

Portland State University PDXScholar

Social Work Faculty Publications and Presentations

School of Social Work

2013

Effective Single-Parent Training Group Program: Three System Studies

Harold E. Briggs
University of Georgia

Keva M. Miller
Portland State University

Edwin Roberto Orellana
Portland State University, orellana@pdx.edu

Adam C. Briggs
HB & Associates

Wendell H. Cox
Georgetown Psychotherapy Group

Let us know how access to this document benefits you.

Follow this and additional works at: http://pdxscholar.library.pdx.edu/socwork_fac

 Part of the [Social Work Commons](#)

Citation Details

Briggs, Harold E., et al. "Effective Single-Parent Training Group Program Three System Studies." *Research on Social Work Practice* 23.6 (2013): 680-693.

This Article is brought to you for free and open access. It has been accepted for inclusion in Social Work Faculty Publications and Presentations by an authorized administrator of PDXScholar. For more information, please contact pdxscholar@pdx.edu.

Effective Single-Parent Training Group Program: Three System Studies

Research on Social Work Practice
23(6) 680-693
© The Author(s) 2013
Reprints and permission:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1049731513489599
rsw.sagepub.com



Harold E. Briggs¹, Keva M. Miller², E. Roberto Orellana²,
Adam C. Briggs³, and Wendell H. Cox⁴

Abstract

Objective: This study highlights Dr. Elsie Pinkston and colleagues' research on the effectiveness of behavior parent training and examines the application of single-parent training group (SPG) programs to three parent-child dyads exposed to distressed family circumstances. **Methods:** Single-system evaluation designs were conducted with two single birth parents, one single foster parent, and each parent's three respective children, in an effort to appraise the results of a SPG program. **Results:** Two of the three parent-child dyads benefited from the SPG. Results suggested that there were changes in parent reinforcement and attention behaviors and children's noncompliant behaviors. **Conclusion:** Behavioral improvements in single parent and child dyads lend support for the effectiveness of the parent training group for single parents. Implications for practice and future research on SPG programs are discussed.

Keywords

children, population, intervention, outcome study, single-system design

Parenting can be extremely rewarding yet not always an easy experience. Parenting a child with behavioral problems potentially creates additional challenges—namely persistent parent-child conflicts, poor problem solving, and counterproductive attention to disruptive child behaviors. Managing noncompliant child behavior can be particularly difficult for families that are already distressed such as families exposed to child welfare and other institutional systems, traumatic life events, and pressures associated with single-parent headed households. Stern, Alaggia, Watson, and Morton (2008) suggest that for distressed families, parent training can provide the greatest opportunity to allay adverse childhood developmental outcomes by providing parents with effective child management skills that minimize conflictual or neglectful interactions and promote strategies to increase positive parent-child relations. Effective child management skills include comprehension of precipitating events that contribute to conflicts and discernment of when to behaviorally attend to children's disruptive behaviors and when to refrain (Briggs, Leary, Briggs, Cox, & Shibano, 2005; Pinkston, Levitt, Green, Linsk, & Rzepnicki, 1982; Smagner & Sullivan, 2005).

Research conducted by Pinkston, Levitt, Green, Linsk, and Rzepnicki (1982) on parents and their children with noncompliant behaviors has effectively articulated a set of practical protocols for the implementation of assessment, intervention, evaluation, follow-up, and maintenance strategies that are specifically aimed at managing maladaptive child behaviors and counterproductive parent-child interaction patterns. It is through the utilization of these protocols that social work

practitioners have effectively helped parents manage their behaviors and the behaviors of their children (Briggs et al., 2005). This study examines the application of Pinkston and colleagues' single-parent training group (SPG) to three parent-child dyads who were exposed to distressed family circumstances such as ongoing conflicts with former spouses/partners, mental health issues, and financial strain. Highlighted in this article are (1) a literature review on parent-child relational conflicts and effective behavioral parent training; (2) the research methodology employed in the current study; and (3) a description of the baseline and outcome data from the parent-child dyads that participated in the study.

Behavioral Parent Training

Behavioral parent training is an empirically supported intervention that has shown to be effective in the reduction of noncompliant child behavior and the acquisition of effective parenting skills in a number of settings, populations, and social

¹ School of Social Work, University of Georgia, Athens, GA, USA

² School of Social Work, Portland State University, Portland, OR, USA

³ HB & Associates, Portland, OR, USA

⁴ Georgetown Psychotherapy Group, Washington DC, USA

Corresponding Author:

Keva M. Miller, School of Social Work, Portland State University, 1800 SW 6th Ave., Suite 634, Portland, OR 97207, USA.

Email: kmmiller@pdx.edu

problems (Briggs et al., 2005; Smagner & Sullivan, 2005; Stoutimore, Williams, Neff, & Foster, 2008; van Camp, Montgomery, et al., 2008; van Camp, Vollmer, et al., 2008). For example, the basic philosophy, principles, and methodologies of behavioral parent training have demonstrated utility in analyzing and addressing issues encountered by families with child welfare involvement, foster parents, and other caregivers of children in custody (Azar & Siegel, 1990; Azar & Wolfe, 1996; Barth et al., 2005; Lutzker, 1990; Pinkston et al., 1982; Smagner & Sullivan, 2005; van Camp et al., 2008). However, there is a continued need for studies to evaluate the efficacy or effectiveness of behavioral parent trainings on foster parents' acquisition of parenting competencies and skills and families with child welfare involvement (Barth et al., 2005; van Camp et al., 2008). Other scholars have reviewed the behavior parent training program literature and found that the programs are also well established with parents who experience coercive and disruptive child behavior problems (Marcus, Swanson, & Vollmer, 2001; McMahon & Wells, 1998; O'Dell, 1985). The approach has also been effective with two-parent, racial and ethnic minority families, caregivers of older adults, and caregivers of persons with developmental or mental disorders (Noguchi, 2004; Pinkston, 1984; Shibano, 2004). However, none of the previously cited studies (with the exception of Briggs et al., 2005) reports the effective use of behavior parent training with families comprised of single parents and single foster parents.

Management of Single-Parent–Child Conflicts and Child Noncompliance

Although the application of behavioral methods and applied behavioral analysis in social work practice has been established in the literature, scholars like Pinkston and her contemporaries have been key contributors to articulating the effectiveness of behavioral parent training programs with single parents (Briggs et al., 2005; Pinkston et al., 1982; Shibano, Cox, Rzepnicki, & Pinkston, 1982). For single parents who were involved in a distressed conflictual relationship with a previous partner, there is potential for repeating prior relational patterns (Briggs et al., 2005). Ineffective communication and maladaptive behavior patterns may be a product of how behaviors were modeled and reinforced. Of major concern is when a distressed parent repeats prior ineffective relational patterns that may model, socialize, and sanction undesirable child behaviors. Subsequently, undesirable child behavior communication has the potential to unintentionally trigger and reinforce frequent parent–child conflicts, counterproductive parent–child communication, and poor problem-solving skills. In addition, parents become over reliant on ineffective administering of punishment that further reinforces rather than extinguishes the child's undesirable communication and relational behavior patterns, which is considered reflective of distressed single-parent headed households (Tolson, Garvin, & Reid, 2003).

One primary tenet of the parent training program is that altering the parents behavior will result in improved child

behaviors (Forehand & Kotchik, 1996; Marcus et al., 2001; Webster-Stratton & Herbert, 1993). Thus, the behavior parent training encourages parents to play a significant role in the assessment, intervention, and evaluation of their children's behaviors (Cooper, Wachter, Sasso, Reimers, & Donn, 1990; Danforth, 1998). Skill development to address child noncompliance includes learning how to assess the triggers that result in undesirable behaviors, contingencies, ranges of potential stressors, and challenges that impede positive parent–child interactions is essential (Leung, Tsang, Heung, & Yiu, 2009). When considering services to aid distressed single parents of youth with poor adjustment and compliance-related issues, social work practitioners need to understand these conflictual patterns and how the context of how the distressed single-parent experience may contribute to the issue.

