seem to occur, sometimes even within a comparatively short time [p. 11]."

Summary

A review of the research literature has presented evidence that parent group education is an appropriate, feasible, and effective intervention when conducted by the counselor within the public school

setting. Research studies have also indicated that optimal self-concept measures, as reported by the Tennessee Self Concept Scale, have been shown to be positively related to family cohesiveness (George, 1970), appropriate identification and behavior of offspring (Vargas, 1968), low manifest trait anxiety (Coleman et al., 1966), and moderate reports of defensiveness (Fitts, 1972b).

Research evidence indicates Adlerian-based parent group education to be one viable approach emphasizing principles of problem prevention rather than problem remediation. Findings indicate also the Adlerian and behaviorally based parent group education by Downing (1971) to be a significant program in the modification of parental attitudes toward child-rearing strategies.

There is a dearth of research, however, investigating the effectiveness of parent group education in producing change in selected aspects of self-concept and trait anxiety. Also, few studies have been reported which have dealt with the effectiveness of parent group education upon self-report measures of defensiveness, with more optimal defensiveness measures reflecting increased coping skills on the part of parents.

Chapter 3

Methodology

The purpose of Chapter 3 is to present a detailed description of the research methods and procedures utilized in the present investigation. Descriptions of the following areas are included:

- (a) subjects participating in the study, (b) research design employed,
- (c) procedures utilized, (d) instruments and materials used, and
- (e) statistical methods employed.

Subjects

The subjects participating in this investigation were randomly selected groups of parents with children attending the Chesapeake Center for Alternative and Rehabilitative Education, a coeducational, ungraded public school located in the city of Chesapeake, Virginia. The children of the participating parents also played an important role in this investigation as these offspring provided teachers and observers with behavioral measures, herein used as one index of parent counseling effectiveness.

The method of subject selection was as follows: the name of each student attending the CARE school, and the name, address, and phone number of the parent or guardian (N = 124), maintained by the school on a 3- by 5-inch index card, was shuffled and placed in a single file. These cards were numbered 1 through 124, in the order they appeared in the stack. These numbers served as parent identification numbers (Li, 1969, p. 150). The random numbers table (Li,

p. 589) was read vertically and 3-digit numbers between 001 and 124 inclusive were selected. Any number already picked or exceeding 124 was discarded (Li, p. 150). The selection of numbers continued until 62 distinct numbers were obtained. The 62 distinct numbers were designated as treatment and the remaining 62 numbers were designated as control by a flip of a coin (Campbell & Stanley, 1963).

Parent information sheets (see Appendix F), sent to all parents on January 5, 1976, explaining the anticipated beginning of discussion groups, were examined to determine the preferred meeting times. Treatment parents not falling in the major preference groups were contacted by phone and asked to select one of the alternate meeting times. There were three treatment groups established and all treatment parents were contacted as to starting time, location, and content of the planned discussion. Of the 62 treatment parents contacted, 41 gave verbal commitments to attend the complete parent counseling series of six weekly meetings.

The 62 parents assigned to the control condition were randomly divided into two groups of 21 and one group of 20. These parents were contacted, along with all the parents with children at the school, and requested to participate in a school program evaluation whereby parents were asked to complete certain instruments on two occasions. Final group size was randomly reduced to ensure equal cell size (Li, 1969, p. 195). No contact was made with control parents except during posttest and follow-up evaluation periods. (See Table 1.)

The average weekly attendance for the 6-week series of group meetings for all three parent groups was 30. Attendance was taken

Table 1
 Summary Information of Treatment Parents

	Posttest		Follow-up	
	Num- ber	Per- cent	Num- ber	Per- cent
Total available	62	100	62	100
Verbal commitment to complete program	41	66	41	66
Actual program completion	33	53	33	53
Usable return available	29	47	27	43

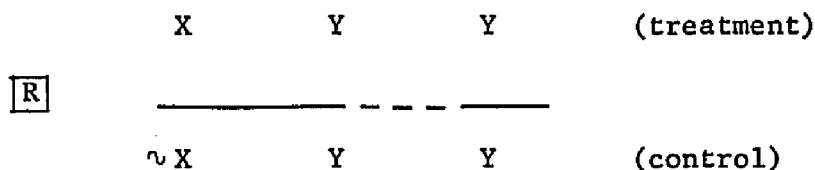
each week, and those not present were contacted by telephone and reinvited to the following meeting. Attendance at the CARE school is, in part, secured through the agreement by the parent or guardian to attend regularly scheduled parent counseling programs. Any parent missing two meetings was reminded of this contract agreement; however, no further action was taken if the parent dropped from the parent program.

All parent counseling meetings were held at the CARE facility in a 12- by 14-foot conference room adjacent to the counseling office. Coffee and tea were provided for all group meetings. A portable chalkboard was used for illustration purposes. A list of suggested supplemental readings and program meeting outlines was made available to all parents. Parents attending a majority of parent education group meetings and completing posttest and follow-up evaluation instruments were included in the final analysis of data. Usable posttest returns were received from 33 treatment parents. Of these returns, 8 were received from married couples who had attended the sessions jointly. These dual returns were randomly reduced by a flip of a coin so that only one return per family was considered, resulting in a final treatment usable return figure of 29. In the control groups, 30 sets of usable posttest and follow-up data were received, randomly reduced to 29. The final usable return figure for follow-up treatment ($N = 27$) and control ($N = 27$) data was 54 for parents completing both the Bendig revision of the MAS and the TSCS. The loss of two subjects in follow-up data collection of treatment parents was due to an inability to contact the parents or the students. Parents

with children attending the CARE facility are reported by school officials as socioeconomically representative of the city of Chesapeake, although the number of students with functional learning disabilities and status offense convictions is greater than other secondary public schools within the city.

Research Design

The experimental design selected for use in the present study was the experimental group--control group, with randomized subjects, and posttesting and follow-up data collection. This is a modification from the design described by Kerlinger (1973) as being probably one of the most desirable in psychological and educational research, with claims of internal and external validity rather well-satisfied (p. 231). This design may be graphically portrayed in the following manner:



Through the use of random selection and assignment procedures, groups representing treatment and control conditions are assumed to be representative samples of the total population of parents who have children attending the CARE facility (Galfo & Miller, 1970). The independent variable in this investigation was the Family Skill and Home Management Parent Education Program developed by Downing (1971). The unmodified discussion guide for group leaders is provided in Appendix G. Dependent variables, by hypothesis, were arranged in the following manner:

Hypothesis 1

There will be a significant difference in measures of defensiveness between parents completing the Downing (1971) parent group education program and parents not participating in the Downing program, on both Posttest and Follow-up evaluations. The Dependent variables used to test research hypothesis 1 were: (a) Self-Criticism score, and (b) Defensive Positive scale of the Tennessee Self Concept Scale. Standard scores for both SC and DP were used in data analysis.

Hypothesis 2

There will be a significant difference between parents completing the Downing (1971) parent group education program and parents not participating in the Downing program on a measure of manifest trait anxiety for both Posttest and Follow-up evaluations. The dependent variable used to test research hypothesis 2 was the total numerical raw score provided by the Bendig Revision of the Manifest Anxiety Scale.

Hypothesis 3

There will be a significant difference in perceived family adequacy between parents completing the Downing (1971) parent group education program and parents not participating in the Downing program, on both Posttest and Follow-up evaluations. The dependent variable used to test research hypothesis 3 was the Family Self score of the Tennessee Self Concept Scale. Standard FS scores were used in data analysis.

Hypothesis 4

Adolescent students of parents completing the Downing (1971) parent group education program will demonstrate a significantly lower level of inappropriate classroom behavior than will adolescent students whose parents did not receive the Downing program, on both Posttest and Follow-up evaluations. The dependent variable used to test research hypothesis 4 was the total numerical raw score provided by the systematic time-sampling of student behavior within the classroom setting.

Hypothesis 5

Adolescent students whose parents complete the Downing (1971) parent group education program will differ significantly from students whose parents do not participate in the Downing program, on teacher-rated measures of classroom functioning for both Posttest and Follow-up evaluations. The dependent variable used to test research hypothesis 5 was the score provided by teachers completing the Coopersmith (1967) Behavior Rating Form on each student in his first-period class of the day. Total numerical raw scores were utilized in the analysis of data.

Procedures

Subsequent to securing permission from the Chesapeake City Public Schools to conduct the herein described research at the CARE facility (see Appendix E), group meeting dates were finalized based upon parental responses to a letter sent to all parents in which the program was explained and four alternate attendance times were listed (see Subjects section for explanation of the letter to parents).

There were three groups of parents established, drawing from the selection procedure outlined in the Subjects section. These parents were then contacted by phone, reminded of the program purpose, and informed when the first meeting was to take place. Based upon the response preferences of the parents, meeting times were established for Wednesday morning at 10:00 a.m. (group 1), Wednesday evening at 7:00 p.m. (group 2), and Saturday morning at 10:00 a.m. (group 3). Meetings for each group were planned for 2 hours, once per week, although actual meeting time was 2-1/2 hours. This additional time was necessary in order to complete the material scheduled for presentation according to the Downing (1971) program. Meetings continued for 6 consecutive weeks, with posttesting occurring at the conclusion of the sixth meeting. Starting dates for meetings were January 21, 1976, for groups 1 and 2, and January 24, 1976, for group 3. Posttesting dates were February 25, 1976, for groups 1 and 2, and February 28, 1976, for group 3. Follow-up data collection was conducted 8 weeks after the sixth meeting of the program, during the week of April 19-24, 1976. All posttest discussion and testing meetings were conducted in the same building, in the same meeting room. All parents, both intervention and control, were aware that a school-wide evaluation program was being conducted, but were not aware until after follow-up data collection of the nature of the independent variable. Follow-up data collection was accomplished by placing the Tennessee Self Concept Scale and the Bendig adaptation of the Taylor Manifest Anxiety Scale in an addressed, stamped envelope. These envelopes were distributed to students who were instructed to

take the packets to their parents. A letter from the school principal included inside the packet provided instructions to parents who were to place the sealed envelope in the mail upon completion of the instruments (Overman, 1975). A follow-up phone call to parents by school personnel the next day ensured that all parents had received the envelopes and were aware of their purpose. Additional follow-up phone calls were made to those parents who did not return the envelopes after 7 days. At the conclusion of data tabulation, a letter (see Appendix R) was sent to all parents explaining the nature of the evaluation and a brief summary of the results.

Posttest Behavior Rating Forms were completed during the week of February 24-28, 1976, by all classroom teachers, using their first-period class as the target class. The posttest observations by trained observers was conducted in first- and second-period classes during this same week. Follow-up data were accomplished by both teachers and observers during the week of April 19-24, 1976, under the same conditions as posttesting. No individual information collected pertaining to either parents or students was or will be released to anyone by name; however, a summary of scores can be found in Appendix K. All protocols and raw data sheets were coded and the name and other identifying information removed and destroyed.

Preparation of Group Leaders

There were two group leaders who participated in this investigation and directed all group meetings with parents. Both leaders are male, married, within 1 year of each other in chronological age, and doctoral candidates in the counseling program within the School of

Education, The College of William and Mary, Williamsburg, Virginia. Both group leaders have had experience, under supervision, in clinical settings with parents and their children. Both group leaders were philosophically in agreement with the Downing (1971) program; however, a 10-hour training session was held to maximize the similarity of leadership style. Jayaratne, Stuart, and Tripodi (1974) have reported that efforts to structure the group leaders' role performance may be rewarded by the reduction of leadership style as a significant interaction variable (p. 168).

Through the drawing of slips of paper from a hat, group leader 1 was assigned to group 1 and group leader 2 was assigned to groups 2 and 3. No monies or other payment were received for group leadership. Group leader 2 also served as the present investigator.

Instruments and Materials

In order to test the hypotheses under investigation, four evaluation instruments were selected. These instruments are: (a) the Tennessee Self Concept Scale (Fitts, 1965); (b) the Bendig revision of the Taylor Manifest Anxiety Scale (Bendig, 1956); (c) the Behavior Rating Form (Coopersmith, 1967); and (d) a systematic time sampling behavioral observation technique (after Madsen, Becker & Thomas, 1973).

The Tennessee Self

Concept Scale

The Tennessee Self Concept Scale: "consists of 100 self descriptive statements which the subject uses to portray his own picture of himself [Fitts, 1965, p. 1]." The TSCS is

self-administering and may be used in individual or group situations. The subjects should be age 12 or older with at least a sixth-grade reading level (p. 1). The TSCS is: "applicable to the whole range of psychological adjustment from healthy, well adjusted people to psychotic patients [p. 1]." A phenomenological system was developed by Fitts for classifying items, which evolved into a: "Two dimensional scheme best visualized as a 3 X 5 grid with the three internal referents constituting one of the dimensions and the five categories of external referents making up the second dimension [Fitts, Adams, Radford, Richard, Thomas, Thomas, & Thompson, 1971, p. 43]." Within each of the resulting 15 intersecting categories, Fitts (1965) reports an equal number of positive and negative items. This part of the TSCS contains 90 items. The remaining 10 items have been taken from the L-Scale of the Minnesota Multiphasic Personality Inventory (MMPI) and constitute the Self Criticism score on the TSCS.

