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A STUDY OF THE UTILIZATION OF PARENTS
AS THERAPEUTIC AGENTS

A Project
Presented to the
Faculty of
California State College
San Bernardino

by
Shirley D. Rojas
March 1978

Approved by:


Chairperson

4/19/78
Date

A STUDY OF THE UTILIZATION OF PARENTS
AS THERAPEUTIC AGENTS

A Project
Presented to the
Faculty of
California State College
San Bernardino

In Partial Fulfillment of
the Requirements for the Degree
Master of Arts in
Psychology

By

Shirley D. Rojas

March 1978

PROJECT ABSTRACT

This project is a social psychological study investigating the potential utilization of parents as therapeutic agents. It employed two Likert-type scales and a Personal Evaluation in a pretest, posttest design. The subjects involved in this study were the students registered in the Spring 1977 semester of A Parent-Child Interaction Class offered by Chaffey College. The theoretical orientation stems from Reckless' (1956) theory that nondelinquents are insulted against delinquency by a positive self-concept and Guerney's (1966) suggestion that using parents as therapeutic agents would be a major advantage in that it helps one acquire information and knowledge aimed at prevention of emotional disturbances. Therefore, the use of parents as therapeutic agents is based upon the belief in the efficiency of significant figures in the child's life bringing about attitudinal and behavioral change. A t test was used to measure and compare the pretest and the posttest scores of the self-concept scale and the parent self-concept scales. There was no significant difference, but scores were in the expected direction. Parents did report fewer behavioral problems or improved general behavior in their children in the posttest. Further studies extended over a longer period of time are needed.

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CHAPTER I

INTRODUCTION

The Problem

Problem children have been treated with the aid of psychoanalysis, psychotherapy, and behavior modification. A child is labeled a problem when his or her behavior can no longer be tolerated either by school authorities, family, and/or juvenile authorities. Recent trends have treated the problem child as a symptom of family problems, designating the family as dysfunctional. Rioch (1966) and Gordon (1970) make it clear that to defuse the problems in the areas of education, juvenile delinquency, and psychological adjustment, the professional's role should be modified to include a training and supervisory function which includes the nonprofessional. The nonprofessionals would hopefully include parents.

In agreement with this Hobbs (1963) urged new goals in the training of professionals. Pointing to the great and growing need for combating problems, Hobbs (1963) writes:

Much of the practice of clinical psychology as well as psychiatry is obsolete. A profession that is built on a fifty minute hour of a one-to-one relationship between therapist and client . . . is living on borrowed time. The only substantial justification

for investing the time of a highly trained professional person in the practice of psychotherapy as we know it is the possibility of discovering new and more efficient ways of working with people who are in trouble. (P. 3.)

Hobbs emphasized innovation and an orientation towards working through other persons who can multiply the professional's efforts. The primary concept is that of actual prevention of problems rather than early case recognition and treatment only.

The Importance of the Family

Sociologists point to delinquent neighborhoods as a major factor in producing delinquency in children, yet many families in these neighborhoods do not produce delinquents. Psychiatry generally tries to explain these different outcomes by saying that the child who becomes delinquent has a deficiency in psychic functioning, such as a deficiency in ego development or superego controls. Fletcher's (1974) research suggested that a healthy, positive self-concept serves as an "insulator" against family problems. Subsequent studies employing self-concept measures have provided evidence supporting the claim by Reckless (1961) that delinquents tend to have rather poor or negative self-concepts. Reckless' (1956) "insulation hypothesis" explains that the nondelinquent is, in effect, "insulated" against delinquency by a positive self-concept.

There seems to be a relationship between overt behavior

and the self-concept of an individual (Fletcher, 1974). Further, the psychologically healthy individual receives his moral self, his personal self, and his social self basically from the family unit. It has been pointed out that interaction as a principal of family life applies not only to interaction within the family but also to the relations which the family sustains to society. All modern families go through the stresses and the strains of modern society. Yet, some manage to produce self-confident children who are capable of coping successfully with a different environment.

Jackson (1954) introduced the term "family homeostatis" to refer to a family behaving as if it were a unit. According to the concept of family homeostatis: (a) the family acts to achieve a balance in relationships, (b) members help to maintain this balance overtly and covertly, (c) family repetitious, circular, predictable communication patterns reveal this balance, (d) when family homeostatis is precarious, members exert much effort to maintain it. Studies by Ackerman (1954, 1958), Bordy (1959, 1961), Haley (1959, 1962), Jackson, Riskin and Satir (1961), Kluckhohn (1954), Ryckoff, Day and Wynne (1959), Weakland (1962) and Wynne (1961) support the hypothesis that the functioning of individual members of the family can be understood in reference to the overall structure of the family. Studies by Ackerman (1958, 1966), Boszormenyi-Nagy and Spark (1973),

Langsley, Pittman, Machotka, and Flomenhaft (1968), Boszormenyi-Nagy and Framo (1965), and Satir (1964, 1965) all indicate that the symptom of any family member can best be seen as a comment on a dysfunctional family system.

Empirical research is currently underway exploring parent and child personality variables, process variables, and outcome variables in relationship to each other. The theoretical problems regarding personality development and its dependence on a continuous relationship with a nurturant figure during the critical period of ego and super-ego development in the early years are of the greatest interest. The development of the personality is a process whereby we become less and less at the mercy of our immediate environment and of its impact upon us, and more and more able to pursue our own goals. The family provides the context of personality development.

The family system is the main learning context for individual behavior, thoughts, and feelings. How parents teach a child is just as important as what they teach. Every child comes into the world only with ingredients to grow and not a blueprint already developed. A blueprint has to be drawn as the child goes along. Unfortunately, adults are not always able to communicate a clear message about how the child should grow and develop. We discover it is possible, in sending messages, to give the receiver cues that we are not aware of giving.

