WHAT MAKES PARENT TRAINING

GROUPS EFFECTIVE ?

Promoting Positive Parenting Through Collaboration

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Abstract
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*T*he research investigated 60 parents with conduct disordered children (49 were female and 11 male, 45 had partners and 15 were lone parents, 7 attended with their partners). Forty nine parents joined one of two parent training programmes, in order to compare and contrast effectiveness and to identify essential or core therapeutic variables. Six groups were measured against a non-treatment control group (n=11). Three groups (n=27) used the Fun and Families programme (Neville, King and Beak, 1995) whilst a further three (n=22) completed the WINNING programme (Dangel and Polster, 1988). Additionally a sample of parents (n=35) attended an ongoing Parent Support Group in order to further evaluate the impact on the maintenance and generalisation of change. Qualitative and quantitative measures were used to evaluate group process, consumer satisfaction, attitudinal shift and child behaviour change (Eyberg Child Behaviour Inventory; Eyberg, 1980). Parental reporting was cross checked through direct observation tests administered within the natural home setting. Parents were followed-up at two weeks, three months, nine months and two years.*

Outcomes demonstrated there was no major significant difference between the two groupwork programmes; providing evidence that Group Leaders can achieve just as effective results by teaching intervention skills (WINNING programme) without the need for group members to carry out their own assessment (Fun and Families programme). Both programmes received significantly high consumer satisfaction ratings. Those parents who attended parent training reported significantly less child conduct problems when compared against the Control Group. Over time though (two years) there was no overall evidence to indicate a significant maintenance effect. Levels of self-efficacy and positive regard towards children did improve significantly as well as the quality of parent-child interaction; matched by a reduction in observed child behaviour problems within the home. The Control Group failed to achieve such improvements. There was no quantitative confirmation of the hypothesis that parental involvement with an ongoing support group facilitated the maintenance and generalisation of change over time and settings.

Results further demonstrated significant overlaps between both programmes in variables that enabled problem-solving and change, evidenced by the commonality of parental experiences and high consumer satisfaction levels. Mutual support was a key factor. The practical application and relevance of the theoretical model (Social Learning Theory) rather than the starting point was important. Across both programmes it was concluded that the style of delivery must attempt to collectively facilitate and harness parental experiences and strengths, to build self confidence and coping in order to challenge isolation and helplessness. Essential therapeutic elements were identified within the above

collaborative process and a Groupwork Schema developed to show these elements and the key Group Leader skills required to facilitate group process.

Abstract

Contents

Contents

List Of Tables

Page

Page

List Of Figures

Acknowledgements

Introduction

The primary aim of the research was to identify essential or core therapeutic elements in helping parents with conduct disordered children, and to add to the meagre work on therapeutic process within parent training. Two groupwork programmes were compared and contrasted (both were theoretically based on Social Learning Theory). The Fun and Families programme (Neville, King and Beak, 1995) was developed and piloted by the author and uses an inductive method where social learning principles are applied to the individual circumstances and parents are supported to develop their own assessment and intervention. The WINNING programme (Dangel and Polster, 1988) developed in the US employs a deductive method where parents are taught generalised child behaviour management skills and no attempt is made for parents to conduct their own assessment. It was hypothesised that the Fun and Families would be more effective because of assessment and intervention being individualised.

The other research question centred on the impact of ongoing parent support groups, once parents had completed either of the structured programmes. It was predicted that the outcomes for children and parents would be better for those who continued to meet for additional support, than for those who just completed either programme. All parents were followed-up for 2 years.

As the research was concerned with effectiveness this demands rigour in the way impact is measured and evaluated. Deliberately alongside qualitative methods, a battery of quantitative measures

were used to look at the frequency and number of presenting child behaviour problems; the cognitive impact on parents; parent-child interaction and whether parenting skills had been generalised to the natural home setting. Outcomes were further tested against a non-treatment control group.

At the heart of the study is a fascination and interest in the psychological and social processes involved in helping parents to problem-solve and change. What needs to occur within a time limited programme for parents to get maximum benefit or not? What are the essential therapeutic ingredients? How can Group Leaders work effectively in collaboration with parents in a way which values their skills and experience?

Briefly, Chapters 1 and 2 explore current research on child conduct disorders and parent training. Chapters 4 and 5 outline the key research questions, links to the literature, hypotheses that were tested, the methodological design and procedures used. Chapters 5 and 6 identify the results from both programmes and parental and child behaviour outcomes. Chapters 7 and 8 discuss the results in the context of the literature review and the original research design is critically evaluated.

LITERATURE REVIEW

SECTION 1

Section 1: Literature Review

Chapter 1 Child Conduct Disorders

Definition

Т he definition of child conduct disorders is rather vague and imprecise and is relative to what is construed as "normal" and "abnormal" behaviour. The social and cultural context of conduct disorders is important in making sense of the way children and parents experience labelling and negative perceptions of their abilities.

Child conduct disorders refer to children who exhibit an enduring pattern of antisocial behaviour, where there is significant impairment in everyday interactions at home and/or school, or when the child's behaviour is deemed unmanageable by parents or teachers. Behaviour is of an intense nature and includes lying, cheating, stealing, aggression, temper tantrums, non-compliance, demanding, destructiveness and oppositional behaviour (Webster-Stratton and Herbert, 1994, Webster-Stratton, 1991, Herbert, 1987, 1978).

These behaviours are not necessarily "abnormal" as most children at one time or another lie, defy their parents, or have a temper tantrum when they can't have their own way. The distinguishing factor is severity and extent: for instance it is the level of the tantrum and disruption, the fact it occurs frequently and in more than one setting and is persistent over time. Hence the quality of the behaviour is different (Webster-Stratton and Herbert, 1994; Forehand et al., 1979).

The diagnostic definition of a conduct disorder then lacks specificity. Within the "International Classification of Disease" (ICD-10) (World Health Organisation, 1988) conduct disorders are defined as "repetitive and persistent patterns of antisocial, aggressive, or defiant conduct" (p. 66). The DSM-IV-R (code 312.8) (American Psychiatric Association, 1994) classification characterises the disorder as a "persistent pattern of behaviour in which the basic rights of others and major age-appropriate social norms or rules are violated" (p. 66). For a child to be diagnosed as suffering from a Conduct Disorder s/he must exhibit across different settings, at least three of the following:

- Stealing where the victim is not confronted (including forgery).
- Bullies, threatens or intimidates others.
- Stays out overnight despite parental prohibition, beginning before the age of 13 years.
- Running away from home overnight on at least two occasions (or once without returning).
- Truants from school, beginning before the age of 13 years.
- Frequent lying to obtain goods or favours or to avoid obligations.
- Deliberate fire setting.
- Frequent truancy or absence from work.
- Breaking into others' property or car.
- Deliberate destruction of others' property (not by fire setting).
- Physically cruel to animals.
- Forced sexual activity.
- Used weapon that could cause serious physical harm.
- Frequent initiation of physical fights.

- Stealing where the victim is confronted (e.g. mugging).
- Physically cruel to people.

Essentially the DSM-IV-R criterion lays emphasis on the pervasive nature of the presenting behaviours and how persistent they have been over time (at least six months in duration). Additionally that the disturbance causes clinically significant impairment in social, academic or occupational functioning. A significant criticism is that the diagnosis does not take into account the context or certain setting events of the behaviour (Herbert, 1991).

Boundary and rule setting by parents and caregivers is an essential part of a child's socialisation and normal development (Herbert, 1991, 1987). Through social learning a child acquires knowledge and understanding of socially acceptable behaviour which provides necessary security and stability. Children, through a dynamic two-way process of interaction with parents and significant others, learn to act and respond appropriately, providing valuable lessons for life. Parents and children shape and influence each others behaviour on a daily basis. Behaviour then has a context and is situation specific. Unfortunately when such experiences become negative and rules and norms of behaviour become unclear and inconsistently reinforced, so the possibility increases of conduct disorders.

Prevalence And Prevention

The prevalence of conduct disorders is alarmingly wide and appears to be growing. 4-10% of children in the UK and USA meet the criteria for the disorder (Institute of Medicine, 1989; Rutter, Cox, Tupling, Berger and Yule, 1975). Estimates indicate that between one third and one half of children and adolescents referred   for

clinical help fall into the category. A growing demand for services appears to outstrip what is available. Research indicates that fewer than 10% of children who need mental health services actually receive them (Hobbs, 1982). Also in a climate where child welfare services are driven by service needs and crisis response around child protection, the possibilities for a change in emphasis or redistribution of resources is limited (Audit Commission, 1994).

At a preventive level the need to actively support families experiencing child conduct disorders at an early point is vital if the likelihood of further difficulties is to be reduced (Christophersen and Penney, 1993). There is a lot to be said for the saying "prevention is better than cure". For instance such children are at increased risk of being rejected by their peers (Coie, 1990a) and/or abused by their parents (Reid, Taplin and Loeber, 1981). Later problems can include school drop out, alcoholism, drug abuse, juvenile delinquency, adult crime, anti-social personality, marital disruption, interpersonal problems and poor physical health (Kazdin, 1987, 1985; Wadsworth, 1979; Farrington, 1978; Rutter, 1977; Oltmans, Broderick and O'Leary, 1977; Johnson and Lobitz, 1974; West and Farrington, 1973; Robbins, 1966).

Course Of Development

Studies have shown that a high frequency of childhood aggression in children as young as three is fairly constant over time (Robins, 1981). Similarly Richman, Stevenson, and Graham (1982) found that 67% of aggressive children at age three continued to be aggressive at age eight. In addition the early onset of Oppositional Defiant Disorder (ODD) appears to be linked to later anti-social behaviour of which aggression plays a significant part (Kazdin,

1987). It is important though not to be prescriptive or to write children off (fewer than 50% of the most severe conduct disordered children become anti-social as adults), (Webster-Stratton and Herbert, 1994). In the research the emphasis is on there being a higher probability of later problems developing but this is not final or the end of the story! The picture is a lot more complex with significant mediating variables.

Research has identified risk factors which contribute to the continuation of the disorder:

• Children with ODD and conduct symptoms below the age of six appear to be at greater risk of developing anti-social behaviour as adults compared to those whose problems start in adolescence (White et al. 1990). The primary developmental pathway for the most serious conduct disorders in adolescence and adulthood appear to originate in the pre-school period.

• Children who exhibit conduct problems in multiple settings rather than just the home.

• The higher the number and intensity of behavioural problems as a child, the more likelihood of anti-social behaviour continuing. 46% of adolescents with a minimum of six conduct problems were subsequently diagnosed as anti-social adults compared to only 18% who exhibited three problems or less as teenagers (Robbins, Tipp and Przybeck, 1991).

• The greater the variety of both covert (e.g. lying, stealing, fire setting) and overt behaviour problems, the greater the risk of adult development, though aggressive behaviour appears to be the most stable over time (Robbins, 1981).

- Children whose biological parent has an anti-social personality are at greater risk (Kazdin, 1987).

The above factors cannot be neatly separated when looking at the degree of risk, as the development of Conduct Disorder is often dependent on the number and interaction between such factors. In addition recent research has suggested that there may be two developmental pathways linked to conduct disorders: the "early starter" versus the "late starter model" (Patterson, De Baryshe and Ramsey, 1989). The early pathway is characterised by the pre-school onset of ODD, progressing to aggressive and non-aggressive (e.g. lying, stealing) symptoms in middle childhood, resulting in more serious behavioural problems in adolescence (Lahey et. al., 1992). In contrast the "late starter" pathway first begins in adolescence with signs of the disorder preceded by a normal childhood history of social and behavioural development (White et al., 1990). As has been already stated the long term prognosis for the "late starter" is significantly more healthy than those suffering chronic difficulties going back to the early years.

Causes Of The Disorder

Child Factors:

1. Temperament

Child temperamental attributes appear linked to the development of behavioural problems (Thomas and Chess, 1977; Thomas, Birch and Chess, 1968). Three distinct groups were identified: "easy", "difficult", and "slow to warm up" children. Each temperamental group exhibits a particular behavioural style which interacts with the surrounding environment (Herbert, 1978). A conflict or mismatch between a parent's temperament or style with

that of a child's can lead to continued discord and tension. In addition though, other factors combining with a child's temperament, affect the outcome. For instance the level of family discord, the effectiveness of support mechanisms, and the quality of parent management strategies. Positively, several recent studies have shown that with favourable family conditions, extreme ("difficult") infant temperament is not likely to increase the risk of serious behaviour problems by age four (Maziade et al., 1989). Generally the findings on temperament concur with Thomas and Chess (1977) when they argue that no one temperamental pattern guarantees that a behavioural disorder will not develop.

2. Cognitive and Social Skills Deficits

The conduct disordered child is more often than not attempting to resolve a problem through poor behaviour, though methods or techniques may be crude and the perception of the problem faulty. Social cues during peer interactions are perceived incorrectly (Milich and Dodge, 1984) and hostile intent attributed to innocuous situations.

Children displaying aggressive behaviour problems seek fewer clues when making sense of a person's behaviour (Dodge and Newman, 1981) and instead focus in on, and respond more to aggressive triggers (Goutz, 1981), leading to an inappropriate violent response. Deficits in social problem-solving skills lead to poor peer interactions (Asarnow and Callan, 1985). Problems may be defined in a hostile fashion, not enough information is gathered to generate effective solutions and the full consequences of aggression are not taken into consideration (Slaby and Guerra, 1988; Richard and Dodge, 1982). In addition there is a lack of empathy with the other

person's views and feelings (Feshbach, 1989). It is unclear though whether this poor filtering or processing of social information is more attributable to negative interactions with parents, carers, peers or teachers rather than organic factors.

3. Academic Difficulties

Low academic achievement is characteristic of conduct disordered children throughout their school career (Kazdin, 1987), in particular reading difficulties (Sturge, 1982). Rutter et al. (1976) found a 28 month delay in reading skills. The relationship between poor academic performance and conduct disorders is complicated as it appears that it is not only uni-directional but also bi-directional. Hence it is not clear whether disruptive behaviour problems precede or follow the academic difficulties, language delay, or neuro-psychological deficits. Though there is some evidence that suggest that cognitive and linguistic problems may precede disruptive behaviour problems (Schonfield et al., 1988).

4. Heredity Versus Social Environment

Longitudinal studies indicate a link between conduct disorders and different generations and there is some evidence to suggest a genetic contribution. For example twin studies have demonstrated a greater concordance of anti-social behaviour among monozygotic than among dizygotic twins (Kazdin, 1987). Adoption research has shown that a child separated from parents who exhibit deviant behaviour is at greater risk of developing similar behaviour patterns (Kazdin, 1987). However as was indicated earlier, genetic factors alone do not provide an adequate explanation for the onset of conduct disorders. Rather these studies reinforce the view that it is an interplay between genetic and environmental factors, which

include negative home conditions (e.g. marital conflict, psychiatric dysfunction), poor family problem-solving and ineffectual coping strategies (Cadoret and Cain, 1981).

5. Gender Differences

Gender differences and the development and persistence of child conduct disorders appears significant (Rutter, 1975). Patterson's (1975) work with aggressive children showed that boys were much more likely than girls to develop aggressive behaviour problems and unchecked they were likely to become more serious. Another study revealed that 73% of pre-school boys with behaviour problems had similar difficulties at age 8 compared to only 47% of girls (Graham et al., 1982).

Family And Ecological Factors

1. Parenting Skill Deficits

Parenting style and the effectiveness of learned child management skills plays a vital role in what a child learns. Parents who have not acquired effective parenting skills have a greater tendency to lack confidence and self-efficacy, to be more critical and punitive, to lose their temper and resort more readily to physical punishment, to be more permissive, erratic and inconsistent, to have difficulties tracking and monitoring children's behaviour, and to be more likely to reinforce poor behaviour whilst ignoring or punishing pro-social behaviour (Sansbury and Wahler, 1992; Webster-Stratton, 1992, 1985; Patterson and Stouthamer-Loeber, 1984; Patterson, 1982).

Gardiner (1987), using home observations found that pre-schoolers with conduct problems spent significantly less time than well adjusted children in co-operative and joint activities and in

conversations with their mothers. In addition they watched more television spent more time doing nothing and less time in constructive play.

One of the most common conduct problems is non-compliance. Research indicates that parents of such children give commands that are vague, negative and frequent. They are delivered in a threatening, angry, humiliating and nagging manner. They are unrealistic and the child is interrupted before there is time to comply (Gambrill, 1983; Patterson, 1982; Forehand et al., 1979; Delfini, Bernal and Rosen, 1976).

2. *"Coercion Hypothesis"*

Parent-child interaction does not occur in a vacuum. It occurs within different social and environmental contexts, which it influences and is influenced by. Hence such interrelationships are systemic and include the child, parents, siblings, extended family, school, community and society etc. Such social systems are living forces which continually shape and influence behaviour. Thus when looking at conduct problems, one has to look well beyond the child to realise the full impact, and within the family the negative consequences are often huge. For instance high rates of aversive child behaviour can often be linked to reduced positive family interaction, an increase in isolation, fewer shared recreational activities, loss of self esteem and increased negative attributions towards other family members (Gambrill, 1983).

Patterson's (1982) coercion hypothesis or process illustrates how family members get trapped into continually playing certain roles within conflictual situations, to such an extent it becomes a vicious circle. Each member has a part to play in an unfolding family

drama which is run time and time again (often reciprocally reinforced). In particular oppositional children and their parents can engage in high levels of aversive interchange (Sanders, 1989).

Developmentally within parent-child interaction, normal coercive infant behaviour which is employed to ensure that basic life needs are met can continue beyond infanthood as it proves to be an effective control strategy. The parent and child become stuck in a "negative reinforcement trap" where each negatively reinforces each other's behaviour. For instance a child can terminate an aversive parental command by compliance but learns that coercive behaviours such as non-compliance, and tantrums with increasing intensity may also terminate the aversive parental command. The parent in turn, may negatively reinforce the child's non-compliance and other deviant behaviours by withdrawing the command for an "easy life" and hence not punish the deviant behaviour or may react with a coercive behaviour of their own, such as yelling. The child may then respond by complying (reinforcing the yelling) or "up-the-anti" by intensifying their coercive behaviour and so it goes on. Hence patterns become entrenched particularly as more "pay-offs" and control passes to the child. Games are played in which parents attempt to "turn off" or control their child whilst reciprocally the child learns aversive strategies designed to get their own way and "turn off" "attacks" from their parents (Patterson, 1976; Patterson and Reid, 1973).

Figure 1: "Negative Reinforcement Trap" 1

| Application Of Aversive Event

Mother Gives Command | → | Coercive Child Response

Child Whines, Argues And Screams | → | **Removal Of Aversive Event**

Mother gives up (withdraws the command) rather than listen to whining, screaming child. As a consequence child withdraws aversive behaviour |
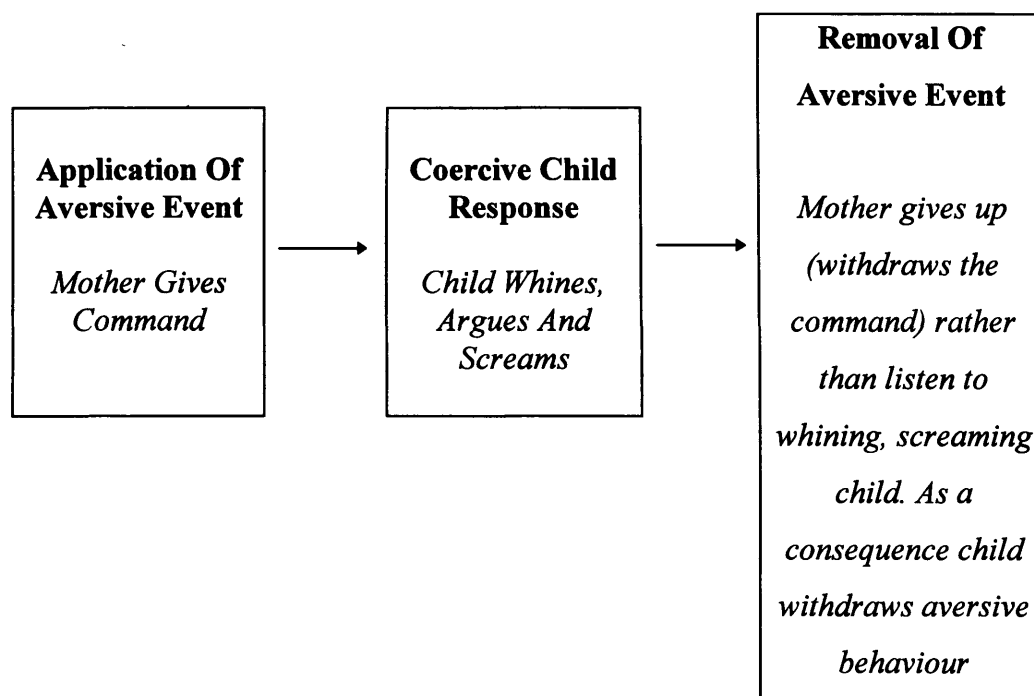
Figure 2: "Negative Reinforcement Trap" 2

Application Of Aversive Stimulus 1 *Mother Gives Command*	→	**Coercive Child Response** *Child Whines, Non-complies*
Application Of Aversive Stimulus 2 *Mother Raises Voice, Repeats Command*	→	**Coercive Child Response 2** *Child Shouts Louder, Non-complies*
Application Of Aversive Stimulus 3 *Mother Begins To Shout, Repeats Command Again*	→	**Removal Of Aversive Child Response** *Child Complies*

The above examples illustrate Patterson's (1982) coercive process; demonstrating the escalating nature of aversive behaviour. There is also a negative affective cost in terms of the quality of parent-child interaction, resulting in a downward spiral. Children demonstrate higher rates of deviant behaviour, parental commands increase, positive communication reduces (smiles, laughs, enthusiasm, praise), and non-verbal (expressions, gestures) and verbal (tone of voice) interaction becomes increasingly critical and controlling (Webster-Stratton and Herbert, 1994). The affective impact for children is that they are more likely to be depressed, and tend not to shape up and reinforce positive parental behaviour. Without wanting to blame, such children are not "easy" or "likeable", again influencing aversive events (Hudson and McDonald 1986; McAuley, 1982).