The scale is available in two forms, a Counseling Form and a Clinical and Research Form (Buros, 1972). The Counseling Form presents 15 profile scores and is suitable for discussion and interpretation within the counseling setting. The Clinical and Research Form offers 14 additional scores and is not appropriate for self-interpretation by, or direct feedback to, the subject (Fitts, 1965, p. 1). Both forms use the same booklet and the same test items, the difference arising from a different scoring and profiling system. For each item on the TSCS, there is a choice of 5 responses ranging from "completely true" to "completely false" (Fitts et al., 1971).

The standardization group from which the norms were developed

consisted of a: "broad sample of 626 people [Fitts, 1965, p. 13]." Subjects came from: "various parts of the country [p. 13]" and ranging in age from 12 to 68 were included in the standardization group. Fitts has reported that approximately equal numbers of males and females, Blacks and Whites, and representatives of all social, intellectual, economic, and educational levels ranging from the sixth grade through the Ph.D. degree (p. 13). Subjects were obtained: "from high school and college classes, employers at state institutions and various other sources [p. 13]." Fitts reports two reasons why the norm group has not been expanded. One is that samples from other populations do not differ greatly from the norms, and second, the effects of such demographic variables such as sex, age, race, education, and intelligence on the scores are negligible with only a few exceptions (p. 13). Subsequent reports by Thompson (1972) have indicated that when dealing with subjects under the age of 20 and over the age of 59, age must be controlled or accounted for in some fashion (pp. 20-21). There are no great differences within the 20- to 59-year age span, and Thompson concluded the original norms are appropriate for the general adult population (p. 21). Fitts reports that a group of 570 nonpatient subjects completed the 100-item TSCS in a mean time of 13.0 minutes, with a standard deviation of 5.54 (p. 15).

The test-retest reliability coefficients of all major scores, based upon results provided by 60 college students over a 2-week period, range from .60 (Row Total V) to .92 (Total P) (Fitts, 1965, p. 15). Nunnely, as reported in Fitts (1971), reported a reliability

coefficient of .91 and a standard error of measurement of 3.30 for Total P Scores using the Kuder-Richardson split-half technique. Overall reliability is reported to be in the .80s (Buros, 1972).

Evidence of predictive validity, or the ability of the TSCS to predict future performance in some area based on knowledge of test results (Fitts et al., 1971, p. 46), has been presented by Fitts (1972b) by way of summarizing many of the self-concept investigations utilizing the TSCS. Although Fitts acknowledged that replication of many existing studies is needed, present data suggests satisfactory predictive validity (p. 61). Indications of construct, content, and concurrent validity are also reported in publications by Fitts and others (Fitts et al., 1971; Fitts, 1972a; Fitts, 1972b; Thompson, 1972), although these findings are not available in the Manual of the Tennessee Self Concept Scale (1965). Bentler, as reported in Buros (1972), has reported concurrent and content validity of the TSCS to be satisfactory. Suinn, as reported in Buros (1972), has posited that studies reported in the research literature using the TSCS have supported the construct validity of the Scale. Crites (1965) had earlier reported the psychometric attributes of the TSCS to stand up well when compared to traditional test construction criteria. The TSCS, therefore, has been reported as a phenomenologically based paper-and-pencil test with measures of reliability and validity consistent with acceptable psychometric standards.

Specific scores of the TSCS utilized in this investigation are the Self Criticism score, the Column D--Family Self score, and the Defensive Positive score. Factor analytic studies by Grant (1966),

Jones (1966) and Vacchiano and Strauss (1968) have resulted in factors which have corresponded very closely to the constructs for which they are named. The DP and SC scores will be utilized in a statistical test of hypothesis 1, and the FS score will be used in a statistical test of hypothesis 2.

The Bendig Revision of the
Taylor Manifest Anxiety Scale

Phillips et al. (1972) have reported that: "anxiety is one of psychology's much researched concepts [p. 426]," with the Taylor Manifest Anxiety Scale representing the generic research instrument in these investigations. Originally constructed by Taylor (1953) for use in a study of eyelid conditioning, the scale was developed by submitting approximately 200 questions from the MMPI to five clinicians, along with a definition of chronic anxiety reactions (p. 285). Judges selected 65 items with better than 85% agreement as being indicative of chronic manifest anxiety. In addition to these 65 items, 135 additional items were added as indicative of low anxiety. Continued revision of the initial form, referred to as the Biographical Inventory (Taylor, p. 290), resulted in the reduction of anxiety indicative items from 65 to 50. Test-retest data over a 4-week period was .88, based upon responses provided by 229 introductory psychology students (Taylor, p. 289).

Hoyt and Magoon (1954) conducted a validation study of the MAS with a college counseling population through the use of counselor referral of subjects thought to be "high," "medium," or "low" in manifest anxiety (p. 358). Hoyt and Magoon reported that a total of

30 of the 50 Taylor items probably had validity for the population studied (p. 359).

Bendig (1956), in an attempt to develop a: "more useful and valid [p. 384]" instrument than the standard MAS selected the 20 most powerful items of the MAS from the list of valid scale items provided by Hoyt and Magoon (1954). Bendig reported the internal consistency reliability of the 20-item MAS to be .76. Median internal consistency of the 50-item MAS was .82. Bendig concluded the 20-item Pittsburgh Revision of the MAS had eliminated MAS items of low validity, provides scores which are as reliable as the 50-item MAS, and produced an instrument which: "is more parsimonious of testing time and probably more valid than the longer MAS [p. 384]."

The traditional response formats to the MAS have been dichotomous in nature (true/false). Salisbury, Sherrill, Friedman and Horowitz (1968), and Sherrill and Salisbury (1971) have reported correlations: "equal to and above .85 [Sherrill and Salisbury, p. 19]" between manifest anxiety scores based on traditional, or dichotomous, and continuous, or 6-point agree-to-disagree response choices. Sherrill and Salisbury used the 6-point continuous score method with the 20-item Bendig revision of the MAS, a strategy employed as the response format for the Bendig MAS in this investigation. Responses to each of 20 items were made as +6 (strong agreement), +5 (agreement), +4 (slight agreement), +3 (slight disagreement), +2 (disagreement), and +1 (strong disagreement). A summed numerical raw score is derived from all 20 items of the Bendig MAS with this raw score representing performance on the MAS.

Behavioral Observation

by Trained Observers

It has long been the assumption of many parent educators that a successful parent education experience will result in behavioral changes in the children. Frazier and Matthes (1975) have recently questioned the validity of this assumption. A method for the assessment of behaviors emitted by the student within the classroom setting is the utilization of behavioral observation (Boydell, 1975; Galfo & Miller, 1970; Herbert, 1970; Walker, Hops & Fiegenbaum, 1976; Wright, 1960). Galfo and Miller have posited that the classroom observation technique is one of the most useful but least utilized methods for data collection; a principal application of the observation method is to verify the existence of differences which are purported to exist between experimental and control groups (p. 44).

The sampling of behavior within the classroom will involve the selection of behavioral units for observation at different points in time (Kerlinger, 1973; Kissel & Yeager, 1972). The time sampling strategy of Miechenbaum, Bowers and Ross (1968) has been modified for use in this investigation. In the modified time sampling strategy, time sample units of 1 minute are divided into 3 15-second observation periods and 1 15-second period for the recording of comments (see Appendix C). Kerlinger has posited that time samples have an "important advantage of assuring the investigator of obtaining representative samples of behavior [p. 546]," but only if the behaviors occur fairly frequently. Students exhibiting severe behavior problems represent a substantial portion of the population

served by the CARE facility, thus inappropriate behaviors, or those behaviors which interfere with attention to subject material presentation within the classroom were selected as behavioral targets.

The system of behavioral coding employed in this investigation was developed by Madsen et al. (1973). This system provides nine discrete categories of inappropriate behavior and one category of appropriate behavior which may be observed within the classroom setting. The time sampling method used in the Madsen et al. study used a single 10-second observation cycle and was not felt to be appropriate to this investigation. Behavioral coding was performed on the Behavior Record Sheet, developed specifically for this investigation (see Appendix C). For each 15-second recording sequence, the target student was observed and responses recorded according to the coding system. Different categories of inappropriate behavior may be observed and recorded during a 15-second period; however, each specific inappropriate behavior code may be recorded only once during each 15-second observation period. Inappropriate and appropriate behavioral codes may not occupy the same 15-second time block. The absence of inappropriate behavior for a coding period represents, for the purposes of this investigation, on-task or appropriate classroom behavior.

Observer Training

Kerlinger (1973) has stated: "The major problem of behavioral observation is the observer himself [p. 538]." The training procedures in this study were taken from Becker, Madsen, Arnold and Thomas (1967).

Training consisted of practice in the use of the rating schedule in the classroom. Two observers would each rate the same child for 20 minutes and then return to the research office to compare their findings and discuss their differences. Training was continued until reliability was above 80%

[p. 202].

Reliability in this case was determined by dividing the total number of agreements by the number of agreements plus disagreements (Becker et al.).

Observers utilized in this investigation were secured through the soliciting of volunteers from two undergraduate classes of Human Growth and Development at The College of William and Mary during the spring semester of 1976. Through the cooperation of the class professor, students who participated received 25 class points which were added to their total class point score. The training was conducted by this investigator and consisted of the following steps:

1. A meeting with volunteers, hereafter referred to as observers, at which time a timetable of events, a verbal introduction to the purpose of the training (to become competent in a system of behavioral observation), and a training outline (see Appendix I) was provided to the observers.

2. An individual meeting with the observers, led by the trainer, to discuss the behavioral coding system to be used and the Behavior Recording Form. A copy of each was provided to the observers.

3. The transportation of observers to a nearby public secondary school for practice observation and to establish an

agreement index, as outlined by Becker et al. (1967). Students observed in the training school were the same age range as the target children at the CARE school (12 to 18 years of age).

4. The transportation of observers to the CARE school for a 3-hour systematic time sampling of students, this constituting the posttest evaluation of student behavior in the classroom setting.

5. The transportation of observers to the CARE school for a 1-hour training session and a 3-hour systematic time sampling of students, this constituting the follow-up evaluation of student behavior in the classroom setting.

A total of eight observers plus one alternate completed all phases of training and observation for a total of 30.5 hours of observation for both posttest and follow-up data collection periods. Observers worked by themselves in the classroom and were instructed not to respond to the students (Becker et al., 1967). The observer training results are presented in tabular form in order to facilitate understanding (see Tables 2 and 3). Neither the investigator nor the observers knew the identity of a student until after all observations for that class had been completed, at which time the student name would be provided by the classroom teacher as a result of student descriptions previously recorded by the observers. Behavioral observation samples of 7 minutes were completed on 54% of the students at the CARE school on posttesting and 59% of the students on follow-up evaluations. This included 100% of treatment and control students. At the time of the follow-up evaluation, three students who had attended the CARE school during the posttest had been returned to a traditional, graded

Table 2
 Summary of Observer Agreement During
 Last Phase Prior to Posttest

Team	Column A: Number of agreements	Column B: Number of dis- agreements	Column C: Number of agreements and dis- agreements	Column A divided by column C
1.	94	12	106	.8868
2.	99	7	106	.9340
3.	90	11	101	.8910
4.	123	11	134	.9179
Total	406	41	447	.9083

secondary school. Observations were made of these students in their new school.

Observation scoring was accomplished by adding the number of inappropriate behaviors recorded for each observation period, resulting in a total numerical raw score. This numerical raw score was used in data analysis.

Coopersmith Behavior

Rating Form

The Behavior Rating Form (Coopersmith, 1967) was designed as a measure of behaviors: "assumed to be an external manifestation of the person's prevailing self-appraisal [p. 11]." The development of the instrument involved: "a series of observations of child behavior in and out of the classroom, repeated interviews with teachers, principals and a clinical psychologist, and evaluations and discussions with a research committee [p. 11]." The BRF is a 13-item instrument wherein teachers respond to each question on a 5-point "always" to "never" response format. Test-retest reliability over an 8-week period was .96 (p. 11). Coopersmith determined that student behavior can be: "consistently observed, evaluated, and interpreted [p. 11]" using the BRF with teachers as observers.

In the present investigation, the BRF was completed by classroom teachers on all students attending their first-period class. This class corresponded to the time of the behavioral observations made by trained observers. Teacher-completed BRFs were completed for both posttest and follow-up data collection periods. The BRF total numerical raw score served as the data utilized in the statistical test of

hypothesis 5. In the case of parents who had more than one child attending the CARE school and assigned to either treatment or control conditions, a flip of a coin was used to determine which one of the children would be considered.