The Need for Training Parents

Satir (1965) discovered that parents had the mistaken idea that their children only heard what their parents intended them to hear and only saw what they intended them to see. She discovered that parents gave out what is known as "double level" messages. Parents often unconsciously induce a child to behave in such a way that eventually gets him/her identified as a patient by saying one thing and seeming to mean another by their voice or gestures. They are presenting an incongruent manifestation and the receiver receives a double-level message.

By itself, double-level communication need not lead to symptomatic behavior but under certain conditions, especially where children are involved, it can produce a vice-like situational effect which has been termed the "double-bind." Bateson's (1959) "double-bind" hypothesis is that double-level messages are the most influential contribution to the breakdown of communication in schizophrenia. Other studies which show the family itself to be the center of pathology are Ackerman (1954), Bolman and Westman (1967), Bowlby (1952), Millard and McLagan (1972) and Alexander (1973).

Children, whose primary disturbance is manifested in the expression of inappropriate aggression and hostility towards their peers, parents, or other authority figures (most often teachers), are easily provoked into rage and

acting-out behaviors. Studies done by Bandura, Ross and Ross (1963), Schaefer and Bayley (1963), and Sears, Maccoby and Levin (1957) have traced this behavior to parental practices. Gittelman (1965) found "acting out" behavior could often be modified by parent counseling. He developed a method which involved the use of role-playing or behavioral rehearsal, whereby various instigatory situations are played out by the child.

Another important issue, indicating a need for training parents, is the role assumed by the therapist with a child in treatment. Conventional approaches take the child away from the parent for treatment, with the underlying implication that the parent cannot deal with the child effectively, and that the child must thus be taken away from the parent for a certain period of time each week in order to be helped. Another assumption of therapy without parental involvement is that not only must the child be taken away from the parent in order to be helped, but also the parents themselves have been directly responsible for the child's problems, and, therefore, also need to be treated. During the therapy session itself, the therapist is a "de facto" substitute parent as well as a professional. Parents themselves are either avoided completely or are contacted on the basis of nontreatment issues only. The folklore of psychiatry pictures the parent as a competitor with a largely negative influence on the object of mutual concern--the child.

The preventative aspect of including parents in therapy is noteworthy. Guerney (1964) explicitly states that therapy, in the filial therapy approach, proceeds with the indispensable help of the parents and that the parents are necessary and directly involved in the treatment of their children. Some "problem families" in the making may well be prevented from becoming problem families through this method.

In the filial therapy approach (Guerney, 1964) the parent is actively involved in any changes which take place and is almost unavoidably made aware of the relationship between one aspect of change and another. Thus parental distress and confusion, as well as the resulting resentment, are greatly diminished. The parent does not set up the same kinds of resentment toward the therapist for taking over his or her own relationship to the child.

Guerney (1966) suggested in a paper on utilizing parents as therapeutic agents that a major advantage of filial therapy is that it helps one acquire the type of information and knowledge that will be necessary to launch an effective program aimed at primary prevention of emotional disturbances. Therefore, the use of parents as therapeutic agents is based upon the belief in the efficiency of significant figures in the child's life in bringing about attitudinal and behavioral change. This means that, given the skill to do so, people who are already,

by the nature of their everyday roles, important in a child's life are in a better position to bring about change than an outsider, who is seen only an hour a week, even if that person is a trained therapist.

The active involvement of parents in the treatment of their disturbed children certainly is not new. However, in many instances the focus of therapeutic efforts could more appropriately be upon the parents; they can then be helped to function as effective "change agents" for their children. A considerable amount of literature, both clinical and experimental, has accumulated testifying to the effectiveness of such procedures in a variety of situations. An excerpt from a mother's follow-up note written two years after her training by Shah (1967) illustrates this point:

. . . Of course, for awhile Mary wasn't quite sure what to think of the sudden change in me and as a result she challenged me quite a bit. In fact, she succeeded in making me awfully angry at times. Whenever this happened I calmly got rid of her (before I blew my cool) by sending her to her room and she was saved a real clobbering! . . . It only took a few months to untangle us completely and during this time Mary and I were growing closer and closer together. She began acting happier and more sure of herself and most important, sure of me. Mary was about four - that's all - when she climbed on my lap one day and said, "Oh Mommy, I love you! I love you and I like you too!" So young and yet old enough to voice the whole difference in us. Now we liked each other too. (P. 406.)

In recognizing the important part parents play in the behavioral and/or personality development of the child, therapists, with quite disparate orientations, when dealing

child behavior problems have often utilized techniques whose goal is to modify parent-child relationships.

CHAPTER II

REVIEW OF THE LITERATURE

Psychoanalysis

Psychoanalysts have used parents as psychotherapeutic agents. Sigmund Freud was the first to conduct psychotherapy almost entirely through the use of a therapeutic agent.

Freud (1959) states in Analysis of a Phobia in a Five-Year-Old Boy:

The treatment itself was carried out by the child's father . . . No one else could possibly have prevailed on the child to make such avowals; the special knowledge by means of which he was able to interpret the remarks made by his . . . son was indispensable. (P. 149.)

Schwarz (1950) and Furman (1957) describe the beneficial effects for the child of the mother's presence during treatment. Other psychoanalysts, who have incorporated the parent into the treatment process are Burlingham (1935), B. Bornstein (1935), S. Bornstein (1935), Elkisch (1935), and Gordon (1963). Elkisch (1935) distinguished her inclusion of the parent from the work of Schwarz (1950) on the grounds that she treated the relationship between mother and child, whereas Schwarz "merely had the mother present" (Elkisch, 1935, p. 109).

In using parents as therapeutic agents, the role

which the parent is asked to play by analytic therapists varies from a very ambiguous one, as a generally passive observer of the treatment process conducted in the therapist's office to one in which the parent is herself/himself solely responsible for carrying out treatment.