Most recent research findings (Cerezo and D'Ocon, 1995) further confirm Patterson's (1982, 1976) coercion hypothesis and the work of Wahler and Dumas (1986, 1989) when applied to abusive mothers. Cerezo and D'Ocon (1995) results indicated that abusive mothers responded in a more indiscriminate basis to their child's prosocial behaviour than those who had not abused ("non-synchrony"). Whenever the child exhibits prosocial behaviour, mother's response was unpredictable (there is non-synchrony), however if the child behaves aversively, this was likely to be mirrored or matched. As non-synchrony can be seen as aversive, any means of escaping was negatively reinforced (Wahler et al. 1990). Hence maternal inconsistency around good behaviour sets the scene for the development of conduct disorders and for the subsequent outburst of aversive but discriminate maternal responses. The

"negative reinforcement trap" is sprung, increasing the likelihood of emotional and physical abuse (Cerezo and D'Ocon, 1995).

3. "Learned Helplessness"

Seligman's (1975) theory of learned helplessness is valid when looking at parenting behaviour, attributions, beliefs and the interrelationship between them. For instance a parent with a long-standing child conduct disorder can experience constant "defeat" in effectively managing behavioural problems; the parent cognitively makes sense of this by believing that whatever they do the child will remain the same, hence rationalising inaction or doing nothing. As the parent feels increasingly powerless so more control is given to the child, whose behaviour deteriorates, which then feeds or provides evidence for the negative attributions. The child or "little devil" becomes distant, less attractive and pleasurable to be with, leading to a higher risk of physical punishment and abuse. The parent then feels "trapped", "useless" and believes that the child is behaving maliciously in order to "get back at them" and so the cycle continues (Webster-Stratton and Herbert, 1994; Webster-Stratton and Hammond, 1988). Also such poor self esteem is linked to low parental satisfaction, further impacting on the child (Johnston and Mash, 1989).

As evidenced in the above the learned helplessness hypothesis is that those who experience events which they feel they have no control over, develop motivational, cognitive and emotional deficits (Abramson, Seligman and Teasdale, 1978; Maier and Seligman, 1976; Seligman, 1975).

Abramson, Seligman and Teasdale (1978) made a distinction between universal and personal helplessness. In universal

helplessness the person believes that no-one can solve the presenting problem, whilst in personal helplessness the person believes the problem is solvable but not by them (low self-efficacy expectations). Research suggests that personal helplessness is often characteristic of parents with children who suffer from a conduct disorder. For example such parents will often compare their children to others who they believe are better behaved as their parents are more capable of dealing with behaviour problems. Such attributions are further reinforced by other family members, friends and professionals etc. who also attribute the behaviour problems to poor parenting skills (Webster-Stratton and Herbert, 1994).

Bandura's (1989, 1985, 1982) notion of self-efficacy or the positive belief in change, relates strongly to learned helplessness. Bandura placed emphasis on the way people interpret social events (the stories people tell themselves) and how such interpretations, be they negative or positive, influence people's feelings and behaviour. So parental confidence in the possibility of change is linked to how the parent perceives their child's behaviour. For instance a parent who cognitively says to themselves with some conviction that they can cope with a behaviour problem because they have dealt with it effectively before, as a consequence feels more confident, which then positively impacts on their behaviour leading to greater likelihood of a successful outcome. Conversely a negative self-efficacy belief would be likely to lead to ineffectual parenting behaviour (Folkman and Lazarus, 1988). Teti and Gelfand (1991) found that maternal self-efficacy correlated significantly with perceptions of infant difficulty and behavioural management skills. Positive self belief can also act to mediate against major life stresses (Teti et al., 1990).

Allied to this finding is the link between maternal confidence and understanding of child development. The combined positive effect being an improvement in parent-child interaction (Conrad et al., 1992).

Learned helplessness can be further distinguished by its generality, chronicity, and intensity (Kofta and Sedek, 1989; Mikulincer and Casopy, 1986; Miller and Norman, 1979; Abramson, Seligman and Teasdale, 1978). Webster-Stratton's (1994) research revealed that parents of conduct disordered children feel inadequate in multiple areas of their lives, from childrearing to relations with partners, other parents, and professionals. Underpinning this generalised helplessness are feelings of rejection, stigmatisation and isolation which becomes globalized; leading to distancing and detachment.

In regard to chronicity, parents report waiting sometimes years for their child's behaviour to improve "naturally". When this does not occur, they attempt ineffectually to manage behavioural problems without the necessary learned skills. Furthermore the intensity of helplessness is linked to the relatively high status society places on the family to successfully bring up the next generation. When parents perceive they are failing to meet these expectations, additional pressures are placed on the parent-child relationship as there is a belief that their child is not behaving "normally".

4. Interpersonal Relations

Mothers experiencing depression increases the risk of child conduct problems (Hall, 1991; Fendrich, 1990). In a recent community study, maternal depression when the child was aged 5 as linked to parents' and teachers' reports of behavioural problems at

the age of seven (Williams et al., 1990). This correlation though is complicated as maternal depression is also associated with a misperception of a child's behaviour e.g. mothers who are depressed are more likely to perceive their child's behaviour as inappropriate or maladjusted (Hall, 1991).

Depression also impacts on parenting behaviour directed at the child. For instance studies have shown that mothers increase the frequency of commands and in response the child non-complies at a higher rate (McMahon and Forehand, 1988; Webster-Stratton and Hammond, 1988). Depressed mothers are highly critical of their children, find it difficult to set limits and emotionally are often unavailable. Importantly negative attention is focused in on poor behaviour resulting in it being reinforced (Webster-Stratton and Herbert, 1994).

Maternal insularity has a direct relationship with child conduct disorders. Insularity is characterised by a negative perception of social interchanges with relatives and/or helping professionals as well as support offered from friends (Wahler and Dumas, 1984). It is not the number or the extent of the support that is important but the way it is perceived. Mothers who are insular have been shown to use more aversive behaviour with their children than those who are non-insular (Wahler and Dumas, 1985). Insularity and the lack of support networks is also one of the explanations for relapse following intervention to reduce behavioural problems (Webster-Stratton, 1985).

Research into paternal factors and their contribution to the development of child conduct disorders is limited, hence great

caution should be taken not to construe current research as blaming mothers for child behaviour problems.

Deviant behaviour in either parent appears connected to child conduct problems. Criminal behaviour and alcoholism in the father in particular places the child at greater risk (Frick et al., 1991). Also grandparents who exhibit anti-social behaviour are more likely to have conduct disordered grandchildren. Again the nature versus nurture debate is relevant here in that it is unclear how much poor behaviour is shaped and modelled from parents and how much linked to a set of genetic predispositions (Webster-Stratton and Herbert, 1994).

5. Interparental Relations

Family characteristics appear to have an impact on the development and maintenance of conduct disorders. Conflict between parents prior to and surrounding a divorce is associated with but not a strong predictor of child behaviour problems (Kazdin, 1987). Boys show a significant deterioration in behaviour following divorce. Though there is a considerable variation in how lone parents and their children do after separation or when the marriage legally ends. One hypothesis for the poor outcome for some children is that the stress of divorce triggers off a process for the lone parent characterised initially by an increase in depression and irritability; leading on to a loss of friends and social support, which heightens the risk of greater annoyance, ineffectual discipline and poor problem-solving; which in turn adds to depression and stress levels, completing the vicious circle (Forgatch, 1989).

More significant than the link between being a lone parent and having child conduct problems is the quality of the parent-child

relationship and the presence of mediating factors or "buffers" such as the ability to cope with stress and solve problems (Utting, 1995; Friedmann, 1990; Browne, 1988). Hence it is the qualitative factors which are important.

Similarly research has indicated the importance of differentiating between parental divorce, separation and discord in order to understand that it is not divorce per se which is the vital factor in influencing the children's behaviour but the level and intensity of parental conflict and violence (O'Leary and Emery, 1982). For instance, parents who undergo a conflict free divorce are a lot less likely to experience child conduct problems than parents who remain together, where there is a high degree of marital conflict. Webster-Stratton's (1994) studies show that half of the married couples receiving parent training support reported spouse abuse and violence.

Marriages characterised then by conflict and aggression, observed by children, appear to be linked to the development of conduct disorders. This behaviour being shaped up and modelled by parents as an "appropriate" way of dealing with problems and then copied by the child. Also if aggression is not present in marital conflict, there is less likelihood of conduct problems developing (Jouriles, Murphy and O'Leary, 1989). In addition such conflict has been shown to be associated with negative perceptions of a child's adjustment, inconsistent handling, an increase in punitiveness, decreased reasoning and fewer rewards being used (Stonemen, Brody and Burke, 1988).

Frick et al. (1989), looking at the association between marital distress and child conduct disorders, found that the quality of

psychological adjustment and marital satisfaction, significantly impacted on the quality of parent-child interaction. He was unable to find an association with environmental factors such as poverty and low economic status. Similarly Simons et al. (1993) concluded that the level of support between parents had a significant impact on parenting abilities.

6. Environmental Stress

Overall research indicates that major life stressors such as poverty, unemployment, cramped living conditions, and illness have a negative impact on parenting and are related to many childhood problems, including conduct disorders (Kazdin, 1986; Rutter and Giller, 1983). Families experiencing behavioural problems report an incident rate two to four times higher than non-clinic families (Webster-Stratton, 1990). More daily life "hassles" and life crises lead to aversive and coercive parent-child interactions, potentially resulting in inappropriate and ineffectual practices such as a sudden loss of temper leading to physical punishment (Whipple, 1991; Webster-Stratton, 1990; Corse, 1990; Forgatch, Patterson and Skinner, 1988). In addition isolated, multi-stressed mothers have a tendency not to involve family and friends in problem-solving discussions and when this is attempted it is not reinforced (Wahler, and Hann, 1984)

There does not appear to be a direct link just between social class and child conduct disorders, unless certain risk factors are included in the definition (Kazdin, 1987). Hence when these factors are excluded by controls, the relationship is not significant (Kazdin, 1987).

School Factors

1. Child Interactions

On starting school, the conduct disordered child can experience interactions which further shape and reinforce difficulties. Aggression and disruptive behaviour leads to rejection by peers (Ladd, 1990), sometimes lasting for a child's school career. Peers become increasingly mistrustful and respond in such a way as to greaten the possibility of an aggressive response (Dodge and Somberg, 1987). Behavioural problems lead to poor relations with teachers as the child becomes labelled as a "troublemaker" and hence receives less positive attention, encouragement and support but more disciplinary action (Campbell and Ewing, 1990; Rutter et al., 1976; Walker and Buckley, 1973). Again an interactional vicious circle is created; the end result potentially being expulsion. Webster-Stratton's (1994) work with conduct disordered children (3-7 seven year olds) revealed that in excess of 50% had been asked to leave two or more schools.

2. School And Home Interaction

Interactionally the historical relationship between a family and school, has an impact on learning experiences (Bronfenbrenner, 1979). The child's "bonding" to social institutions (both family and school) as well as the family's bonding to the child and school can act as critical factors in the prevention of deviant behaviour. For instance many parents of behaviourally difficult children have had aversive experiences with their child's teachers. Such encounters reinforce an already existing parental helplessness, which mitigates against effective problem-solving, further driving a wedge between home and education. Hence a spiralling pattern of poor behaviour, parent demoralisation and withdrawal, and teacher reactivity can

ultimately lead to total lack of co-ordination in the joint socialisation of the child.

In recent research, teachers reported that parents of children exhibiting significant behavioural problems, showed less interest in getting to know them, had different goals for their children and placed less importance on education than parents with well adjusted children (Coie et al., in press). In essence where there is a positive long-standing bond, it is more likely the child will flourish as parents feel more involved and are more supportive of their child achieving (Hawkins and Weiss, 1985). Reciprocally the school enables and encourages such a process by good communication, involving the parent and importantly by recognising the child's accomplishments.

Summary

The literature on child conduct disorders establishes the following main points:

- The socially relative nature of the disorder.

- Evidence suggests its prevalence is growing, placing greater demands on clinical services.

- There is a need for a co-ordinated strategy that links early prevention with family support.

- The earlier the onset of the disorder, the poorer prognosis for the child and family; though it is important not to be prescriptive as there are mediating variables or factors that can positively prevent its development.

- Causes of the disorder are linked to a number of child factors that include: temperament, cognitive and social skill deficits, academic difficulties, gender, and a mixture of genetic and environmental influences.

- Family and ecological causes include: parenting skill deficits, coercive family interactions, "learned helplessness", lack of positive self-efficacy, poor interpersonal and interparental relations, and environmental stress.

- A significant educational factor centres on the negative interaction between the child, peers and teachers and subsequent alienation between home and school.

The welfare of the conduct disordered child should be of importance to us all as it impacts on community life and the social cohesion of society. The next chapter reviews the literature on parent training methods and examines the effective contribution such support can offer in potentially reducing the familial, social and financial costs attached to child conduct disorders.

Chapter 2 Parent Training

Introduction

The term "parent training" is extensively used in the literature but it is unfortunate that it potentially conjures up an image of a way of working which is one-way, mechanistic and prescriptive. A more accurate picture is one that is concerned with collaboration, partnership, assessing individual need and valuing therapeutically parental strengths and experiences. On the positive side, the term accurately depicts the educational aspects of parenting. Being a parent does not come naturally or "out of thin air!", it involves a complex set of skills and like any other new skills, they need to be learnt and practised. Such a view challenges societal myths and stereotypes which emphasise parental independence and privacy linked to an image whereby parents (particularly mothers) instinctively know, without outside interference, how to deal with such behaviours as non-compliance and temper tantrums.

At the centre of behavioural parent training programmes is an emphasis on teaching parents skills which will enable them to change the antecedent events and consequences which are eliciting and maintaining problematic child behaviour (Skinner, 1953). Increasingly, with the development of Social Learning and Systems Theories, such contingency management techniques are being supplemented with methods which take into account parental cognition and placing the child within a systemic context (family and wider community). Hence there is definite movement towards a more holistic approach characterised by a convergence of traditions.

Advocates of such a move, point to the research base and the need to draw out the most effective aspects of the behavioural and social learning tradition whilst critics argue that the impact of cognition on behaviour is very difficult to objectively quantify, hence should be viewed with great caution (Hudson and Macdonald, 1986).

In tandem with the above, is the shift towards wider adjunctive methods which attempt to resolve family problems that research indicates might get in the way of parents being able to get the most out of parent training. For certain multi-problem families, parent training on its own might not be enough (McAuley, 1982).

An analysis of the effectiveness of parent training programmes is extremely promising (Kazdin, 1986). Significant short-term improvements have been achieved in parental and child behaviour and in parental perception of child adjustment (Serketich and Dumas, 1996; Gill, 1993; 1990; 1989; Lawes, 1992; Mullin et al., 1990; Webster-Stratton, Kolpacoff and Hollinsworth, 1989; McMahon and Forehand, 1984; Webster-Stratton, 1984; 1981a,b; Patterson, 1975). Some limited evidence of long-term gain; 1-3 years (Webster-Stratton, 1996) and 1-14 years (Long et al. 1994). Long (1994) and his colleagues finding that the outcomes for conduct disordered children who's parents received parent training was comparable with non-disordered children, though the sample was small (26). Change has been particularly maintained over time when the child's problem is not complicated by parent related difficulties or social adversity (Sanders, 1992; Forehand and Long, 1988; Sanders and James, 1983). Home observations have shown a 20-60% reduction in children's aggression (Webster-Stratton, 1984; Patterson, 1982). The risk of further physical abuse and/or neglect has been significantly

decreased (Wolf, 1993; Wekerle and Wolf, 1993). Behavioural improvements have been successfully generalised from the clinic to the home and across other settings (Sanders and Plant, 1989; Sanders and James, 1983; Patterson, 1982; Peed, Roberts and Forehand, 1977) and positively there has been an impact on children in the family who have not been targets for change (Webster-Stratton,1982a; 1990b; Webster-Stratton, Kolpacoff and Hollinsworth, 1989; Forehand et al., 1986; Arnold, Levine and Patterson, 1975). Such improvements though do not necessarily extend from home to school and there is some evidence to suggest that conduct and peer relationships difficulties in the classroom are unaffected by parent training (Breiner and Forehand, 1982; Forehand et al., 1979). Overall, parent training programmes receive high ratings in consumer satisfaction and practical support (Gill, Lane and Webb, 1995 (unpublished); Gill, 1993; 1990; 1989; Webster-Stratton, 1989b; Cross, Calver and McMahon, 1987; McMahon and Forehand, 1984).

A review of 148 parent training studies (1975-1990) cast doubt on the methodological design of many of the studies. For instance, 50% of the groupwork research did not use control groups or follow-up data (Rogers and Margaret, 1992). A more recent review (Serketich and Dumas, 1996) of 117 studies found that only 26 met the criteria (controlled studies) for inclusion in a meta-analysis. Significant evidence was found for short-term gains but it is less clear whether these changes are maintained over time and how outcomes compare to other therapeutic interventions. Such issues were similarly raised in Barlow's review (1997) and Kazdin (1997) states that though the results from parent training are very

encouraging this enthusiasm needs to be tempered by the need for further longitudinal data. Hence there are grounds not to become complacent.

Parent Training Methods

1. Triadic Model

The "triadic model" (Tharp and Wetzel, 1969; Tharp, Wetzel and Thorne, 1968) is characterised by the therapist ("consultant") and the parent(s) or carer(s) ("mediators") working together to conduct an assessment and intervention programme within the child's natural home environment. More often than not the therapist will be working through the parents to bring about a change in the way they handle and respond to the "target" child (Ross, 1972). Parents then act as "change agents" who are equipped with the necessary skills to improve their child's behaviour (Herbert, 1988; Bunyan, 1986; Herbert and O'Driscoll, 1978; Herbert and Iwaniec, 1979). Houghton (1991) reported a 78% reduction in children's aggressive behaviour using the triadic model. A recent review of this way of working, found that it was more effective when consideration was given to parental well being and self esteem, family dynamics and the social context of children's behaviour (Blair, 1991).

Working within the child's home setting where the behaviour problems normally occur and are maintained, avoids some of the possible problems associated with working in a "false" clinic setting where the behaviour might present very differently (Herbert and Iwaniec, 1981).