Purpose of the Study

The SPG program, developed by Pinkston and colleagues, employs procedures based on operant and social learning behavior theories of acquisition of parent and child behaviors (Pinkston, 1984; Pinkston et al., 1982). The purpose of this study is to further examine the reinforcement-based (SPG) program with two single birth parents and one single-parent foster family home. Given the diversity of single-parent family situations, it is important that the SPG be evaluated for their potential use universally. It is our contention that the SPG approach has utility in reducing parent–child dyad conflicts for single parents experiencing child management difficulties. This study raises two primary questions:

- Does the use of Pinkston's parent training help single parents obtain desired outcomes for improving their child's behavior?
- Does Pinkston's single-parent group training approach have broad-based utility?

Method

Participants

Family participants were selected for the current study if they met the following criteria: (1) Only one parent resided in the household; (2) there was a behavioral problem concerning at least one child under 12; (3) a problem behavior that occurs either at school or at home; and (4) parents expressed a willingness to implement intervention techniques and record progress data at home. Four female single parents met the study criteria and agreed to participate in the training. The parents' ages ranged from 27 to 42. All of the women worked full time, two were middle class, two were divorced, one was separated, and one was unmarried. Three of the parents had biological children and one had foster children. Three parent–child dyads were included in this case study. All names used in this study are pseudonyms.

The first family included Ms. K, a 27-year-old, unmarried White foster parent of two African American brothers, 12-year-old Greg and 10-year-old Rudy. Both children had

resided in the home for 6.5 years. Ms. K had been attempting to legally adopt the boys for approximately 2 years and was referred to the SPG by the state public welfare office. Ms. K was concerned about Greg's "excessively fearful and passive nature." Specifically, she stated that Greg would not listen to her questions; provided brief monosyllabic, tangential, or inaudible responses to questions; and would rely on his brother to negotiate requests. Ms. K wanted Greg to answer questions less fearfully, volunteer more information, show more self-confidence, and rely less on his younger brother.

The second family included Ms. L, a divorced 35-year-old White single parent and her biological 9-year-old daughter Ruth. The SPG was recommended to the parent by a social worker because Ms. L was having difficulty disciplining and being consistent with Ruth. Ms. L stated that Ruth frequently failed to follow instructions, did not complete tasks, and talked back and argued with her mother. Additionally, Ms. L stated that she was challenged by Ruth's excessive complaining, whining, and attention-seeking behaviors. Ms. L attributed Ruth's problem behaviors to her own inadequacies as a parent, engaging in protracted arguments with Ruth over why a task needed to be done or how it should be done.

The third family situation included Ms. M, a 31-year-old White divorced woman and her 7-year-old daughter Ellen. Ms. M reported that she had virtually no control over Ellen's behavior at home or her performance at school, despite considerable effort. Their interactions were characterized as the most negative of all the three parent-child dyads. Shortly after her divorce, her ex-husband committed suicide with a handgun in the presence of Ms. M and Ellen. Ms. M feared that Ellen had been traumatized and angered by her father's suicide. Ellen has made statements such as, "You made my father die!" Ms. M identified Ellen's inability to complete tasks and follow her instructions as the biggest issue of concern. In addition, arguing, talking back, screaming, whining, and dawdling as well as frequent stealing from her mother, setting fires, and verbal aggression with adults, excessive lying, and a lack of positive peer relationships were behaviors of concern. While Ellen's academic performance was also unsatisfactory, Ms. M wanted to focus on problems occurring in the home before tackling those at school. Ms. M believed her own behavior toward the child was too inconsistent as evidenced by her being lenient in some instances, and at other times too strict. She reported that the primary efforts to control her child's behavior involved yelling and threats. Although never observed by the SPG staff, Ms. M stated that she feared her use of corporal punishment was too severe, indicating that she resorted to spanking more often than she was comfortable.

Setting

Referrals to the SPG came from three primary sources: volunteer social service agencies, the Welfare Department, and public school workers to eligible families. Training sessions were conducted at a community center. Four staff people were involved in this group training project and were experienced

independent observers. Two advance degreed graduate students trained in behavior analysis served as coleaders of the SPG project. One was male and African American and the other female and White. Two other White graduate students were used as independent observers to conduct reliability checks in the parents' home. Parent and child subjects lived in apartments in neighborhoods accessible to the community center. None of the parents had ever received behavioral parent training. Intake interviews, additional or supplementary interviews, parent observations, and reliability observations occurred in the clients' homes. Quality control of every aspect of the project's implementation was monitored through standard checklists.

Pre-Intervention Assessment and Data Collection Procedures

Pre-Group Individual Home Sessions. The first three sessions were held in each family's home. The human subjects' requirements, program characteristics, and procedures were explained to emphasize the educational approach that would be used in the parent training and the need for active parent participation. The time commitments and responsibilities of the parent and experimenters were reviewed and the parent's positive expectancies for behavior change were established. After the consent was signed, target behaviors and chores of the targeted children were identified and parents and therapists developed treatment contracts. The parent and therapists signed the contract specifying weekly behavioral objectives and daily and weekly reinforcement procedures.

Additionally, parents were taught to use the data recording procedures by two behavior therapists and given time to behaviorally rehearse using them during baseline in three pretreatment in home individual sessions. These data recording procedures included training on home-based observation skills and instructions on how to record their own behaviors. During the second and third individual sessions, baseline data were reviewed with parents, and the therapists addressed any problems parents had with data collection.

Reliability. The observational data collected by the parent were monitored at least once during each experimental condition. During the second home session during baseline, the behavior therapists conducted in-home reliability observations with the parent during data collection. Both the parent and one of the behavior therapist as independent observer were responsible for monitoring the frequencies of specific child behaviors and contingent parent attention over ten 5-min intervals (Baer, Wolf, & Risley, 1968; Hersen & Barlow, 1986). Typically, two practice intervals with this data collection procedure preceded the criterion assessment. These data revealed the percentage of agreement for occurrences (number of agreements between parent and observer divided by number of agreements and disagreements between parent and observer). Reliability data were compiled for both child behaviors and parent attention to these

behaviors. Parents trained to a criterion of 80% or better with an independent observer.

SPG Sessions

Training Approach. In training, the therapist taught parents behavioral principles and strategies during 4 weekly, 2-hr group training sessions. The therapist provided assistance with specific parent-child interactions through role-playing, modeling, and didactic instructions. A “mini-lecture” format for the presentation of didactic material was utilized during each group training session. The lectures lasted no longer than 30 min.

The introductory instructional component included training in positive reinforcement, extinction, time-out, response cost, and point (token) systems. The review of intervention goals and behavioral contracts were the next item on the group agenda. The observational data gathered by each participant were reviewed. Therapists examined and summarized observational data prior to the meeting. These data were reviewed during each group session. During the time of data review, particular attention was given to the frequency with which undesirable child behaviors were followed by negative parent attention. It was suggested to the participants that the negative attention functioned as positive reinforcement for the child. Similarly, it was discussed as to how often desirable child behaviors were ignored and, like extinction, it was explained how this behavior on the part of the parent served to weaken positive child behaviors. An alternative explanation for the majority of target problem behaviors was offered. The problems were reframed in a manner that included the parents’ attention as a contributing variable. This particular strategy was typically discounted in descriptions of behavioral parent training methods (Atkeson & Forehand, 1981; Patterson, Reid, Jones, & Conger, 1975). Emphasis was placed on the interaction between parents and children rather than either one as an individual.

The therapist and parents revised treatment plans based on evaluation of the parent data. Attention was paid to soliciting and negotiating parent concerns during discussion, particularly regarding the use of time-out rather than physical punishment. The immediate goals decided upon were specified as behavioral objectives. As outlined, the plan served as both a contract and as a “script” for the parents’ change efforts in the following week.

Feedback During the Mini-Lecture. Feedback concerned the observation of the reliability check by one of the co-therapists with each parent. The goal of the session was to evaluate the parent’s skill and accuracy in procedural application. Emphasis was placed on the parent’s ability to systematically reduce her use of physical punishment, attending to inappropriate behaviors, and the correct ways of using time-out. The goal was to ensure correct application of parenting skills and to promptly correct any errors seen in parent application. The therapist was instructed to (a) verbally reinforce the parent for correct responses or approximations of those responses and (b) provide noncritical feedback about the parent’s performance. As a method of teaching data management techniques, parents were

asked to practice calling an answering service to report their behavioral observations of their own and child behaviors. In addition, they were taught how to administer the reinforcement survey (to identify preferred reinforcers) to their children. The structure of training and feedback was fundamentally the same for all group training sessions, except as noted.