In an effort to determine if sex differences existed on the BRF, all females attending the CARE school who were not part of the treatment condition (N = 11) were compared to an equal number of randomly selected male students who were also not part of the treatment group. No significant sex differences were found [$t(20) = -0.8753$].

As all classroom teachers (N = 12) were involved in the completion of the Behavior Rating Form, a Pearson Product-Moment Correlation Coefficient was computed between teacher response and school counselor response on one student in each teacher's first-period class as a measure of the uniformity of rating during posttest and follow-up evaluations. Results revealed a correlation coefficient of .96 between counselor ratings and teacher ratings, based upon total numerical raw score comparisons for posttesting and .94 for follow-up (see Tables 4 and 5).

Statistical Analysis of Data

In the final analyses of data, one control score was randomly deleted from the study in order to permit the statistical comparison of equal samples sizes. The following advantages are listed for equal sample size, as provided by Li (1969):

(a) It facilitates computation.

(b) It minimizes the effect of heterogeneity of population

Table 3
 Summary of Observer Agreement During
 Training Phase Prior to
 Follow-up

Team	Column A: Number of agreements	Column B: Number of dis- agreements	Column C: Number of agreements and dis- agreements	Column A divided by column C
1.	49	11	60	.8166
2.	57	3	60	.9500
3.	48	12	60	.8000
4.	46	14	60	.7666
Total	200	40	240	.8333

Table 4
 Behavior Rating Form Correlation Coefficients of Student Classroom
 Functioning between Teachers and School Counselor
 for Posttest Evaluation

Variables ^a	Cases	Means	Standard deviations	Pearson r	Level of significance
A1 with B1	12	2.583 with 2.583	0.996 with 0.996	1.00	.001
A2 with B2	12	2.500 with 2.583	1.087 with 0.996	0.96	.001
A3 with B3	12	2.333 with 2.166	1.370 with 1.403	0.91	.001
A4 with B4	12	3.666 with 3.666	1.155 with 1.155	1.00	.001
A5 with B5	12	2.333 with 2.333	0.887 with 0.996	0.96	.001
A6 with B6	12	2.916 with 2.750	1.083 with 1.138	0.94	.001
A7 with B7	12	3.166 with 3.250	1.642 with 1.564	0.95	.001
A8 with B8	12	3.666 with 3.833	1.154 with 1.193	0.88	.001
A9 with B9	12	3.083 with 3.083	0.996 with 0.996	1.00	.001
A10 with B10	12	3.083 with 2.916	0.996 with 0.996	0.92	.001
A11 with B11	12	2.166 with 2.166	1.114 with 1.114	1.00	.001
A12 with B12	12	3.000 with 2.916	1.206 with 1.164	0.97	.001
A13 with A13	12	3.000 with 3.000	1.279 with 1.348	0.95	.001
Total with total	12	38.500 with 37.340	5.528 with 5.817	0.96	.001

^aA--counselor ratings, B--teacher ratings, number refers to question number on Behavior Rating Form.

Table 3
 Behavior Rating Form Correlation Coefficients of Student Classroom
 Functioning between Teachers and School Counselor
 for Follow-up Evaluation

Variables ^a	Cases	Means	Standard deviations	Pearson r	Level of significance
A1 with B1	12	2.667 with 2.667	0.7785 with 0.8876	0.75	.003
A2 with B2	12	2.750 with 2.667	0.6216 with 0.9847	0.74	.003
A3 with B3	12	2.750 with 2.917	0.9653 with 1.1645	0.87	.001
A4 with B4	12	2.667 with 2.750	0.8876 with 1.0553	0.87	.001
A5 with B5	12	2.833 with 2.500	0.9374 with 1.0000	0.87	.001
A6 with B6	12	3.083 with 2.833	0.6686 with 0.9374	0.89	.001
A7 with B7	12	3.083 with 3.000	1.1645 with 1.0445	0.90	.001
A8 with B8	12	3.083 with 3.000	0.9003 with 1.0445	0.77	.002
A9 with B9	12	2.833 with 3.083	0.7177 with 0.9003	0.87	.001
A10 with B10	12	2.500 with 2.500	1.0871 with 1.0871	0.92	.001
A11 with B11	12	2.500 with 2.417	0.9045 with 0.9003	0.95	.001
A12 with B12	12	2.750 with 2.583	0.8660 with 1.1645	0.88	.001
A13 with B13	12	3.000 with 3.167	1.2792 with 1.4035	0.96	.001
Total with total	12	36.500 with 36.083	5.4855 with 6.5291	0.94	.001

^aA--counselor ratings, B--teacher ratings, number refers to question number on Behavior Rating Form.

variances.

(c) The probability of committing a type II error is minimized for a given total number of observations [p. 197].

The use of equal sample size resulted in usable data for a total of 58 parents and students for the posttest evaluation and 54 parents and children for the follow-up evaluations. The level of significance for testing all hypotheses was set at the .05 level.

The analysis of covariance, one-way classification, was used to test all hypotheses. Age was selected as the covariance in hypotheses 4 and 5 because of rapid developmental changes which have been found to occur in individuals under the age of 20 years (Fitts, 1972b). Age was selected as the covariate in hypotheses 1 through 3 in an attempt to reduce error variance. The age for parents and guardians ranged from 22 years to 65 years.

Analyses of data were performed at the College of William and Mary Computer Center utilizing the Multivariate Analysis of Variance Program (MANOVA) (Clyde, 1969), with preprocessor as developed by Dawson (1975). The preprocessor allows control information and data to be punched in freefield and the control cards to be placed in practically any order (p. 2). The MANOVA program: "can handle multiple criterion variables while performing either an analysis of variance or covariance [p. 1]." Data were key-punched onto International Business Machines (IBM) computer cards and processed on an IBM 370/145 computer.

Chapter 4

Results

The purpose of this investigation was to determine the effects of the Downing (1971) program of parent group education upon the children and parents currently comprising the student and parent population at the Chesapeake Center for Alternative and Rehabilitative Education, located in the City of Chesapeake, Virginia.

There were five research hypotheses formulated for this research study, with conclusions based upon a comparison of parents and children with exposure to the Downing (1971) program, either directly (parents), or indirectly (children), with parents and children with no exposure to the Downing program. The research design employed in this study was an experimental group--control group with randomized subjects. Posttest and 8-week follow-up data collection periods were employed. The statistical results are reported separately by research hypothesis.

Hypothesis 1

Hypothesis 1 states that parents completing the Downing (1971) parent group education program will demonstrate a significantly different level of defensiveness than will parents not receiving the Downing program on both posttest and follow-up evaluations. This hypothesis was tested by using two scores from the Tennessee Self Concept Scale; (a) Self Criticism Score, and (b) Defensive Positive Score. The mean and standard deviation SC and DP are presented in

Tables 6 and 7.

An analysis of covariance, one-way classification, was employed as the statistical technique to test hypothesis 1. The analysis of covariance technique was used to reduce error variance due to chance differences in age among parents for both scores on the TSCS.

With age of parent as a covariate, analysis of covariance produced the following F ratio for posttest and follow-up comparisons, respectively: (a) Self Criticism $F = 1.812$ and 0.309 , and Defensive Positive $F = 0.496$ and 0.364 . All F values are not significant at the .05 level of probability. Additional information relative to the analysis of covariance for hypothesis 1 has been presented in Tables 8 and 9.

For hypothesis 1, the research hypothesis that parents completing the Downing (1971) group program would differ significantly from parents not participating in the Downing group program on two measures of defensiveness at the .05 level of probability was rejected for both posttest and follow-up evaluative periods. For hypothesis 1, the null hypothesis was accepted.

Standard scores from the SC Score of the TSCS are available in Appendix K. Standard scores from the DP Scale of the TSCS are presented in Appendix L.

Hypothesis 2

Research hypothesis 2 states that there will be a significant difference in Manifest Anxiety scores between parents completing the Downing (1971) parent group education program and parents not

Table 6
 Hypothesis 1--Summary Data for Experimental
 and Control Groups on the Self Criticism
 Score of the Tennessee Self
 Concept Scale

	Age		Self criticism	
	Posttest	Follow-up	Posttest	Follow-up
	(<u>n</u> = 29)	(<u>n</u> = 27)	(<u>n</u> = 29)	(<u>n</u> = 27)
Experimental group				
Mean	38.345	39.630	52.069	49.519
Standard deviation	8.160	7.712	8.345	9.141
Control group				
Mean	43.103	44.074	48.000	51.185
Standard deviation	8.248	8.009	9.381	11.136

Table 7
 Hypothesis 1--Summary Data for Experimental
 and Control Groups on the Defensive
 Positive Score of the Tennessee
 Self Concept Scale

	Age		Defensive positive	
	Posttest	Follow-up	Posttest	Follow-up
	(<u>n</u> = 29)	(<u>n</u> = 27)	(<u>n</u> = 29)	(<u>n</u> = 27)
Experimental group				
Mean	38.345	39.630	49.897	52.556
Standard deviation	8.160	7.712	9.663	9.768
Control group				
Mean	43.103	44.074	53.310	52.259
Standard deviation	8.248	8.009	11.254	10.398

Table 8
 Hypothesis 1--One Way Analysis of Covariance
 of Experimental and Control Group Scores
 on the Self Criticism Score of the
 Tennessee Self Concept Scale

Source of variation	Sum of squares	Degrees of freedom	Mean square	<u>F</u>	Level of signifi- cance
Posttest					
Between	141.871	1	141.871	1.812	0.184
Within	4,305.305	55	78.278		
Regression	108.563	1	108.563	1.387	0.244
Follow-up					
Between	32.656	1	32.656	0.309	0.581
Within	5,396.438	51	105.813		
Regression	0.377	1	0.377	0.004	0.953

Table 9
 Hypothesis 1--One Way Analysis of Covariance
 of Experimental and Control Group Scores
 on the Defensive Positive Scale of the
 Tennessee Self Concept Scale

Source of variation	Sum of squares	Degrees of freedom	Mean square	<u>F</u>	Level of signifi- cance
Posttest					
Between	52.469	1	52.469	0.496	0.484
Within	5,820.254	55	105.823		
Regression	340.631	1	340.631	3.219	0.078
Follow-up					
Between	35.551	1	35.551	0.364	0.549
Within	4,976.336	51	97.575		
Regression	315.519	1	315.519	3.234	0.078

participating in the Downing program, as determined by the Bendig Revision of the Manifest Anxiety Scale on both posttest and follow-up evaluations.

An analysis of covariance, one-way classification, was employed as the statistical technique to test hypothesis 2. The analysis of covariance technique was used to reduce the error variance due to chance differences in age among parents. The mean and standard deviation of MAS scores are presented in Table 10.

With age of parent as a covariate, an analysis of covariances of posttest Bendig MAS scores produced an F ratio of 0.552. This F value is not significant at the .05 level of probability. An analysis of covariance of follow-up Bendig MAS scores produced an F ratio of 2.960. This follow-up F value is also not significant at the .05 level of probability. Additional information relative to the analysis of covariance for hypothesis 2 has been presented in Table 11.

For hypothesis 2, the null hypothesis that no statistically significant differences would be found between parents participating in the Downing (1971) program and parents not participating in the Downing program at the .05 level of probability was accepted for both posttest and follow-up evaluations. The research hypothesis that there would be significant differences between these parent groups was rejected for both evaluation periods. Total numerical raw scores from the Bendig Revision of the Manifest Anxiety Scale used in the statistical manipulation of hypothesis 2 are available in Appendix M.

Hypothesis 3

Hypothesis 3 states that parents completing the Downing (1971)

Table 10
Hypothesis 2--Summary Data for Experimental
and Control Groups on the Bendig
Revision of the Taylor
Manifest Anxiety
Scale

	Age		Manifest anxiety	
	Posttest	Follow-up	Posttest	Follow-up
	(<u>n</u> = 29)	(<u>n</u> = 27)	(<u>n</u> = 29)	(<u>n</u> = 27)
Experimental group				
Mean	38.345	39.630	69.034	63.519
Standard deviation	8.160	7.712	10.020	10.331
Control group				
Mean	43.103	44.074	65.241	67.037
Standard deviation	8.248	8.009	13.471	13.713

Table 11
 Hypothesis 2--One Way Analysis of Covariance
 of Experimental and Control Group
 Scores on the Bendig Revision
 of the Taylor Manifest
 Anxiety Scale

Source of variation	Sum of squares	Degrees of freedom	Mean square	<u>F</u>	Level of signifi- cance
Posttest					
Between	75.965	1	75.965	0.552	0.461
Within	7,562.984	55	137.509		
Regression	329.282	1	329.282	2.395	0.127
Follow-up					
Between	400.961	1	400.961	2.960	0.091
Within	6,909.570	51	135.482		
Regression	754.135	1	754.135	5.566	0.022

parent group education program will report a significantly different level of perceived family adequacy than will parents not receiving the Downing program, on both posttest and follow-up evaluations. The Column D, Family Self Score, from the Tennessee Self Concept Scale was used to test this hypothesis. The mean and standard deviation FS scores are presented in Table 12.