Several studies go a step further than simply having the parent present as an observer. Ruben and Thomas (1947) discussed how they treated certain problems of young children through interpreting the nature and meaning of the child's difficulties to the mothers and having them make the appropriate psychoanalytic interpretations. Elizabeth Gero-Heymann (1955) reports the treatment of a child's phobia by having the mother make up songs and draw pictures to elicit and show acceptance of the child's anger toward her mother. Kubie (1937) reports on the resolution of a traffic phobia through conversations between a father and son.

Rangell (1952) has reported the successful treatment of nightmares in a seven-year-old boy. Rangell decided to treat the boy solely through the parents, whom he knew personally, instructing them by letter. In discussing the use of parents as therapeutic agents Rangell wrote:

The reversal of the pathologic process, and the redirecting of instinctual energy does not take place via the intervention of a new type of relationship which is then transferred back to the parents, but rather by a direct alteration in the attitudes and responses of the very persons who provoked the original repression and displacements.

The child is subjected to a new and therapeutic experience in living within the familiar arena, of his own life, "in situ", so to speak, or "in vivo", rather than to a comparatively artificial and laboratory-like analytic relationship. (P. 387.)

Client Centered

In the client-centered approach, a great deal of effort is expended in trying to get the parent to fulfill certain needs of the child. Moustakas (1959) suggested "play therapy" sessions be conducted in the home by parents of relatively normal children, and he described the positive experiences of some mothers and children. One such experience is reported by Natalie Fuchs (1957). Fuchs, with the encouragement of her father, Carl Rogers, undertook home play therapy sessions with her daughter and achieved impressive results in overcoming a toilet training problem.

Supported by illustrative material, Baruch (1949) suggested that play sessions at home offer a way of fostering good parent-child relationships. The home play techniques recommended by Moutakas and Baruch are in the same Rogerian tradition as those used in filial therapy. Louise and Bernard Guerney, Jr. (1961) reported the successful treatment of a severely disturbed nine-year-old girl with a procedure in which the mother's presence during the child's client-centered play therapy sessions was a very important aspect of the treatment. Straughan (1964) followed a similar

procedure in treating an eight-year-old girl who was friendless, unhappy, and prone to lie. He explained his positive results in terms of learning theory.

Guerney (1964) employed both didactic and dynamic elements in his method of teaching parents of emotionally disturbed children to relate empathically to their children for prescribed periods of time. After the initial diagnostic interviews, the children are not themselves seen in therapy; instead they have "play periods" at home with one or both parents. The goal of the play periods is to enable the child to work through his emotional problems via play in the therapeutic atmosphere of parental empathy. The parents are seen in groups of 6 to 8 who meet on a weekly basis. During the first 8 to 10 group meetings, they learn to master the techniques of the play periods, which are closely tailored after those of client-centered play therapy. The home play periods and ways of improving the parents' performance of their role continue to be discussed in group meetings. Although there is lecturing in the parent sessions, emphasis is laid upon the solution of problems through group discussion.

Guerney found that while the teaching element was considered an essential function in its own right, it was not possible to instruct parents on how to interact with their children for even a limited amount of time without coming face to face with the emotional life and problems

of the parents as these have affected the parent-child interaction. Thus, in the filial therapy situation, the therapeutic "contract" has been enlarged to include teaching as well as exploration of dynamics, with the didactic element in fact providing a framework for the entire therapeutic process. Because the play periods involve a limited period of time, the parents are able to react to play situations and their own insights with less threat to their egos than would be the case if they felt obligated to change immediately and permanently. They are only required to behave in an empathic manner for certain periods of time. What usually occurs, however, is that many parents spontaneously experiment with the reflective, empathic principles outside the play periods and begin to realize that these principles have application in ordinary situations as well.

Training parents to help in the treatment of their children provides them with a sense of useful and active participation. This seems to reduce resistance to change and serves as a strong motivating force. Experience thus far has shown that parents attend their sessions with regularity and do not tend to terminate prematurely (Guerney, 1964). Guerney found filial therapy to be effective by the traditional clinical and qualitatively evaluated criteria of reduction of physical and behavioral symptoms, increased harmony between parents and children,

and improved academic performance. When employing filial therapy the number of patients which a single therapist can treat is also significantly increased along with a significant decrease in the amount of physical space required in a clinic.

The advantage to the child is that he or she experiences acceptance directly from the parent rather than from a therapist first with the intention of transplanting that experience to his family. It is also recognized as a more powerful experience when the child works through his or her emotional turmoil with the parent rather than with the parent surrogate. Parents who become involved in filial therapy generally maintain high motivation and a positive attitude toward treatment.

Guerney found that in filial therapy parents tend to generalize certain appropriate attitudes and methods from the limited situation of the play period to situations and events outside these sessions. Controlled empirical research in filial therapy by Stover (1966) has demonstrated that parents can learn the required role with their own children quite satisfactorily in the time allotted to training and also suggests that therapists who themselves have more experience in conducting client-centered play therapy with young children and conducting filial groups will be more effective in training parents.

Behavior Modification

The behavior therapist may view the parent as his client. Walder (1966) says:

We view the parent as our subject (or client); therefore we try to help the parent with his client, the child. (P. 5.)

Russo (1964) trained mothers to function as behavior therapists by having them watch a therapist interact with their children in a playroom. Then he had the mothers go into the playroom with the therapist and child and gradually take over the role of the therapist as the therapist gradually withdrew from the interaction.

Wahler, Winkel, Peterson and Morrison (1965) trained the mothers in three cases to be behavior therapists by having them interact with their children in a playroom setting and using signal lights to reinforce the mothers when they reinforced the children appropriately.

Baer (1962), Williams (1959), Madsen (1965), Hart, Allen, Harris, Buell and Wolfe (1964) have demonstrated the effectiveness of the techniques of operant conditioning in altering the behavior of children in the laboratory and in the home. The emphasis in these situations has been on enhancing generalization by training the parents to function as social reinforcers.