2. Individual Programmes

The most influential parent training programme was developed by Patterson, Reid and colleagues at the Oregon Social Learning

Centre (Patterson, 1982; Patterson, Reid, Jones and Conger, 1975). Spanning over two decades of work and involving more than 2,000 families, the Centre has produced some of the most powerful outcome research on conduct disordered children. Originally their parent training programme was designed for parents of pre-adolescent children (3-12 years) and comprised of the following elements:

- Reading teaching text and being tested on material

- Taught step-by-step child management skills whereby each newly learned skill forms the basis for the next. The five core components:

1. Pinpointing and recording problematic child behaviours at home.

2. Using positive reinforcement techniques such as praise and points systems.

3. Applying discipline methods such as removal of privileges and "time-out".

4. Supervising and monitoring child behaviour.

5. Negotiating and problem-solving strategies and designing individual programmes.

The above programme typically involved 20 hours of direct contact with individual families and would include home visits to encourage generalisation. More recently the programme has been modified to address delinquent adolescent problems which include: greater emphasis on teenager involvement, selecting target behaviours which place the adolescent at risk of offending and using such punishment techniques as chores and restriction of free time. Results have been extremely encouraging (Patterson and Forgatch, 1995; Webster-Stratton, 1991).

Hanf and King (1973) developed a parent training programme to address non-compliance in young children, aged 3-8 years. Forehand and McMahon (1981) subsequently modified and evaluated the programme, with highly significant results. The content consists of a first phase where parents are taught to play with their children in a non-directive way (child centred) and then how to identify and reward prosocial behaviour through praise and attention. Phase two then moves on to ways of giving instructions geared to reduce the possibility of a defiant response and punishing non-compliance by time-out. Treatment occurs in a clinic setting with individual families rather than a group. The playroom is equipped with a one-way mirror and the parents are coached and supported in their play and interactions with their child through the use of a "bug-in-the-ear". Additionally role play is employed as another medium in which skills can be practised. Progression from one skill to another is dependent on competence.

3. Groupwork Programmes

Webster-Stratton (1984; 1982a,b; 1981a,b) developed and thoroughly evaluated a further programme for parents of younger children (3-8 year olds) that has been extensively used in a groupwork context. The University of Washington Parenting Clinic's BASIC parenting programme included elements of the training model started by Hanf and King (1973), and the "child-directed" play of Forehand and McMahon (1981). Additionally it contained:

- Differential attention and the effective use of commands.

- Patterson's (1982) discipline components of time-out, Logical and Natural consequences and Monitoring.

- Parental problem-solving and communicating with children (linked to the work of: D'Zurilla and Nezu, 1982; Spivak, Platt and Shure, 1976).

One of the main thrusts of the work was to create a programme which was durable, universal, cost-effective, and sustaining but most importantly offered practical help in reducing child conduct problems. The Clinic's aim being to normalise the need for acquiring and learning child management skills and to make the programme as socially acceptable and accessible as possible.

Using Bandura's (1977) modelling theory the sessions rely on demonstrating parent-child interactions through video vignettes. To increase the possibility of empathy and rapport the models come from different class and cultural backgrounds and are placed in everyday situations. There are 10 videoed parenting skill areas which involve 250 vignettes that each last 1-2 minutes. Each vignette is shown by the therapist to a group of parents (8-12) for discussion of observed learning points which enables problem-solving and the use of role-play and rehearsal. Deliberately "good" and "bad" examples of parenting skills are used in order to accurately reflect parental experience, demonstrate the learning process and not reinforce an image of the "perfect parent" which could create feelings of inadequacy (Webster-Stratton, 1991). The same videoed programme has also been given to 80 parents to self administer without therapist feedback or group support. Results indicate a significant impact on parenting behaviour. Hence the possibilities of low cost mass dissemination and its preventative value are huge (Webster-Stratton, 1992a; 1984; 1982a,b; 1981b, Webster-Stratton and Hammond, 1988).

More recently the above programme has been developed to cover family issues as an adjunct to child behaviour management skills. The ADVANCE initiative includes: anger management, coping with depression, marital communication, problem-solving strategies and how to teach children to problem-solve and manage their anger more effectively. In both the programmes the children do not attend the group sessions but parents are given homework to practise with their children (Webster-Stratton, 1991).

The reason for a wider focus is that current research suggests some families do not respond to parent training on its own and might require other problems to be addressed (Spaccarella, 1992). Additionally this "hard to reach" group might be larger than previous results indicate, for if you change the criteria for measuring parent training effectiveness to include parents and teachers reporting of children's adjustment, then the outcomes look less robust. Long-term follow-up studies suggest that 30-50% of treated parents and 25-50% of teachers report that children continue to exhibit behaviour problems in the deviant or clinical range (Webster-Stratton, 1990; Webster-Stratton, 1990a,b; Schmaling and Jacobson, 1987; Forehand, Furey and McMahon, 1984).

Some of the personal factors which contribute to parents doing less well and treatment relapse include depression, marital discord, unsupportive partner, poor problem-solving, lack of social support and environmental stress (Forgatch, 1989; Dadds, Schwartz and Sanders, 1987; Wahler and Dumas, 1984; Dumas, 1984; Richard et al., 1981).

More recent work has been testing the hypothesis that broader based interventions can help to mediate against the effects of the

above factors and hence remove a significant barrier to more parents fully benefiting from parent training. It is hoped that if effective, positive change will be generalised and maintained for longer. Unfortunately there has not been enough work to confirm the hypothesis but what has been done thus far is very encouraging (Webster-Statton, in press; Gill, 1993; 1990; Dadds and McHugh, 1992). For instance a study at the University of Washington Parenting Clinic showed that those parents who attended the BASIC and ADVANCE programme did significantly better than those who just attended the BASIC programme (Webster-Stratton and Herbert, 1994). Dadds et al. (1987) found that partner support training combined with advice on child management, positively impacted on outcomes for those experiencing marital difficulties. Other methods aimed at improving maintenance include overlearning, fading out intervention, "booster sessions" and utilising social support networks (Gill, 1993).

Drawing from Patterson, Forehand and McMahon and Webster-Stratton, is the work of Dangel and Polster (1988; 1984; Dangel et al., 1994) who developed the WINNING parent training programme. It has evolved over the last 20 years in three countries and involved over 3,000 parents. It is of particular interest here as the programme was replicated as part of the PhD research. Results from Dangel and Polster (1984) indicate a significant improvement in parent and child behaviour across a wide population: poor, wealthy, minority, non-minority, lone-parent, two-parent, referred, and voluntary. Change was successfully generalised across times, activities and settings and in wider parent-child interactions. Also effects were maintained at short-term follow-up and parents reported

a high level of consumer satisfaction (Dangel and Polster, 1984). The videotaped groupwork programme is underpinned by the following research based principles (Dangel and Polster, 1988):

- *Success* i.e. parents who have constantly experienced failure need to experience early success to act as a springboard for continuation and developing new skills.

- *Successive Approximations* i.e. explaining and modelling of skills to enable parents over time to gradually demonstrate acquisition.

- *Sequencing* i.e. child management skills are deliberately ordered and linked; each skill is achieved as a prerequisite to the next; simpler skills are taught first and then built on with more complex tasks, drawing upon previous learning and analysis.

- *Multiple Examples* i.e. provision of diverse and numerous practical examples to bring alive what is intended and to make the content applicable to each parent.

- *Practise* i.e. emphasis on the need to practise skills both within the sessions but more importantly in real life situations with their own children.

- *Feedback* i.e. clear and precise feedback which accentuates the positive.

- *Mastery Criteria* i.e. parents demonstrate a skill which is measured against a set criteria.

- *Review* i.e. reflection and review of main learning points to reinforce continuity and linkage and to develop wider understanding/application.

The structure of each session reflects the above principles and methods and follows a common learning process: reviewing practice records ("homework"), discussing previous weeks experience,

defining and explaining new skill, using examples and rationales, demonstrating new skill, role-playing exercises with parents, providing feedback, completing mastery check, and assigning practice.

There are 8 sessions and each meeting covers one skill area:

1. Praise and Attention

2. Rewards and Privileges

3. Suggestive Praise

4. Extinction

5. Removing Rewards and Privileges

6. Time-out

7. Physical Punishment

8. Special Problems and Maintaining Change

Within the UK, drawing from the American research, there has been a steady development in parent training methods, accelerated recently by a renewed interest in prevention, family support and preparation for parenthood (Dartington Social Research Unit, 1995; Utting, 1995; Audit Commission, 1994; Pugh, De'Ath and Smith, 1994). Of particular note is the work of Herbert (1987) at the Centre for Behavioural Work with Families and the creation of the Centre for Fun and Families (Gill, 1991), both in Leicester. The Maudsley Hospital in London have applied the work of Forehand McMahon (1981) in the Parent/Child Game programme (Jenner and Gent, 1993; Jenner, 1992) with significant success and most recently have made a UK version of the Webster-Stratton (1984) video.

Specifically in relation to groupwork, the Fun and Families programme for parents of 2-11 year olds has been developed over the last 10 years and involved nationally around 1,000 parents with

encouraging results (Neville, King and Beak, 1995; Gill, 1989). Further discussion of this work and how it pertains to the research will feature in future chapters. Scott's (Scott and Stradling, 1987) work in Liverpool with significantly deprived families influenced the content of the Fun and Families programme, particularly in the emphasis on "play-acting" everyday coercive situations or scenarios. Results from Scott's 6 week programme indicated a significant reduction in the perceived number and intensity of child behaviour problems, parental depression (inward and outward irritability) and the level of perceived child conduct problems (impulsivity and anxiety). In addition child management skills were significantly improved. On follow-up, positive changes in parental depression and irritability were maintained at 3 months and child behaviour problems remained reduced at 3 and 6 months (Scott, 1989; Scott and Stradling, 1987).

4. Family Intervention

As previously indicated, in certain multi-distressed families a wider analysis than parent training might be justified if there is evidence to suggest that environmental influences outside of the parent-child relationship are maintaining child behaviour problems (Sanders and Dadds, 1993). The emphasis being on structural and interactional factors that are acting as barriers for parents acquiring and implementing child management skills. This might include family organisational problems, the division of labour between caregivers, the marital relationship, sibling rivalry or the quality of support from friends, neighbours and relatives. Sanders and Dadds (1993) argue though that it is important not to be too prescriptive and that intervention methods must reflect careful, individual assessment.

Hence they warn against set programmes which over time have become longer to accommodate more adjunctive treatments (Dadds, Shwartz and Sanders, 1987). Dependent on need, intervention might be short term involving for instance, just parent training or more long term and require joint work with the child.

Assessment of setting events (time, persons, places and situations) and how they influence both children's and parents' behaviour is important when making sense of environmental forces and reciprocity within families (Herbert, 1987). In other words the environment within which parenting occurs. For instance, children may be more difficult to manage when there are competing demands on time and attention, perhaps first thing in the morning or at mealtimes. Over time such situations can become frequent and intense and might be complicated by marital conflict leading to a greater possibility of returning to a maladaptive or coercive style of interaction with the child following parent training. However research is unclear about what combination of contextual, cognitive and affective variables constitutes a high risk parenting environment. Sanders and Plant (1989) defined a high risk setting as "a combination of contextual variables that serve to increase the probability that parents experience difficulties in managing their child and fail to implement trained skills" (p. 285).

The "Behavioural Family Therapy" model (Falloon et al., 1993, 1984) focuses in on the whole family as a dynamic and living social system, which has strengths and weaknesses which need to be assessed in order to fully make sense of the function of child conduct problems. Rather than just utilising parent training methods, the whole family is seen as resource for achieving change. Strengths can

be built upon and deficits worked with. The emphasis is on patterns of communication and interaction and how these might be acting as barriers to problem-solving. It is hypothesised that until a family is communicating effectively it will not be able to maintain the full effectiveness of parent training. Results have indicated significant improvements in family functioning (Falloon et al., 1993) though further research needs to be done in the arena of child conduct disorders. Work with families where a member was suffering from schizophrenia, achieved a 75% drop in the relapse rate when behavioural family therapy was combined with medication (Falloon et al., 1984).

Taking an overview of research into behavioural family interventions there is some evidence, in relation to oppositional defiant and conduct disordered children, that a programme will be most effective if it includes (Jackson and Sikora, 1992, Horne and Sayger, 1990; Sayger, Horne, Passmore and Walker, 1988; Fleischman and Horne, 1979):

1. An assessment that specifically defines problem areas and establishes goals for treatment which are consistent with the families' experiences.

2. Involvement from the relevant multiple systems (identified from the assessment), including parents, siblings, teachers and others.

3. Effective therapeutic techniques which impact on environmental forces and create a positive expectation for change.

4. Developing self-control skills for the entire family which enable parents and children to reduce explosive and depressive behaviour.

5. Agreeing a disciplinary approach which has a "pay-off" for individual members and the family as a whole.

6. Social enhancement methods that increase children's prosocial behaviour.

7. Programmes for intervening in wider systems such as the extended family, school and community agencies.

8. Maintenance skills for continuing change once it has occurred.

Comparison Of Methods

Patterson's parent training approach has been shown to be more effective than family based psychotherapy, attention-placebo (discussion) and no treatment conditions (Patterson, Chamberlain and Reid, 1982). Forehand and McMahon's (1981) programme appeared to have more significant results than a family systems therapy (Wells and Egan, 1988), and a group version of the programme was superior to a parent discussion group based on the Systematic Training for Effective Parenting (STEP) model (Baum, Reyna McGlone and Ollendick, 1986; Dinkmeyer and McKay, 1976). Webster-Stratton's work has been replicated with several different populations and found to produce better results than a waiting list control group. More specifically, the group discussion videotape modelling method (GDVM-therapist led) is demonstrably as good as, if not more effective, than a parent training method based on the individualised "bug-in-the-ear" approach, a parent discussion group (without videotape modelling methods) or a self-administered videotape modelling programme (without therapist feedback or group discussion) (Webster-Stratton, Kolpacoff and Hollinsworth, 1989; Webster-Stratton et al., 1988). This component analysis suggests that parent training methods built on videotape modelling plus parent

group discussion and support will produce more sustainable results than programmes that do not employ either of these methods (Webster-Stratton, 1991).

Herbert (1997) in an extensive review of "Family Treatment" methods paid particular attention to an exploration of the empirical base and effectiveness of what could be loosely referred to as the "family therapies". What is presented is clear evidence of research rigour around Social Learning Theory and behavioural family therapy/intervention as apposed to the other family therapies where the lack of an empirically sound base and research of outcomes casts significant doubts on its efficacy and effectiveness. Herbert (1997) presents the following evidence:

- Family therapy has not undergone the controlled trials to demonstrate whether, how or where it is effective (Kazdin, 1988; Gurman, Kniskern and Pinsof, 1986). Alternatively Spenkle, Piercy et al (1986) state about behavioural family therapy that: "more methodologically sound research has been conducted on behavioural marital and family therapies than on other family therapies, perhaps because of their emphasis on the operationalization of treatment components and assessment of change" (p. 80).

- The majority of non-behavioural family therapies when looking at treatment methods, change and what it looks like, tend to operate at an abstract, anecdotal and generalised level (Piercy, Spenkle et al, 1986; see Speed, 1985); whereas in behavioural family work these elements are made clear, specific and importantly measurable (see Herbert, 1991, 1987; Patterson & Chamberlain, 1988; Reiss, 1988; Alexander and Parsons, 1982; Bandura, 1977).

Hence in non-behavioural family therapy the dependent (Bennun, 1986) and independent variables lack the necessary clarity (de Kemp, 1995; Marmar, 1990; Hill, 1982).

- The emphasis on abstraction and anecdotal thought within family therapy is evidenced by the use of such terms as "scapegoating", "doublebind", "sibling transfer" and the "go-between" (Lask, 1987) and such processes may be conscious or unconscious. For the experiential Family Therapists goals are non-specific and are concerned with "self-worth", "self-responsibility" and "personal growth". Empirical measurement is downgraded as it is not able to reflect the subtleties of family relationships (Herbert 1997).

- Gurman, Kniskern and Pinsof (1986) compared 15 models of therapy addressing childhood behaviour problems and found that only 2 models (the behavioural and psycho-educational) produced convincing results. Of interest is the finding that directive methods were more effective.

- Using behavioural methods linked to a family systems model has shown significant positive outcomes in family work where there are behavioural and relationship difficulties (Dare, 1985).

- Kazdin (1987) notes that no other intervention with children displaying conduct problems has produced such effective results as behavioural parent training. A conclusion also reached by Gurman, Kniskern and Pinsof (1985).

Therapeutic Process And Parent Training

Within the specific field of parent training there has been little work done on therapeutic process and what helps and hinders in the relationship between therapist and parent(s). It has been generally recognised within behavioural work that the quality of the

relationship the therapist has with the client is important (Dadds, 1989; Twardosz and Nordquist, 1988; Sweet, 1987; Chamberlain and Baldwin, 1987; Patterson and Forgatch, 1985; Chamberlain, Patterson and Reid, Kavanagh and Forgatch, 1984) but not a lot has been said about interactional style, communication and how therapeutically parents can get the most out of the experience of parent training. In other words, are there essential therapeutic elements required to achieve optimum results and what needs to go on process-wise between therapist and parent(s) ?

There is a need then to identify therapist variables linked to outcomes which go beyond purely saying it is important to establish a relationship based on warmth, empathy, support, encouragement and humour (Sanders and Dadds, 1993). For instance why is it when one therapist applies a set of learned skills on giving constructive feedback, that the parent usefully questions his/her child management but when another therapist applies the same skills the parent feels criticised, devalued and fails to return to the next session? There are important process variables which impact on the acceptability (to parents) of advice and support offered by clinicians.

Webster-Stratton's (Webster-Stratton and Herbert, 1993) research looking at over 100 hours of video which recorded parent group discussion and interaction, (therapist led, using the GDVM methods previously discussed) concluded that a significant factor in the therapeutic process was collaboration and partnership (similarities with Dangel and Polster, 1988; 1984). Importantly such general terms were broken down into more meaningful elements. Within the collaboration model there were six roles identified for the therapist: *building a supportive relationship, empowering parents,*

teaching, interpreting, leading and challenging, and prophesising. For the parent there were five recurring themes linked to helping them cope more effectively: *promoting parents' problem-solving, helping parents "come to terms" with their child, gaining empathy for their child, parents accepting their own imperfections, and learning how to "refuel".* Such results concurred with findings that emphasised the importance of valuing parental skills due to the primary educational function and working together, non-judgementally, to look at child behaviour problems. This helps parents feel better about themselves and more confident in their own skills (Easen, Kendall and Shaw, 1992; Alessi, 1987).

Webster-Stratton (Webster-Stratton and Herbert, 1993) broke the six therapist roles down further into sub-elements:

1. **Building A Supportive Relationship**

- Self-disclosure to create rapport and common understanding
- Using humour to reduce anxiety, anger, and cynicism ("break the ice")
- Being optimistic to model positive expectations for change
- Acting as an advocate for parents with other agencies

2. **Empowering Parents**

- Reinforcing and validating parental insights
- Challenging powerless thoughts
- Encouraging self-empowerment to highlight parental strengths
- Promoting family and group support systems to reduce isolation and increase mutual sharing

3. **Teaching**

- Persuading by explaining clearly the connections between ideas and principles

- Adapting concepts and skills to the individual circumstances of each parent and the temperamental attributes of the child

- Giving assignments and tasks which enable skills to be further practised and transferred to the home setting

- Reviewing and summarising main learning points and agreed tasks to reduce confusion

- Teaching parents to apply skills and experience, not only to target behaviour, but wider situations, settings and behaviour (encouraging generalisation)

- Using videotape examples and other "props" to get main ideas across (must be meaningful and real to each parent)

- Using role-play and rehearsal to produce positive changes in interaction and child behaviour

- Evaluating each session to measure progress and satisfaction

4. Interpreting

- Using analogies and metaphors to practically explain theories and concepts (must be culturally relevant and sensitive)

- Reframing parental stories and explanations in order to reshape beliefs about the nature of the problems (cognitively restructuring)

5. Leading And Challenging

- Setting limits to provide a structure which facilitates group process

- Pacing the group in order that everyone understands each element prior to moving on

- Accepting, and working collaboratively with parents to understand reasons for resistance

6. Prophesising

- Anticipating and predicting problems and setbacks to prevent disillusionment

- Predicting parental resistance to change or trying certain new strategies, to prevent feelings of inadequacy (accepting that some techniques are not acceptable or relevant to everyone)

- Predicting positive change and success if tasks and programme are fully completed (builds an agenda and set of expectations totally focused on change and moving forward)

Appendix 1 contains a checklist to evaluate the collaborative process (Webster-Stratton and Herbert, 1993).