Format for Training Session 1. The first training session began with a brief introduction of the participants and staff, followed by a discussion with the therapists of the parents’ concerns. Parents were asked to share something about their present problem(s) with their child(ren), their current situations, and their goals regarding child problems and parenting skills. The co-therapists concluded the 1-hr introduction by summarizing shared problems and concerns of the participants. Therapists then reviewed both therapist and parent responsibilities. A verbal commitment was solicited from each participant. A final overview of the SPG and its goals was conducted. A 5-min break followed.

After the break, parents were provided with a folder/binder during the first baseline session in which to keep all program materials. Instructional materials on, “Drawing Graphs and Setting Goals” and “Avoiding Punishment,” were given to each parent and the mini-lecture described above, was given.

Training Meeting 2. The first in-home reliability check of intervention data was conducted between the first and second group training sessions. After their completion, parents were praised by the therapists for implementing treatment procedures and regularly calling in their data. Data were reviewed, and parents were asked to describe their experiences and problems in applying the behavioral methods. The therapist presented graphs of the available data for each family to provide feedback and to clarify the process of data analysis, to reinforce parental alterations of their own behaviors, and to suggest a possible direction for future efforts. Therapists concluded the first part of this session by formulating contracts for the coming week with each participant.

After a 5- to 10-min break, Session 2 resumed with a mini-lecture on the use of positive reinforcement as an alternative procedure that is favored over punishment. The behavior therapists followed the didactic component with modeling and role playing of the procedures with parents. This group’s training session concluded with a discussion of reinforcement and how parents can set up a point system to reinforce their child’s behavior.

Training Meeting 3. As in Session 2, the first part of this meeting began a review of the parents’ data reflecting their progress with the use of positive reinforcement with their children. The review concluded with the revision or continuation of the point systems and contracts. The mini-lecture for Session 3 addressed (a) reinforcement of verbal behavior, (b) reinforcement of chores and tasks, (c) a review of time-out, and (d) behavioral contracting with their children. The training session was followed by a didactic review of home token or point systems.

As in other sessions, parents were reinforced for their participation in both role-play and group interactions. This training session concluded with an acknowledgment of the impending termination of the group and parents were encouraged to give the behavioral intervention programs their best efforts in the final week of training.

Training Meeting 4—Termination. Following administration of the self-report scales, the therapist reviewed weekly data concerning parent–child interactions. The parents shared their appreciation for support they received from one another and for their dedication to being single parents. The behavior therapists announced their willingness to remain involved with each of the parents either informally, or if data were collected, formally through home visits. The therapists described the follow-up procedures to the parents in detail. The parents were informed that they would be asked to participate in an interview concerning the program, and, in approximately 6 months, they would be asked to collect another week’s worth of parent–child interaction data. This meeting concluded with an unstructured time period used by the parent participants as time for getting further acquainted, sharing personal stories and making future social plans, and other informal discussion and dialogue lasting for about 1 hr.

Research Designs

A–B single-system research designs were used to assess the effects of the parent training on parent behaviors and child target behaviors across the three families. Each single-parent–child dyad had different start and ending dates and varying lengths of time for data collection, baseline, intervention, and follow-up conditions. The program design included a follow-up phase approximately 6 months after training to evaluate maintenance of treatment effects. Observational data were collected for 4–5 days on checklist and tally sheets. Data were compared on key contracted target variables across each single-parent–child dyad in evaluation, baseline, treatment, and follow-up phases. Time-series data were analyzed by visual inspection of mean scores, mean percentages, and graphed trends of data across conditions.

Application of Single-Parent Training Program to Case Vignettes

In all of the case vignettes presented below, parent behaviors served as antecedents or consequences of child behavior. Parent behaviors were classified as either positive attention or negative attention. Positive attention is defined as the parent providing clear instructions, expectations, and limits; observing and monitoring child play and social activities; attending to age appropriate requests in a supportive and nonthreatening manner, and reinforcing child behavior through verbal or social expressions, and sometimes through hugs and other physical gestures of praise (Smagner & Sullivan, 2005). Negative parent attention is defined as verbal attacks, punitive physical gestures, ignoring compliant behaviors, and frequent complaining.

Case Vignette 1: Ms. K and Greg

Behavioral definitions for Ms. K and Greg: In the case of Ms. K, she sought parent training with hopes of improving particular social behaviors of Greg, which she felt required change. The group helped Ms. K to identify the target and alternative behaviors she would like to see in Greg:

Negative attending: Greg emits a verbal response to questions with only one-word responses, in a soft or inaudible voice, or without eye contact. Ms. K targets this particular behavior as a problem.

Positive attending: As alternative behaviors, Ms. K would like to observe Greg answering questions with phrases of more than one word, facing the parent when spoken to, and making verbal responses related to previous comments or subject matter. Responses were to be given with a clear, audible voice.

Assertiveness: Greg asks questions, argues, or disagrees directly (face-to-face) with the parent. Also included were asking directly for things he wanted or for desired activities, and defending himself verbally or physically with brother or peers.

Nonassertiveness: Greg emits fearful or phobic responses to situations or interactions that are objectively not threatening to others (i.e., parent and observers) and gives timid and guarded verbal responses, shy expressions, and withdrawn responses intended to avoid potentially negative outcomes.

Household responsibilities: The parent identified only one household chore for the purpose of the intervention. Greg was responsible for the afterdinner dishes, which the parent felt he did well but took far too long to complete. Thus, dish washing time was to be reduced from a high of 55 min.

Ms. K’s Change Process

The behavior change procedures used by Ms. K with Greg included prompting and praising, differential attention, point systems, and contingency contracting.

Prompt and praise approach to positive and negative attending: Ms. K recorded 6 days of baseline data before the first group meeting. Based on these data, treatment techniques were prescribed to the parents by the behavior therapists. During the training phase, Ms. K learned positive reinforcement procedures such as reinforcing smiles and positive attention or providing physical attention contingent on Greg emitting positive attending behaviors. Greg’s positive attending behaviors were to be reinforced by Ms. K’s positive attention, and his negative attending behaviors were to be followed by Ms. K’s immediate use of a prompt and praise procedure. For example, Ms. K contracted to reinforce each occurrence of Greg’s positive attending (e.g., seeking permission to play with an action figure by granting permission and with praise), and negative attending, such as responding with one word

responses to Ms. K when requesting permission was treated with a prompt and praise procedure, by raising the parent's index finger after each occurrence. When Greg would start to look away Ms. K would instruct Greg to look at her as she lifted her finger. When he gave her eye contact, she would smile and comment how nice it was to see him listening. Ms. K's use of raising her index finger served as a discriminative stimulus to emit the desired response, Greg's positive attending, which was reinforced by her use of positive attention. This procedure was selected to increase the likelihood of socially interactive responses by Greg as well as to shape an alternative to Ms. K's use of punishment by establishing a functional relationship through pairing a prompt as discriminative stimulus (Ms. K raising index her figure) to a desired response (Greg's positive attending).

Differential attention and prompt and praise approach to nonassertive behaviors: Greg's nonassertive behaviors, such as fearful or phobic reactions, were treated with two different procedures in the home. First, from day 7 to day 15, a differential reinforcement of other behavior (DRO) was implemented. At 10-min intervals during the daily session, Greg was praised for any other behaviors selected by the parent except for nonassertive behavior. Second, from day 16 to day 27, a prompt and praise procedure was added and the time interval for the DRO procedure was increased from 10- to 30-min intervals. In this second procedure, Ms. K raised her hand, open-palmed, as in the "stop" signal as a consequence for each occurrence of Greg's nonassertive behavior. Appropriate responding by Greg was then reinforced with praise by Ms. K. The absence of nonassertive behavior in a 30-min interval meant that Greg was reinforced for other behaviors with praise by Ms. K. To avoid the use of punishment, negative attending was not used in lieu of the prompt and praise procedure. Alternatively, assertive behaviors were treated with positive attention. For example, Greg's assertive behaviors such as asking questions, arguing, or disagreeing directly (face-to-face) with the parent, asking for things he wanted or for desired activities, and defending himself with peers were contracted to be met by positive attention from Ms. K.

Contingency contract and positive attention approach to household chores: Positive parent attention was also used to decrease the time spent by Greg washing after-dinner dishes. At day 16, a written contingency contract was implemented to strengthen program effects. If the dishes were washed within 30 min in 5 of the 7 days, Greg earned posters of favored rock groups.