Wahler, Winkel, Peterson and Morrison (1965) developed a technique for effectively altering mother-child relationships in a laboratory setting, with objective records being

kept of the behavior of both mother and child. Hawkins, Peterson, Schweid and Bejou (1966) investigated the feasibility of treatment in the natural setting where the child's behavior problem appeared--the home. As in the Wahler, Winkel, Peterson and Morrison (1965) studies the mother served as the therapeutic agent. She received explicit instructions on when and how to interact with the child. The behaviors of both the mother and the child were directly observed and recorded. The results of this study showed that it is possible to treat behavioral problems in the home with the parent as a therapeutic agent.

Patterson and Reid (1970) used shaping procedures to train parents to modify their children's behavior. Wolf, Risley and Mees (1964) used contingent positive reinforcement to develop behavior not within the current behavior repertoire of the individual. Patterson and Brodsky (1967) used contingent positive reinforcement to strengthen previously conditioned behavior that was emitted very infrequently by a family member. This strengthening can initiate a chain of changes culminating in improved family relations.

The major purpose of the research by Walder, Cohen, Breiter, Daston, Hirsch, and Leibowitz (1967) was to explore and develop procedures for training parents to be effective behavior therapists for their own disturbed children. The

research was based on the assumptions that the behavior of the child is a function of his environment and that the person responsible for the child's environment is the appropriate change agent. Treatments utilized included:

- (a) having educational group meetings with parents,
- (b) consulting with individual pairs of parents, and (c) structuring a more controlled laboratory-like environment within the home.

To achieve group educational goals, the parents are first taught how to accurately observe behavior and record data. Step 2 is the phase where contrived contingencies are introduced into the observed behavioral interactions and parents are taught to identify these contingencies. The parents next are allowed to practice shaping. In the fourth phase, the principles and procedures of behavior control are reviewed to see how they have been applied by the parents. The individual consultation component of the program resembles conventional psychotherapy or counseling.

Home environments maintain parental behaviors which are often incompatible with the behaviors necessary for effecting positive changes in the child. Ferstex (1967), Lovaas, Schaeffer and Simmons (1965), Wahler, Winkel, Peterson, Morrison (1965), Wolf, Risley, and Mees (1963) have demonstrated in clinic settings the application of a functional analysis of behavior to children's disorders. Hawkins, Peterson, Schweid, and Bijou (1966), and Williams

(1959) applied behavioral principles in the home and were attempts at maintaining controlled learning environments.

With the increasing emphasis on the diagnosis and modification of behavior, it is probable that in the future behavior therapists will concentrate on the stimulus situations in which the problem behavior is most likely to be emitted. Ultimately it is the parental environment which must maintain the child's behavior, and behavior reinforced in the clinic will be extinguished if parents do not provide the contingencies to maintain them. On the other hand, if behavior extinguished in the clinic receives parental attention, it is likely that the problem behavior will be quickly reinstated.

O'Leary, O'Leary and Becker (1967) demonstrated effective application of a set of procedures selected to produce behavior change in two deviant siblings. The procedures combined prompting, shaping, and instructions to increase cooperative behavior. This behavior was reinforced initially by M and M candies and later by points which could be exchanged for small toys. In the latter half of the study, time out from positive reinforcement was used to weaken some deviant behavior which was not reduced by the reinforcement of the incompatible cooperative behavior. Because of the exploratory nature of the application of these procedures in the home, the interactive behavior of two boys was first brought under control by the

experimenter. Later this control was transferred to the boys' mother. It has been demonstrated in studies by Azrin and Lindsley (1956) and Hingtgen, Sanders, and Demyer (1965) that reinforcement techniques are effective in shaping cooperative responses in both normal and schizophrenic children.

A study by Patterson and Brodsky (1966) used procedures adapted from the writings of Skinner (1958) as a set of conditioning programs for the treatment of a preschool boy who was referred for several behavior problems. Similar data are becoming commonplace, demonstrating that manipulation of reinforcement contingencies has a significant impact upon behavior. The underlying assumption is that the effect of the conditioning (or any successful treatment) produces a reprogramming of the social environment; the altered program of positive and negative reinforcers maintains the effect of the initial behavior modification. The report described a series of behavior modification programs for altering hyperaggressive, fearful, negativistic behaviors in a five-year-old child who has been rejected by his peer group. The parent, teacher, peer group, and the experimenters served as treatment agents.

Others

Another method of using parents as therapeutic agents is Gordon's (1970) Parent Effectiveness Training (P.E.T.).

On the premise that it is not knowledge of psychology or an intellectual understanding about people that makes a good counselor, Gordon maintains that talk can cure and talk can foster constructive change, but it must be the right kind of talk. He concentrates on teaching parents how to talk in a "constructive" way which is characterized by acceptance. Gordon also teaches the technique of active listening which is a method of influencing children to find their own solutions to their own problems.

In recognizing the need to bring family forces to bear upon the problems of delinquent behavior, Patterson, McNeal, Hawkins, and Phelp (1967) coined the notion of reprogramming the social environment. The process was aimed at utilizing the resources available in the home and school environment. Tharp and Wetzil (1969) conceived of this process as building upon the efforts of therapists to modify the behavior of mediators, typically parents, other family members, and/or teachers who, in turn, are expected to exert positive behavioral control over the adolescent. This posits the requirement that each is a member of the social system of the child.

Glick (1974) conducted an experimental research program in which five families completed the six 2 1/2 hour training sessions in communication skills toward the improvement of parent-child interaction. Five families served as controls. The sessions used modeling, written manuals, videotape

feedback of previous family interaction, focused videotape feedback of current parent-parent interactions, and behavior rehearsals. Interviews and the child-parent relationship questionnaire were used to evaluate the program's effectiveness. Results indicated that the training group children demonstrated a greater increase in total talk time and the number of responses during parent-child interaction as well as a greater degree of attitude improvement toward the parent-child relationship.