An analysis of covariance, one-way classification, was employed as the statistical technique to test hypothesis 3. The analysis of covariance technique was selected to reduce the error variance due to chance differences in age among parents for both posttest and follow-up evaluation periods.

With age of parent as a covariate, an analysis of covariance of posttest FS scores between experimental and control groups produced an F ratio of 1.433. This F value is not significant at the .05 level of probability. An analysis of covariance of follow-up FS scores between experimental and control groups produced an F ratio of 2.494. This follow-up F value is not significant at the .05 level of probability. Additional information relative to the analysis of covariance for hypothesis 3 has been presented in Table 13.

For hypothesis 3, the research hypothesis that parents completing the Downing (1971) group program would report a significantly different level of perceived family adequacy than would parents participating in the Downing program at the .05 level of probability was rejected for both posttest and follow-up evaluations. For hypothesis 3, the null hypothesis was accepted. Standard scores from the FS scale of the TSCS have been presented in Appendix N.

Table 12
 Hypothesis 3--Summary Data for Experimental
 and Control Groups on the Family Self
 Score on the Tennessee Self
 Concept Scale

	Age		Family self	
	Posttest	Follow-up	Posttest	Follow-up
	(<u>n</u> = 29)	(<u>n</u> = 27)	(<u>n</u> = 29)	(<u>n</u> = 27)
Experimental group				
Mean	38.345	39.630	48.310	49.593
Standard deviation	8.160	7.712	9.523	9.283
Control group				
Mean	43.103	44.074	44.897	46.630
Standard deviation	8.248	8.009	12.184	10.692

Table 13
 Hypothesis 3—One Way Analysis of Covariance
 of Experimental and Control Group Scores
 for the Family Self Score of the
 Tennessee Self Concept Scale

Source of variation	Sum of squares	Degrees of freedom	Mean square	<u>F</u>	Level of signifi- cance
Posttest					
Between	174.406	1	174.406	1.433	0.236
Within	6,694.082	55	121.711		
Regression	6.809	1	6.809	0.056	0.814
Follow-up					
Between	238.973	1	238.973	2.494	0.120
Within	4,886.781	51	95.819		
Regression	326.026	1	326.026	3.403	0.071

Hypothesis 4

Research hypothesis 4 states that adolescent students of parents completing the Downing (1971) parent group education program will demonstrate a significantly lower level of inappropriate classroom behavior than will adolescent students whose parents did not receive the Downing program, on both posttest and follow-up evaluations. The total numerical raw score from the Observation Record Sheet was used to test this hypothesis. The mean and standard deviation of Observation Record scores are presented in Table 14.

An analysis of covariance, one way classification, was employed as the statistical technique to test hypothesis 4. The analysis of covariance technique was used to adjust for possible error variance due to chance differences in age among the students on both posttest and follow-up evaluations.

With age of students as a covariate, an analysis of covariance of posttest Observation Record Scores between experimental and control groups produced an F ratio of 3.578. This F value is not significant at the .05 level of probability. An analysis of covariance of follow-up Observation Record Scores between experimental and control groups produced an F ratio of 16.999. This follow-up F value is significant at the .05 level of probability. Additional information relative to the analysis of covariance for hypothesis 4 has been presented in Table 15.

For hypothesis 4, the research hypothesis that adolescent students whose parents completed the Downing (1971) group program would demonstrate a significantly lower level of inappropriate

Table 14
 Hypothesis 4--Summary Data for Experimental
 and Control Groups from the Observation
 Record Sheet

	Age		Observation record sheet	
	Posttest	Follow-up	Posttest	Follow-up
	(<u>n</u> = 29)	(<u>n</u> = 27)	(<u>n</u> = 29)	(<u>n</u> = 27)
Experimental group				
Mean	15.000	15.000	8.862	6.259
Standard deviation	1.336	1.387	6.973	6.174
Control group				
Mean	15.483	15.519	12.552	14.222
Standard deviation	0.986	1.104	7.781	7.653

Table 15
Hypothesis 4--One Way Analysis of Covariance
of Experimental and Control Group Scores
for the Observation Record Sheet

Source of variation	Sum of squares	Degrees of freedom	Mean square	<u>F</u>	Level of signifi- cance
Posttest					
Between	198.674	1	198.674	3.578	0.064
Within	3,053.812	55	55.524		
Regression	2.807	1	2.807	0.051	0.823
Follow-up					
Between	837.049	1	837.049	16.999	0.001
Within	2,511.256	51	49.240		
Regression	2.595	1	2.595	0.053	0.819

classroom behavior than will students whose parents did not participate in the program at the .05 level of probability was rejected for the posttest evaluation period. For the posttest evaluation, the null hypothesis was accepted. An inspection of mean scores for these groups of students reveals movement in the hypothesized direction.

The research hypothesis that treatment students would display a significantly lower level of inappropriate behavior, at the .05 level of probability, for the follow-up evaluation was accepted. For the follow-up evaluation, the null hypothesis was rejected. An inspection of mean scores reveals that treatment students were observed to emit a significantly lower level of inappropriate behavior than were control students.

Nie, Hull, Jenkins, Stienbrenner, and Bent (1975) have noted that "tests of statistical significance only indicate the likelihood that an observed relationship exists . . . they do not tell how strong the relationship is [p. 222]." They continue that a relationship may be statistically significant but be lacking in strength. The statistic eta, as presented by Nie et al. is described as:

a measure of association used when the independent variable is nominal level and the dependent variable is interval or ratio level. It is basically an indication of how dissimilar the means on the dependent variable are within the categories of the independent variable. When the means are identical, eta is zero [p. 230].

The squaring of eta provides an "intuitive interpretation [of the] proportion of variance in the dependent variable explained (or

accounted for) by the independent variable [p. 230]."

The eta for the follow-up evaluation of hypothesis 4 was 0.50. Eta squared is .2500, suggesting that the independent variable accounts for 25% of the variation in the dependent variable for the follow-up evaluation. This indicates that while the follow-up evaluation of research hypothesis 4 indicated a statistically significant difference between treatment and control conditions, in the hypothesized direction, the relationship appears to be only moderate in strength.

Hypothesis 5

Hypothesis 5 states that adolescent students whose parents complete the Downing (1971) parent group education program will differ significantly from students whose parents do not participate in the Downing program on teacher-rated measures of classroom functioning for both posttest and follow-up evaluations. The total numerical raw score from the Coopersmith (1967) Behavior Rating Form was used in the test of this hypothesis. The BRF means and standard deviations for experimental and control groups are presented in Table 16.

An analysis of covariance, one-way classification, was employed as the statistical technique to test hypothesis 5. The analysis of covariance technique was used to adjust for possible error variance due to chance differences in age among the students on both posttest and follow-up evaluations.

With age of student as a covariate, an analysis of covariance of posttest BRF scores between experimental and control groups produced an F ratio of 5.139. This F value is significant at the .05

Table 16
Hypothesis 5--Summary Data for Experimental
and Control Groups from the Behavior
Rating Form

	Age		Behavior Rating Form	
	Posttest	Follow-up	Posttest	Follow-up
	(n = 29)	(n = 26)	(n = 29)	(n = 26)
Experimental group				
Mean	15.000	15.000	36.552	31.500
Standard deviation	1.336	1.296	5.603	6.370
Control group				
Mean	15.483	15.308	39.241	37.423
Standard deviation	0.986	1.158	4.405	6.307

level of probability. An analysis covariance of follow-up BRF scores between experimental and control students produced an F ratio of 14.455. This follow-up of F value is significant at the .05 level of probability. Additional information relative to the analysis of covariance for hypothesis 5 has been presented in Table 17.

For hypothesis 5, the research hypothesis that adolescent students with parents completing the Downing (1971) program will differ significantly from students whose parents do not participate in the Downing program is accepted for both posttest and follow-up evaluations. The null hypothesis for both evaluation periods is rejected.

For both posttest and follow-up evaluations, treatment students were rated significantly lower than were control students. Since high scores on 9 of the 13 items on the BRF reflect behavior which is not facilitative to classroom functioning, results suggest treatment students were viewed by teachers as more effective in their classroom functioning.

As both evaluation periods revealed significant differences between treatment and control students, the statistic eta was computed for both evaluations. The eta for the posttest results was 0.26 while the eta for follow-up results was 0.43. Squaring these figures results in "correlation ratios [Nie et al., 1975, p. 230]" of 0.0676 (6.76%) and 0.1849 (18.49%), respectively.

For hypothesis 5, the research hypothesis that a significant difference would be found between treatment and control students was accepted. The strength of the relationship attributable to the

Table 17
Hypothesis 5--One Way Analysis of Covariance
of Experimental and Control Group Scores
on the Behavior Rating Form

Source of variation	Sum of squares	Degrees of freedom	Mean square	<u>F</u>	Level of signifi- cance
Posttest					
Between	127.335	1	127.335	5.139	0.027
Within	1,362.754	55	24.777		
Regression	59.731	1	59.731	2.411	0.126
Follow-up					
Between	530.455	1	530.455	14.455	0.001
Within	1,797.390	49	36.681		
Regression	137.369	1	137.369	3.745	0.056

treatment factor under consideration, however, was weak, although a relative increase in strength was found in the follow-up evaluation.

Subjective Responses of Treatment Parents

At the conclusion of the follow-up meeting, held 8 weeks after the last regular group meeting, parents were asked six rationally-derived questions for the purpose of providing parents with opportunity to give direct feedback concerning the program at a highly personalized level. The questions given to parents with the responses by percentage of total treatment group are provided in Table 18.

Summary

The results presented in this chapter, presented by hypothesis, indicated that:

Hypothesis 1. There were no significant differences between parents on two measures of defensiveness for both posttest and follow-up evaluation periods.

Hypothesis 2. There were no significant differences between parents in self-reported manifest anxiety for both posttest and follow-up evaluation periods.

Hypothesis 3. There were no significant differences between parents in perceived sense of family adequacy for both posttest and follow-up evaluation periods.

Hypothesis 4. No significant differences were found in the number of inappropriate behaviors of children for the posttest evaluation. The follow-up evaluation of children revealed significant differences between the groups of students. The strength of this

Table 18
Subjective Responses of Treatment Parents

Question	Response by percentage				
	Yes				No
Have you read any of the supplementary texts before entering this group?	3				97
Would you recommend that these groups be continued?	100				0
	1 book	2 books	3 books	0 books	
How many of the supplementary texts did you actually pur- chase and read in the last 14 weeks?	28	0	0	72	
	Strongly positive	Neutral		Strongly negative	
What are your feelings about your group experience?	53	47		0	

Table 18 (continued)

Question	Response by percentage	
	Paraprofessional	Counselor
Who would you rather head these discussion groups, parent paraprofessionals or school counselors?	0	100
	Change	Percentage
What changes would you make for future parent groups, if you favor the continuance of these groups? ^a	The involvement of more parents	53
	Include current information about vocational opportunities for young people	46
	Make first two meetings compulsory	35

^aParents could respond more than once.

difference was found to be only moderate.

Hypothesis 5. Significant differences were found in terms of teacher-rated estimates of student functioning in the classroom. These significant differences were found for both posttest and follow-up evaluation periods. The strength of the significant differences, in terms of the independent variables, was weak at posttesting, however, a relative increase in strength was found in the follow-up evaluation.

Chapter 5

Summary, Conclusions, Limitations, Implications, and Recommendations

The purpose of Chapter 5 is to present the research findings, by hypothesis, and to develop appropriate conclusions, implications, and recommendations. Limitations of the present investigation are also presented and discussed briefly.

Summary

Research studies have illustrated that many parents respond to the behavior of their children with negative or neutral behaviors. Dreikurs (1972) has referred to this prevailing mode of parenting in the United States as being centered around trial and error learning, with little understanding of the extent to which parents contribute to the difficulties in raising their children.

An alternative to the mistake-centered approach emphasized in many homes involves the parents in regularly scheduled meetings, within a small group setting. The small group parent discussion model has been viewed by many as being uniquely effective in assisting parents toward a better understanding of the role of self-concept, the effects of positive human relationships upon the family unit, the disruptive effects of anxiety upon human interacting and role performance, and the importance of basic human listening and communication skills.

A program of parent training has been developed by Downing

(1971) for the purpose of providing school counselors a systematic vehicle for providing educational assistance to parents. The Downing program incorporates a socioteleological view of man and draws heavily but not exclusively upon principles of Individual Psychology, as developed by Adler (1930).