Results for Ms. K and Greg

Positive and Negative Attending

Figure 1 represents Greg's positive and negative attending behaviors and Ms. K's attention.

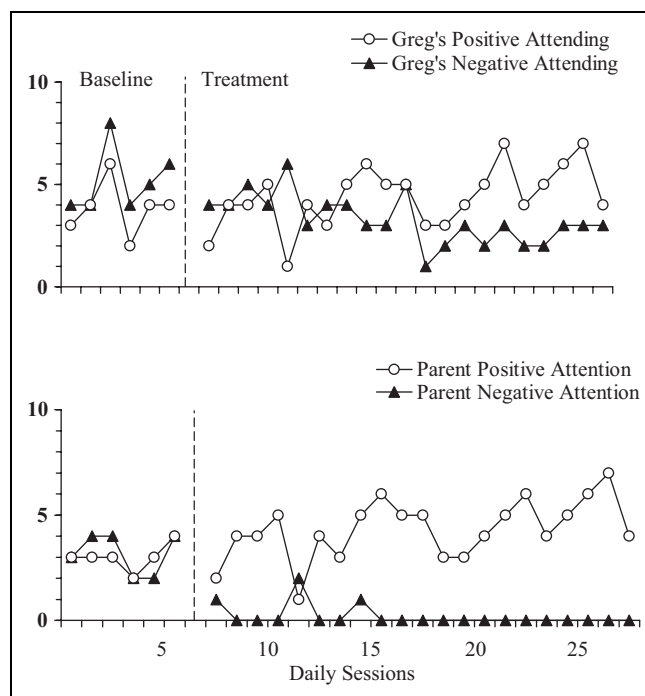


Figure 1. Greg's positive and negative attending and Ms. K's positive and negative attention.

Baseline. The baseline data reveal Greg's negative attending occurred an average of 5 times during each of the daily 2-hr sessions. Negative attending was often followed by negative parent attention primarily in the form of repeated requests to alter the behavior. Negative parent attention may have helped to maintain the undesirable behavior. The mean of 3.83 positive attends was observed in baseline. Seventy-eight percent of the desirable behaviors were followed by positive parent attention.

Treatment—Praise and Prompt and Praise. Group training conditions show changes in Ms. K's use of attention toward positive and negative attending and an increasing trend in those child behaviors from baseline.

Figure 2 includes positive attending as Greg's percentage of total attending behaviors across conditions. Ms. K's positive reinforcement increased during the treatment phase and her negative parent attention dramatically decreased.

Assertiveness and Nonassertiveness

The results for Greg's assertiveness, nonassertiveness, and Ms. K's attention are presented in Figure 3.

Baseline. The baseline data presented in Figure 3 show a greater proportion of nonassertive than assertive behaviors. Nonassertive behavior in baseline occurred at a mean frequency of 3.83 times per daily session. Parent negative attention comprised of repeated requests and commands were consequences that followed Greg's nonassertive behaviors in baseline. In this context, repeated requests and commands are the same as

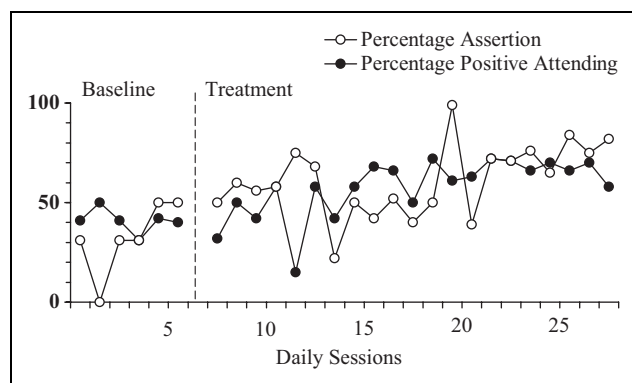


Figure 2. Greg's percentage of assertion and positive attending.

nagging, negative, or punitive communication. Mean parental negative attention of 2.0 was noted.

Treatment—Praise and Prompt and Praise. Ms. K increased her use of positive attention to Greg's assertive behaviors from 77% during baseline to 97% of all opportunities over the 21-day treatment condition.

Household Chores

The results of Greg's household chore program, specifically the duration of Greg's dishwashing chore, are presented in Figure 4.

The duration of dishwashing time decreased by the parent's use of contingent praise, and praise combined with a contingency contract. Compared with baseline, Greg's overall treatment time was reduced from 55 to 40.5 min.

Case Vignette 2: Ms. L and Ruth

Behavioral Definitions for Ms. L and Ruth. In the case of Ms. L, noncompliance refers to a repertoire of oppositional behaviors she selected as the target behavior of intervention for the parent-child dyad. Behaviors such as whining and talking back were viewed as problematic but were perceived as secondary behaviors to behaviors to thwart parental control such as failing to follow through on a parental request. In a questionnaire, Ms. L wrote that the behavior she would most like to see increased was "listening to me . . . the first time." The child's school performance, although less than satisfactory, was not part of the intervention. Ruth's target behaviors at home were specified as follows:

Compliance: Ruth follows mother's request or commands after not more than one request or command.

Noncompliance: Ruth fails to follow mother's request or command after not more than one request or command. Noncompliance involves backtalk, sulking, or whining.

Household chores: Ruth's household responsibilities included eight behaviors, which were identified by the parent. The following chores were specified as daily responsibilities: (a) doing homework, (b) watering plants,

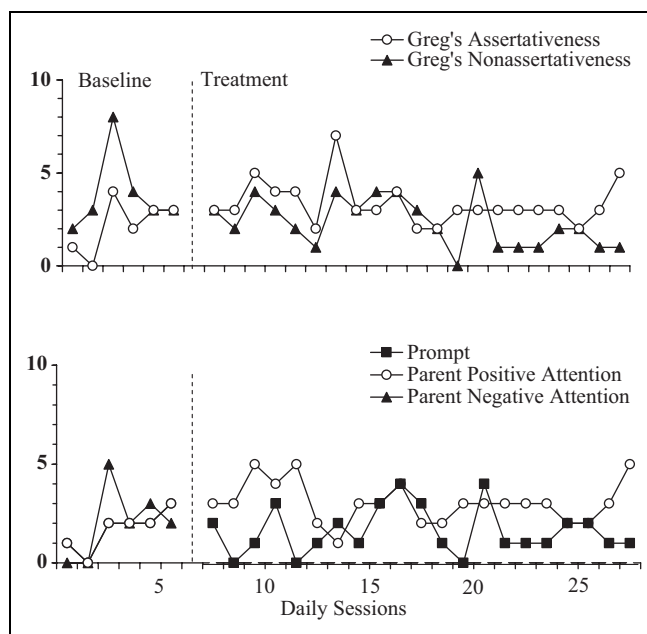


Figure 3. Greg's assertiveness/nonassertiveness and Ms. K's attention.

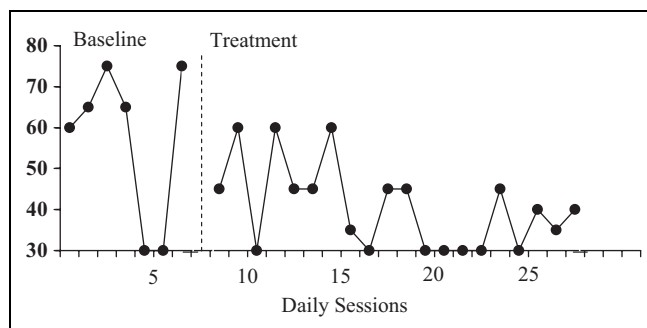


Figure 4. Greg's chore duration in minutes.

- (c) making the bed, (d) bathing, (e) hanging up clothes, (f) picking up the floor of bedroom, (g) putting out clothes to wear the next morning, and (h) combing hair.