Conclusion of Literature Review

In the evolution of family treatment, several distinct emphases have appeared. Satir (1965) maintained an individual is dysfunctional when he or she has not learned to communicate properly. Difficulty in communicating is closely linked to an individual's self-concept, that is, self-image and self-esteem. Resolution of pathogenic conflict and induction of change and growth was previously attempted by a dynamic depth approach to the affective currents of family life. Within the past 15 years family therapy has emerged as a new dimension in the art and science of mental health. The road led to the re-education of the family through guidance.

Thus, adherents of three broad major theoretical orientations in the field of psychotherapy--psychoanalytic, client centered, and behavioristic have all reported

successful experiences with the procedure of allowing the parent to enter the therapeutic process. The previous research cited in this project provides substantiation for the general proposition that parents have been used successfully as psychotherapeutic agents. The research which follows is focused on the utilization of parents trained to improve and/or prevent emotional and/or behavioral disturbances in their children.

CHAPTER III

HYPOTHESES

The present study is an attempt to look at the possible benefits of utilizing parents as therapeutic agents. It explores the likelihood of overt behavior and the self-concept of the individual. It is further suggested that parents who provide their children with acceptance, freedom, and discipline will nourish a psychologically healthy person who perceives him or herself with a fairly consistent degree of positiveness. Hopefully, this project is designed to provide a link between the parental practices and the behavior of the child in an effort to prevent behavior and emotional problems.

The following hypotheses will be explored:

1a. There is a significant change in parents' self-concept in the direction of higher self-esteem as a result of the treatment experience.

1b. There are significant changes in concept of self as a parent in the direction of feeling more adequate in the parental role as a result of the treatment influence.

2. Parents who are trained in discipline and relating techniques will report fewer parental problems.

CHAPTER IV

METHOD

Subjects

The class attended, observed, and used for the sample population in this study was titled A Parent-Child Interaction Class. The course was an off-campus elective offered by Chaffey College in Alta Loma, California. The class met in the preschool room of the California Learning Center* at 8736 Baker Avenue in Cucamonga. The class used in this study included anyone who wanted to improve their skills in relating to children. The class membership was composed of the following: parents who were having problems with their children as well as teachers and parents wanting to learn effective interaction skills. The class membership was predominantly women (20 females and 5 males). The members listed the following reasons for specifically enrolling in the class:

*California Learning Centers is an alternative to Public School Education. It is an independent nondenominational institution dedicated to serving the needs of the young child. Basic curriculum includes Reading, Spelling, Handwriting, English, Mathematics, Science, Phonics, Homemaking, Social Studies, Self-Awareness, Foreign Language, Music, Art, Health, and Physical Education. The development of a positive self-concept by children is considered a prerequisite to their learning.

1. Their children are having school problems.
 2. Their children have poor self-images.
 3. Their children have trouble getting along with others.
 4. Their children are not responsible.
 5. Their children refuse to obey them.
 6. There is sibling rivalry in the family.
 7. They do not know how to cope with behavior problems such as bedwetting, consistently arguing, tantrums, lying, and fighting.
 8. They want to learn to communicate better with their children.
 9. They have a desire for self-development as a parent and a person.
 10. They want to learn how to help their children to grow into happy, productive adults.
 11. They want to learn how to be friends with their children.
 12. They want to learn positive discipline techniques.
- (See Appendix C.)

The ten week class, A Parent-Child Interaction Class, was designed to deal with teaching parental skills which allow the development of a positive self-concept while setting and maintaining behavioral limits on the child. The rationale was that parents can be used as therapeutic agents if properly trained.

The topics covered were role modeling, communication skills, behavior modification techniques, and natural consequences. The course objectives were to teach students to build relationships free of power struggles, learn how to set consistent limits and follow through with consistent and appropriate discipline, and to raise a child who feels good about himself and/or herself.

Test materials consisted of an extensive test of knowledge of material covered in class (see Appendix F). It was completed with the instructor's help the last day of class. The class resources and materials used were "A Guide to Child Rearing" by Bruce Narramore, the book "Peoplemaking" by Virginia Satir, a guest speaker, numerous self-awareness exercises, a behavior modification handout, and numerous communication technique handouts.

The instructor, Charlotte Proffitt Wycoff, B.A., M.A., is the supervisor of California Learning Centers. During the initial class, as during all classes, Ms. Wycoff shared her background openly with the students. By describing herself as a rigid, uninformed authoritative parent with her grown children and then contrasting those old methods with the new methods she was using on her teenage son and an adopted boy (who is emotionally disturbed), she effectively established a nonjudgmental tone for the class.

The Instruments

Two Likert-type scales and an open-ended assessment were

employed in a pretest, posttest design in this study. These scales were developed, in part, from Louisiana State University's scales of self-concept and concept of self-as-a-teacher. The concept of self-as-a-teacher scale was altered to measure the concept of self-as-a-parent (see Appendix B). The self-concept scale (see Appendix A) was Louisiana State University's scale of self-concept of which the reliability and validity work is still in progress.

The graded response to each statement was expressed in terms of the following five categories: strongly agree (SA), agree (A), undecided (U), disagree (D), and strongly disagree (SD). The 25 individual statements are clearly favorable or clearly unfavorable. The scales were scored by allotting points 1 through 5, SD to SA, for positive statements on the scale and 1 through 5 SA to SD, for negative statements on the scale; hence, higher scores represent more positive evaluations.

The opened measure (see Appendix D and E) to assess parental report of problems was a self-report by parents on the following items answered at the end of the quarter:

1. What were the problems at first?
2. What additional problems were there?
3. Which problems remained unchanged?
4. Which problems are better?
5. Which problems are worse?
6. Have you changed since taking the class; if so, how?