An evaluation of the effects of the Downing (1971) program, by the original author, revealed that participation in the parent training program resulted in significant changes in parental attitudes toward the use of controlling techniques with their children. Downing also reported significant changes in parental expressions of trust and respect for their children, increased confidence in child rearing practices, and increased awareness of the emotional needs of their children.

While much has been written on the role of parent group education and its effect upon parental attitudes, the reports of the effects of parent group education programs upon personality measures of parents and the behavior of their children is incomplete. It was the purpose of this investigation to determine the effect of the Downing program upon self-report personality measures provided by parents and the behavior of the offspring of these parents in the classroom setting. The selection of the parent personality variables was based upon a review of the research findings of previous parent group programs.

In an attempt to most accurately assess the effects of the Downing (1971) program, a completely randomized research design, with posttest and follow-up evaluations, was employed. Subjects

participating in this investigation were the parents and children from an alternative education facility in the Tidewater region of Virginia. This alternative school is part of a program, in its first year, to provide educational opportunities for those students who were unable or unwilling to progress through more traditional educational channels.

The Downing (1971) program was introduced in January of 1976 and continued for 6 consecutive weeks. Posttesting was accomplished in February 1976. The follow-up evaluation was conducted 8 weeks after the completion of the parent program. Variable data was obtained from 58 families for the posttest evaluation and 54 families for the follow-up evaluation period.

The statistical technique selected for this investigation was the analysis of covariance, one way classification. Separate tests of each hypothesis were performed for posttest and follow-up evaluations. The independent variable in this investigation was the effect of the Downing (1971) parent group program, with comparisons made of treatment and no-treatment groups of parents and children. Age of parent and child served as the covariate in the statistical analysis. The .05 level of probability was used to test all hypotheses.

Conclusions

The conclusions of the present investigation of the Downing (1971) parent group education program are presented by hypothesis.

Hypothesis 1

Research hypothesis 1 stated that parents participating in the Downing (1971) parent program would differ significantly from

parents who did not participate in the Downing program in terms of self-report measures of defensiveness. Measurements used to test this hypothesis were obtained from SC scores and DP scores from the TSCS. The research hypothesis in this case was rejected for both Self Criticism and Defensive Positive measures on both posttest and follow-up evaluations. For hypothesis 1, the null hypothesis was accepted. Based upon these results, it is concluded that parents completing the Downing program responded to items on the TSCS, which have been found to provide measures of individual defensiveness, in a manner not significantly different from parents with no exposure to the Downing program. These conclusions were consistent for both evaluation periods.

Hypothesis 2

Research hypothesis 2 stated that parents participating in the Downing (1971) parent program would differ significantly from parents who did not participate in the Downing program in terms of a self-report of manifest anxiety. The measurement used to test this hypothesis was obtained from the Bendig revision of the MAS. The research hypothesis in this case was rejected for both posttest and follow-up evaluations. For hypothesis 2, the null hypothesis is accepted. It is concluded that parents completing the Downing program responded to items, which have been found to provide a measure of manifest anxiety in a manner not significantly different from parents with no exposure to the Downing program. This conclusion was consistent for both evaluation periods.

Hypothesis 3

Research hypothesis 3 stated that parents participating in the Downing (1971) parent program would differ significantly from parents who did not participate in the Downing program, in terms of a self-report of family adequacy. The measurement used to test hypothesis 3 was the Column D, FS score from the TSCS. The research hypothesis was rejected for both posttest and follow-up evaluations. For hypothesis 3, the null hypothesis is accepted. It is concluded that parents completing the Downing program responded to items, which have been found to provide a measure of family adequacy, in a manner not significantly different from parents with no exposure to the Downing program. This conclusion was consistent for both posttest and follow-up evaluation periods.

Hypothesis 4

Research hypothesis 4 stated that the children of parents participating in the Downing (1971) parent program would exhibit a significantly lower level of inappropriate classroom behaviors than would children whose parents did not participate in the Downing program for both posttest and follow-up evaluation periods. The research hypothesis was rejected for the posttest evaluation; however the follow-up evaluation revealed significant differences between the two groups in the hypothesized direction. The strength of the independent variable in variance accountability for the follow-up evaluation is considered to be moderate. It is concluded that children whose parents participated in the Downing program differed significantly, in the hypothesized direction, from children whose parents

did not participate in the Downing program, in terms of classroom behavior, with the change occurring sometime after the completion of the posttest evaluation.

Hypothesis 5

Research hypothesis 5 stated that children of parents participating in the Downing (1971) parent program would differ significantly from children of parents not participating in the Downing program, in terms of teacher-rated classroom functioning for both evaluation periods. The research hypothesis was accepted for both evaluation periods with the strength of the relationship increasing over time. The level of significance and estimated strength of the relationship for both hypotheses 4 and 5 are consistent and in the direction hypothesized. It is concluded that parental participation in the Downing program does have a measurable effect upon the behavior of their children in a classroom setting with the amount of variance attributable to the independent variable increasing over the time span of 8 weeks.

Limitations

In light of the research design employed and the method of subject selection, the findings and conclusions are considered to be generalizable only to the parents and children of the Chesapeake Alternative School.

Implications

An interpretative slant that the results obtained in this investigation might suggest is that the position of many prominent writers in the field of parent group education implying personality

changes as a result of a successful parent group education experience may be an overstatement of the case. This further suggests the selection of personality measures reflecting basic modes of responding in a variety of situations as the test of parent group education program effectiveness possibly to be inappropriate when such a parent program is presented within a preventive rather than a remedial frame of reference. The purpose of parent education programs--to provide information in an atmosphere conducive to learning toward a specifically stated goal--does not necessarily imply change in personality functioning. Previous research utilizing the Downing (1971) parent group program found the experience to be effective in bringing about measurable attitudinal change in parents in ways that are directly related to the parent-child relationship. In addition, the results of this investigation wherein two measures of the behavior of children whose parents participated in the Downing program were found to be significantly different from control children on a follow-up evaluation suggests that the parent group program developed by Downing can provide parents with a significant educational experience, measurable in both parents and offspring. It might be further implied that, within the limitations of this investigation, the Downing program has a negligible effect upon the level of defensiveness, level of anxiety, and level of perceived family adequacy reported by parents.

An alternative to the self-reporting of parents on standardized instruments as the basis of program evaluation would be the inclusion of an operant analysis of parent-child interactions within

the home. Such an analysis has been reported by Wahl et al. (1974) and may provide the basis for much needed behavior-based parental criteria measures in future investigations of parent group education program effectiveness.

Downing (1971) has reported that "The ultimate evaluation of . . . a [parent group] program would seem to be a child behavior change in the desired direction [p. 75]." The results of the present investigation suggest that the demonstration of such change is maximized when a follow-up evaluation of 8 weeks is incorporated into the basic research design, thus reducing the chance of a type I error.

Recommendations

The following recommendations for future investigations are suggested from the results of this study:

1. That the opportunity be continued for parents to participate, on a small group basis, in the Downing Program for Parent Training in Family Relationship and Management Skills at the Chesapeake Alternative School (Downing, 1971).
2. That future program evaluations incorporate specific behavior-based criteria measures of parent-child interaction.
3. That a follow-up evaluation period of at least 8 weeks be incorporated into any future designs of program evaluation.
4. That replications of this study, including the change listed in Recommendation 2, be conducted in Junior High School and Elementary School settings.

Appendix

Appendix A

Tennessee Self Concept Scale: Computer

Scored Edition

**TENNESSEE
SELF CONCEPT SCALE**

COMPUTER SCORED EDITION

by

William H. Fitts, PhD

Published by

Counselor Recordings and Tests

Box 6184 - Acklen Station

Nashville, Tennessee 37212

DIRECTIONS: Fill in your name and other information on the separate answer sheet.

The statements in this inventory are to help you describe yourself as you see yourself. Please answer them as if you were describing yourself to yourself. Read each item carefully; then select one of the five responses below and fill in the answer space on the separate answer sheet.

Don't skip any items. Answer each one. Use a soft lead pencil. Pens won't work. If you change an answer, you must erase the old answer completely and enter the new one.

RESPONSES	Completely False	Mostly False	Partly False and Partly True	Mostly True	Completely True
	C	M		M	C
	F	F	PF - PT	T	T
	1	2	3	4	5

TENNESSEE SELF CONCEPT SCALE

1. I have a healthy body 1
2. I am an attractive person 2
3. I consider myself a sloppy person 3
4. I am a decent sort of person 4
5. I am an honest person 5
6. I am a bad person 6
7. I am a cheerful person 7
8. I am a calm and easy going person 8
9. I am a nobody 9
10. I have a family that would always help me in any kind of trouble 10
11. I am a member of a happy family 11
12. My friends have no confidence in me 12
13. I am a friendly person 13
14. I am popular with men 14
15. I am not interested in what other people do 15
16. I do not always tell the truth 16
17. I get angry sometimes 17
18. I like to look nice and neat all the time 18
19. I am full of aches and pains 19
20. I am a sick person 20
21. I am a religious person 21
22. I am a moral failure 22
23. I am a morally weak person 23
24. I have a lot of self-control 24
25. I am a hateful person 25
26. I am losing my mind 26
27. I am an important person to my friends and family 27
28. I am not loved by my family 28
29. I feel that my family doesn't trust me 29
30. I am popular with women 30
31. I am mad at the whole world 31
32. I am hard to be friendly with 32
33. Once in a while I think of things too bad to talk about 33
34. Sometimes when I am not feeling well, I am cross 34
35. I am neither too fat nor too thin 35
36. I like my looks just the way they are 36
37. I would like to change some parts of my body 37
38. I am satisfied with my moral behavior 38
39. I am satisfied with my relationship to God 39
40. I ought to go to church more 40

41. I am satisfied to be just what I am	41
42. I am just as nice as I should be	42
43. I despise myself	43
44. I am satisfied with my family relationships	44
45. I understand my family as well as I should	45
46. I should trust my family more	46
47. I am as sociable as I want to be	47
48. I try to please others, but I don't overdo it	48
49. I am no good at all from a social standpoint	49
50. I do not like everyone I know	50
51. Once in a while, I laugh at a dirty joke	51
52. I am neither too tall nor too short	52
53. I don't feel as well as I should	53
54. I should have more sex appeal	54
55. I am as religious as I want to be	55
56. I wish I could be more trustworthy	56
57. I shouldn't tell so many lies	57
58. I am as smart as I want to be	58
59. I am not the person I would like to be	59
60. I wish I didn't give up as easily as I do	60
61. I treat my parents as well as I should (Use past tense if parents are not living)	61
62. I am too sensitive to things my family say	62
63. I should love my family more	63
64. I am satisfied with the way I treat other people	64
65. I should be more polite to others	65
66. I ought to get along better with other people	66
67. I gossip a little at times	67
68. At times I feel like swearing	68
69. I take good care of myself physically	69
70. I try to be careful about my appearance	70
71. I often act like I am "all thumbs"	71
72. I am true to my religion in my everyday life	72
73. I try to change when I know I'm doing things that are wrong	73
74. I sometimes do very bad things	74
75. I can always take care of myself in any situation	75
76. I take the blame for things without getting mad	76
77. I do things without thinking about them first	77
78. I try to play fair with my friends and family	78
79. I take a real interest in my family	79
80. I give in to my parents.(Use past tense if parents are not living)	80
81. I try to understand the other fellow's point of view	81
82. I get along well with other people	82
83. I do not forgive others easily	83
84. I would rather win than lose in a game	84
85. I feel good most of the time	85
86. I do poorly in sports and games	86
87. I am a poor sleeper	87
88. I do what is right most of the time	88
89. I sometimes use unfair means to get ahead	89
90. I have trouble doing the things that are right	90
91. I solve my problems quite easily	91
92. I change my mind a lot	92
93. I try to run away from my problems	93
94. I do my share of work at home	94
95. I quarrel with my family	95
96. I do not act like my family thinks I should	96
97. I see good points in all the people I meet	97
98. I do not feel at ease with other people	98
99. I find it hard to talk with strangers	99
100. Once in a while I put off until tomorrow what I ought to do today	100

Appendix B

Pittsburgh Revision of the TMAS

Please place in the block beside each statement that response listed below which represents the most accurate response to each question.

- | | |
|-------------------|----------------------|
| A. Strongly agree | D. Slightly disagree |
| B. Agree | E. Disagree |
| C. Slightly agree | F. Strongly disagree |

1. _____ I believe I am no more nervous than most others.
2. _____ I work under a great deal of tension.
3. _____ I cannot keep my mind on one thing.
4. _____ I am more sensitive than most other people.
5. _____ I frequently find myself worrying about something.
6. _____ I am usually calm and not easily upset.
7. _____ I feel anxiety about something or someone almost all the time.
8. _____ I am happy most of the time.
9. _____ I have periods of such great restlessness that I cannot sit long in a chair.
10. _____ I have sometimes felt that difficulties were piling up so high that I could not overcome them.
11. _____ I find it hard to keep my mind on a task or job.
12. _____ I am not unusually self-conscious.
13. _____ I am inclined to take things hard.
14. _____ Life is a strain for me much of the time.
15. _____ At times I think I am no good at all.
16. _____ I am certainly lacking in self-confidence.
17. _____ I certainly feel useless at times.
18. _____ I am a high-strung person.
19. _____ I sometimes feel that I am about to go to pieces.
20. _____ I shrink from facing a crisis or difficulty.