Ms. L's Change Process

Compliance/noncompliance and household chores: In the first group meeting, specific change procedures were recommended to Ms. L based on her 13-day baseline observations. Praise or other forms of positive attention were to be given to the child whenever instructions were followed, and noncompliance was to be followed by a 3-min time-out. Differential attention was recommended as a general strategy by the behavior therapists. Additionally, the child received a 15-cent reward for completing a daily combination of six compliances and five chores. If the reward was earned for 5 days of the week, the child would earn a weekly "privilege" of being allowed to cook a meal. The child had previously identified this as

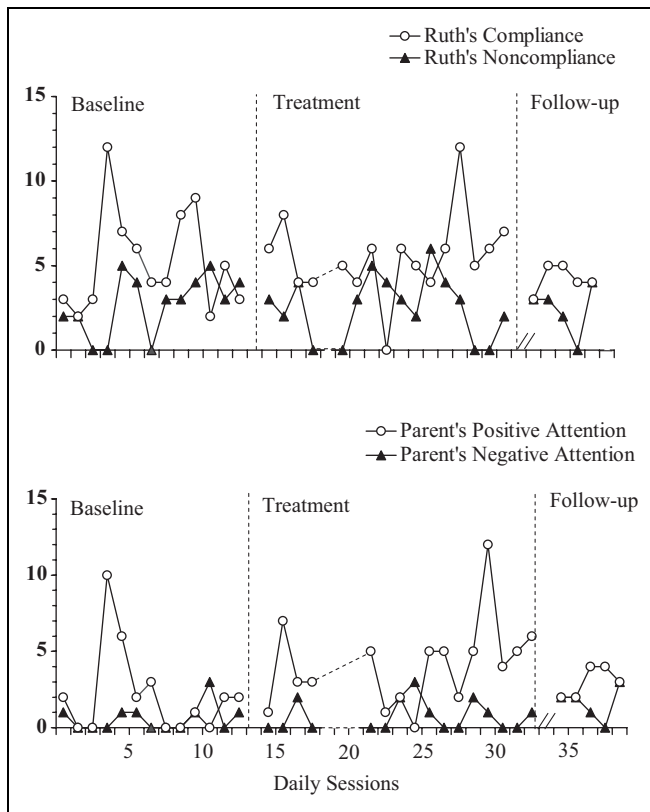


Figure 5. Ruth's compliance/noncompliance and Ms. L's attention.

a potentially reinforcing activity. On day 19 of the intervention, the criterion for the number of compliances needed to obtain the 15-cent reinforcer was lowered to three. This change was made to maximize the possibility of the child earning the rewards. Just prior to day 26, the criterion was again altered to five compliances plus five chores to earn the daily reward, and this criterion was maintained throughout the intervention.

Results for Ms. L and Ruth

A total of 36 days of parent-child interaction and chore data were recorded by Ms. L. The last 5 days were follow-up sessions conducted 6 months after the termination of the SPG.

Compliance/Noncompliance. Ruth's compliance and noncompliance data and Ms. L's parent attention are presented in Figure 5.

Baseline. The baseline data over 13 days indicate that the day-to-day frequency of occurrences of child target behaviors was variable. Daily frequencies of Ruth's compliance ranged from 1 to 12. Her noncompliance ranged from 0 to 5 occurrences during the intervention. The mean frequency of compliance was 4.62 occurrences. Noncompliance was observed to occur 2.08 times on average. Positive parent attention also varied excessively. Averaging 2.15 occurrences per session in baseline, positive parent attention was applied to 47% of all

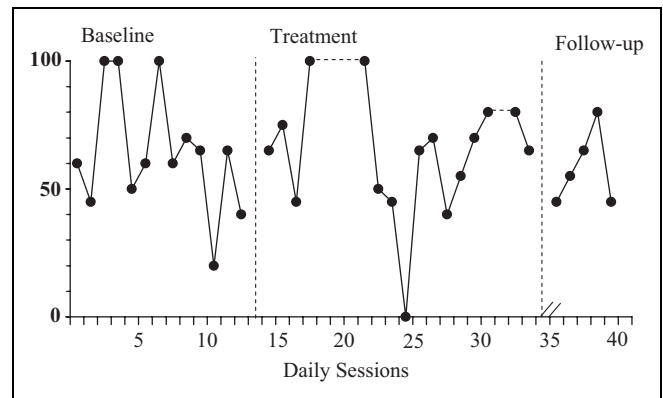


Figure 6. Ruth's percentage of compliance.

opportunities. Negative parent attention averaged 0.80 and followed 30% of all instances of noncompliance.

Treatment—Positive Attention, Time-out, and Points. During the group training, gains were made by Ms. L in using contingent positive attention. Her overall treatment percentage of positive attention to compliance increased from 47% during baseline to 84% during treatment. The frequency of compliance reported in baseline and total treatment condition only demonstrated a slight change. No clinically significant reduction in the parent's use of negative attention was achieved by the group training procedures. The data collected for time-out indicated that the parent applied time-out after only 4 of the 30 occurrences of noncompliance. The frequency of noncompliance was essentially unaffected. The point system, despite alterations in the criterion appeared to contribute little to changes in the frequency of compliance or noncompliance. Daily rewards were earned for only 5 of the 18 days. It may be that the rewards were not reinforcing or desirable enough to Ruth.

Follow-Up. Five days of follow-up data were collected 6 months after the termination of the training group intervention. When compared to the baseline condition, the only data that show encouraging results is parent application of contingent positive attention. Ms. L's mean frequency of positive attention in the follow-up condition was 3.00, representing 88% of all opportunities for reinforcement of compliance. The mean frequency of compliance declined below the baseline level of 4.62 to 3.40. Most notable was Ms. L's increase in the use of negative attention. As Figure 5 illustrates, 100% of all noncompliance behaviors were followed by negative attention at baseline. Child noncompliance itself remained below baseline levels during follow-up and total treatment condition at 1.60 mean frequency of occurrences. In follow-up, the parent continued not to apply the time-out procedure when noncompliance occurred.

The overall effects of the group training intervention on desirable child behaviors are illustrated in Figure 6, the percentage of compliance over time. No clear effects are evident in the percentage of compliance from baseline, during treatment, or at follow-up.

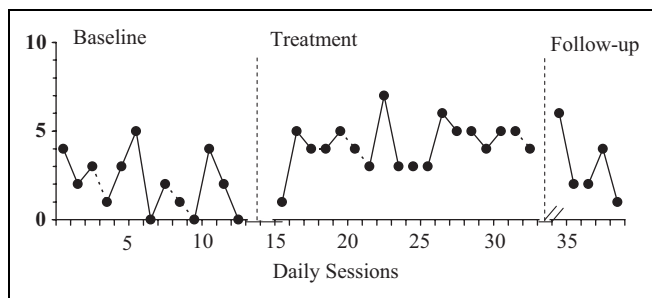


Figure 7. Ruth's household chores.

Household Chores

The results of Ruth's household chores program are presented in Figure 7.

Modest improvements in Ruth's frequency of daily chore completion during treatment were concurrent with increased use of parent attention and the application of the points program. The mean frequency during training was 4.17, about twice the frequency observed during baseline (2.08). This still represents completion of only half of the chores specified by Ms. L. During follow-up, the mean frequency of chore completion per day declined to 3.00.

Case Vignette 3: Ms. M and Ellen

Behavioral definitions for Ms. M and Ellen: In the case of Ms. M, the SPG intake worker defined oppositional behavior, interchangeably as noncompliance, and ranked it as the fundamental behavior problem of the child. Target behaviors were defined as follows.

Compliance: Ellen follows her mother's requests or commands after the first request or command.

Noncompliance: Ellen fails to follow her mother's requests or commands after the first request or command. Non-compliance may be accompanied by verbal refusal, questioning of mother's meaning, or ignoring the mother.

Household chores. Household chores included the following six behaviors that were defined by the parent and child: (a) straightening the bed, (b) picking up toys in the child's room, (c) carrying out the garbage, (d) bathing, (e) combing hair, and (f) putting clothes in drawer or on hanger.