At the beginning of the quarter they were only asked to list the specific parental problems they were having that prompted them into taking the class.

Procedure

This writer attended the first meeting of the spring quarter's Parent-Child Interaction and administered the pretest battery: the two self-esteem measures and the self-assessment measure of why people were taking the class (see Appendix A, B, and C). Class members were informed that this writer was working on a project using parents as therapeutic agents to their children and that their participation would be appreciated. The instructor, Ms. Wycoff, had previously been informed of the hypotheses, but the class members were not.

The class and the class members were observed by this writer through the 12 weekly 3-hour meetings. Special attention was paid to the overt responses and attitudes of the parents toward the teacher and the material presented. The posttest battery self-esteem measures and reports of problems (see Appendix A, B, D, and E) was given during the latter part of the final class meeting by this writer.

CHAPTER V

RESULTS

Statistical Analysis

The population for this study consisted of the students enrolled in Chaffey College's Spring 1977 A Parent-Child Interaction Class. The Self-Concept scale (Louisiana State University), the Parent Self-Concept scale (adapted from Louisiana State University's Self-Concept-As-A-Teacher scale), and a Problem Evaluation were administered before and after the class experience. At the conclusion of the class, the difference between the two means of the various measures was calculated. The primary treatment of these data consisted of conducting a series of correlated t tests between the pretest results and the corresponding posttest results (see Table 1).

Table 1

Treatment of Data Summary

	Mean Pretest	Mean Posttest	<u>N</u>	<u>D</u>	<u>S.D.</u>	<u>t</u>
Self-Concept	100.625	102.94	16	2.313	8.28	1.08
Parent Self-Concept	99.375	102.25	16	2.875	11.20	.994

Hypotheses 1a and 1b were not supported. No significant differences were found between the pretest battery and the posttest battery means for self-concept and parent self-concept. Although the self-concept and the parent self-concept had not significantly changed, the posttest scores demonstrated a change in the expected direction.

Close examination of the individual scores of the class members revealed that these individual subjects had large, yet highly variable posttest score change. This change included a positive range from three to twenty-four points and a negative range from -four to -eighteen points. Tables 2 and 3 present the pre- and posttest scores on the two self-concept measures.

Behavioral and attitudinal improvement in their children were reported by all of the subjects except four. The parents listed improvements in the following areas:

1. Increased self-discipline and responsibility.
2. Increased self-identity and self-esteem.
3. Increased obedience and less rebellious behavior.
4. More open in expressing and communicating their feelings.
5. Increased social skills.
6. Increased cooperation.

Two parents believed the problem of communication had not improved, and two parents did not see any change in their child's temper tantrums.

Table 2

Test Response Scores on Self-Concept Scale

Subject	Pretest	Posttest
1	90	80
2	82	86
3	98	87
4	104	110
5	107	115
6	110	106
7	98	120
8	70	79
9	80	89
10	113	120
11	98	112
12	113	108
13	110	110
14	107	114
15	119	113
16	111	98

Most impressive was the reported self changes. Fifteen subjects claimed a positive change in themselves as the result of participating in the Parent-Child Interaction Class.

Table 3

Test Response Scores on Parent Self-Concept Scale

Subject	Pretest	Posttest
1	92	80
2	102	98
3	86	76
4	104	110
5	102	110
6	98	101
7	100	110
8	88	70
9	77	101
10	110	120
11	106	112
12	109	102
13	117	118
14	95	115
15	101	114
16	103	99

They reported positive changes in the following areas:

1. Increased self-confidence and self-esteem.
2. Increased objectivity.
3. Improved communication skills.
4. More effective and consistent discipline techniques.
5. More positive and independent.
6. Increased self-awareness.
7. Less authoritative and more understanding.
8. More open to alternate points of view.
9. Able to give more prime time to their child/children.

An examination of the self-assessment indicates acceptance of hypothesis 2. The class members, after training in discipline and relating techniques, did report fewer parental problems.

Observational Analysis

In the classroom the parents received instruction in the general principle underlying the therapeutic interactions they were asked to undertake with their children. They were given specific examples of the kinds of interpersonal behaviors expected of them, sometimes through actual demonstrations, and given an opportunity to discuss the principles and examples.

There was a mood of anticipation in the students when Ms. Wycoff talked about techniques that she claimed would

make children want to do it right, without the parent yelling at them or hitting them. The essence of her message was always to "catch them doing it right."

The mothers were continually volunteering information about personal problems and incidents with their children. They usually expressed feelings of bewilderment and inadequacies concerning raising their children. They found support from other parents in learning they were not alone in their problems. Often helpful suggestions were offered from one class member to another. Students were allowed to discuss and explore alternative techniques to problem situations.

Ms. Wycoff taught the class on the premise that learning seldom comes from the teacher and that real understanding comes from experiencing. Thus, members were sent home to practice what they were learning in the classroom. The parent-child interaction skills were designed in an effort to make both the adults and the children at home feel good about themselves.

One of the most difficult exercises for class members to do was one in which they had to tell one good thing about themselves to the class and then write five more. In another exercise, students were asked to tell the other class members one thing they did for themselves which they enjoyed. Most of them were oriented towards doing for others while thinking that that was where they got enjoyment.

Their self-worth was measured in how much they were needed by others. It was difficult for them to think in terms of doing something for themselves, and not including any other family member, just because they enjoyed doing it.

At the end of the 10 weeks, students learned the difference between a relationship built on needing each other and having a relationship while being independent of each other. They had practiced hearing more than one side to an issue and understood the importance of role modeling for their children. They were acquainted with behavior modification techniques and natural consequences vs. rewards and punishments. People voiced their feelings and opinions with "I" statements and knew how to stroke themselves and others. Most important, they now were equipped with choices due to their increase in knowledge. Only one or two seemed to cling to the belief that to spare the rod was to spoil the child. Instead they seemed ready to embark on the new adventure of being a parent that "caught them doing it right," and it seemed to make them feel better about themselves and their role as a parent.