Prevention And Parent Training

Being a parent does not suddenly occur at the point of birth; it involves a complex set of skills that have to be learned and practised over time. It significantly effects social arrangements, expectations, level of free time, and the amount of disposable income - yet there is very little preparation for parenthood and even less family support once the baby is born (Utting, 1995). For some this situation is surprising, when parents are engaged in possibly the most difficult and responsible task they will ever face in their lifetime i.e. the rearing of the next generation. To use a car analogy, people would be rightly appalled if the Government was encouraging and advocating that first time drivers should go on to the open road without supervisory support and teaching.

Some limited recent research has been conducted looking at the value of parent education and preparation for parenthood. A school based programme with adolescent mothers significantly impacted on the quality of parent-child interaction, created a more

positive home environment which assisted the child's development (Causby, Nixon and Bright, 1991). Currently within the UK there are a number of imaginative research projects looking at the value of preparation for parenthood classes and there is a growing movement that the subject should become part of the National Curriculum.

Wekerle and Wolfe (1993) reviewed 34 studies where the main intervention was parent training directed at reducing the risk of physical and emotional child abuse. The short term results were extremely encouraging but the long term impact was unclear. Such findings are replicated elsewhere in relation to prevention of child abuse and further longitudinal research is required (Sanders, 1992).

Pugh, De'Ath and Smith (1994) argue that being a parent should be viewed as a lifelong process characterised by early preparation for parenthood, parenthood itself, and then extended to becoming a grandparent. This "life cycle" model attempts to place the job of bringing up children in wider societal context whereby everyone has some collective role or responsibility. Statutory agencies working more together and with local communities, should forge a clear partnership based on a common agenda and shared interest. In addition the preventative value of such a community approach should be emphasised in terms of improving the mental health of children and families and reducing the risk of abuse. It is within this context that parent training should be firmly seated (Utting, 1995; Pugh, De'Ath and Smith, 1994).

Structural forces have been identified as working against a community perspective, for example, an emphasis on individualism, privacy and mobility (Utting, 1995). Risley, Clark and Cataldo (1976) state that the decline in extended family support networks in

Western countries may be producing parents who have had few role models for successful child rearing techniques and who receive minimal support in raising children. A lack of support, interest and involvement, has meant communities do not have "buffers" which are protective and nurturing of children and parents alike. In addition the worsening of economic conditions, the modelling of violence on television, and the growth of suburban overcrowding and isolation may all contribute to the growing salience of parenting problems (Sanders and Dadds, 1993).

There is growing evidence to suggest that community based initiatives which emphasise and facilitate parental mutual support, self-help groups, befriending or "buddy" systems, multi-agency working and informal support between family, friends and neighbours, have a positive impact on parenting behaviour (Rodgers, 1993; Gaudin, 1993; Barber, 1992; Gaudin et al., 1991; Jennings, Stagg and Connors, 1991; Telleeen, Hertzog and Kilbane, 1989). Such networks ease or mediate stress and pressure on families and create a safety net that helps with social cohesion and bonding.

An exciting development concerns parents being trained to run family support programmes and structured parent training groups. Early results suggest a significant improvement in children's behaviour and parental confidence (Andersen, 1994; Gill, 1993). One study even found that parents running parent study groups were just as effective as trained counsellors in improving child management skills (Kottman and Wilborn, 1992). The potential for mass dissemination of such methods is huge and would help in normalising the need and value of learning parenting skills. Within the UK, organisations such as Home Start and Newpin are at the

forefront of a movement to demonstrate the value of recognising parental experience as a strength and community resource which could be used to support families. Part III of the 1989 Children Act also offers a mandate for such an approach.

The prevention of child conduct disorders cannot be divorced from the above context of wider social responsibility as it is indelibly interlinked. There have been a number of programmes specifically designed to reduce the possibility of conduct disorders developing. One such programme was concerned with early social bonding for the child, which encouraged commitment, attachment and adherence to the values of the family, school and peers (Hawkins and Lam, 1987; Hawkins and Weis, 1985). There were several components:

1. *Classroom:*-interactive teaching and co-operative (peer involved) learning methods.

2. *Family:*-parent management training and conflict resolution for family members.

3. *Peer social skills training.*

4. *Community focused career education* and *individual counselling.*

It is hypothesised that the multiple context of family, school, and peers increases the bonding required to reduce the possibility of anti-social behaviour starting (Kazdin, 1990). In looking at these types of programmes there is evidence to suggest that early preventative intervention can reduce the factors that may lead to child conduct disorders (Webster-Stratton and Herbert, 1994). Further research is required to identify clear causal links.

Summary

The following summarises the key issues and findings in relation to the literature on parent training:

- Identified the negative connotations of the term parent training.

- Demonstrated the convergence of behavioural and social learning theory and the move to joint and wider adjunctive methods.

- Illustrated the effectiveness of parent training methods but warned against complacency, particularly around maintenance of change over time.

- Detailed the historical growth and links of parent training, starting with the "triadic model" (Tharp, Wetzel and Thorne, 1968).

- Detailed the pioneering work of Patterson et al. (1975), Hanf and King (1973) and Forehand and McMahon (1981).

- Looked in detail at the BASIC and ADVANCE groupwork programmes developed by Webster-Stratton (1991; 1981a,b) and the move towards a wider focus.

- Detailed the content and effectiveness of the WINNING programme (Dangel and Polster, 1984).

- Described the interest and growth of parent training methods in the UK and how it corresponds with research into prevention and family support (Dartington Social Research Unit, 1995; Audit Commission, 1994).

- Looked at the efficacy of Behavioural Family Therapy (Falloon et al., 1993; 1984) in preventing relapse and fully utilising family strengths and resources (dependent on assessment, parent training on its own can still be effective).

- Demonstrated that behavioural parent training has produced some very promising results when compared with other methods.

- Highlighted the importance of therapeutic process and the lack of work identifying qualitative factors. Drew heavily on research conducted by Webster-Stratton and Herbert (1993).

- Widened context of parent training to look at prevention, community involvement, mutual support and social responsibility.

RESEARCH STUDY

SECTION 2

Section 2: Research Study

Chapter 3 Experimental Design

Introduction

From the literature on child conduct disorders and parent training, the outcomes for children and parents are encouraging but not conclusive. As will become clear the study extends our existing knowledge and understanding to provide a fuller picture of effective variables.

As described in the Introduction to the study (p. x-xi) the main aims of the study are as follows:

1. To identify essential or core therapeutic elements in parent training groups.

2. To compare the effectiveness of two groupwork programmes for parents experiencing child conduct disorders. Both employing behavioural and cognitive behavioural methods but with different starting points (see p. 53). The Fun and Families programme having been developed and piloted by the author (Gill, 1989)

3. To evaluate the impact on parents' and children's behaviour of two ongoing parent support groups.

What has been a driving force over the last 7 years has been a fascination in the psychological and social processes in parent training groups. What was it about these groups that made them work or not? What were the essential therapeutic elements? What increased parents' sense of hope and control? Why did they change the way they responded to their children?

The research was never intended to be just a "number crunching" exercise, but an exploration into the minds of the parents to look at the stories they were telling themselves. At an observable and behavioural level it was intriguing to observe the dynamic nature of parent-child interaction and the intricacies of the way behaviour is shaped and learned. Group Leaders shaped parents but parents shaped Group Leaders and similarly parents shaped children but children shaped parents. Families are a living force continually evolving and developing in a systemic way but not divorced from wider community and societal systems. The challenge was to begin to unravel all of this in a way that had not been tried before in order to put all the bits of the jigsaw together! The prospect was, and still is, an exciting one.

In more specific terms, why is this study important? (the "so what?" test as Herbert, 1990 describes it; see also Sternberg, 1977). In essence, there is little research on the process and experiential aspects of parent training compared to methodology (Patterson and Forgatch, 1995). We know that parent training is effective but not exactly why. Additionally previous work has neglected the impact of parental mutual support. This study redresses the balance as follows:

- To focus on qualitative factors in parent training groups.

- To identify factors or variables which will assist Groupwork Leaders in planning and running more effective groups.

- To enable parents and carers get the maximum impact from a time limited groupwork programme.

- To explore the therapeutic value of parental mutual support and impact on maintenance of change.

- To develop a greater understanding and relevance of Social Learning Theory and cognitive behavioural methods to the area of parent training.

- To add to the debate and work looking at parental needs and the value of a parenting skills model.

- To demonstrate the cost effectiveness and possible preventative impact of such groupwork programmes.

The following outlines the design of the research and attends to: hypotheses or predictions to be tested (key research questions); dependent variables; participants; selection criteria; timetable and methods. Chronologically within the design and results, attention is given firstly to process variables as they inform and explain outcomes and effectiveness.

Hypotheses

1. That certain core therapeutic elements or "ingredients" contained within parent training are important in enabling group process and change.

1.1 That the most significant independent variables which facilitate and effect the above are as follows:

◊ The discipline (i.e. social pressure and approval) of attending a weekly group for 7-8 sessions.

◊ Informal contact and support from group members and therapists.

◊ The style of presentation or the way content is delivered.

◊ The emphasis on applying general social learning principles within a group setting to individual circumstances (re. assessment and intervention techniques). Hence it was predicted that those attending the Fun and Families programme would do better than those involved with WINNING programme.

◊ The presentation of the first two sessions (Fun and Families programme) on "learning to be clear" and the functional relationship between antecedents, behaviour and consequences have a significant desirable effect on parental perceptions, attributions and behaviour.

2 That formal and informal contact and involvement with the Parent Support Group following completion of either programme increases the likelihood of maintenance and generalisation of change over time.

Dependent Variables

In manipulating the independent variables (e.g. programme content, involvement with Parent Support Group) it was predicted that there would be a consequence or effect on the following dependent variables.

1. Parental

◊ Parental perceptions and attributions towards child behaviour.

◊ Parental understanding of applied behavioural principles.

◊ Parental skills at managing and reducing child behaviour problems.

◊ General parental attitudes and values towards child behaviour and development.

◊ Parental satisfaction with Support Group and/or "Fun and Families" or "Winning" programme.

◊ Parental cognition about parenting abilities.

◊ Parental emotions and coping capacity with behavioural difficulties.

2. Child

◊ Number and frequency of desirable and undesirable child behaviours.

3. *Parent-Child Interaction*

◊ Level of appropriate responses between parent and child

4. *Therapist*

◊ Therapist perceptions and attributions about group process, change and development.

Figure 3 Dependent Variables And Operational Measures

Dependent Variables   *Measures*

1. Parental

Parental perceptions and attributions towards child behaviour →	*Questionnaire* *Formal Interview*
Parental understanding of applied behavioural principles →	*Structured observation of parent-child interaction* *Diary/log book completed by therapist*
Parental skills at managing and reducing child behaviour problems →	*Structured observation of parent-child interaction* *Parental recordings of "homework" tasks and monitoring of progress* *Eyberg Child Behaviour Inventory*
General parental attitudes and beliefs towards child behaviour and development →	*Questionnaire* *Formal interview*
Parental satisfaction with Support Group and/or "Fun and Families" or "Winning" programme →	*Group session evaluation* *Programme evaluation* *Diary/log book completed by therapist*

Parental cognition's about their abilities as parents	→ *Questionnaire* *Formal interview*

Parental emotions and coping capacity with behaviour difficulties	→ *Questionnaire* *Formal interview*

Parental perceptions and attributions about group process, change and development	→ *Group session evaluation* *Programme evaluation* *Diary/log book completed by therapist*

2. Child

Number and frequency of desirable and undesirable child behaviours	→ *Checklist for the direct observation of aversive and negative child behaviour* *Structured observation of parent-child interaction* *Eyberg Child Behaviour Inventory*

3. Parent-Child Interaction

Level of appropriate responses between parent and child	→ *Structured observation of parent-child interaction*

4. Therapist

Therapist perceptions and attributions about group process, change and development	→ *Diary/log book completed by therapist* *Programme evaluation completed independently by therapist*
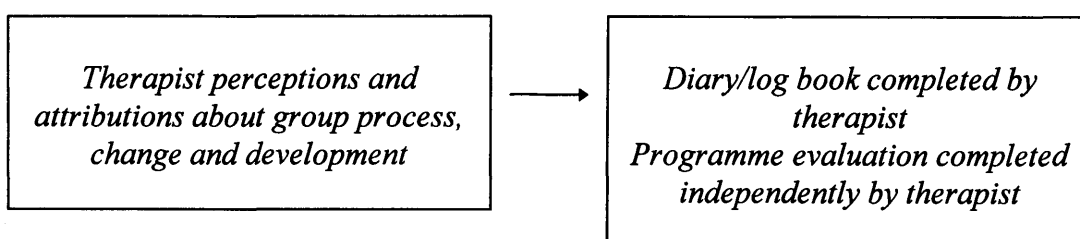
Methods

1. Context Of Research

The context of the research was that it grew out of an innovatory approach towards family support. Whilst working as a qualified Social Worker for Leicestershire Social Services Department, the author's Team was developing a community social work model which was concerned to identify, build and reinforce formal and informal networks of support. The geographical area was predominantly rural but contained areas of high social need, characterised by social isolation of young families, poor environmental factors and the lack of accessible family support resources. In conjunction with local Health Visitors the Team researched and identified more specific needs which consisted of parents with pre-school children who were struggling with the stressful demands of bringing-up their children who were displaying child behaviour or conduct problems. Again with Health Visitors, the Team looked at ways of getting alongside families and other professionals to look at how support could be offered collectively within two communities, and in 1987 saw the start of the Fun and Families Groupwork Project. The philosophy of the parent training and support programme was simple; practical advice which valued parental strengths and experiences, was not prescriptive, and emphasised the positive "fun" aspects of parenting. The Team was concerned with mutual support and working with parents collaboratively in order to empower parents to look at the possibilities of change. Hence there was concentration on encouraging good child behaviour rather than solely looking at "bigger and better" punishments.

2. Pilot Study

After reading and consulting widely over a period of 3 years the Team ran a rolling programme of Fun and Families groups (N=4) which were predominantly based on an inductive method of applying social learning principles to individual circumstances. All the groups involved the author, a Senior Social Worker and were co-run with a Health Visitor. Referrals were taken from a mixed population of parents referred through the Health Visiting services, local Social Workers, other professionals and self-referrals. The primary target group was preventive ("secondary level"; Hardiker, 1995) as the point of intervention was with families where there were early child behaviour problems (2-5 year olds). Additionally though, there was an experiment with a mixed population which involved parents where there were child protection concerns or their child had been placed on the Child Protection Register (physical abuse, neglect and emotional abuse - "tertiary" level, Hardiker, 1995). The total number of parents or carers involved in the pilot study was approximately 40.

Once parents had completed the 7 week group they consistently reported that it would be mutually supportive to continue to meet or maintain contact after the groupwork programme had been completed. Out of this identified need, two Parent Support Groups (one in each locality) were set up alongside a befriending or "buddy" system (parents met informally or offered telephone support to parent experiencing similar difficulties).

Through the 3 years, the programme was continually refined and developed on the basis of evaluation and feedback from parents who were part of a Fun And Families Parenting Committee. The

following instruments were used to measure effectiveness and customer satisfaction:

- The Eyberg Child Behaviour Inventory (Eyberg, 1980; Appendix 2) which measured the number and frequency of child behaviour problems, pre and post intervention (later simplified and modified by ourselves on the basis of parental feedback).

- Sessional evaluation using 0-5 point Likert scale

- Programme evaluation using same scale

- Qualitative feedback (verbal and written) from Group Leaders on process and content issues.

Following the successful piloting of the programme (Gill, 1990; 1989) which received national interest, Leicestershire Social Services Department reorganised into specialist teams and the project was placed at significant risk. After many months of uncertainty and discussion, the author and two colleagues left Social Services to set-up a national voluntary organisation (non-profit making) called the Centre for Fun and Families which was successfully launched in 1989. The Centre protected the local project, but significantly, was able to address needs nationally. Its main objective was to enable through consultancy, training, publications, research and direct practice, a network of parent training projects (see Appendix 3 for leaflet on the work of the Centre). It is within the context of the work with the Centre and the author working part-time as a Social Worker in a Family Centre in Warwickshire, that the majority of the research study was carried out.

3. Participants

Building on the positive experience of the pilot, the target group for the study was deliberately drawn from the same mixed

population as described above. Parents came from working and middle-class backgrounds; ranging from being in receipt of Income Support to having a professional occupation. From the 60 parents; 49 were female and 11 male, 45 had partners and 15 were lone parents. Thirty five children who were presenting conduct problems were boys and 18 were girls. Their age ranges were between 2-11 years; with a mean of 3.75. Seven parents attended with partners, hence sought help for the same child.

The Rugby sample concentrated on a very large (at one point the biggest in Europe) Council estate with high levels of disadvantage and social need. The estate was particularly targeted because across the whole locality it produced by far the highest rate of child protection referrals to the Social Services Department. The long-term objective was to reduce the referral rate through a multi-disciplinary preventative strategy, based on the Leicestershire model. Hence the Team worked closely with parents/carers, local Health Visitors, other Social Workers and the two Primary Schools on the estate in order to build a shared understanding about family needs and community support (Gill, 1993). Additionally the Parent Support Group was located on the estate.

3.1 Selection, Recruitment And Groupwork Venues

In both Leicestershire and Warwickshire the methods of selection and recruitment were deliberately similar. Parents or carers could access a group by referring themselves to Social Services or the Centre for Fun and Families or be referred, mainly through their Health Visitor or Social Worker. Referral source broke down as follows: 26 from Health Visitors; 18 from Social Workers; 10 self-referrals and 6 through schools. Following such a request there

would be an initial screening visit to assess the appropriateness of the parent training programme. Parents were then randomly assigned to the following conditions (by drawing names from a hat):

1. Involvement solely with either parent training programme.
2. Involvement with a Parent Support Group, in addition to the programme (following its completion).
3. Control group consisting of parents who received no treatment.

It also had been originally planned to have a further condition of parents who joined one of the Support Groups prior to the commencement of the programme but due to recruitment problems this proved not viable. Involvement with the Support Group constituted a minimum of two contacts. Parents involved in the study attended 2-12 sessions.

See Figures 4 & 5 for Research Design

When responding to parents in real need within the community it proved very difficult ethically to totally randomly distribute parents. For instance, parents in desperate need of ongoing support once the programme was complete, were allowed to join the Support Group even though they were not part of that condition. Additionally it was not appropriate to force a parent to join a Support Group if they had no interest or need for it. In relation to the control group it also consisted of parents who decided not take up an offer of a place on the programmes. If required, support was offered to parents once the research was completed (see Discussion for a further exploration of the ethical dilemmas).