Appendix C

Behavior Recording Sheet

Behavior Recording Sheet

Name of Student: _____ Sex: _____ Race: _____
 Name of Teacher: _____ Description: _____
 Name of Observer: _____
 Date and Time of Observation: ____ / ____ / 76: _____ am/pm

Example

<p>15 Sec _____ A. V. _____ 15 Sec _____ T _____ 15 Sec _____ B. G. _____ Comments G. Reading _____ Comic _____ Book _____</p>	<p>1.</p>	<p>2.</p>	<p>3.</p>

Appendix D
Behavior Rating Form

BEHAVIOR RATING FORM (BRF)

Stanley Coopersmith Ph. D.
University of California, Davis

1967

1. Does this child adapt easily to new situations, feel comfortable in new settings, enter easily into new activities?

_____always _____usually _____sometimes _____seldom _____never

2. Does this child hesitate to express his opinions, as evidenced by extreme caution, failure to contribute, or a subdued manner in speaking situations?

_____always _____usually _____sometimes _____seldom _____never

3. Does this child become upset by failures or other strong stresses as evidenced by such behaviors as pouting, whining, or withdrawing?

_____always _____usually _____sometimes _____seldom _____never

4. How often is this child chosen for activities by his classmates? Is his companionship sought and valued?

_____always _____usually _____sometimes _____seldom _____never

5. Does this child become alarmed or frightened easily? Does he become very restless or jittery when procedures are changed, exams are scheduled or strange individuals are in the room?

_____always _____usually _____sometimes _____seldom _____never

6. Does this child seek much support and reassurance from his peers or the teacher, as evidenced by seeking their nearness or frequent inquiries as to whether he is doing well?

_____always _____usually _____sometimes _____seldom _____never

7. When this child is scolded or criticized, does he become either very aggressive or very sullen and withdrawn?

_____always _____usually _____sometimes _____seldom _____never

8. Does this child deprecate his school work, grades, activities, and work products? Does he indicate he is not doing as well as expected?

_____always _____usually _____sometimes _____seldom _____never

9. Does this child show confidence and assurance in his actions toward his teachers and classmates?

_____ always _____ usually _____ sometimes _____ seldom _____ never

10. To what extent does this child show a sense of self-esteem, self-respect, and appreciation of his own worthiness?

_____ very strong _____ strong _____ medium _____ mild _____ weak

11. Does this child publicly brag or boast about his exploits?

_____ always _____ usually _____ sometimes _____ seldom _____ never

12. Does this child attempt to dominate or bully other children?

_____ always _____ usually _____ sometimes _____ seldom _____ never

13. Does this child continually seek attention, as evidenced by such behaviors as speaking out of turn and making unnecessary noises?

_____ always _____ usually _____ sometimes _____ seldom _____ never

Appendix E

Program Bulletin, Chesapeake Center for
Alternative and Rehabilitative
Education



*Chesapeake Center for Alternative
and Rehabilitative Education
920 Minuteman Road
Chesapeake, Virginia
23828*

CARE (Chesapeake Center for Alternative and Rehabilitative Education) offers educational facilities and programs for three student populations.

1. Students who may or may not be succeeding in the regular school setting because of lack of ability, lack of interest and/or lack of educational experience suitable to the student, but who have expressed and demonstrated an interest in prevocational or vocational education.

2. Students who are in danger of being expelled from school because of persistent or severe behavior problems.

3. Youth who are in trouble with the courts and who should not go to jail, but who are not compatible to or acceptable in a normal school setting, or who are returning from incarceration and need readjustment to the regular school.

The students entering CARE will have the following options concerning their education:

1. Develop a skill and enter the world of work
2. Enter work-study program and graduate
3. Return to a regular school at a time that would best meet their needs
4. Pursue a regular academic program leading to graduation
5. Seek alternative educational programs outside Chesapeake

Public Schools

6. The student unwilling or unable to make the necessary adjustment will face the possibility of expulsion or court action that will force the parents to find other alternatives for the education of their child outside the Chesapeake Public Schools.

All activities will be aimed at helping the student choose the appropriate educational option. As a result, continual family involvement is anticipated and will be stressed. The major activities include the following:

1. Initial screening, placement, and on-going diagnostic and remediation services.

2. Individualized student program planning with varying combinations of the following programs available to each student.

a. Prevocational or vocational areas

(1) Small engine repair and auto mechanics

(2) Building trades

(3) General shop

(4) Electricity and electronics

(5) Home Economics

i) sewing

ii) food preparation

iii) short order cooking

iv) bachelor living

v) nurses aid (in cooperation with Red Cross)

b. Regular and remedial areas

(1) Language Arts

(2) Reading

- (3) Math
- (4) Social Studies
- (5) Physical Education
- (6) Science (1976-1977)

3. Provision of regularly scheduled counseling and consultive services in the following areas:

- a. Counselor-teacher-student program development and modification
- b. Counselor-student group and individual sessions
- c. Family counseling sessions exploring parental and family attitudes and relationships with a view toward increasing parental and familial understanding and providing parents with effective methods of assisting in the alleviation of existing student and/or family problems.

4. Students will work on a behavior modification/improvement system. When he enters CARE he will contract to work on specific behaviors which affect success in school.

5. Regularly scheduled parent education programs.

6. Regularly scheduled staffing conferences to evaluate student progress and program modifications. Participating in the conferences will be appropriate personnel from the center and representatives from outside consultive sources.

7. Contact and cooperative working relationships with appropriate community support services. (Mental Health Centers, Family Services, Social Service, Public Health, et cetera.)

8. Provision of opportunities for students to participate in work-study activities.

9. Liaison services for appropriate transition of students into world of work or return to a regular school program.

10. Regularly scheduled staff in-service programs directed toward increasing competencies in delivery of services.

In summary as regards the student, all students who are accepted at CARE will (a) receive appropriate diagnostic services, (b) be identified as needing an alternative and/or rehabilitative educational program, (c) receive and participate in an individually planned program of study, (d) participate in regularly scheduled counseling sessions, (e) be served by the staff on a regularly scheduled basis to evaluate individual progress and program modification, (f) be provided with appropriate liaison services during the process of leaving CARE, and (g) receive appropriate follow-up services upon exit from the program.

Appendix F

Parental Response Form for Group Meeting

Time and Place



Chesapeake Center for Alternative
and Rehabilitative Education
920 Minuloman Road
Chesapeake, Virginia
23328

January 5, 1976

Dear Parents:

In order to facilitate communication between parents, and between parents and the school, a series of parent discussion groups will be initiated. Beginning in January, each group will meet once a week for 2 hours, for seven consecutive weeks. The focus of these meetings will center around:

- (a) ways of looking at adolescents and their behavior
- (b) learning about children and their behavior
- (c) ideas about changing behavior
- (d) day-to-day conflicts or "what happens when we still tangle."

As the emphasis of these meetings will be communication, it is important that these groups be scheduled at the most convenient times for everyone. Below are several listed proposed meeting times. Please place a "1" in the time block that would be most convenient for you, a "2" in the time block that would be the best alternative, and "3" in the time block that would represent a conflict with your schedule and you would be unable to attend. All discussion meetings will be held at the school, and coffee and tea will be served.

Please return this form to the school by way of your child no later than January 9, 1976. That is Friday of this week. We will be starting the meetings Tuesday, January 19, 1976. Thus, it is important that we receive these forms back as soon as possible.

Sincerely yours,

s/s James R. Sykes
James R. Sykes
Project Supervisor

s/s Lenard J. Wright
Lenard J. Wright
Counselor

Number of parents attending: One _____ Two _____

Scheduling preference: Tuesday evening at 7:00 p.m. _____
Wednesday evening at 7:00 p.m. _____
Saturday morning at 10:00 a.m. _____
Tuesday morning at 10:00 a.m. _____
Wednesday morning at 10:00 a.m. _____

Appendix G

Parent Training in Family Relationship
an Management Skills

Parent Training in Family Relationship
and Management Skills

Charles J. Downing, 1971

Content Outline

The following is an outline for the basic concepts presented in the "Parent Training in Family Relationship and Management Skills" program. This outline is intended as a discussion guide for leaders.

This program does not attempt to specify some parental practices of relating to adolescents as good and others bad. The real issue is: What will work? Under what conditions? With what adolescents? Are these practices likely to have the long range effects that are desired? This program does have some ideas about parents and adolescents. These are offered for discussion, practice, and if appropriate, the use of the participating parents.

Session #1

Ways of Looking at Adolescents
and Their Behavior

The major purposes of this session is to help parents see adolescents and their behavior in a positive way. Therefore, a behavior classification system is introduced to help parents pin point how their adolescent behaves. The idea of individuality is raised to emphasize the need for individualized planning. The effects of parental expectations are discussed to illustrate the possible benefits and dangers of imposed expectations. Finally, the goals of adolescent's behavior is presented to help parents see the purposes of adolescent's behavior as being honorable for the most part.

I. Tolerable versus Intolerable Behavior

Desirable Behavior	Tolerable Behavior	Undesirable Behavior	Intolerable Behavior
-----------------------	-----------------------	-------------------------	-------------------------

Trivial (Specific) Behavior

Examples: Adolescent with responsibilities around the home

Completes task <u>before</u> being asked.	Completes task <u>after</u> being asked.	<u>Dawdles</u> in completing task.	<u>Refuses</u> to complete task.
-------------------------------------------------	------------------------------------------------	------------------------------------------	----------------------------------------

Ideas: Most behavior of adolescents is desirable and/or tolerable. If parents have trouble in seeing desirable/tolerable behavior in their offspring, the adolescents may have trouble in

knowing how they are expected to behave and act.

If parents concentrate on undesirable behavior, they may reinforce that behavior. The adolescent may say, "If they expect me to be bad, I might as well act bad."

II. The way we judge behavior changes from day to day and adolescent to adolescent.

The parent changes from day to day--good days and bad days.

The circumstances call for different behaviors--certain kinds of behavior may be desirable/tolerable inside the home while certain other behavior may be more desirable/tolerable outside the home (for discussion, consumption of alcoholic beverages, smoking, swearing, time limits, dating, athletics, et cetera).

The adolescent may have good days and bad days. Some adolescents are easier to get along with than others.

As a result: It is very difficult to be consistent with adolescents. The more parents learn about adolescents, about themselves, and about effectively relating to their teenager, the better the chance they have to be consistent.

III. The expectations that parents hold for their offspring are important.

Expectations have a better chance to be realized if they come from some careful planning by parents, and are made clear to the adolescent.

IV. Adolescent behavior is goal-directed.

Adolescents want to belong, to feel a part of a group (the family is one example of a group, the peer group another) and to feel

others want them. Everyone likes to feel his activities are useful and important. (See Dreikurs [1972] for additional information.)

Adolescents also frequently feel unique, and that adults are not understanding. For clues, listen carefully. (See Ginott [1969] for additional information.)

Activities need to have meaning for a person. One goal may be to try to find some meaning in the things he does.

If we feel small or less than others, we tend to set ourselves against others. The adolescent may try to overpower or to get even. The adolescent needs a positive self-concept ("I'm OK").

An idea or two:

Adolescents are individuals at the peak of growth and are interesting to have around.

Most of their behavior is okay.

There may even be some honorable goals behind their misbehavior.

One of the main jobs of parents may be to look for the desirable/tolerable behaviors and positively reinforce those behaviors.

Additional ideas:

Discussion of the reinforcement paradigm.

Positive Reinforcement, that which the individual does nothing to avoid, or does things to attain or preserve it.

Negative Reinforcement, one which the individual commonly avoids or abandons.

Reward Training, the individual produces the reward by responding in a manner that is socially desirable and relevant.

Avoidance Training, one which the individual, by responding, prevents the appearance of the unpleasant (noxious) stimulus.

Omission Training, when the individual fails to make a particular response, positive reinforcement occurs; that is, if the specified response occurs, reinforcement is omitted. This can be seen as the parental withholding of privileges for undesirable behavior.

Punishment Training, the occurrence of some unpleasant stimulus (noxious) contingent upon the occurrence of a specified response.

Session #2

Learning about Adolescents and Their Behavior

Part of the difficulty parents have in focusing upon tolerable behavior of the offspring is the parental need to help his/her adolescent--by changing them. Often when parents learn to listen to the adolescent they discover that their son or daughter really is "OK" and can be trusted to solve his/her own problems.