DISCUSSION

The hypothesis that parent effective training would increase the participants' personal self-concepts as well as their self-concepts as a parent was not supported. This finding might suggest that the intervention period of 10 weeks was too short of a time for self-concept changes or that the training is ineffective. It may be that a longer treatment is necessary for such unknown changes, as are reflected in a self-concept, to be measured.

Another possible explanation could be that the measure used was unreliable. It should be noted that validity and reliability for the scales used has not been established as of this date.

It might have been better to have used an attitudinal measure to establish a change that was significant. There is the possibility that the class was effective but it was not reflected in changes of the participants' self-concepts, because self-concept is difficult to change.

The data collected here is a reflection of 16 parents from their own perspectives. Ninety-four percent of the parents in the sample reported the class had been a positive growing experience for them and that there were behavioral and attitudinal improvement in their children. In addition,

the self-concept and the parent self-concept while not significantly changed, demonstrated a change in the expected direction.

It is recommended that further studies over a more extended length of time be performed. To design a study with a comparable control group, although difficult, would increase the validity of the findings. A more reliable way of measuring behavior problems of the children might also increase the validity of the investigation. The real test, however, will be to establish that a positive self-concept in parents will lead to positive behavior and a positive self-concept in their children.

APPENDIX A

SELF-CONCEPT

Last 4 numbers of your social security number: _____

Directions: Please read each of the following statements carefully. Check the appropriate column as follows:

- Column 1 (SA) - Strongly agree with statement
- Column 2 (A) - Agree in part with statement.
- Column 3 (U) - Uncertain about statement.
- Column 4 (D) - Disagree in part with statement.
- Column 5 (SD) - Strongly disagree with statement.

1	2	3	4	5
SA	A	U	D	SD

I

1. My future looks bleak.
2. I am confident I can handle life's problems.
3. Money, prestige and pleasure are the only worthwhile things.
4. Living with depression is easier than trying to overcome it.
5. The success of other's inspires me to work harder.
6. I feel that my life is nothing more than a treadmill.
7. For every fault I have a corresponding virtue.
8. Institutional dress regulations upset me.
9. People usually ignore me.
10. I feel secure.
11. I habitually assume a defensive role.
12. I dread making a decision.
13. People do not think my ideas are worthwhile.
14. I have a well structured self-concept.
15. I attempt to evaluate my own performance.
16. My life has a definite purpose and direction.
17. People generally do not like me.
18. I resent the opinions of others when these opinions differ from mine.
19. I appreciate constructive criticism.
20. I continually strive to understand myself.
21. I am afraid most of the time.
22. I make friends easily.
23. I accept all persons.
24. I like challenges.
25. I dislike personal self-evaluation

APPENDIX B

SELF-CONCEPT-AS-A-PARENT

Last 4 numbers of your social security number: _____

Directions: Please read each of the following statements carefully. Check the appropriate column as follows:

- Column 1 (SA) - Strongly agree with statement.
- Column 2 (A) - Agree in part with statement.
- Column 3 (U) - Uncertain about statement.
- Column 4 (D) - Disagree in part with statement.

1	2	3	4	5
SA	A	U	D	SD

II

- 1. I would rather ignore my child than correct him.
- 2. I have trouble trying to explain things to my children.
- 3. I feel that I am a poor parent.
- 4. I simply cannot understand my children.
- 5. I'd like to share more things in common with my children.
- 6. I enjoy watching my child grow and learn.
- 7. I am proud to be a parent.
- 8. I see my child's demands as an infringement on my time.
- 9. I seek the advice of other parents.
- 10. I feel that I am an effective parent.
- 11. I feel threatened when I am unable to answer my child's questions.
- 12. I don't like it when my child questions my authority.
- 13. Raising children is a challenge to me.
- 14. I enjoy playing with my children.
- 15. I demand obedience from my child.
- 16. I sometimes fear my child and/or children.
- 17. I find that I am too partial to be objective and fair to my children.
- 18. I consider being a parent worthwhile.
- 19. I see parenting as a growth process for myself.
- 20. I consider parenting to be a creative experience.
- 21. I feel that I must always be right as a parent.
- 22. I feel that I am unable to control my child sometimes.
- 23. I rarely am unable to reach my child.
- 24. I can communicate with my child.
- 25. I am glad I had children.

APPENDIX C

PRETEST PROBLEM EVALUATION

Last 4 numbers of your social security
number _____

List specific problems your child (or children) has that
prompted you to take this class.

APPENDIX D

POSTTEST PROBLEM EVALUATION

Last 4 numbers of your social security number _____

List specific problems your child (or children) has that prompted you to take this class.

What additional problems have developed?

Which original problems remained unchanged?

Which ones got better?

Which ones got worse?

APPENDIX F

CLASS FINAL

1. List five things to watch for when doing "People Watching."
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
2. Parents need to be aware of their bodies because:
3. If I can identify my feelings, I can also _____

4. Describe an abnormal child:
5. List 10 causes for hyperactivity. In reality there are probably 1000 reasons or causes of hyperactivity.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.

9.

10.

6. Memory is _____

7. Define discipline:

8. When will behavior modification work?

9. Childhood _____ form our basic personality structure.

10. You tend to Parent like your _____ or the _____ of your parent.

11. What are 2 effective consequences used to watch your child more appropriate behavior.

12.