Figure 4 Research Design & Timetable
Fun And Families Programme
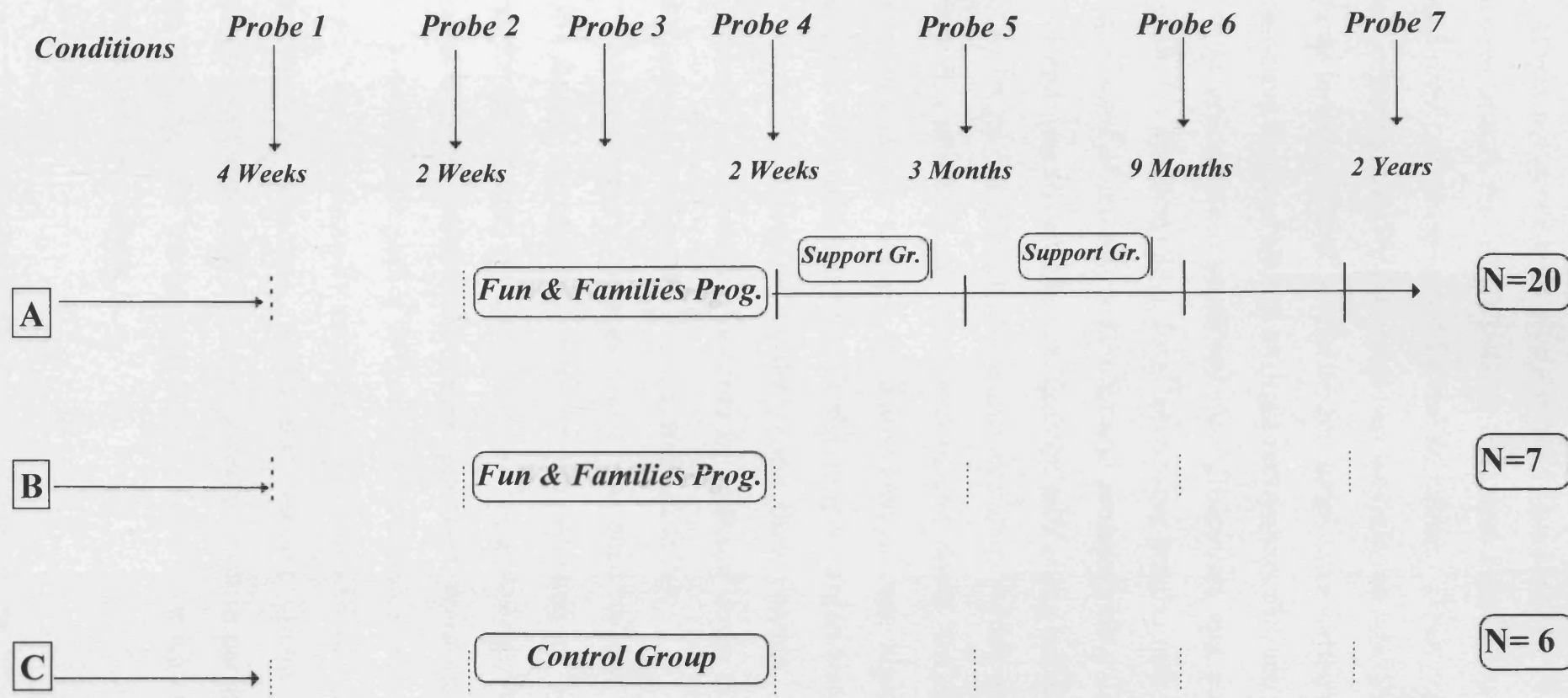
Figure 5 Research Design & Timetable
WINNING Programme

Conditions	Probe 1	Probe 2	Probe 3	Probe 4	Probe 5	Probe 6	Probe 7
	4 Weeks	2 Weeks		2 Weeks	3 Months	9 Months	2 Years

A → | WINNING Prog. | Support Gr. | Support Gr. | N=15

B → | WINNING Prog. | N=7

C → | Control Group | N= 5
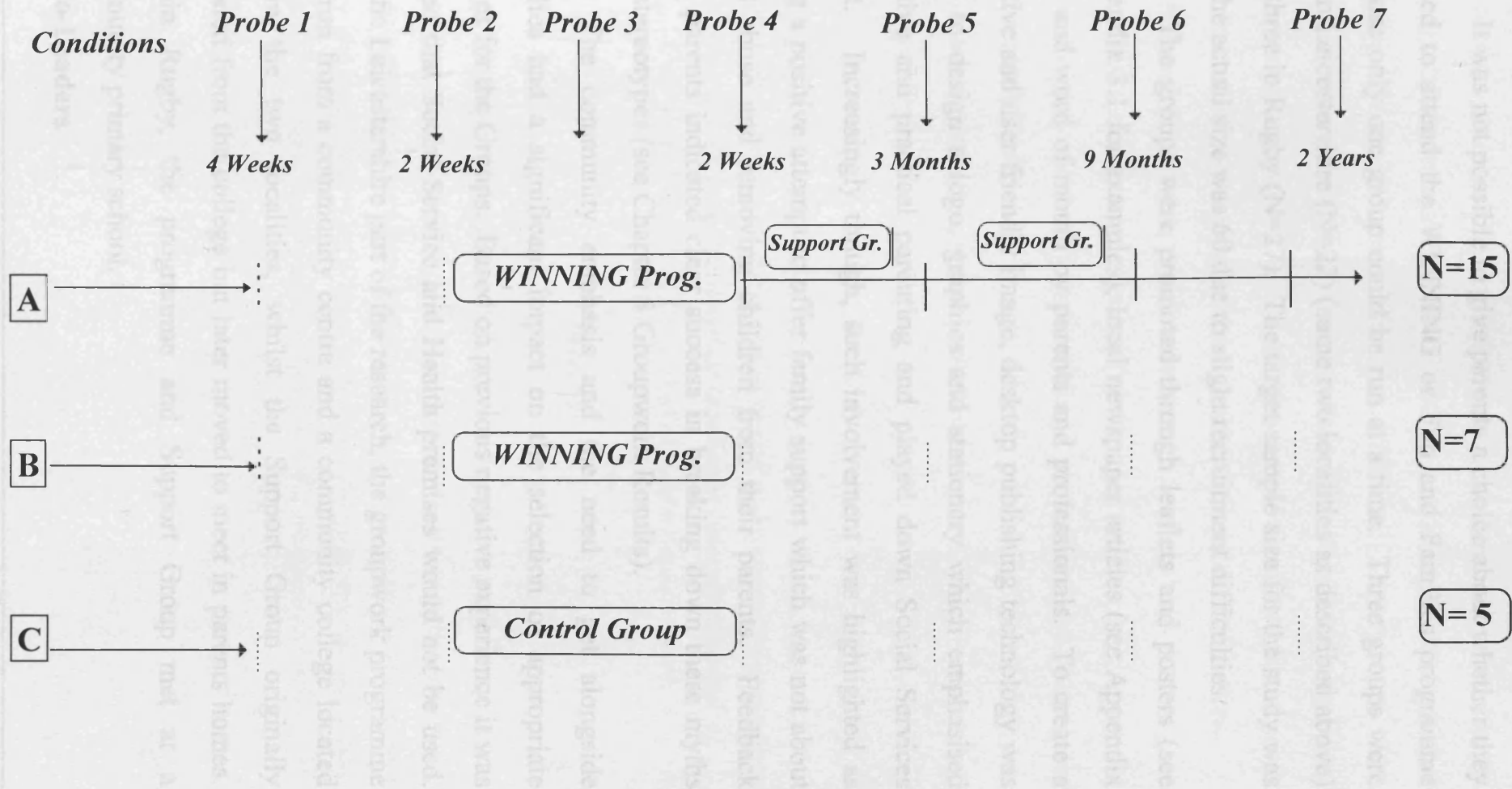
It was not possible to give parents a choice about whether they wished to attend the WINNING or Fun and Families programme because only one group could be run at a time. Three groups were run in Leicestershire (N=22) (same two localities as described above) and three in Rugby (N=27). The target sample size for the study was 70; the actual size was 60 due to slight recruitment difficulties.

The groups were promoted through leaflets and posters (see Appendix 3.1 for examples), local newspaper articles (see Appendix 3.2), and word of mouth by parents and professionals. To create a positive and user friendly image, desktop publishing technology was used to design a logo, graphics and stationary which emphasised positive and practical parenting and played down Social Services input. Increasingly though, such involvement was highlighted as being a positive attempt to offer family support which was not about child abuse and removing children from their parents. Feedback from parents indicated clear success in breaking down these myths and stereotypes (see Chapter 5 Groupwork Results).

The community emphasis and the need to get alongside families had a significant impact on the selection of appropriate venues for the Groups. Based on previous negative experience it was agreed that Social Service and Health premises would not be used. For the Leicestershire part of the research, the groupwork programme was run from a community centre and a community college located within the two localities, whilst the Support Group originally operated from the college but later moved to meet in parents homes. Within Rugby, the programme and Support Group met at a community primary school.

4. Co-Leaders

The author co-led all the Groups with colleagues from Health Visiting, the Centre for Fun and Families, social work students and Leicestershire and Warwickshire Social Services Departments. The co-leaders had previously run the Fun and Families programme and/or received training. All of them had previous direct work experience with parents experiencing child behaviour difficulties.

5. Research Timetable And Procedures

Read in conjunction with Figures 4 & 5

The following outlines the research timetable and points of measurement ("probes"):

Figure 6 Research Timetable And Procedures

Probe 1

*Approximately 4 weeks prior to the commencement of the groupwork programme, all of the parents were visited in their own homes. **Measures applied**: a) Unstructured interview. b) Eyberg Child Behaviour Inventory.*

Probe 2

*Approximately 2 weeks prior to commencement of the programme, all of the parents were visited at home. **Measures Applied**: a) Questionnaire (parental attitudes, attributions, and emotional feelings etc.). b) Structured interview based on previous questionnaire. c) Structured observation of parent-child interaction. d) Checklist for direct observation of child behaviour (negative and positive) e) Log book kept by Group Leader.*

Probe 3

Whilst the 7 or 8 week programme was running a number of measures were used. **Measures Applied:** *a) Session evaluations. b) Course evaluation (completed on the 6th or 8th session dependent on programme). c) Parental recording of "homework" tasks and progress. d) Log book kept by Group Leader. e) The Eyberg (recompleted on the 6th or 7th session)*

Probe 4

Approximately 2 weeks following the 6th or 7th session, there was a home visit to all of the parents. Also those parents randomly selected for post- involvement with the Support Group were introduced to its activities (including "buddy" or befriender system). The 7th or 8th session represented a "booster/troubleshooting" session. **Measures applied:** *a) Questionnaire (parental attitudes, attributions, and emotional feelings etc.). b) Structured interview based on previous questionnaire. c) Structured observation of parent-child interaction. d) Checklist for the direct observation of aversive child behaviour e) Log book kept by Group Leader.*

Probe 5, 6 & 7

The parents were followed-up at 3 months, 9 months and 2 years. **Measures Applied:** *a) Questionnaire (parental attitudes, attributions, and emotional feelings etc b) Structured interview based on previous questionnaire. c) Structured observation of parent-child interaction. d) Checklist for the direct observation of aversive child behaviour. e)The Eyberg. f) Log book kept by Group Leader of key observations, including those of parents attending the Support Group.*

6. Measures

To increase reliability and to counterbalance significant factors, multiple methods and change indices were used (Herbert, 1990; Harris,1986). Hence in order to cross-check, measures were deliberately administered both within the home and the group.

1. Eyberg Child Behaviour Inventory (Appendix 2.1)

The Eyberg Child Behaviour Inventory (ECBI) has been used extensively and found to be a reliable measure of child conduct problems (Robinson, Eyberg & Ross, 1980). Original validation research involved parents of over 500 children (2-12 year olds) and concluded that the ECBI was sensitive to a broad range of behavioural variability across the spectrum of child conduct disorders. Also ECBI scores from parents reporting conduct problems were found to be consistent across the ages, which suggested that a conduct disorder was independent of a child's stage of development. In essence the ECBI represents a psychometrically sound parent report instrument particularly when used as an adjunct to observational methods (Robinson, Eyberg & Ross, 1980). The author's experience through the pilot phase, confirmed its efficacy and relevance to a British population (due to time constraints at the pilot stage, a shorter, slightly modified version was also used). Similarly Scott's (1989) work with parent training groups in Liverpool demonstrated how useful and effective the ECBI could be.

2. Parental Attitudes, Attributions And Emotional Feelings.

Through the pilot and from listening to parents, a number of key areas/themes consistently emerged in relation to parental cognition and emotional consequences which appeared to epitomise the experience of those parents attending a group (Gill, 1991). Such was the commonality of experience and feelings that it appeared

predictive. Below is a brief selection of these significant and common parental thoughts and feelings reported at baseline (Gill, 1991):

- Helplessness
- Powerlessness
- Loneliness
- "Why me?"

- Inadequacy
- "I smack because I don't know what else to do"
- "My child knows what buttons to push to get me wound-up"
- "I feel knackered and just a slave to my two year old"

The relevance of the above to the study measures is that they informed the design of the questionnaire (Gill, 1989b; "Parental attitudes, attributions, and emotional feelings etc." - Appendix 2.1). The intent being to bring together common areas, utilising the experience of the pilot, in order to more rigorously gauge the impact of the parent training programmes.

Once the questionnaire was independently completed by the parent, it was then used as the basis of a structured interview; whereby questions were used to prompt fuller answers.

Prior to starting the study the questionnaire was piloted with 6 parents which resulted in minor adjustments in the wording of several of the questions.

3. Structured Observation Of Parent-Child Interaction

In order to test any reported change made within the group it was important to observe and measure the natural home situation (Herbert and Iwaniec, 1981). Additionally parenting skills demonstrated within the group environment might not have been generalised to the home due to different contingencies.

The use of structured observation in assessing parent-child interaction and the acquisition of parenting skills has a long history and its effectiveness and usefulness has been clearly demonstrated (Robinson and Eyberg, 1981; Eyberg and Robinson, 1981; Forehand and McMahon, 1981; Peed, Roberts and Forehand, 1977; Forehand and King, 1977, 1974; Hanf, 1968). A significant drawback in some of the above work (e.g. Eyberg and Robinson, 1981) is that the direct observation methods are clinic based and use very complex coding systems. For the purpose of this study a procedure which had been previously evaluated was required, which could be applied in the home and could be easily administered with minimum disruption to everyday family life. Budd and Frabry's (1984) structured observation system met this criteria. Evaluation showed that the system was flexible, portable, highly reliable and was applicable across diverse families and child behaviours. Importantly it gave an accurate measure of improvements or not in specific parenting skills which correlated with training.

From the five structured observational activities, two were chosen as being the most applicable to both parent training programmes in the study. Additionally results had shown that the two skill areas had produced the most reliable outcomes (Budd and Fabry, 1984). Firstly, "Instruction Giving" (parent asks the child to carry out 6 instructions within a set time) was used to assess a parent's skills in delivering and following through with instructions, particularly relevant as the most frequent presenting child behaviour problem is non-compliance (Forehand, 1977). Secondly, "Differential Attention" (parent requests that the child does not interrupt whilst s/he occupies themselves) tests the parent's ability to

praise appropriate child behaviour and ignore mild inappropriate responses.

The above observation system was piloted with 6 parents and was found to be effective with minor adjustments; the most significant was in the layout of the checklist which needed to be changed to make it easier to administer. For a copy of the recording sheets and explanation notes on carrying out the direct observations see Appendix 2.2 (Gill, 1989c)

To increase the reliability of the author's observations, students were trained to also administer the test and jointly the observations were completed on a random sample of 10 families (administered at the 9 month follow-up stage). The same procedure was used with the observation of child behaviour. Consistency was further reinforced by using video extracts which were continually replayed and child behaviour coded until there was a significant degree of convergence or similarity (overall 80-85% consistency was achieved).

4. Checklist For Observation Of Aversive Child Behaviour

To complement the above measure and method, a 20 minute natural observation system of 9 common aversive or negative child behaviours (see Appendix 2.3 for checklist, definitions of target behaviours and guidance notes; Gill, 1989d) was developed from the work of Patterson, Reid Jones and Conger (1975).

5. Group Content, Effectiveness And Process

Each parent completed an evaluation form at the end of each session which used a Likert scale (0-5) and concentrated on presentation, practical elements, overall content, support from other parents, most useful/relevant aspects and level of progress (Appendix 2.4; Gill, 1989e). On completion of the programme, parents

completed a more detailed evaluation around the same areas Appendix 2.5; Gill, 1989f). Based on the same questionnaire, the group leaders independently filled out their own evaluation (Appendix 2.6; Gill, 1989g). This allowed a contrast to be made with parental answers. Finally each parent completed a questionnaire to more specifically identify the most helpful elements of each groupwork programme using a 1-10 rating scale (Appendix 2.7; Gill, 1989h).

Throughout each programme parents used weekly record sheets of "homework" tasks (see Chapter 4 on Materials And Procedures). It was not practicable to collect and report the results but individual progress was noted in the weekly log book.

6. Qualitative Measures or the Illuminatory Approach

To capture the living, dynamic nature of a group experience, illuminatory methods were used (see Herbert, 1990; Miller, 1983; Parlett & Dearden, 1977). The log book provided invaluable insights into the groupwork context, contributions by individual parents, culture and process, interpersonal relations and content/presentation problems. In essence it brought the group alive in terms of the nuances and subtleties of human interaction (see Chapter 8 Critical Analysis for a further exploration of the value of this approach).

7. Parent Support Groups

The nature of the two Support Groups were largely and deliberately parent led, though there were certain common core elements (see Chapter 4 Materials And Procedures). As self-help groups they fitted into the overall philosophy of mutual support, building parental confidence and positively recognising or utilising strengths and experiences. Due to the dynamic and evolving nature

of both Support Groups and the reasons outlined above, it was decided that illuminative evaluation was more relevant. Hence again log book observations were made.

Summary

The following key areas were outlined and discussed:

- The history of the research from original ideas to conducting the work.

- The unique relevance and importance of the research.

- The hypotheses being tested.

- Dependent variables and operational measures.

- Methods and research design: Pilot study, subjects, selection and recruitment, venues, co-leaders, and timetable. Ethical problems associated with assigning parents to specific conditions.

- Measures used and rationale: Eyberg Child Behaviour Inventory (Eyberg, 1980) Parental Attitudes, Attributions and Emotional Feelings etc. questionnaire (Gill, 1989b), structured observation of parent-child interaction (Gill, 1989c), checklist for observation of aversive child behaviour (Gill, 1989d), and group process and effectiveness (Gill, 1989e;f;g;h).

Chapter 4 Materials And Procedures

Introduction

The following materials and procedures were employed and provide a chronological account of the two parent training programmes. Key points are also highlighted. Materials not contained within the Appendices can be accessed direct from the author. Additionally the content of the Fun And Families programme is already detailed (see Neville, King and Beak, 1995; Gill, 1993, 1990, 1989). *Each session of both programmes lasted for 2 hours, once a week.*

1. Fun And Families Programme

Session 1 Learning To Be Clear

a) Introductions

☆ Warm-up game: Throwing the ball and naming the person who catches it.

☆ Parent who had previously attended programme explains it's usefulness

☆ Aims and expectations. Ground rules agreed.

b) Learning To Be Clear

☆ Parents describe "poor" child behaviour. Placed on flip chart.

☆ *Key Point: Understanding and meaning of poor behaviour is dependent on individual experience and use of loose, value-laden terms or labels.* Demonstrated by "Fuzzies" exercise.

☆ *Key Points: Importance of being clear and specific to establish a shared understanding of a problematic child behaviour. What do we mean by a behaviour problem? Need to gather evidence or*

clues before answering the question why? Need to get an accurate total picture before we can intervene effectively? Resist parents needs for a "quick fix".

☆ Parents practise describing behaviour clearly and break down the sequence of events of a "temper tantrum" (*Key Point: Illustrates the importance of chaining*).

c) Tracking Behaviour

☆ *Key Point: Explanation of the value of assessment and tracking behaviour to establish patterns and baseline to measure against (provides a benchmark). Enables parent to dispassionately take two steps back from a situation.*

☆ Use of charting to measure progress and evaluate.

☆ Other tracking methods: diaries, audio and home video recordings, "typical day" accounts.

d) Break

e) Defining Behaviour

☆ Pairs or two small groups use handout or their own material to again practise defining behaviour.

☆ Within the two groups, parents individually define and agree one target behaviour to work on and ultimately reduce. One Group Leader joins each group to facilitate task.

f) Home Task

☆ Track the frequency of the target behaviour throughout the coming week, using appropriate chart or alternative method. Also record one positive child behaviour.

☆ Help telephone number given for those who might get stuck with task or need support.

✫ *Key Point: Parents reminded about the importance of trying home tasks!*

g) Evaluation

☆ Parents complete session evaluation form (Appendix 2.4).

Session 2 "It's As Simple As ABC!"

a) Introductions

☆ Brief recap on last weeks session.

☆ Individual and group feedback on previous weeks home task.

b) Child Development

✫ Group discussion on what is "normal" child behaviour? Handout provided on childhood norms. *Key Point: Subjectivity of parental perceptions of "normality" and the uncertainty and anxiety caused as a consequence.*

☆ Health Visitor presents input on child development to demonstrate the relatively wide age range in certain milestones being reached.

☆ Discussion on gender, racial, religious and cultural difference and potential impact on children's behaviour.

c) Break

d) The A-B-C Model Of Learning

☆ Explanation of how behaviour is learnt and reinforced.

✫ *Key Point: Importance of "triggers" and setting events (times, persons, places and situations).*

✫ *Key Point: The function of consequences or "pay-offs" to children and parents.*

e) Exercises

☆ Parents working in two small groups practically apply the above theory. Use the Mr Patel handout and ABC recording chart to break down a sequence of events into what led up to the child

behaviour (antecedent), the behaviour itself, and what immediately followed it (consequences)?

☆ Presentation of video extract, which again parents break down into the ABC elements (using a mealtime scene from the film "Kramer V's Kramer").