Ms. M's Change Process

Oppositional Behavior and Household Chores. Prior to the first group training meeting, 15 days of baseline data were recorded by Ms. M on the child's target behaviors and on her own use of attention toward the child. Each observation point reflects a 3-hr observation period, and the frequencies were accordingly higher because of this lengthy time period compared to the 2-hr observation period used with the other parent-child dyads. The longer time sample, however, does not entirely account for high frequency of parent attention observed. At the first meeting of the SPG, based on group leader recommendations, Ms. M agreed to apply positive attention to all occurrences

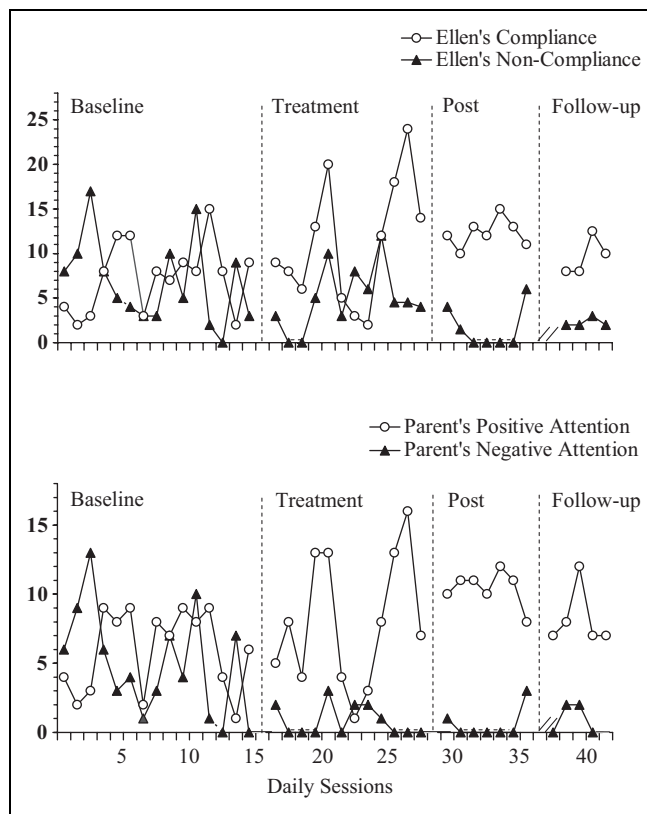


Figure 8. Ellen's compliance/noncompliance and Ms. M's attention.

of Ellen's compliance to her instructions. Each instance of non-compliance was to be followed by the application of a 3-min time-out procedure. Differential attention was recommended as alternative to time-out. When time-out was not implemented, the parent was instructed not to respond to the child with negative attention. When the child met a criterion of demonstrating 10 daily compliance behaviors in addition to 6 completed chores, they earned a reward of \$.25 per day. This criterion was changed at day 18 of the intervention to one based on the percentage of compliance to requests. When the child demonstrated 75% compliance to requests, plus completion of six chores, a daily reward was earned.

Results for Ms. M and Ellen

Ms. M recorded parent-child interaction data throughout baseline, treatment, and follow-up for a total of 38 days and recorded household chore data for 44 days.

Compliance and Noncompliance. The results of the treatment to increase Ellen's compliance, decrease her noncompliance, and Ms. M's use of attention are presented in Figure 8.

Baseline. Fifteen days of baseline data revealed extremely variable frequencies of both compliance and noncompliance. Despite a longer recording period selected by the parent, both target behaviors appeared to generally occur at a higher

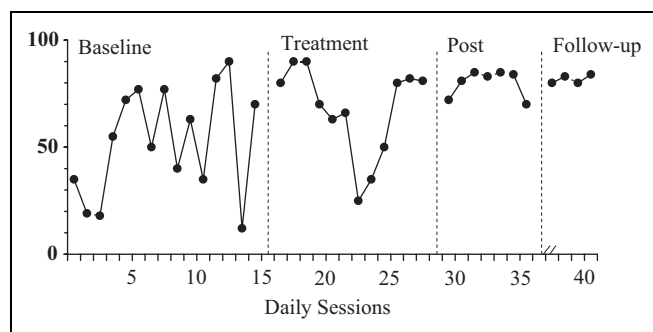


Figure 9. Ellen's percentage of compliance.

frequency than those observed in the other families treated. Daily frequencies of compliance ranged from 1 to 15 with a mean of 7.67. Daily occurrences of noncompliance ranged from 0 to 17 with a mean of 6.80. Overall compliance was 53%. Positive parent attention following child compliance was also observed at a high frequency providing an encouraging sign that the parent would be able to continue this practice during treatment. Positive attention averaged 6.00 daily occurrences and followed 78% of all occurrences of compliance. Negative parent attention was observed to follow noncompliance an average of 5.36 occurrences per session. Thus, 74% of all occurrences of noncompliance were followed by negative attention. The percentage of total compliance across the baseline and training conditions is presented in Figure 9.

Treatment—Differential Attention, Time-out, and Rewards. Overall, Ms. M modestly improved her frequency of positive attention following compliance during the group training condition. A mean frequency of 8.17 occurrences of positive attention was observed across all treatment sessions. The last 4 days of this condition were marked by a high frequency of desirable child behaviors; subsequently, Ms. M increased her mean frequency of positive reinforcement to 11.00. It appears that a “ceiling effect” may have existed for parent application of positive attention to compliance, suggesting that Ms. M may have reached the upper limit of her ability to provide positive attention to Ellen's compliance. Positive attention was lower in the last 4 days of treatment (64%) when mean frequencies of compliance were highest. Child compliance to requests rose during treatment to an average of 11.25 daily occurrences. In the last 4 days, a mean frequency of 17.25 occurrences was observed.

An important aspect of the treatment was that negative parent attention was greatly reduced. In baseline, negative attention occurred at a mean of 74% of the time, compared to only 14% for the total group training condition. Time-out procedures were implemented at an average of 2.30 times per daily session with a range of 0–6. Parent repeated requests following noncompliance dropped to a mean of 1.92 as compared to 7.60 in baseline. Nevertheless, only a modest improvement in the frequency of noncompliance overall is noted for the group training condition and mean noncompliance was 4.67 as compared to a mean of 6.80 during baseline.

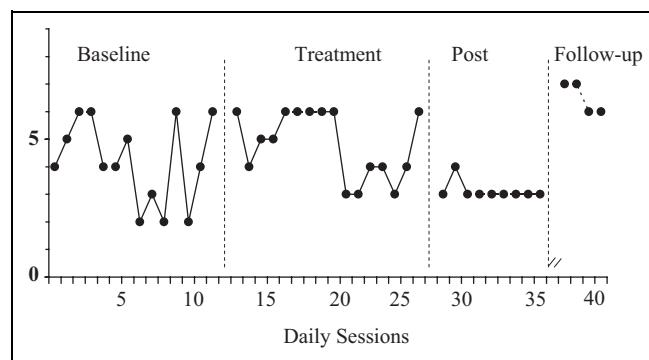


Figure 10. Ellen's household chores.

Post-Group. Ms. M requested to continue the training program for an additional 7 days following the termination of SPG. The same child management procedures remained in effect. The data for the post-group condition indicated continuing improvement and stabilization in parent and child target variables. Ms. M's goal of attaining control over her own behavior and that of her child's behavior was achieved, given that Ellen largely showed decreased noncompliance behaviors (as illustrated in Figure 8). Of particular interest were continuing increases in parent positive attention ($M = 82\%$) and child compliance to parental request ($M = 85\%$).

Follow-Up. A 6-month follow-up probe was conducted. Four days of data on parent–child interaction were obtained. The data indicated that intervention effects were maintained 6-months postintervention with this particular parent–child dyad. Mean compliance at this time was 89% (see Figure 9). Similarly, parent positive attention was observed at a mean frequency of 89%. Parent negative attention was maintained at low frequencies with a mean observed frequency of 0.50. Noncompliance occurred at a low, acceptable mean level of 1.25 occurrences per session.

Household Chores. The results of Ellen's household chores program are presented in Figure 10.

A goal of six chores per day was established at the first meeting of SPG. The frequency of chores completed during baseline resembled the frequency reported during treatment. There was an overall drop in Ellen's chore completion during posttreatment from the treatment phase.

During follow-up, the original goal specified at the outset of training was achieved.

Discussion and Applications to Practice

With exception of Leve and Chamberlain (2006), few studies have reported on the nurturing and consistent child management processes that are necessary to establish better interpersonal relationships between foster parent and child. In the first case vignette, the data suggest that the SPG package was useful in addressing the target behaviors and concerns of Ms. K to her

satisfaction. Ms. K utilized praise and contingency contracts to decrease Greg's dishwashing time. By the last 4 days of treatment, Greg was completing the task 20 min faster than observed in baseline. Greg's social skills were improved by Ms. K's application of prompt and praise and differential attention. The improvements observed in Greg's target behaviors (i.e., more positive attending and less negative attending) demonstrated support for the efficacy of the group training model. However, additional study in this area will enhance our understanding of the broad range of applications of group training for single birth parents and foster parents in effective child management techniques. Since there were no follow-up data available in the case study involving the single foster parent, perhaps future efforts in training foster parents may include follow-up probes to ensure maintenance of treatment gains over time.