EXERCISE 1

Circle the method of discipline most likely to be successful in the following examples:

1. An eight-year-old who throws a temper tantrum

- A. Spanking
- B. Communication
- C. Imitation
- D. Extinction

2. A teenager who repeatedly breaks curfew

- A. Extinction
- B. Spanking
- C. Logical Consequences
- D. Reinforcement

3. A ten-month-old who purposely pours his drink onto the floor meal after meal

- A. Reinforcement

- B. Spanking
 - C. Communication
 - D. Extinction
4. A child who eats very little at meals and then keeps asking for snacks
- A. Spanking
 - B. Reinforcement
 - C. Natural Consequences
 - D. Imitation
5. A four-year-old who repeatedly acts up while you are shopping
- A. Logical Consequences
 - B. Spanking
 - C. Reinforcement
 - D. Natural Consequences
6. A sloppy child who won't pick up after himself
- A. Logical Consequences
 - B. Spanking
 - C. Imitation
 - D. Nagging

Disadvantages _____

13. List 3 things that destroys a positive self-image:
- 1.
 - 2.
 - 3.
14. List 3 things that increase or compliments a positive self-image:
- 1.
 - 2.
 - 3.
15. A rule must be _____, _____, and _____.

16. Needs and Goals

Genuine Emotional
Needs

Substitute
Goals

Reactions to Frustrated
Needs and Goals

Power and
Control

Anger and Revenge

Attention Search for Psychological
Safety

Perfection

17. List 5 roadblocks to communication

- 1.
- 2.
- 3.
- 4.
- 5.

18. Make a You Statement:

19. Revise to an "I" Statement:

20. Catch them doing it " _____ "

21. The hip woman gave plenty of _____

22. What you tend to dislike in others is what you _____
_____ in yourself.

23. One of the ways I stroke myself is _____

24. One of the ways I stroke my children is _____

25. Respect test _____

26. List 2 kinds of families: _____ and _____

27. Draw lines and list appropriate place for Social Rewards, Concrete Rewards and Intrinsic Rewards:

28. Explain Random Reward:

29. Don't _____

30. United front describes _____

31. Quality time can be as little as _____ minutes a day.

32. Define:

Modeling

Pairing

People Motivators

Pacifiers

Satisfiers

33. What is a Learning Disabled Person?

34. Describe guidelines to discipline in your own words-- mutual respect

35. Patterns of Communication

B
Describe

C
Describe

P
Describe

D
Describe

36. Briefly describe the following:

Mutual Respect

Encouragement

Reward and Punishment

Natural Consequences

Acting instead of Talking

Withdrawing from the Provocation, but not from the Child

Don't Interfere in Children's Fights

Take Time for Training

Avoid Letting Your Own Need for Prestige influence you in training your child.

K

Never Do for a Child What He Can Do For Himself

Understand the Child's Goal

List Four Goals of a child's misbehavior:

- 1.
- 2.
- 3.
- 4.

37. A child needs equal amounts of L _____ and D _____

38. Child's Talk

Directions: Match the columns by writing the correct letter from the right hand corner in each blank in the left hand column

- | <u>Say Not This</u> | <u>But This</u> |
|---|--|
| ___ 1. Don't throw the sand. | A. Here is a can to put your sand in Johnny. |
| ___ 2. Do you want to wash your hands? | B. What lovely colors you have in your pictures, Nancy. |
| ___ 3. Don't bump into Johnny? | C. Keep the sand down in the box. |
| ___ 4. Get out of the sand, now, and play somewhere else Johnny. | D. Ride around Johnny's tricycle. |
| ___ 5. Jim's picture looks neater than yours. | E. It is your turn to wash your hands, Jane. |
| ___ 6. Do you want to go in? | F. Do you want to go in the front door or the back door? |
| ___ 7. Judy, Don't hold the door open. You're letting all the flies in. | G. Judy, please shut the door as quickly as you can so the flies won't come in. |
| ___ 8. Don't put your feet in that chair. You'll ruin it. | H. Shoes aren't very clean on the bottom so we have to keep them off of the chairs where people sit. |
| ___ 9. Stop playing and eat your dinner. It's good. | I. If you have had all you want to eat, then you may leave the table. |
| ___ 10. Give Jimmie some of your blocks. | J. There are enough blocks for two children to use. |

GUIDE POSTS TO SUCCESSFUL DISCIPLINE

	PRACTICE		AVOID
Showing Firmness	Fairness in judgement Friendliness in attitude Consciseness in requests	Showing Strictness	Demanding rigourous conformity Harshness in actions Unfriendliness in feelings Unyielding in attitude
Setting Limits	Prescribe boundaries Set rules that are flexible Define standards	Being Overly Permissive	Laxity in regard to, or absence of, definite rules, regulations, and standards for the child
Expressing Caution	Friendly warnings to avoid personal damage suffering	Voicing Threats	Expression of actions designed to inflict injury or damage to the child's ego and personal welfare
Showing Consequences	Permitting suffering resulting from the child's actions related to the situation	Planning Punishment	Deliberate and planned suffering to the child's ego through fear, by means of bodily hurts, denial of privileges or isolation.
Being Consistent	Continuous agreement with compatible attitudes with other parent in front of child	Being	Contradicting oneself in relation to previously stated attitudes contradicting the other parent in front of the child
Using Comparison	Showing only the differences and similarities of the child in regard to his own behavior	Using Comparison	Voicing unfavorable differences and similarities with brothers, sisters or children

Upgrading	Statements (praise) designed to build up the child's feelings of his own worth and adequacy	Downgrading	Statements (belittling, fault findings) designed to lower the status and self-esteem of the child in his own eyes
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Expressing	Permitting the child to express and release hostile and angry feelings but not permitting anti-social behavior	Supressing Feelings	Causing the child to feel guilty and inwardly upset by making him keep his hostile and angry feelings within him.
------------	--	---------------------	---

These measures BUILD self-confidence, inner security, and ability to control emotions. They give the child a feeling of ACCEPTANCE.

These measures DESTROY self-confidence, inner security, and ability to control emotions. They give the child a feeling of REJECTION.

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