☆ Group discussion on what might be inadvertently encouraging/rewarding individual child behaviour problems?

f) Home Task

☆ A continuation of the tracking of the target behaviour on frequency charts and additional record of one ABC sequence per day.

g) Evaluation

☆ Completion of sessional evaluation form (Appendix 2.4).

Session 3 Encouraging "Desired" Behaviour

a) Introductions

☆ Brief recap on previous weeks session.

☆ Individual and group feedback on home task. Parents identify any common patterns re. "triggers" and "pay-offs".

☆ Warm-up game: Parents pair up and in turn say something nice about the other person, that they have observed since the start of the programme.

b) The Most Effective Means Of Change

☆ *Key Point: Patterns of behaviour can be changed by changing triggers and consequences. "Pay-offs" attached to target behaviour can be removed and the opposite behaviour encouraged and rewarded (see-saw analogy i.e. alter the balance between desired and undesired behaviour).*

☆ *Key Points: Importance of being positive and the need to "turn the target behaviour on its head" and concentrate on effective ways of rewarding good behaviour. Such behaviour "does not come out of thin air" it has to be taught and learned. Punishment does not teach children how to be well behaved.*

c) Changing "Triggers"

☆ *Key Point: Giving clear and effective requests to children will positively effect the outcome. "Looking and sounding as if you mean it" (importance of verbal and non-verbal communication).*

Play Acted Examples

☆ Group Leader leaves the room and shouts an instruction to a child played by a parent and then contrasts this with being close to the child and repeating the request. Highlights the impact of distance.

☆ Group Leader reads a newspaper and makes the same request to another parent playing the child. Highlights the impact of eye contact.

☆ Group Leader pleads to a child (parent) to put their toys away, who refuses. Then members of Group identify communication skills required to achieve compliance. Parents then practice these skills in order to incrementally build up their practical awareness of the key elements.

☆ Methods of distracting or "nipping difficult behaviour in the bud" to prevent the situation escalating

d) Break

e) Positive Reinforcement Techniques

☆ *Key Points: Positive reinforcement is an essential ingredient in getting more of the behaviour parents want to see. Desirable behaviour can often get ignored (punished) when family*

relationships become strained which provides no incentive for the behaviour to be repeated. Parental examples are heavily drawn upon.

☆ Social reinforcers and rewards. Adult and child examples are used.

☆ Material reinforcers and rewards. Overall parents list most powerful rewards.

☆ Children earning individual "special time" with parents/carers.

f) Certificate And Merit Sticker Reward System
(Appendix 4)

☆ Using play acting methods outlined above, parents practice their skills in giving reward/stickers. Also linked to good behaviour certificates. Brief notes are provided on using the merit stickers (Appendix 4).

g) Rules For Effective Use Of Positive Reinforcement

☆ Basic guidance is provided

h) Home Task

☆ Parents work in same 2 groups, as in previous weeks, to devise an individual positive reinforcement programme to encourage desired behaviour. If appropriate parents take reward stickers and album (Appendix 4).

☆ Parents are given a copy of the booklet "Working Together" (Appendix 4.1) which covers many of the key principles and techniques previously outlined.

I) Evaluation

☆ Parents complete the sessional evaluation form (Appendix 2.4)

Session 4 A Positive Approach To Discipline

a) Introductions

☆ Brief recap from last weeks session.

☆ Individual and group feedback. Midway review.

b) Views On "Punishment"

☆ Views and ideas on punishments are placed up on the flip-chart.

☆ Discussion on whether physical punishment is effective and why parents smack.

☆ Research and effectiveness of smacking. *Key Points: "Law of diminishing returns" i.e. smacking leads to more smacking to achieve any impact. Learning and modelling aggression as a way of solving problems.*

☆ Social Learning Theory and its definition of punishment i.e. a response or consequence of a behaviour which reduces its frequency.

c) Positive Methods Of Punishment

☆ Selective ignoring of minor behaviour difficulties. Linked to distraction and chaining of behaviour. Video extract or example is shown.

☆ Withdrawal of privileges. Discussion on time scales, and that maximum impact is achieved within the first few minutes of withdrawing something.

☆ Directing child to rectify or undo poor behaviour and then to apologise.

d) Break

☆ Time Out. A flow-chart is provided which goes through the sequence of events and the rational for its use is carefully explained.

☆ A video demonstrates the practical application of Time Out which is then followed by a discussion on feelings engendered by the technique and whether parents feel okay about using it.

☆ *Key Point: Time Out should be used ethically e.g. carefully, sparingly and for brief periods.*

e) Play Acted Example

☆ Group Leader takes on role as the parent whilst the parent plays their child in a typical situation where the child is being defiant. Group Leader then models the Time Out method, advised by other parents. Hence similar to a video the sequence of events are paused, freeze framed, replayed and then played until skills are learned. Parents are then encouraged, within the main group, to practice skills directly by re-running the same situation but without the Group Leader(s) taking the lead.

f) Importance Of Discipline

☆ On the flip-chart the following *Key Points* are made: *Rationale for setting and enforcing groundrules - children respect and need boundaries and guidelines in order to learn "appropriate moral" behaviour; provides necessary security and stability; child requires consistency and persistency to avoid confusion.*

g) Home Task

☆ Main Group splits into the two smaller working groups to work on coupling punishment techniques with the individual positive reinforcement programmes. One Group Leader joins each group. Progress is then monitored on the behaviour frequency charts.

h) Evaluation

☆ Parents complete evaluation form (Appendix 2.4)

Session 5 The Stories Parents Tell Themselves

a) Introductions

☆ Recap of main learning points from last weeks session.

☆ Individual and group feedback on home task.

b) Parental Beliefs, Thoughts And Feelings

☆ The link between beliefs, thoughts, feelings and behaviour is basically explored. *Key Point: The stories parents tell themselves has an impact on the way they feel and the way they behave.*

☆ On flip-chart group members describe thoughts and feelings they have linked to their parenting abilities. Notion of "learned helplessness" is explored. Also the influence of culture and societal values/myths about independence and the "perfect parent". How helpful or conflicting is the advice and attitudes of friends, relatives and neighbours?

c) A - B - C - O Model

☆ The cognitive-behavioural model is explained i.e. the relationship between the Activating event or trigger, with the Belief used to interpret the event and the emotional Consequences which effects the Outcome or behaviour. A handout is provided which gives some examples and demonstrates how cognitive challenges and disputes can positively impact on outcomes.

☆ In one group, parents provide examples of their thinking and rationalisations and their accuracy and if appropriate how cognitive distortions could be challenged and changed. Handout and flip-chart is used.

d) Break

☆ Further practical ways of disrupting or stopping unhelpful thoughts are explained: distracting your mind or attention onto something pleasurable, and pinching yourself to interrupt

dysfunctional thought processes ("thought stopping"). Also how Positive Thinking can be used.

e) Stress Management

✰ The impact of stress is demonstrated by group members being encouraged to clench their fists and then gradually relax in order to contrast the two extremes. *Key Point: Simple relaxation techniques can increase coping abilities and reduce the risk of a parent losing their temper with a child. Also if they are relaxed they are better able to calmly think how they are going to handle a situation rather than if they are wound-up and their emotions take over.*

✰ Importance of monitoring the physiological signs, symptoms and impact of stress is discussed. Parents are encouraged through group discussion to identify triggers or cues for their own stress and the physical consequences.

f) Relaxation Exercise

✰ Parents are asked to make themselves comfortable on the floor, laying on a mat or towel, whilst the Group Leader reads out a muscle relaxation script linked to breathing. The method is deliberately simple and versatile so it can be easily applied and used in the home.

g) Home Task

✰ Group splits up into the two smaller groups. Parents discuss the relevance and possible use of cognitive challenges i.e. changing the stories they are telling themselves, and stress management. Individuals then agree what they are going to practise over the coming week. They are provided with an A-B-C-O recording chart and a copy of the relaxation script.

h) Evaluation

☆ Sessional evaluation forms are completed (Appendix 2.4)

Session 6 Progress And Programme Evaluation

a) Introductions

☆ Recap of the main learning points from last weeks session.

☆ Individual and group feedback on home task.

b) Loose Ends

☆ Group discussion on areas of concern or confusion from the programme.

c) Future Planning

☆ Main group splits into the two smaller groups, accompanied by the Group Leaders, to discuss and agree individual targets for the next three weeks.

d) Break

e) Evaluation

☆ Parents complete the following: 1) The Eyberg Child Behaviour Inventory (Appendix 2). 2) The programme evaluation forms (Appendix 2.5 & 2.7).

☆ The Parental Attitudes, Attributions and Emotional Feelings questionnaire (Appendix 2.1) is given out and parents are asked to complete it immediately following this session; to be collected at the first follow-up (this avoids parents feeling bombarded in one session).

☆ Group Leaders complete their own evaluation of the programme (Appendix 2.6).

f) Parent Support Group

☆ A parent from the Support Group introduces it's purpose and activities for those who are joining it.

g) Presentation

☆ Group Leaders present Merit Certificates to reward and acknowledge parental efforts (Appendix 4.2).

h) Home Task

☆ Continuation of individual programmes and frequency recording sheets.

Session 7 Reunion And Troubleshooting

(3 weeks after Session 6)

a) Introductions

☆ Individual and group feedback on home task and overall progress. Specific difficulties and any blocks to change are discussed and troubleshooted.

b) Evaluation Results

☆ Results from the Eyberg and the Parental Attitudes, Attributions and Emotional Feelings questionnaires are shared with individuals.

c) "Booster"

☆ Main principles and ideas are reviewed i.e. learning to be clear, using the ABC model, positive methods of encouraging "desired" behaviour and setting limits.

d) Mutual Support

☆ If felt useful, parents exchange telephone numbers and addresses in order that they can keep in contact.

e) Social

☆ Group formally ends by parents going for a drink and/or meal.

2. WINNING Programme

The procedures and content of the WINNING programme is thoroughly detailed in Dangel and Polster (1988). Also the common

learning process for each session and the philosophy and principles which underpin the programme are discussed in Chapter 2 (p. 32-33). In addition a comprehensive groupwork manual was written as part of this research which contains all of the handout materials (Gill, 1991; Appendix 5) and describes the way skills should be developed and practised using the accompanying video (Gill, 1991; Appendix 5.1) and play acting methods. The video was made with the involvement of parents from previous Fun and Family Groups and demonstrates or models the 7 core skills or approximations (see guidance notes in Appendix 5). For ethical and child protection reasons, the session on physical punishment was not included as it discussed how smacking could be used, which was felt to be inappropriate. Due to cultural differences and expense, a UK version of the Dangel and Polster (1988) video (Appendix 5.1) was made by the author which significantly replicated the US version. Guidance and permission was sought and given from Richard Dangel and Richard Polster.

For the above reasons and to avoid unnecessary repetition, only a basic framework of each session is presented here:

Session 1 Praise And Attention

a) Introductions

☆ Welcome, personal introduction and warm-up.

☆ Purpose of the groupwork programme and groundrules. *Key Point: Learning positive strategies and skills to encourage and teach children what to do. Skills interlinked; each skill is the foundation for the next.*

b) Break

c) Developing First Skill - Praise And Attention

☆ Definition and rationale for its use.

☆ Handout provided and discussed on the *Key Points* to Remember About Praise and Attention (Appendix 5).

d) Video

☆ Video extract (Appendix 5.1) is shown to demonstrate skill and is followed by group discussion on observations and *Key Points*.

e) Play Acted Examples

☆ Group leaders model skill by one person playing the child whilst the other plays the parent who positively shows the child how to build a tower out of blocks; the child then is encouraged to build the tower and is praised for her efforts.

☆ In pairs parents similarly practise the skill but the situation is individualised to make it more relevant to behaviours/activities they wish to encourage. Roles are reversed to give each parent an opportunity to practise and master skill whilst observed by other parents and the Group Leaders who offer constructive advice. Similar to the Fun and Families programme micro skills are incrementally developed through continually rehearsing and replaying the situation.

☆ *Key Point: As the group is new and parents are getting to know one another it is important that at this stage they are given a choice on whether they would prefer in pairs to just discuss how they could apply and practice the skill at home, rather than play act it in the group.*

f) Home Task

☆ Recording sheet is provided and the task/target is to praise 10 times each day for the coming week (Appendix 5).

g) Evaluation

☆ Sessional evaluation forms are completed (Appendix 2.4).

Session 2 Rewards And Privileges

a) Introductions

☆ Welcome and warm-up.

☆ Brief recap of main learning points from last weeks session.

☆ Individual and group feedback on home task.

b) Developing Second Skill - Rewards and Privileges

☆ Description of skill and rationale for use.

☆ Brainstorm parental examples of rewards and privileges and list on flip-chart.

☆ Handout provided on *Key Points,* to Remember About Rewards and Privileges. Read over break.

c) Break

d) Video

☆ *Key Points* are freeze framed, briefly discussed and then video examples shown (Appendix 5.1).

e) Play Acted Examples

☆ Similar to session 1, Group Leaders take on the parent and child roles and provide a "good" and "poor" example of giving a reward sticker. Differences and observations are discussed.

☆ As in the first session, parents in pairs practice giving rewards or privileges. Parents generate their own real life situations/examples or select a role play card which provides a common scenario.

f) Home Task

☆ Parents are given a record chart and the task is to give two rewards or privileges each day for the coming week (Appendix 5).

g) Evaluation

☆ Sessional evaluation forms are completed (Appendix 2.4).

Session 3 Suggestive Praise

a) Introductions

☆ Welcome and warm-up. Brief extract shown of video (Appendix 5.1) used in first session to set scene and link to suggestive praise.

☆ Brief recap of main learning points from last weeks session. Video freeze framed on Key Points.

☆ Individual and group feedback on home task. Parents demonstrate use of rewards and privileges at home through play acted examples.

b) Developing Third Skill - Suggestive Praise

☆ What is suggestive praise and why use it?

☆ Handout is provided on *Key Points* to Remember About Suggestive Praise, to be read over break.

c) Break

d) Video

☆ *Key Points* are freeze framed, briefly discussed and then examples are shown (Appendix 5.1).

e) Play Acted Examples

☆ Same play acting methods are used as in previous sessions.

☆ Group Leaders re-enact common mealtime and supermarket situations where the child is misbehaving, stops after some encouragement which is rewarded by suggestive praise.

☆ Parental discussion on what they could say to their child, followed by parents practising skill.

f) Home Task

☆ Parents are provided with a record chart (Appendix 5) and the task or target is to use suggestive praise five times per day for the following week.

g) Evaluation

☆ Sessional evaluation is completed (Appendix 2.4).

Session 4 Ignoring

a) Introductions

☆ Welcome and warm-up.

☆ Brief recap on main learning points from last weeks session.

☆ Individual and group feedback on home task and overall progress.

☆ Two positives and one negative.

b) Developing Fourth Task - Ignoring

☆ What is it and why use it?

☆ Parental examples are placed on the flip chart.

☆ Handout is provided, to be read over break, on *Key Points* to Remember About Ignoring (Appendix 5).

c) Break

d) Video

☆ *Key Points* are freeze framed, discussed and then followed by videoed examples (Appendix 5.1).

e) Play Acted Examples

☆ Same play acting methods are used as in previous sessions.

☆ Group Leaders demonstrate the use of ignoring and distraction in dealing with a child pestering for a biscuit.

☆ Parents practice and play act skill.

f) Home Task

☆ The task is for the parent to record (Appendix 5), every time annoying behaviours were ignored in a one hour period each day for the coming week.

g) Evaluation

☆ Sessional evaluation is completed (Appendix 2.4).

Session 5 Time-Out

a) Introductions

☆ Welcome and warm-up.

☆ Brief recap on main learning points from last weeks session.

☆ Individual and group feedback on home task.

b) Developing Fifth Skill - Time-Out

☆ What is it and why use it?

☆ Parental examples of using time-out and variations.

☆ Ethical considerations.

☆ Handout provided on *Key Points* to Remember About Time-Out to be read over break (Appendix 5).

c) Break

d) Video

☆ *Key Points* are freeze framed, discussed; followed by videoed examples (Appendix 5.1).

e) Play Acted Examples

☆ Same play acting methods are used as in previous sessions.

☆ Group Leaders demonstrate the time-out sequence with a child who refuses to put some toys away. Flow-chart of procedure is placed on the flip-chart.

☆ Parents practise skill.

f) Home Task

☆ Parents record (Appendix 5) every time they have to use time-out for serious misbehaviour. Parents are given an handout on alternatives to smacking.

g) Evaluation

☆ Completion of sessional evaluation (Appendix 2.4).

Session 6 Removing Rewards And Privileges

a) Introductions

☆ Welcome and warm-up.

☆ Brief recap on main learning points from previous session. Reference made to the time-out procedure on the flip-chart.

☆ Individual and group feedback on home task. Also on how previous skills are being used together.

b) Developing Sixth Skill - Removing Rewards And Privileges

☆ Explanation of skill and it's use.

☆ Parental examples.

☆ Handout on *Key Points* (Appendix 5)

c) Video

☆ *Key Points* are freeze framed, briefly discussed, followed by videoed examples (Appendix 5.1).

d) Break

e) Game

☆ Parents split-up into two competing groups and individually write down their most enjoyable reward or privilege, worth 10 points. The cards are then swapped over between the two teams and the purpose of the game is for the Teams to negotiate, in turn, earning back rewards and privileges which have been withdrawn. Ideas and plans are listed on the flip-chart and bonuses/points are

awarded by the Group Leaders. The team with the most points wins and members receive a reward. ***Key Point***: *Demonstrates the value of rewards and privileges and the impact and feelings of loss when they are removed.*

☆ Main points and lessons from the game are transferred and individualised to parent-child situations.

f) Play Acted Examples

☆ Parents practice skill.

g) Home Task

☆ Parents record (Appendix 5) every time they have to remove a reward or privilege over the coming week.

h) Evaluation

☆ Completion of sessional evaluation (Appendix 2.4).

Session 7 Compliance And Programme Evaluation

a) Introductions

☆ Welcome and warm-up.

☆ Brief recap on main learning points from previous session.

☆ Individual and group feedback on home task.

b) Developing Seventh Skill - Compliance

☆ Description and rationale for use. ***Key Point:*** *Links and combines with 6 previous skills.*

c) Play Acted Examples

☆ Parents write on cards real life examples of situations they wish to encourage compliance. They take on parent-child roles and practice achieving compliance. Stickers are used as rewards.

d) Key Points And Home Task

☆ Handout on ***Key Points*** provided to parents (Appendix 5).

☆ Home task consists of parents asking child to carry out two instructions per day and then to use praise or a reward for compliance or removal of a privilege or time-out for defiance.

e) Break

f) Evaluation

☆ Parents complete the following: 1) The Eyberg Child Behaviour Inventory (Appendix 2). 2) The programme evaluation forms (Appendix 2.5 & 2.7).

☆ The Parental Attitudes, Attributions and Emotional Feelings questionnaire (Appendix 2.1) is given out and parents are asked to complete it immediately following this session; to be collected at the first follow-up (this avoids parents feeling bombarded in one session).

☆ Group Leaders complete their own evaluation of the programme (Appendix 2.6).

g) Parent Support Group

☆ A parent from the Support Group introduces its purpose and activities for those who are joining it.

h) Presentation

☆ Group Leaders present Merit Certificates to reward and acknowledge parental efforts (Appendix 4.2).

☆ Session 8 Reunion And Troubleshooting

(3 weeks after Session 6)

a) Introductions

☆ Individual and group feedback on home task and overall progress. Specific difficulties and any blocks to change are discussed and troubleshooted.

b) Evaluation Results

☆ Results from the Eyberg and the Parental Attitudes, Attributions and Emotional Feelings questionnaires are shared with individuals.

c) "Booster"

☆ Main principles and 7 skills are reviewed.

d) Mutual Support

☆ If felt useful, parents exchange telephone numbers and addresses in order that they can keep in contact.

e) Social

☆ Group formally ends by parents going for a drink and/or meal.

f) Parent Support Groups

For both Parent Support Groups there were certain core elements:

☆ Met monthly for approximately two hours.

☆ Co-led by the author.

☆ Developed themes and ideas from the groupwork programmes. Initiated by parents themselves or guest speakers.

☆ Parents organised talks on related parenting or child development issues.

☆ Emphasised practical ways of maintaining child behaviour improvements through "troubleshooting" and "booster" sessions.