- I. Authority has a variety of definitions, some of which can be helpful to the parent-adolescent relationship.

The usual definitions of authority include:

Power--police, teachers, the courts.

Position--parents, President, responsibility.

Expertise--doctor, professor, knowledge.

Protector--parent, protector, warmth.

Idea: It may be possible to retain parental authority without so much use of power.

II. Acceptance as a concept of relationship.

Acceptance defined as: A willingness to receive another person into a relationship, no strings attached. The need or desire to change or control the other person will probably exist, but in this concept the other person still has a place in the relationship even if he does not change or submit to control. A necessary part of acceptance is some degree of trust. A trust that the adolescent perceives as allowing him to "do his own thing" as much as possible. A trust that allows him to solve his own problems whenever possible.

III. Parents usually do not have enough information about their adolescents to allow them to be accepting and trusting.

Parents need more information about the adolescent, information the adolescent can provide.

Parents need more information about the adolescent and his feelings.

Parents need more information about what reinforces an adolescent's behavior.

IV. Risk taking in communication.

Many of the things we say to adolescents run the risk of stopping communication. Some ways we do this are: Advice giving, reassurance, ordering, name-calling, warning, questioning, moralizing, interpreting, praising, changing the subject, and teasing.

Idea: Many of these imply that the adolescent should change the way he is. But, do people really change because others tell them to do so?

V. Some ways of listening to adolescents.

Attend to the adolescent: If he brings you a question that, to him appears important, stop what you are doing, be honest if listening to him at this time is impossible, avoid interruptions, let him think.

Just listening, without responding, results in some risks also. The child may assume you agree with him. You may not really understand what he is trying to tell you.

VI. Other ways to listen to adolescents.

Reflection of feelings: Doing so lets the child know you heard, gives him a chance to correct or clarify, and helps the child see the basis for his behavior.

Example: Adolescent--"The teacher really chewed me out in front of the class today."

Parent--"Sounds like it really embarrassed you."

Restatement of ideas: This helps to be sure both parent and adolescent are talking about the same thing.

Example: Adolescent--"I don't think the school should tell us when and where we can smoke when we're in school."

Parent--"You think the school should not be involved in establishing the smoking policy within the school."

Idea: If we listen to the adolescent, we may get more information, and we may learn how to change their behavior in ways that are acceptable to both parties.

Session #3
Learning about Adolescents
and Their Behavior

When parents are concerned with the behavior of their offspring, they typically have difficulty identifying the important feelings which effect their behavior. Without awareness of these feelings, parent behaviors can become reactions which are later regretted.

I. Identification of feelings.

Parents are encouraged to try to identify both their primary and secondary feelings. Example: We may be relieved that an offspring is safe, fearful of the previous dangers, and angry because the adolescent's behavior caused us to be frightened.

Parents are encouraged to take notice of the effects upon their behavior that their feelings have.

Parents typically conceal some feelings from children. Almost as if some feelings are bad and should not be shown. Maybe the feelings are not bad, but rather the responses may be ineffective.

II. We can state our feelings accurately and leave the "offender"

free to respond to us by:

Identifying our feelings;

Owning these feelings;

Being open with responses from those feelings.

Experimenting together as to more appropriate behavior.

III. Clarification of ideas and feelings.

Clarification of ideas and feelings is very helpful to the family as a group. When we experience feelings we do not like in

ourselves, we often have trouble stating those feelings in a clearly understandable way. So the angry homemaker bangs the pots and pans as she prepares dinner. And the offending husband goes into his silent treatment. An adolescent, unsure of the acceptability and responsibility of growing older and becoming interested in the opposite sex, checks to see if Mom felt that way.

IV. Sources of information.

Parents need all the help they can get. They need all the information they can get, about themselves and their offspring. The most important source is the adolescent himself--if parents listen to him. Next, parents can simply observe the child. If parents are concerned about a specific behavior it often helps to observe that behavior very carefully. If parents observe carefully, they may find the behavior does not occur as often or as intensely as they thought. And they can put the behavior in perspective by observing all the behavior of the child.

"Expert" opinion is sometimes helpful. Reading about human development is a good source of information. Consulting with teachers or other group leaders who see more children of the same age can also be very encouraging.

Looking at the personal history of the individual adolescent has value. His behavior was probably learned from the significant others or events of his life. Once parents know what reinforces a behavior, they have a pretty good start at changing the behavior.

Session #4

Ideas about Changing Behavior

I. Changing behavior--an ethics question, or is it?

Is there a conflict between acceptance and setting out to change behavior. Once behavior becomes intolerable--parents cannot be accepting anyway. Acceptance, as we define it here, means a willingness to receive the child in the family relationship, no strings attached. The place in the relationship is still there. We are saying to the child, "I will find some of your behavior intolerable and I will attempt to change that behavior. But even if the behavior does not change, I will still reserve a place for you here--just because you want to be a part of this relationship."

Parents try to teach ideas, facts, why not try to teach behavior?

II. Planning for behavior change.

We plan to: Approximate consistent parental behavior, define behavior, focus on important behavior and on tolerable/acceptable behavior, and to see what we can do to help.

Questions to be asked: What is wrong? What is right? What do we have and what do we want? What usually happens next? What can be used as a reinforcement? How can we plan some practice of the desired behavior?

Idea: If kids are worth having, it might be worth spending a few minutes a week for planning improvements in the relationship.

III. Consequences.

In all relationships there are consequences for behavior.

Consequences are: Pay-off, results, and rewards. The event that follows the behavior. "If I do this--then this follows."

Example: Social attention, someone noticing me, praise, compliments; new rights--can stay up later, can stay out after dark, can go on trips alone; concrete return--money, merchandise, et cetera.

IV. Why utilize consequences?

Parents reward to strengthen a desired behavior. They are interested in changing how an adolescent behaves, how he talks about the behavior is not so important. They need good communication skills to get to the place where they know enough and have the adolescent's cooperation in changing behavior. How they plan to reward desirable behavior and to remove rewards from undesirable behaviors--so the behavior will change.

Searching for consequences--ask: Where did he learn that? What does he get out of that? What would we do if he did it the right way? If he were not doing what he is, what desirable behavior would be available?

Rule: Think small! Find a part of the behavior that he does right. Reward that. The bigger things will come with time.

V. Ideas that may help.

Adolescents need opportunities to practice desirable behaviors. Look at a consequence from the view of "does it work" and concentrate on only one problem at a time.

Kids do not always have to be doing things worth rewarding.

If it does not work--back to the drawing board. We need more data, better planning, or different consequences.

Session #5

Ideas about Changing Behavior

Up to now the discussion has focused upon efforts to change the behavior of adolescents by procedures aimed at the adolescent himself. These efforts include: Asking the adolescent to change his behavior, parental explanation and demonstration, parental provisions of acceptable alternatives, or the modification of behavior by the management of consequences. Other factors influence the adolescent's behavior and this discussion will deal with two of these: The circumstances of behavior and the parents themselves.

I. Changing behavior by making changes in the circumstances.

Some behavior is more changeable by making changes in the circumstances than by managing consequences. The behavior may be so trivial that the removal of the opportunity for such behavior is the most efficient parent behavior.

A risk is involved--changing the situation may deny the adolescent a realistic experience. Parents are the best judges of this, on the basis of the developmental level of the offspring and their own willingness to allow the experience. Planning is important!

Provide opportunities to practice desirable behavior and where success is likely.

Restriction or limit the chance of error, in those situations where the adolescent is not ready for the particular learning or you are not ready to teach.

Reduce the stimulus where the result of too intensive or emotional topics promote "stirring" action rather than learning action.

Gear the adolescent's circumstances to his capacity by providing an environment "built" to include the adolescent.

Planning with adolescent by preparing him for changes, in advance. Help adolescents to structure their things and life, check lists, calendars, and charts.

II. Changing behavior by modeling.

Sometimes the adolescent does not possess the desirable behavior. Perhaps he does not know how to do it! In the development of social competency, for example, the parents are significant model figures for the adolescent.

III. Changing parent behavior.

If parents focus on tolerable/desirable behaviors, they develop a positive view of their children. One way to help is to get more information! Observe! Listen! Read!

Another way that helps is to look at the personal history of the adolescent. Where did he learn the things he does, both desirable and undesirable? What is the payoff for those behaviors? That is the clue to change!

Learn more about yourself!

Our value systems influence our offspring!

How do parents see themselves!

What is the relationship between parent and offspring, and can the parent let him be a really separate person?

Session #6

What Happens When We Still Tangle

After parents have tried to look at their offspring's behavior

in some more creative ways--focusing upon those behaviors we like or can put up with. After parents have really tried to listen to their kids. After they have tuned in to their own feelings and tried to communicate those to their children in usable fashion. After they have used the latest techniques for managing the consequences of the behavior of their offspring. After parents have studied and observed and listened and thought about their own expectations of the kids. After they have tried to alter the circumstances in which behavior occurs so that the odds are in favor of desirable behavior--THEN WHAT HAPPENS?

THEN WE STILL TANGLE AT TIMES!

Conflicts between parent and adolescent are going to occur in the "best" family relationships ever built. Parents do not have to feel guilty because they tangle with their children at times. If the conflicts go unresolved or are handled in ineffective ways, then problems may result.

- I. One of the means often used to end conflicts in the family, is for the parent to insist that his position is the correct one and force all others to go along with his solution. Carrying out such a solution often involves the use of punishment. This raises the question, what does punishment do?

Punishment tends to reduce the total related behavior of the child. This results in less practice of all desirable behaviors. The child may become cautious around the person who deals out the punishment.

Problem behavior tends to continue as long as punishment is

connected to the mode and feelings of the parent.

Punishment does not provide much information about desirable behavior.

If we use punishment often, it becomes hard to use positive reinforcement.

Well, why use punishment?

It has some immediate effects.

It helps the parent release some tension.

Under certain conditions it can have lasting effects.

We do not know what else to do.

We typically punish to teach the child how to behave properly; yet punishment does not give us much information about proper behavior.

II. Alternatives to punishment.

Provide opportunities for desirable behavior.

Reward the desirable behavior with positive consequences.

Use punishment only with those behaviors which are completely intolerable. And then, with threats, begging, or hedging.

Eliminate the desirable consequences of undesirable behavior.

III. Problem solving toward resolving tangles.

Get all possible information.

Define the problem (tangle) clearly.

Look carefully at the goals of behavior (needs) of each of the people involved in the problem. They may all be honorable goals.

Look for possible answers that involve compromise, that will allow all parties to reach at least some of their goals (needs). There is usually room for all parties to "give" a little.

Keep in mind your attitude toward the adolescent--is he out to get you or is he trying to grow, using the alternatives that he sees available.

Try to involve all parties in search for reasonable alternatives. When things break down, back to the drawing board. More data, more talk, more listening, more effort to find acceptable alternatives.

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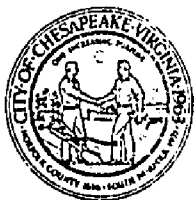
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Appendix H

Permission Letter from Chesapeake Public
School System



Chesapeake Public Schools

School Administration Building
Post Office Box 15204
Chesapeake, Virginia 23320

January 8, 1976

Mr. William Cox
School of Education
Washington Hall
College of William and Mary
Williamsburg, Virginia 23185

Dear Mr. Cox:

This letter grants William Cox permission to conduct, at the Chesapeake Alternative School, the research outlined in his dissertation proposal.

Sincerely,

W. R. Nichols, Director of Research
and Pupil Personnel Services

WRN/ijb

Appendix I

Training Outline for Behavior Observers

Training Instructions

a. Observers must receive all training before recording at the Chesapeake school.

b. Training consists of practice in the use of the observation sheet in a classroom setting.

1. Two observers will rate the same child for a 20 minute total, and then return to a central office to compare their ratings and discuss observation differences with their trainer.

2. Training will continue until reliability is above 80 percent. Training may be expected to last up to two weeks.

c. Reliability is to be determined by dividing the number of agreements by the number of agreements plus disagreements. An agreement is defined as a rating of the same behavior in the same observation interval.

d. Target children at the CARE school will be observed a total of 120 minutes per day, two days per week, for each evaluation period. Observations to be taken when the target individuals are involved in seat work or group discussion.

e. Each observer will have a clipboard, a stopwatch, and a rating sheet. The observer will watch for 15 seconds and use symbols to record the occurrence of behaviors. In each minute, ratings would be made in 3 continuous 15-second intervals and the final 15 seconds to complete a 60 second cycle would be used for recording comments. Each behavior category can be rated only once in a 15-second interval.

Appendix J
Behavior Coding System

Behavioral Coding Categories¹

Code A: Gross Motor. Getting out of seat, standing up, running, hopping, jumping, walking around, moving chair, et cetera.