Since the child participating in the study and his brother were removed after being in a stable placement for 6 years to live with an aunt, the long-term effects of the parent training intervention on Greg's behaviors will remain unknown. Perhaps, other studies involving foster parents as behavior change agents may include an extended treatment phase for transferring interventions and interaction effects to the permanent home in which the child will ultimately reside. In this study, no arrangements were made for extending Ms. K's training to Greg's relatives or other permanent caregivers. The placement disruption after 6 years suggests that while the intervention was helpful and potentially useful for long-term effects on parent and child interaction, it was enough to maintain Ms. K's home as the primary child provider and placement for Greg and his brother.

In the second family situation, Ruth's combined compliance and chore behaviors were to be modified by behavioral contracts and a reward program. The criteria to obtain a reward were altered in an effort to strengthen the program's effects and increase the probability of rewards being earned. Improvements were noted in chore completion and compliance. Because the daily rewards were earned on only 5 of the 18 days during group training, it is difficult to estimate what proportion of those effects was attributable to the points program. In addition, noncompliance decreased during training despite the increasing frequency of Ms. L's use of negative attention.

Time-out was recommended to Ms. L to address noncompliance. She agreed to apply a 3-min time-out to each occurrence of Ruth's noncompliance. The data for group training revealed that only 4 time-outs were implemented despite 30 instances of noncompliance.

During the follow-up probe, Ms. L who had not been able to master differential attention during group training continued to apply positive attention to Ruth's compliance at a high percentage comparable to that observed in training (84%).

The lack of decrease in Ms. L's use of negative attention resulted in the child's frequency of noncompliance behaviors mimicking the frequency of negative parent attention. This resulted in a decrease in opportunities for Ruth to receive parental reinforcement. Her noncompliance returned to baseline

levels. However, chore completion remained above the frequency of occurrence reported during baseline.

Overall, group behavioral parent training appeared to be ineffective in improving parent-child interaction and effective child management involving Ms. L and her daughter Ruth. Both Ms. L and Ruth demonstrated more of a coercive pattern of interaction, which may have required another form of intervention to assist them in addressing their negative discourse (Patterson, 1982; Pinkston et al., 1982). Perhaps in this family, Ruth became the focal point of Ms. L's negative attention when the father left the residence. It is quite possible that Ruth imitated Ms. L's quarrelsome behaviors which resulted in Ruth acting out at the dissatisfaction that Ms. L expressed to Ruth, through her frequent use of negative attention. If we were to extend the research on coping with parental negativity undertaken by Herman and McHale (1993) to include research on parent-child interactions in single-parent families, we could only assume that the daughter's coping styles (which may involve either talking to parents, talking to someone else, forgetting the issue, or problem solving the issue) are important factors that were not studied but which may have had some influence as Ruth adopted better compliance and increased follow-through on request skills.

Her mother's negative behavior may have been perceived as typical and not problematic to the child. Moreover, it is quite possible that Ms. L's motivation for changing the interaction between Ruth and herself did not focus on the need to avoid or discontinue negative communication. One reason for the continued negative communication by parent was due to feedback from the self-report data collected during each phase of the study, which highlighted the inability of the program to enhance Ms. L's self-esteem and attitude toward her child. During the initial assessment, Ms. L was troubled by Ruth's behavior but took responsibility for the child's behavior. The problem behaviors at that time, she believed, were a function of her own inadequacies as a parent. For example, she would engage in protracted arguments with the child over why a task needed to be done or how it should be done. The social worker, who referred Ms. L and Ruth to the SPG, felt that Ms. L did not allow Ruth enough opportunities for independence. She paid teenagers to walk Ruth three blocks from home to school rather than give her 9-year-old daughter permission to walk with peers or alone.

Based on observations from group leaders, the change in Ms. M's relationship to her daughter Ellen was a result of Ms. M's appropriate use of differential attention. Ms. M's mean frequency of positive attention to compliance was high during baseline (78%) and was maintained at comparable frequencies throughout training. Her frequency of negative attention, however, followed 74% of all occurrences of noncompliance. For example, in one particular baseline session, she reported 15 instances of negative attention. As a result of training, Ms. M reduced her negative attention to a mean frequency of 14% for the total treatment phase. Without success, Ms. M utilized a point system and behavioral contract with the goal of increasing Ellen's frequency of compliance and chore completion. No

effects of the program were observed on chore completion and the results on noncompliance are confounded by the use of other procedures.

Two factors may have contributed to the lack of significant improvement in frequency of chore completion. First, chore completion was already established at a high frequency during baseline, which left few opportunities for changes in the frequency during the parent training condition. Second, the change procedure recommended by the behavior therapist did not take into account the parent's financial limitations. Rewards were seldom received by Ellen as they were provided for criterion performance on chore completion and compliance combined. In some instances where the child did meet criterion, the parent reported not having the \$.25 reward due to financial limitations. During the group training condition, rewards for chores alone might have increased Ellen's frequency of completion. During follow-up, it was observed that the mean percentage of positive attention exhibited by Ms. M to Ellen's compliance was 89%, the highest frequency achieved during any condition. This is noteworthy, given the fact that Ellen was the most challenging of all the child subjects, as perceived by her mother, yet made dramatic improvements as a result of Ms. M's acquired skill competency in procedural application. The frequency of parent negative attention was reduced significantly. Her mean percentage of negative attention was observed to be 40% of all opportunities during the follow-up condition. No time-out procedures were implemented during the follow-up condition. Ellen's frequency of compliance increased slightly over the posttreatment phase score to a mean of 88%. Her noncompliance was further reduced to a daily mean of 1.25 during the follow-up condition. Ellen's frequency of chore completion at a mean of 6.50, the desired goal specified during baseline by Ms. M, was achieved during the follow-up condition.

This intervention study of single parent and child dyads shows that behavioral parent training can be useful in changing parent and child negative behaviors, with marked success in two of the three cases. Success of future studies using behavioral group parent training could lead to more successful outcomes for children. Additional studies in this area are needed to examine the long-term effects of this intervention on family dynamics as the child grows into adolescence. The generalizability of the program described in this research to other single-parent families is limited due to the size and nonrandom characteristics of the sample, the differing effects achieved, and the lack of use of robust experimental designs such as the strategic use of multiple baseline designs across single-parent families. The results obtained from the research designs used will not be able to inform us as to whether or not the interventions tested will produce similar results in other single-parent families (Reid & Smith, 1981). Only through future research that employs more robust experimental research designs will such an external validity question be able to be answered. Systematic replication is needed to extend the generalizability of the group training model with single-parent families. Given the primary use of the A-B design, results obtained can be

attributed to maturation and other effects that occurred during the treatment phases.

In two of the three single case studies, parent-child interaction improved following the application of the group training intervention. Each of the single parents with the exception of Ms. L was able to competently apply differential attention. Where the differential attention intervention was ineffective, perhaps a more individualized approach was needed to address the issues and dynamics of Ms. L's life situation. The SPG program was beneficial when parent and child contingencies were implemented as specified in the behavioral contract. In addition, in two families, the positive results were observed following the application of point systems and contingency contracts. Greg's dishwashing time was reduced by utilizing both of these procedures. Ruth's chore completion and compliance behaviors improved following the application of a modified contract and reward program. Moreover, Ms. L engaged in negative attention throughout the study regardless of the attempts made by the child to engage in compliant behaviors. Perhaps, a more robust point system would have been a useful alternative to negative attention and would have helped achieve greater improvement in Ruth's chore completion and compliance. In Ms. L's situation, the provision of frequent examples of negative attention to Ruth may have given Ruth a mechanism for communicating both her requests for parent attention and ways to register disagreeable and noncompliant behaviors. In the other successful cases, child behaviors were a function of parents managing their own behavior as well as their continued use of the effective parenting and child behavior management taught to them in the SPG. In this study, behavioral improvements in single parent and child dyads provide support for the therapeutic utility of the group parent training intervention.