☆ Befriending or "buddy" systems were encouraged both formally and informally: Parents (approximately six) were matched with others experiencing similar child behaviour difficulties or who were anxious about attending the programme; mainly parents exchanged telephone numbers and met socially.

☆ Organised family day trips and social events.

☆ Concerned with keying in to parental strengths and knowledge, drawn from experience, in order to develop mutual support!

Summary

What is described in detail is the materials and procedures which were used in the study to demonstrate the efficacy of the research and to enable future replication. Specifically the following is outlined:

- Content of the seven week Fun and Families programme.

- Content of the eight week WINNING programme.

- Core elements of the two Parent Support Groups.

Chapter 5 Groupwork Results

Introduction

The results from both groupwork programmes provide interesting and exciting data on a parental perspective of being involved and influenced by a parent training programme. Also common concerns, experiences, and what helped and what did not, in terms of problem solving and change. The results illuminate the groupwork task and process and mix action or qualitative research methods with quantitative methods. What then emerges is a common schema across both programmes of group process and effective groupwork methods and styles which enables group performance.

Hypotheses

1. That certain core therapeutic elements or "ingredients" contained within parent training are important in enabling group process and change.

1.1 That the most significant independent variables which facilitate and effect the above are as follows:

◊ *The discipline (i.e. social pressure and approval) of attending a weekly group for 7-8 sessions.*

◊ *Informal contact and support from group members and therapists.*

◊ *The style of presentation or the way content is delivered.*

◊ *The emphasis on applying general social learning principles within a group setting to individual circumstances (re. assessment and intervention techniques). Hence it was predicted that those attending the Fun and Families programme will do better than those involved with the WINNING programme.*

◊ *The presentation of the first two sessions (Fun and Families programme) on "learning to be clear" and the functional relationship between antecedents, behaviour and consequences (have a significant desirable effect on parental perceptions, attributions and behaviour).*

Research Outcomes

1. Results from Group Session and Programme Evaluation Questionnaires (Appendix 2.4 & 2.5) - Fun And Families Programme

Session 1 Learning To Be Clear

Table 1 shows the mean results (quests. 1-6) from the three Groups, using a 0-5 Likert rating scale (very poor-excellent) and a -2-+2 scale (demanded too little-too much) for question 6:

Question	Group 1 N=6	Group 2 N=5	Group 3 N=13	Overall N=24
Organisation of session.	3.6	4.25	3.44	3.67
Explanation/demonstrat. of practical elements	3.8	3.75	3.56	3.72
Topics covered in sufficient depth	3.4	3.25	3.33	3.33
Level of progress	2	2.75	1.78	2.06
Level of support from other parents	3.2	3.5	3.11	3.22
Session demanded too much or too little	0	0	0.44	0.22

Data on significant "Common Parental Answers" (quests. 7-15) gathered for each session is contained in Appendix 6

Table 2: Session 2 "It's As Simple As ABC"

Question	Group 1 N=8	Group 2 N=5	Group 3 N=14	Overall N=27
Organisation of session.	3.63	3.8	3.73	3.71
Explanation/demonstrat. of practical elements	4	4.2	3.45	3.79
Topics covered in sufficient depth	3.63	3.2	3.36	3.42
Level of progress	2.75	3.4	2.18	2.63
Level of support from other parents	4	4.2	3.09	3.63
Session demanded too much or too little	-0.13	-0.4	0.09	-0.08

Table 3: Session 3 Encouraging "Desired" Behaviour

Question	Group 1 N=5	Group 2 N=4	Group 3 N=9	Overall N=18
Organisation of session.	3.75	4.25	3.86	3.93
Explanation/demonstrat. of practical elements	4	4.5	4.29	4.27
Topics covered in sufficient depth	4	4	4.14	4.07
Level of progress	3	4.25	3.43	3.53
Level of support from other parents	3.75	4.25	4	4
Session demanded too much or too little	0	0	0	0

Table4: Session 4 A Positive Approach To Discipline

Question	Group 1 N=5	Group 2 N=4	Group 3 N=8	Overall N=18
Organisation of session.	4.5	4.5	3.89	4.13
Explanation/demonstrat. of practical elements	4.25	4	3.69	4.21
Topics covered in sufficient depth	4.75	4	3.56	3.83
Level of progress	4	3.5	3.33	3.53
Level of support from other parents	4.5	4	3.56	3.87
Session demanded too much or too little	0	0	0	0

Table 5: Session 5 The Stories Parents Tell Themselves

Question	Group 1 N=3	Group 2 N=4	Group 3 N=9	Overall N=16
Organisation of session.	4.67	5	4.13	4.38
Explanation/demonstrat. of practical elements	4.67	4	4	4.15
Topics covered in sufficient depth	4	5	3.75	4
Level of progress	4.33	4	3.88	4
Level of support from other parents	4.67	3	3.75	3.85
Session demanded too much or too little	0	0	0	-0.08

Table 6: Session 6 Progress And Programme Evaluation

Question	Group 1 N=6	Group 2 N=4	Group 3 N=8	Overall N=18
Organisation of course.	4.13	4.4	4.27	4.25
Explanation/demonstrat. of practical elements	4	4	3.91	3.96
Topics covered in sufficient depth	4.13	4.2	3.91	4.04
Level of progress	3.63	3.8	3.73	3.71
Level of support from other parents	3.75	3.8	4.18	3.96
Course demanded too much or too little	-0.25	-0.2	-0.27	-0.25

Table 7: Results from Course Leaders Questionnaire (Appendix 2.6)

Question	Group 1 N=2	Group 2 N=2	Group 3 N=2	Overall N=2
Organisation of course.	4	4	4	4
Explanation/demonstrat. of practical elements	4	4	4	4
Topics covered in sufficient depth	4	3.5	3	3.5
Level of progress	3	4.5	2	3.17
Level of support from other parents	3	2	4	3.5
Course demanded too much or too little	0	-1	0	-0.33

Table 8 Programme Elements

Using a 1-10 rating scale (not helpful-extremely helpful).

Question	Groups 2 &3
The way the course was presented	9.42
Sharing feelings/experiences with other parents	9.09
Emphasis on humour and making families fun	8.42
Being offered individual practical advice	8.36
Play acting parent and child	6.27
Use of video	8.08
Other practical exercises on the course	7.60
Weekly "homework" tasks	7.50
Handouts	8.66

2. Results from Group Session and Programme Evaluation Questionnaires (Appendix 2.4 & 2.5) - WINNING Programme

Table 9: Session 1 Praise And Attention

Question	Group 4 N=9	Group 5 N=6	Group 6 N=6	Overall N=21
Organisation of session.	4	3.67	4.2	4
Explanation/demonstrat. of practical elements	4	3.67	4	3.92
Topics covered in sufficient depth	3.2	3	3.2	3.14
Level of progress	3.2	2.67	2.6	2.85
Level of support from other parents	3.6	3.67	3.4	3.62
Session demanded too much or too little	0	0.33	-0.2	0

Data from "Common Parental Answers" (quests. 7-15) are contained within Appendix 6

Table 10: Session 2 Rewards And Privileges

Question	Group 4 N=7	Group 5 N=8	Group 6 N=3	Overall N=18
Organisation of session.	3.6	4.4	4.33	4.08
Explanation/demonstrat. of practical elements	4	4.2	4.33	4.15
Topics covered in sufficient depth	3.4	3.4	4.33	3.62
Level of progress	3.4	3.6	3.33	3.46
Level of support from other parents	3.8	4.6	3.67	4.08
Session demanded too much or too little	0.4	0	0.33	0.23

Table 11: Session 3 Suggestive Praise

Question	Group 4 N=6	Group 5 N=6	Group 6 N=3	Overall N=15
Organisation of session.	3	4.43	4.33	4
Explanation/demonstrat. of practical elements	3.5	4.29	4.33	4.07
Topics covered in sufficient depth	3.25	3.86	4	3.71
Level of progress	2.25	3.71	3.67	3.29
Level of support from other parents	2.5	4.14	4	3.64
Session demanded too much or too little	-0.25	0.14	0	0

Table 12: Session 4 Ignoring

Question	Group 4 N=5	Group 5 N=5	Group 6 N=5	Overall N=15
Organisation of session.	3.75	4	4.2	4
Explanation/demonstrat. of practical elements	4.25	3.6	4.2	4
Topics covered in sufficient depth	4.25	3.6	4.4	4.07
Level of progress	2.75	3.4	3.6	3.29
Level of support from other parents	3	4	4	3.71
Session demanded too much or too little	0.25	0	0	0.07

Table 13: Session 5 Time-Out

Question	Group 4 N=6	Group 5 N=6	Group 6 N=4	Overall N=16
Organisation of session.	3.6	4.5	4.25	4.08
Explanation/demonstrat. of practical elements	4	4.25	4.75	4.31
Topics covered in sufficient depth	3.4	4.25	4.5	4
Level of progress	2.8	4	3.88	3.25
Level of support from other parents	3.2	4	3.5	3.54
Session demanded too much or too little	0.4	0.25	0	0.23

Table 14: Session 6 Removing Rewards and Privileges

Question	Group 4 N=5	Group 5 N=4	Group 6 N=5	Overall N=14
Organisation of session.	4.6	4.75	4.25	4.54
Explanation/demonstrat. of practical elements	4.4	4.5	4.5	4.5
Topics covered in sufficient depth	3.8	4.75	4	4
Level of progress	3.6	4.5	3.25	3.25
Level of support from other parents	4	4.25	3.75	3.75
Session demanded too much or too little	0.2	0	0	0.08

Table 15: Session 7 Compliance

(Only Group 4 rated this session separately as with Groups 5 and 6 sessions 7 and 8 were combined).

Question	Group 4 N=6	Group 5	Group 6	Overall N=6
Organisation of session.	3.6			
Explanation/demonstrat. of practical elements	4			
Topics covered in sufficient depth	3			
Level of progress	3.4			
Level of support from other parents	3.4			
Session demanded too much or too little	0			

Table 16: Session 7 or 8 Programme Evaluation

Question	Group 4 N=6	Group 5 N=7	Group 6 N=4	Overall N=18
Organisation of course.	4.2	4.57	4.4	4.41
Explanation/demonstrat. of practical elements	4.2	4.29	4.2	4.24
Topics covered in sufficient depth	3.8	3.71	4.2	3.88
Level of progress	4	4.14	3.6	3.94
Level of support from other parents	4	4.57	3.8	4.18
Course demanded too much or too little	0	-0.14	0	-0.06

Table 17: Results from Course Leaders Questionnaire (Appendix 2.6)

Question	Group 1 N=2	Group 2 N=2	Group 3 N=2	Overall N=6
Organisation of course.	3	3	3.67	3.22
Explanation/demonstrat. of practical elements	3.5	3	4.33	3.61
Topics covered in sufficient depth	3	2	3.67	2.89
Level of progress	3.5	3	3.66	3.39
Level of support from other parents	3.5	4	3	4
Course demanded too much or too little	0	0	0	0

Table 18 show the overall mean results from questionnaire (Appendix 2.7) designed to further quantify and identify essential elements. A 1-10 scale (not helpful-extremely helpful) was used.

Table 18: Programme Elements

Questions	Groups 4, 5 &6
The way the course was presented	8.88
Sharing feelings/experiences with other parents	9.12
Emphasis on humour and making families fun	9.24
Being offered individual advice within the group	6.94
Starting each session with the opportunity to say how the week had gone	8.94
Play acting parent and child:	5.50
a) in pairs	7.82
b) as part of the whole group	
Watching video examples of parents and children	6.18
Course leaders play-acting to demonstrate parenting skills	8.65
Other practical exercises on the course	7.87
Weekly "homework" tasks	8.56
Handouts and tick sheets	8.94

The following outlines the results from comparing the overall evaluation of both programmes.

Table 19 Independent t-Test Scores: Comparison Of Both Programmes

Questions	Level Of Significance F. & F. N=24 WIN. N=17
Organisation of course.	P<0.194 NS
Explanation/demonstration of practical elements	P<0.153 NS
Topics covered in sufficient depth	P<0.532 NS
Level of progress	P<0.461 NS
Level of support from other parents	P<0.372 NS
Session demanded too much or too little	P<0.175 NS

Table 20 Independent t-Scores: Comparison Of Key Programme Elements

Questions	Level Of Significance F. &F. N=12. WIN. N=17
The way the course was presented	P<0.222 NS
Sharing feelings/experiences with other parents	P<0.925 NS
Emphasis on humour and making families fun	P<0.129 NS
Being offered individual advice within the group	P<0.093 NS
Play acting parent and child, as part of the whole group	P<0.100 NS
Watching video examples of parents and children	P<0.028 *
Weekly "homework" tasks	P<0.053 *

Attendance Rates

Comparing overall, session one with the final session, attendance rates are high. For the Fun and Families programme it was 75% and the WINNING programme it reached 86%. Overall drop-out levels were similar for both courses; around 20%. A factor which appeared to significantly help in keeping attendance levels up,

was the use of telephone contact to encourage a parent who had missed a session to attend next week (normally done the day after). It also enabled the parent to be updated on the content of the session and homework task hence preventing a parent feeling isolated or left behind (see Sutton's (1995) work).

Significant Themes And Trends

The following draws together the main results from each programme in order to provide evidence *that certain core therapeutic elements or "ingredients" contained within parent training are important in enabling group process and change.* The independent variables that were hypothesised as be the most influential in facilitating group process are highlighted (see "Hypotheses" p. 96). Additionally, impact on parental dependent variables (see "Dependent Variables" p. 54) is made reference to throughout. Supplementary qualitative data is taken from notebooks of direct observations made of each group session.

1. Fun And Families Programme

The discipline (i.e. social approval) of attending a weekly group for 7-8 sessions:

1. The discipline of attending a weekly group where progress was discussed acted as an incentive to carry out "homework" tasks. Parents consistently reported feeling a commitment not only to themselves but to fellow members of the Group. They did not want to let themselves down, be seen to not fully contribute or viewed as failures. "Homework" tasks facilitated generalisation to the home and reinforced the emphasis on learning and practising (7.50-Table 8). Most importantly parents could experience and observe positive effects. The willingness to carry out the

"homework" cannot be divorced from an increase in parental motivation and confidence. Parents in high numbers then reported carrying out the agreed task which is a significant indicator of commitment. Those who were unable to fully complete the task often reported that this was due to time pressures.

2. Those parents who did less well on the programme reported the following reasons (comments are taken directly from parents): Time pressures led to poor attendance or "homework" tasks not being completed (resulting in them feeling confused or "left behind"). Poor or chaotic organisation. Forgetting to carry out agreed tasks. Negative self belief or doubt ("I've tried all this before and it doesn't work"). Being locked into a downward vicious cycle of reinforcing behavioural problems/patterns (unable to dispassionately stand back and analyse). Externalising problems and lack of closeness to child or ability to relate positively ("It doesn't matter what I do he will always be a little horror"). Overwhelming and debilitating need for personal support which effects ability of parent to help themselves and others.

Child care or baby-sitting arrangements. Child or parent has learning difficulties. Literacy problems. Illness resulting in missed sessions. Depression or other clinical mental health problems. The parent has a child who is significantly older (9 or 10 years old) which leads to a lack of current shared experience. Marital difficulties or lack of support from a male partner which results in inconsistency and blaming ("Why does she need to go to this group? If she just sorted herself out then there wouldn't be a problem"), linked to fear and stigma of attending a group

associated with outside help, particularly social work, and being perceived as a failure as a parent (stigma appeared more acutely experienced by fathers). Programme interrupted by school holidays which increased child care responsibilities. Poor weather conditions. Transporting difficulties.

Informal contact and support from group members and therapists:

1. In the first couple of sessions there was a high level of support and relief that came from being able to share difficulties and to realise that they are not alone! **(this element of the programme was rated 9.09 (1-10 scale), reflecting a very high level of helpfulness-Table 8).** This element remains throughout and is linked to greater parental confidence, mutual support and sharing. It is also confirming of the programmes emphasis on recognising and building on parental strengths and experiences (parents drew strength from each other) - sometimes parents becoming therapists for others. The overall rating of the level of support received from other parents gradually rose each session **(3.22 at session 1 to 3.85 (0-5 scale) at session 5-Tables 1 & 5)**

2. Reported feelings of helplessness and hopelessness diminished and were replaced by hope and a positive belief in change. All the Groups experienced a culture of working together in the pursuit of the common uniting goal of reducing child behaviour problems. The logical and incremental nature of the programme greatly assisted this process. Additionally the group leadership style was to reinforce or model a "go for it" mentality and to enable a "rollercoaster effect" where parents were placed on the right tracks and pulled along the highs and lows by the positive momentum of the group (acted as a buffer to negativity). Parents

by the middle of the programme had developed "faith in their own abilities".

3. Parenting is about power, control and status. The vast majority of parents who attended the programme consistently experienced and reported feelings of powerlessness, loneliness and seeing themselves as failed parents. The group process challenged these beliefs and feelings by creating a positive environment where it is obvious that they are not alone, practical skills can be observed and practised, improvements can be seen, monitored and positively reinforced, allowing a sense of achievement and success to grow. Importantly a positive parenting self image is restored based on feeling in control and confident as apposed to feeling out of control and powerless. What is surprising from the results is that it appears that such profound changes can take place in a relatively short period of time and at relatively little expense. The wider implications of such findings are very exciting.

4. Methods that were reported as being the most effective in bringing about behaviour change were the use of rewards (particularly the sticker system), ignoring, time out and relaxation. Somewhat surprisingly was that the formal presentation of the cognitive behavioural model ("The Stories Parents Tell Themselves") does not appear to have been identified as significant though this model was applied throughout the programme but not formally. Charting of specific behaviour problems helped in making sense of what might be reinforcing difficulties and how frequent it was or was not occurring. The usefulness of handouts was rated highly (8.66-Table 8).

5. With a relatively short, time limited programme there were occasions when content was rushed. This concentrated on sessions 3 and 4 ("Encouraging Desired Behaviour" and "A Positive Approach To Discipline") and was linked to the high practical content (including play acting exercises), the need to design individual behaviour change programmes and importantly, process wise, parents were reaching their optimum in terms of performing as a group. They like ourselves, were interested in the business of change and were excited by the prospect. Another factor that inevitably effected time planning was "homework" feedback, particularly if parents were not getting success and when parents needed the informal support and problem solving strength of the Group. Findings revealed that there must be space for individual needs to be met and informal networking and bonding to occur because this was a key part of group cohesion. Balancing individual needs with the needs of the Group to move on was a constant dilemma. Though the overall mean rating revealed a high level of satisfaction with the amount of time spent on particular topics **(4.04-Table 6)**, the helpfulness of individual practical advice **(8.36-Table 8)**, and only a few parents remarked about the programme being too short. The existence of an ongoing Parent Support Group obviously helped.

6. Parents reported in significant numbers that they preferred being helped through a group rather than individually. The main reason being mutual support and learning from others. It would have been interesting to have asked the same question prior to the groups starting.

The style of presentation or the way content is delivered:

1. Parents were not always clear about what to expect from the programme but once it started they were very happy with the content and style. By the end of the programme a significant amount of parents reported that the programme had met their expectations.

2. The elements of fun, humour **(rated 8.42-Table 8)** and importantly the Group Leaders actively selling and believing in the programme's effectiveness further facilitated group process and positive parenting. The emphasis being on accentuating the positive and focussing on change. Again an empathic awareness and sensitivity was essential in building trust and rapport between Group Leader and parent. Sharing professional and parenting experience and anecdotal stories were all key components in this dynamic process which enabled Group Leaders to get alongside parents.

3. The explanation and demonstration of practical elements and skills was rated overall very high throughout the programme **(3.72 at session 1 to 4.15 at session 5-Tables 1 & 5)**. Again parents liked the practical application of the theoretical model (it made sense to them, so they could make connections in their own minds and to the realities of home life). Parents needed to believe in the ideas before being able to put them into action in order to achieve change. Group leadership style was important in demonstrating important points with practical examples from previous personal experience and using the group as a rich source of knowledge. Also being able to model parenting skills (not always "perfectly") and the value of practising, helped in the collaborative process

("If the professional is willing to have a go and make fool of himself, why shouldn't I").