Code B: Object Noise. Tapping pencil or other objects, clapping, tapping feet, rattling or tearing paper, throwing book on desk, slamming desk. Be conservative, only rate if you can hear the noise when eyes are closed. Do not include accidental dropping of objects.

Code C: Disturbance of Other's Property. Grabbing objects or work, knocking neighbor's books off desk, destroying another's property, pushing with desk (only rate if someone is there). Throwing objects at another person without hitting them.

Code D: Contact. Hitting, kicking, shoving, pinching, slapping, striking with objects, throwing object which hits another person, poking with object, biting, pulling hair, touching, patting, et cetera. Any physical contact is rated.

Code V: Verbalization. Carrying on conversations with other children when it is not permitted. Answers teacher without raising hand or without being called on: Making comments or calling out

¹C. Madsen, W. Becker, & D. Thomas, Rules, praise, and ignoring: Elements of elementary classroom control, Journal of Applied Behavioral Analysis 1968, 1, 139-150.

remarks when no questions have been asked; calling teacher's name to get her attention; crying, screaming, singing, whistling, laughing, coughing, or blowing loudly. These responses may be directed to teacher or children.

Code T: Turning Around. Turning head or head and body to look at another person, showing objects to another child, attending to another child. Must be a 4-second duration, or more than 90 degrees using desk as a reference point. Not rated unless seated. If this response overlaps two time intervals and cannot be rated in the first because it is less than a 4-second duration, then rate in the interval in which the end of the response occurs.

Code G: Other Inappropriate Behavior. Ignores teacher's question or command. Does something different from that directed to do, including minor motor behavior. Principle: The child involves himself in a task that is not appropriate. Do not rate when other inappropriate categories are marked.

Code H: Mouthing Objects. Bringing thumb, fingers, pencils, or any object in contact with the mouth.

Code I: Isolate Play. Neither initiates or responds to verbalizations with other people, engages in no interaction of a nonverbal nature with teacher or students (not rated if working to complete assignment).

Code Z: Appropriate Behavior. Time on task: E.g., answers questions, listens, raises hand, works on assignment. Must include whole 15-second interval except for turning around responses of less than 4-second duration.

Appendix K

Tennessee Self Concept Scale Self Criticism
Score, Standard Scores, Hypothesis 1

Table 19
 Tennessee Self Concept Scale
 Self Criticism Score,
 Standard Scores,
 Hypothesis 1

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
62	44	52	46
62	41	51	54
66	41	53	36
49	39	52	49
44	64	51	39
48	53	50	34
72	45	45	45
45	66	43	54
53	31	72	43
49	43	43	51
54	48	53	52
51	55	55	57
43	36	38	46
48	52	29	59
57	41	52	44

Table 19 (continued)

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
31	39	39	38
49	51	52	53
57	60	43	86
41	54	46	64
49	45	34	52
62	54	53	60
55	57	62	52
48	55	33	72
57	48	53	52
59	51	36	54
53	64	62	39
53	60	44	51
49		43	
44		53	

Appendix L

Tennessee Self Concept Scale Defensive

Positive Score, Standard Scores,

Hypothesis 1

Table 20
 Tennessee Self Concept Scale
 Defensive Positive Score,
 Standard Scores,
 Hypothesis 1

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
35	52	55	46
47	75	59	48
26	51	33	62
51	57	51	54
65	51	55	49
45	51	49	55
41	61	54	53
52	39	55	48
62	84	21	62
51	59	45	47
45	45	50	66
68	49	49	53
46	59	52	51
53	51	65	31
41	51	51	59
64	60	51	53

Table 20 (continued)

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
56	55	55	47
41	41	73	39
68	43	60	51
55	53	53	71
39	47	41	43
50	49	50	62
53	48	68	26
51	47	61	52
49	40	70	67
51	51	45	65
43	50	58	51
46		74	
53		43	

Appendix M

Bendig Revision of the Manifest Anxiety

Scale, Raw Scores, Hypothesis 2

Table 21
 Bendig Revision of the Manifest
 Anxiety Scale, Raw Scores,
 Hypothesis 2

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
56	67	75	57
54	73	84	71
56	69	49	54
77	56	73	95
71	56	60	88
33	59	54	67
66	62	58	67
63	69	71	79
70	72	47	63
71	86	65	48
70	48	48	38
69	75	90	90
69	64	73	74
56	50	65	82
84	72	59	56
81	56	80	53

Table 21 (continued)

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
55	60	73	86
65	79	93	60
72	67	59	61
64	71	48	58
73	54	70	65
56	58	62	51
71	54	51	59
61	54	74	68
54	78	88	71
63	44	57	66
52	63	55	80
73		38	
53		65	

Appendix N

Tennessee Self Concept Scale Family Self
Score, Standard Scores, Hypothesis 3

Table 22
 Tennessee Self Concept Scale
 Family Self Score,
 Standard Scores,
 Hypothesis 3

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
32	46	53	46
48	64	42	37
40	45	39	64
39	52	51	48
64	54	48	41
40	53	24	34
52	42	45	51
59	39	50	46
49	53	29	46
45	59	25	50
40	35	49	63
61	40	24	56
45	59	25	45
49	51	68	35
45	26	56	59

Table 22 (continued)

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
41	53	43	48
48	64	48	51
45	39	53	17
77	35	43	41
51	56	45	49
41	50	29	56
39	57	51	56
59	54	72	27
45	56	40	41
59	49	51	50
56	54	53	59
48	54	56	43
41		52	
43		34	

Appendix 0
Observation Record Sheet, Raw Scores,
Hypothesis 4

Table 23
 Observation Record Sheet, Raw
 Scores, Hypothesis 4

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
03	05	12	27
08	08	09	11
10	00	09	15
00	00	29	23
14	11	15	33
15	23	08	01
00	00	04	22
08	01	00	09
13	08	13	10
15	02	13	18
10	06	09	11
00	00	22	23
19	12	25	15
10	19	02	17
28	09	19	00
04	00	12	04
03	12	07	12

Table 23 (continued)

Experimental		Control	
Post- test	Follow up	Post- test	Follow- up
03	00	02	16
00	12	14	07
00	06	27	08
03	00	00	13
18	01	15	23
20	10	25	16
09	09	10	11
07	03	13	17
09	10	10	10
10	02	15	12
10		08	
08		17	

Appendix P
Behavior Rating Form, Raw Scores,
Hypothesis 5

Table 24
 Behavior Rating Form, Raw Scores,
 Hypothesis 5

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
45	37	38	35
30	29	46	41
47	30	39	32
43	38	36	47
45	31	38	36
32	25	36	43
33	32	38	33
26	29	40	37
29	21	36	45
32	46	33	40
34	26	29	25
29	28	36	35
33	35	38	40
40	39	38	42
33	30	38	32
31	24	40	38
34	30	45	38

Table 24 (continued)

Experimental		Control	
Post- test	Follow- up	Post- test	Follow- up
41	32	46	36
36	30	40	44
36	30	35	24
35	28	46	44
40	28	49	48
33	28	38	32
49	50	35	28
36	30	45	45
34	32	42	36
33		38	
35		40	
36		40	

Appendix Q
Behavior Observers

Behavioral Observers

Stephen F. Burton

College Station, Williamsburg, Virginia

Bill Down

College Station, Williamsburg, Virginia

Barbara Logan

College Station, Williamsburg, Virginia

Janice Marshall

College Station, Williamsburg, Virginia

Debbie Mills

College Station, Williamsburg, Virginia

Ginny Ramsey

College Station, Williamsburg, Virginia

Barbara Savage

College Station, Williamsburg, Virginia

Dan Thornton

College Station, Williamsburg, Virginia

Sarah Gay Wilkins

Waller Mill Road, Williamsburg, Virginia

Appendix R

Follow-up Letter to All Parents



*Chesapeake Center for Alternative
and Rehabilitative Education
920 Minuloman Road
Chesapeake, Virginia
23928*

Dear Parents:

Since the return to school following the Christmas vacation, a series of parent discussion groups have been held with a number of parents with children attending the Chesapeake Alternative School.

In an effort to determine if these programs were beneficial to the parents and children, an evaluation plan was devised which required the participation of a number of parents who were not directly involved with the parent discussion groups. This plan required that both parents who participated in the discussion group meetings and randomly selected parents who did not attend these meetings to complete self-report instruments on two occasions. In addition to these instruments completed by parents, two reports were made of the rate of occurrence of selected student behaviors within the classroom.

An analysis of the results has indicated that children whose parents attended the parent discussion meetings were much more likely to behave as a group, in a manner conducive to effective classroom functioning, as defined in this investigation. Results also tentatively suggested that parents completing the parent discussion meetings responded in a manner suggesting a more relaxed attitude toward contact with the school and their children. The continuation of parent discussion meetings at the Chesapeake Alternative School is suggested.

All responses by parents and observation records of students remain confidential and will in no way become known to any school record, agency, or file system.

Thank you.

William D. Cox
Program Evaluator

HONORS

Psi Chi National Honor Society in Psychology

Phi Delta Kappa National Honor Society in Education

VITA

Name: William Dale Cox

Born: November 23, 1946, Norfolk, Virginia

EDUCATION

- 1965-1968 Frederick College, Psychology
- 1968-1969 A.B., High Point College, Psychology
- 1972-1974 M.S.Ed., Madison College, School Psychology
- 1974-1975 C.A.G.S., The College of William and Mary in
Virginia, Counseling
- 1975-1976 Ed.D., The College of William and Mary in Virginia,
Counseling

RELATED WORK EXPERIENCE

- Work-Study program in Play Therapy, High Point, North Carolina
- U.S. Army Officer Candidate School, overseas tour as Forward
Observer
- Commonwealth of Virginia, Correctional Institution Rehabilitation
Counselor, Hanover School for Boys, Hanover, Virginia
- Graduate Assistant, Madison College Department of Psychology,
Harrisonburg, Virginia
- Intern Psychologist, Massanutten Mental Health Center, Harrisonburg,
Virginia
- Intern Psychologist, Prince William County Public Schools, Prince
William County, Virginia
- Graduate Assistant, The College of William and Mary in Virginia,
Williamsburg, Virginia

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ABSTRACT

A STUDY OF THE EFFECTS OF THE DOWNING PARENT GROUP EDUCATION PROGRAM UPON PARENTAL SELF-CONCEPT, PARENTAL MANIFEST ANXIETY, AND THE BEHAVIOR OF OFFSPRING IN AN ALTERNATIVE EDUCATION ENVIRONMENT

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The purpose of this investigation was to determine the effects of the Downing Parent Training in Family Relationship and Management Skills Program (Downing, 1971) upon parental self-report measures of individual defensiveness, manifest anxiety, and perceived family adequacy. In addition, two measures were made of the children of these parents within the classroom setting of an ungraded alternative school at the secondary level. The theory base for this investigation was drawn from a socioteleological view of human behavior, as interpreted from the writings of Alfred Adler, Harry Stack Sullivan, and Rudolph Dreikurs. The Tennessee Self Concept Scale (Fitts, 1965), Self Criticism (SC) Score and Defensive Positive (DP) Score served as dependent variable measures of individual defensiveness. Total score from the Bendig Revision of the Taylor Manifest Anxiety Scale (Bendig, 1956) using a 6-point response format served as the dependent variable measure of manifest anxiety. The Tennessee Self Concept Scale, Column D, Family Self (FS) Score served as the dependent variable measure of perceived family adequacy. The children of treatment and control parents were evaluated within the classroom setting through the use of teacher responses to the Coopersmith Behavior Rating Form (Coopersmith, 1967) and a technique of systematic time sampling by

independent trained observers. A completely randomized, posttest and follow-up research design was employed. All hypotheses were statistically analyzed by the analysis of covariance technique, one way classification. The research sample consisted of 58 families, with 29 families in treatment and 29 families in control conditions, for the posttest evaluation and 54 families, with 27 families in treatment and 27 families in control conditions, for the follow-up evaluation.

The hypothesis that experimental and control parent groups would differ significantly on measures of individual defensiveness was rejected for both posttest and follow-up evaluations. The hypothesis that experimental and control parent groups would differ significantly on measures of manifest anxiety was rejected for both posttest and follow-up evaluations. The hypothesis that experimental and control parent groups would differ significantly on measures of family adequacy was rejected for both posttest and follow-up evaluations. The hypothesis that the children of parents in treatment and control conditions would differ significantly on measures of inappropriate classroom behavior was rejected for the posttest evaluation, but was accepted for the follow-up evaluation. The hypothesis that the children of parents in treatment and control conditions would differ significantly on teacher-rated measures of classroom functioning was accepted for both posttest and follow-up evaluations.

It was concluded that the 6-week Downing program had no significant measurable effects upon the parental personality measures herein investigated, however the Downing program was found to have a

significant effect upon the classroom behavior of children, with the strength of independent variable increasing over time.

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