In future applications of this approach, it is recommended that family conferences with therapists be included to allow for more probing regarding the reasons for continuing negative attention. Perhaps, longer treatment periods are needed that provide parents a few key resources. These particular parents could benefit from reinforcement for seeking and obtaining individualized assistance, and for understanding and correcting the ineffectual and undesirable consequences of negative attention, and from parent training assistance with learning alternatives to this form of punishment. Enhanced results might be possible through the addition of booster sessions following group training exercises. Future research might do well to consider the use of a more thorough, intergenerational, functional assessment of (a) how single parents learned to use negative attention; (b) their parents' use of negative attention with them when they were children; (c) how they as young children responded to this parenting technique; and (d) what they learned from the experience. Additionally, it may be useful if future research apply a brief therapy component to single-parenting programs, though it remains an empirical issue as to whether it can improve results.

Further, single-parent families will require additional support if they are not able to successfully apply single-parent training approaches and continue to use ineffective parent

attention. In addition, single-parent homes needing more resources for the parent because of their clinical or situational needs may benefit from both case management and ongoing family support services (Stern, Alaggia, Watson, & Morton, 2008). Future studies of the application and systematic replication of this training program in combination with other approaches will inform practice. They will help determine the mixture of programs and services needed to address unique aspects of the single-family context or other family influences that may help parents acquire effective parenting and child management skills.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

References

- Atkeson, B. M., & Forehand, R. (1981). Behavioral assessment of conduct disordered children. In E. J. Mash & L. G. Terdal (Eds.), *Behavioral assessment of childhood disorders* (pp. 185–220). New York, NY: Guilford Press.
- Azar, S. T., & Siegel, B. R. (July 1990). Behavioral treatment of child abuse: A developmental perspective. *Behavioral Modification, 14*, 279–300.
- Azar, S. T., & Wolfe, D. A. (1996). Child abuse and neglect. In E. J. Mash & R. A. Barkley (Eds.), *Treatment of childhood disorders* (2nd ed., pp. 451–481). New York, NY: Guilford Press.
- Baer, D. M., Wolf, M. M., & Risley, T. R. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 1*, 91–97.
- Barth, R. P., Landsverk, J., Chamberlain, P., Reid, J. B., Rolls, J. A., & Hurlburt, M. S., . . . Kohl P. L. (2005). Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice, 15*, 353–371.
- Boerrero, J. C. (2008). Behavioral parent training in child welfare: Evaluations of skills acquisition. *Research on Social Work, 18*, 377–391.
- Briggs, H. E. (1994). Promoting adoptions by foster parents through an inner city organization. *Research on Social Work Practice, 4*, 497–509.
- Briggs, H. E., Leary, J. D., Briggs, A. C., Cox, W. H., & Shibano, M. (2005). Group treatment of separated-parent and child interaction. *Research on Social Work Practice, 15*, 452–461.
- Cooper, L. J., Wacker, D. P., Sasso, G. M., Reimers, T. M., & Donn, L. K. (1990). Using parents as therapists to evaluate appropriate behavior of their children: Application to a tertiary diagnostic clinic. *Journal of Applied Behavior Analysis, 23*, 285–296.
- Danforth, J. S. (1998). The outcome of parent training using the behavior management flow chart with mothers and their children with oppositional defiant disorder and attention-deficit hyperactivity disorder. *Behavior Modification, 22*, 443–473.
- Forehand, R., & Kotchik, B. A. (1996). Cultural diversity: A wake-up call for parent training. *Behavior Therapy, 27*, 187–206.
- Graziano, A. M., & Diamant, D. M. (1992). Parent behavioral training: An examination of the paradigm. *Behavior Modification, 16*, 3–38.
- Herman, M. A., & McHale, S. M. (1993). Coping with parental negativity: Links with parental warmth and child adjustment. *Journal of Applied Developmental Psychology, 14*, 121–136.
- Hersen, M., & Barlow, D. H. (1986). *Single case experimental designs*. New York, NY: Pergamon Press.
- Leung, C., Tsang, S., Heung, K., & Yiu, I. (2008). Effectiveness of parent child interaction therapy (PCIT) among Chinese families. *Research on Social Work Practice, 19*, 304–313.
- Leve, L. D., & Chamberlain, P. (2006). A randomized evaluation of multidimensional treatment foster care: Effects on school attendance and homework completion in juvenile justice girls. *Research on Social Work Practice, 16*, 1–7.
- Lutzker, J. R. (1990). Behavioral treatment of child neglect. *Behavior Modification, 14*, 201–315.
- Marcus, B. A., Swanson, V., & Vollmer, T. R. (2001). Effects of parent training on parent and child behavior using procedures based on functional analyses. *Behavioral Interventions, 16*, 87–104.
- McMahon, R. J., & Wells, K. C. (1998). Conduct problems. In E. J. Mash, & R. A. Barkley (Eds.), *Treatment of childhood disorders* (pp. 111–207). New York, NY: Guilford Press.
- McNeil, C. B., Eyberg, S. M., Eisenstadt, T., Newcomb, K., & Funderburk, B. (1991). Parent-child interaction therapy with behavior problem children: Generalization of treatment effects to the school setting. *Journal of Clinical Child Psychology, 20*, 140–151.
- Noguchi, K. (2004). Parent training: Is it effective for preventing child abuse in Japan? *Japanese Journal of Behavior Therapy, 29*, 107–118.
- O'Dell, S. (1985). Progress in parent training. *Progress in Behavior Modification, 19*, 57–108.
- Patterson, G. R. (1982). *Coercive family process*. Eugene, OR: Castalia Press.
- Patterson, G. R., Reid, J. B., Jones, R. R., & Conger, R. E. (1975). *A social learning approach to family intervention: Families with aggressive children*. Eugene, OR: Castalia Press.
- Pinkston, E. M. (1984). Individualized behavioral intervention for home and school. In R. F. Dangel & R. A. Polster (Eds.), *Parent training: Foundations of research and practice* (pp. 202–238). New York, NY: Guilford Press.
- Pinkston, E. M., Levitt, J. L., Green, G. T., Linsk, N. L., & Rzepnicki, T. L. (1982). *Effective social work practice: Advanced techniques for behavioral intervention with individuals, families, and institutional staff*. San Francisco, CA: Jossey-Bass.
- Shibano, M. (2004). Behavioral family treatment in Japan: Design and development of a parent training program. In H. E. Briggs & T. L. Rzepnicki (Eds.), *Integrating evidence and social work practice: Behavioral perspectives* (pp. 145–159). Chicago, IL: Lyceum Books.
- Shibano, M., Cox, W. H., Rzepnicki, T. L., & Pinkston, E. M. (1982). A single-parent intervention to increase parenting skills over time. In E. M. Pinkston, J. L. Levitt, G. R. Green, N. L. Linsk, & T. L. Rzepnicki (Eds.), *Effective social work practice: Advanced*

- techniques for behavioral intervention with individuals, families, and institutional staff* (pp. 422–434). San Francisco, CA: Jossey-Bass.
- Smagner, J. P., & Sullivan, M. H. (2005). Investigating the effectiveness of behavioral parent training with involuntary clients in child welfare settings. *Research on Social Work Practice, 15*, 431–438.
- Stern, S. B., Alaggia, R., Watson, K., & Morton, T. R. (2008). Implementing an evidence-based parenting program with adherence in the real world of community practice. *Research on Social Work Practice, 18*, 543–554.
- Stoutimore, M. R., Williams, C. E., Neff, B., & Foster, M. (2008). The Florida child welfare behavior analysis services program. *Research on Social Work Practice, 18*, 367–376.
- Tolson, E., Garvin, C., & Reid, W. J. (2003). *Generalist task centered practice*. New York, NY: Columbia University Press.
- van Camp, C. M., Montgomery, J. L., Vollmer, T. R., Kosarek, J. A., Happe, S., Burgos, V., & Manzollilo, A. (2008). Behavioral parenting in child welfare: Maintenance and booster training. *Research on Social Work Practice, 18*, 392–400.
- van Camp, C. M., Vollmer, T. R., Goh, H.-L., Whitehouse, C. M., Reyes, J., Montgomery, J. L., & Borrero, J. C. (2008). Behavioral parenting in child welfare: Evaluation of skills acquisition. *Research on Social Work Practice, 18*, 377–391.
- Webster-Stratton, C., & Herbert, M. (1993). What really happens in parent training? *Behavior Modification, 17*, 407–456.