Though play acting or role playing parents and children as a method was rated relatively low **(6.27-Table 8)** compared to the scoring of other elements, parents found video examples useful because they could again make connections; other models/approaches were observed and the ideas were graphically brought alive. Using extracts from popular films and television comedy programmes to demonstrate important points and skills e.g. Kramer versus Kramer, the Dave Allen Show, assisted in this making connections process **(the use of video was rated 8.08-Table 8)**. Again humour was used to make serious important points e.g. the effectiveness of smacking, in a non-threatening way which enabled problem-solving and reflection ("allowing the penny to drop").

4. Along with the emphasis on practical learning, the overall organisation and presentation of the sessions was rated very highly **(4.25 and 9.42-Tables 6 & 8))**. Parents thought the product was very good and useful and were annoyed that it was not more widely available. Interestingly parents commented on the preventative and educational value of the programme. Overall the sessions did not appear to significantly overwhelm or demand too much from parents **(-0.25-Table 6)**.

5. The reported level of progress made by parents does not match the constantly high satisfaction level with the organisation of the programme. The overall rating of the first two sessions that are concerned with assessment are rated relatively low **(2.06 and 2.63-Tables 1 & 2)** but then when intervention techniques are

covered the ratings rise to a high of **4 (Table 5)** at session 5 ("The Stories Parents Tell Themselves") reinforcing the notion of a cumulative effect reported by some parents

6. When comparing the parents overall evaluation with the Group Leaders **(Tables 6 & 7)** there is a tendency for the latter to under rate, most markedly in relation to whether topics were covered in sufficient depth and the level of progress **(3.5 compared with 4.04 and 3.17 compared with 3.71)**. Parental perceptions and experiences both within the group and at home cannot always be observed and directly experienced. There was also a tendency for Group Leaders to be more critical of their own performance whilst parental expectations were less, for in the main this was the first group they had attended.

The emphasis on applying social learning principles within a group setting to individual circumstances (re. assessment and intervention techniques). Linked to the presentation of the first two sessions of the Fun and Families programme:

1. "Learning To Be Clear" and the "ABC Model" placed behaviour in a context which helped parents to make sense of their child's behaviour and acted as a central reference point for each group. Parents consistently reported that they could understand the notion of "triggers" and "pay offs" and importantly apply it to their own children. It provided a building block to change.

2. WINNING Programme

Comparative Analysis

The following highlights the strong similarities and differences between the two programmes in terms of core therapeutic elements:

The discipline (i.e. social approval) of attending a weekly group for 7-8 sessions:

1. Similar to the Fun and Families programme the discipline of attending a weekly group where progress is discussed **(8.94-Table 18)** acted as an incentive to carry out "homework" tasks **(8.56-Table 18)**. Parents reported that homework helped in understanding their child's behaviour at home. Additionally some parents described the weekly sessions as giving them a "fix" which "geared them up for the coming week" and making the homework task easier to carry out. If a group was too large (above 10) it became difficult to give adequate time to individual homework feedback and problem-solving.

Informal contact and support from group members and therapists:

1. The WINNING programme replicated the value and importance of sharing and mutual support, recognising and using parental strengths, the Group Leaders positive belief in change, the explanation and demonstration of practical elements and skills and the emphasis on fun and humour **(compare Tables 6 & 16, 8 & 18)**. Hence the analysis of Fun and Families programme about the importance of understanding cognitive processes and change, linked to self-efficacy, is equally valid and apparent.

Another facet of feeling more confident and in control, was common self reporting across both programmes, of mothers who felt now they had "sorted out their kids" they were now ready to "sort out their partners" (in terms of them doing more in relation to child care) as well as their own lives beyond parenthood (it was a running joke about the amount of parents who wanted to become Social Workers after attending a group).

2. Very significantly parents stated they preferred being helped through a group rather than individually for the same reasons identified by the large majority of parents attending the Fun and Families programme. Also the programme did not demand too much **(-0.06)**.

3. With a common voice across both programmes parents identified the educational and preventative impact and reported that levels of aggression and physical punishment had gone down and the quality of parent-child interaction gone up.

4. The list for why parents did less well on the programme was the same as the reasons reported and observed in the other programme.

The style of presentation or the way content is delivered:

1. Unlike the Fun and Families programme, parents were clearer about what to expect again possibly explained by the emphasis from the start on relatively familiar intervention techniques.

2. Common to both programmes was the need for the Group Leader to keep the parents solution focused by providing supportive structures e.g. theoretical principles, realistic targets, which enabled incremental, step by step change that did not overwhelm or confuse parents under significant amounts of stress with little order.

3. Distinctively the medium of using role play to practise skills was felt more useful in the WINNING programme. When asked whether parents preferred play acting in one group or in pairs, they rated the groupwork approach higher **(7.82 compared to 5.50-Table 18)**. Feedback indicated that the reason for this difference was because parents were easily distracted in pairs and

it was difficult to give support and guidance, particularly important when getting used to role play which is alien and threatening. Whilst in a supportive group it proved possible, surprisingly, to offer the appropriate level of encouragement and guidance to incrementally develop skills successfully. Group Leaders not being seen as the experts proved important e.g. a Group Leader would often start role play by not demonstrating skills very well, parents would then be encouraged to identify how it could be done better and then demonstrate, with other parents joining in, as the skills were refined and personalised.

Culturally there are differences in the application of role play, for in the US, where the WINNING programme was developed parents feel more comfortable with the medium, hence adjustments had to be made here, particularly when it was first used in the life of a group. For instance several parents dropped out of the programme because in Group 4 we used role play in session 1 and they reported that it had frightened and embarrassed them. Initially middle class parents demonstrated more confidence with the method. Parents also consistently reported that they preferred role playing real life situations or themselves rather than watching video examples **(rated 6.18-Table 18)**; which is strange bearing in mind the previous point but appears to suggest that once parents get "warmed up" or used to role play and experience at first hand the benefits, any anxiety is significantly diminished. Additionally the sound quality on the video in several places was problematic.

Role play is not a central feature of the Fun and Families programme, hence a different group process/culture occurred,

which meant parents did not warm to the method and, it is hypothesised, rated the use of video more highly. Video worked best when short and more "punchier" extracts were used with key points being freeze framed.

4. Intervention techniques identified as being particularly useful (most useful first): praise and attention, ignoring, time out, stickers, all of the methods, removal of rewards and privileges, and suggestive praise. Handouts and tick charts were rated highly **(8.94-Table 18)** similar to the other programme.

The emphasis on applying general social learning principles within a group setting to individual circumstances (re. assessment and intervention techniques) compared with the WINNING programmes different starting point (as previously described):

1. A straight comparison of overall satisfaction levels between both programmes **(Tables 6 & 16)** reveals greater satisfaction with the WINNING programme in the 6 identified but importantly the differences were not statistically significant **(Table 19)**. Additional the scoring of the individual sessions were very similar, including the level of progress. A comparison of programme elements **(Tables 8 & 18)** shows: interestingly that the Fun and Families programme scores higher in relation to the way the course is presented **(9.42 compared with 8.88)**. Also being offered individual advice and support **(8.36 compared with 6.94)** as well as the use of video examples **(8.08 compared with 6.18)**. The WINNING programme scores higher on the emphasis on humour and making families fun **(9.24 compared with 8.42)**, play acting parent and child **(7.82 compared with 6.27)** and weekly homework tasks **(8.56 compared with 7.50)**. Statistically

though the only significant differences were in relation to the use of video **(P<0.028)** and homework tasks **(P<0.53).** What is revealed across both programmes is that the results in terms of satisfaction levels and content is highly significant.

2. The first three sessions on strategies to improve children's behaviour were consistently reported as being important in switching the emphasis away from punishment and control and negative parental thoughts and feelings towards ideas geared to achieving more positive behaviour/change (child and parent!). As intervention techniques are discussed and practised from Session 1, the observed impact is very immediate compared with the Fun and Families programme. Hence progress appears slightly quicker and greater **(e.g. 2.85 compared with 2.06)**. Another slight difference appears that within the WINNING programme there is more reporting of a greater closeness between parent and child and a reduction in physical punishment.

3. Generally there was more dissatisfaction with the WINNING programme about the perceived lack of time both in terms of addressing individual problems and the length of sessions. An explanation being that it suffers because of a generalist approach in looking at behavioural principles and ideas without deliberately and carefully applying them to individual circumstances. As a Group Leader though it proved very difficult not to inevitably apply ideas to individual parents situations and settings, particularly in applying a functional analysis. This obviously had some impact as evidenced by those parents who remarked, in relation to making sense of their child's behaviour, when they talked about the importance of praise and attention in shaping

behaviour. Similar to the other programme, timing difficulties and meeting individual needs was further compounded by problems in controlling "homework" feedback when parents had experienced significant difficulties.

4. Comparing the Course Leaders' overall evaluations with the parents' **(Tables 7 & 17)**, demonstrated differences in perception and satisfaction levels. In essence parents rated the programme, across the 6 areas, more highly than the Group Leaders **(e.g. parents rated the organisation of the course as 4.41 whilst the Group Leaders rated it as 2.89).** Why are the answers so different or skewed? A number of informed hypotheses can be put forward: firstly the Group Leaders dissatisfaction with the level of generality of the WINNING programme and lack of opportunity to address individual circumstances; secondly and linked to the first, the authors possible bias towards the Fun and Families programme which he was instrumental in developing.

5. Other common elements to both programmes reported to be helpful and effective were: offering a crèche which enabled parents to have a break and concentrate on content; refreshments which helped in encouraging social interaction and friendship networks; group not being too big, around 8 was seen to be the optimum and starting each session with a "warm up" exercise to break the ice and set the right positive tone.

Figure 7 identifies from the research, the core or essential therapeutic elements which facilitated group process and change across both programmes.

Figure 7 Groupwork Schema 1: Summary of Core Therapeutic Elements Across Both Programmes

1. Mutual support and self-help i.e. an opportunity for parents to share experiences, strengths and skills (observe and learn from one another).

2. Fun and humour.

3. Structured sessions.

4. Practical exercises and tasks.

5. Opportunity to observe and practise skills.

6. Agreed "homework" tasks with structured weekly feedback.

7. Practical application of Social Learning Theory.

8. Incremental focused change ("building block approach")

9. Continued opportunities for collaboration and group problem-solving

Linked to core therapeutic elements are Group Leader skills which enable and facilitate these elements to emerge and be effective. From the study these skills can be summarised:

Figure 8 Groupwork Schema 2: Group Leader Skills Across Both Programmes

Role	Definition/Skill
1. Building a Supportive Relationship	Self-disclosure; use of humour and being optimistic about change (believe in and sell the potential effectiveness of the programme).
2. Collectivising	Collectivise parental experiences and strengths. Encourage mutual support to enable problem-solving and change.
3. Empowering Parents	Reinforce parental insights, challenge powerless thoughts and promote support systems. To build momentum ("rollercoaster effect") focus on positive

	parental and child behaviour improvement.
4. Teaching	Teach and practice skills through experiential exercises to help make connections (incremental step-by-step approach).
5. Interpreting	Use analogies to explain theoretical concepts and reframe parental explanations to reshape beliefs about the nature of child behaviour problems. Link theory to individual examples and experiences.
6. Leading and Challenging	Provide structural framework for problem-solving; pace group so individual needs are met; work collaboratively with parents to understand resistance. Balance the needs of the individual with the group.
7. Prophesising	Predict and acknowledge problems and setbacks; emphasise the effectiveness of the programme to deal with such difficulties.

Summary - Major Findings

Essential therapeutic elements for both programmes have been identified and compared with obvious concern for the original research hypotheses. A more detailed linkage will occur in the Discussion section, once the total results have been outlined. In relation to group process and effectiveness there has been significant evidence to suggest that mutual support, problem solving and sharing are vital ingredients and methods which enable such a process have

been identified. Additionally there was support for the hypothesis that the discipline of attending a group where home tasks are set and progress discussed, acted as an incentive and facilitated change. Importantly from the reporting by parents there were strong similarities and overlaps across both programmes in what was helpful. Combine such forces with a proven theoretical model and you have a potent force for positive change.

The hypothesis that there is a need to rigorously attend to individual assessment and functional analysis (Fun and Families programme) in order to bring about greater change in parenting and child behaviour, has not been yet been proven. In fact the generalist approach of the WINNING programme resulted in slightly higher parental satisfaction and effectiveness levels. There will be a greater clarity once the results pertaining to parental and child behaviour across settings and cognitive and emotional shift are analysed.

In recording parental comments, listening to their accounts and analysing evaluation data, there is a high level of consistency and predictability about their previous experiences of parenthood which centre on: powerlessness, fatalism, an inability to control leading to a downward spiral of learned helplessness. From the research there is evidence to suggest that the programmes have broken into such vicious circles and enabled parents to climb the slippery slope leading to greater hope and self confidence. The potential preventive impact on child development and behaviour and the quality of parent-child interaction requires further research.

Conversely to the above, those parents who did less well were distracted from the positive group processes by outside pressures and concerns often characterised by chaotic family situations, poor social

supports (limited buffers to stress) and a lack of self-efficacy due to the daily "grind" of negative parenting. The challenge for us all is how to best reach such families!

Chapter 6 Dependent Variables

Introduction

The following outlines the results from manipulating the independent variables (e.g. programme content, involvement with Parent Support Group) in order to test the consequent effect on specific dependent variables (see Dependent Variables p. 54). Specific predictions centre on:

- That the Fun and Families programme will be more effective in achieving parental and child behaviour change.

- That contact and involvement with a Parent Support will increase the maintenance and generalisation of change over time.

Eyberg Child Behaviour Inventory

1. Comparison Between Both Programmes And Control Group

The following outlines the results from the Eyberg, to compare effectiveness between the two parent training programmes against the Control Group:

Table 21 Mean Ratings For Both Programmes And Control Group (Number Of Child Behaviour Problems)

Prog.	Pre-Interv.	Post-Interv.	3 Month Follow-up	9 Month Follow-up	2 Years Follow-up	Mean Of Means
F. & F.	16.00	9.33	7.11	8.00	7.09	9.51
N=27	SD 6.91	SD 6.95	SD 7.11	SD 6.35	SD 6.53	
WIN.	14.59	7.44	5.19	6.11	5.14	7.69
N=22	SD 6.75	SD 4.99	SD 4.85	SD 4.98	SD 5.92	
Control	14.78	11.50	15.17	19.00	14.20	14.93
N=11	SD 7.90	SD 9.40	SD 7.08	SD 9.17	SD 4.55	
Mean Of Means	15.12	9.42	9.16	11.04	8.81	

Table 22 Mean Ratings For Both Programmes And Control Group (Frequency Of Child Behaviour Problems)

Prog.	Pre-Interv.	Post-Interv.	3 Month Follow-up	9 Month Follow-up	2 Years Follow-up	Mean Of Means
F. & F.	145.35	125.22	115.30	122.00	121.68	**125.91**
N=27	SD 34.91	SD 34.45	SD 36.03	SD 31.23	SD 31.44	
WIN.	132.57	108.58	110.85	103.06	107.64	**112.54**
N=22	SD 29.93	SD 31.40	SD 28.52	SD 22.31	SD 21.95	
Control	130.89	124.00	133.83	141.56	128.80	**131.82**
N=11	SD 12.16	SD 27.72	SD 12.16	SD 28.11	SD 25.27	
Mean Of Means	**136.27**	**119.27**	**119.99**	**122.21**	**119.37**	

Findings

1. By conducting on the above data 3 x 5 two way ANOVA tests (with repeated measures on one factor), this revealed the following: In relation to the number of child behaviour problems (Table 21), there was a significant effect by programme (**F (2,22) = 3.91, P<0.05**). The Control Group presenting with significantly higher child behaviour problems than both parent training programmes. There was no significant difference between the Fun and Families and WINNING programmes. The ANOVA test did not reveal a significant effect by time, though missing values from original data appeared to have skewed results (see Discussion section for further analysis).

2. In relation to the frequency of child behaviour problems (Table 22), there was no significant effect by programme or Control Group though there was a significant effect over time (**F (4,92) = 2.82, P<0.05**) with an overall reduction. Again there was no significant difference between the two programmes.

3. By specifically comparing the two programmes against the Control Group for each time interval, rather than overall, the results are

significant in relation to the number of reported child behaviour problems. The ANOVA test revealed significantly less behavioural problems at 3 months (P<0.009), 9 months (P<0.001) and 2 years (P<0.029) for those attending either programme.

2. Comparison Of Conditions

The following results look at the impact of Support Group contact compared with those parents who only attended either programme.

Table 23 Mean Ratings For Specific Conditions (Number Of Child Behaviour Problems)

Condition	Pre-Interv.	Post-Interv.	3 Month Follow-up	9 Month Follow-up	2 Years Follow-up	Mean Of Means
Sup. Grp. Contact N=35	14.94 SD 6.88	7.97 SD 6.46	7.25 SD 6.80	8.26 SD 6.57	6.67 SD 6.18	9.02
Program. Only N=14	14.69 SD 5.92	7.50 SD 5.54	4.00 SD 4.88	6.00 SD 4.55	6.75 SD 8.05	7.79
Control N=11	14.78 SD 7.90	11.50 SD 9.40	15.17 SD 7.08	19.00 SD 9.17	14.20 SD 4.55	14.93
Mean Of Means	14.80	8.99	8.81	11.01	9.21	

Table 24 Mean Ratings For Specific Conditions (Frequency Of Child Behaviour Problems)

Condition	Pre-Interv.	Post-Interv.	3 Month Follow-up	9 Month Follow-up	2 Years Follow-up	Mean Of Means
Sup. Grp. Contact N=35	131.76 SD 30.90	113.10 SD 33.75	119.12 SD 31.68	118.96 SD 28.98	118.58 SD 39.50	120.30
Program. Only N=14	143.77 SD 31.78	121.10 SD 35.95	103.40 SD 25.68	96.83 SD 19.24	109.44 SD 31.50	114.89
Control N=11	130.89 SD 41.86	124.00 SD 27.72	133.83 SD 12.16	141.56 SD 28.11	128.80 SD 25.27	131.82
Mean Of Means	135.47	119.37	118.78	119.12	118.94	

Findings

1. In carrying out the same ANOVA test as the above, this revealed no significant effect by condition or time in relation to the number of child behaviour problems (Table 23). Hence there was no significant difference between those parents who attended an ongoing Parent Support Group with those who did not, hence the null hypothesis is accepted.

2. There was a significant effect by time in relation to the frequency of child behaviour problems (**F (4,80) = 4.15, P<0.01**) (Table 24) with a general improvement across conditions.

3. In summary in relation to the research predictions, the Eyberg results demonstrated no significant differences between the Fun and Families and WINNING programmes and that the outcomes for those attending a Parent Support Group was the same as for those who just completed either programme. Additionally, there was clear evidence that those who received parent training experienced less child behaviour problems than those parents within the Control Group. Disappointingly the ANOVA tests did not reveal a significant effect over time, though interestingly there was a significant reduction in the frequency of child behaviour problems for both programmes and Control Group over two years.

Parental Attitudes, Attributions and Emotional Feelings Questionnaire (Appendix 2.1)

The following results look at parental perceptions and feelings towards child management:

Table 25 Paired t-Test Scores: Parental Attitudes, Attributions and Emotional Feelings (Fun And Families Programme)

Questions	Pre-Post N=26 N=27	Pre-3 Mons. N=26 N=19	Pre-9 Mons. N=26 N=17	Pre-2 Year N=26 N=22
Q.1	P<0.355 NS	P<0.384 NS	P<O.310 NS	P<0.331 NS
Q.2	P<0.417 NS	P<0.186 NS	P<0.178 NS	P<0.629 NS
Q.3	P<0.185 NS		P<0.826 NS	P<0.605 NS
Q.4	P<0.005 **	P<0.024 *	P<0.013 **	P<0.007 **
Q.5	P<0.257 NS	P<0.200NS	P<0.055 *	P<1.000 NS
Q.6	P<0.001***	P<0.010 **	P<0.001***	P<0.001***
Q.7	P<0.166 NS	P<1.18 NS	P<0.260 NS	P<0.012 **
Q.8	P<0.001***	P<0.000***	P<0.000***	P<0.102 NS
Q.9	P<0.008 **	P<0.004 **	P<0.651 NS	P<0.834 NS
Q.10	P<0.025 *	P<0.037 *	P<0.509 NS	P<0.009 **
Q.11	P<0.039 *	P<0.007 **	P<0.027 *	P<0.104 NS
Q.12	P<0.788 NS	P<1.000 NS	P<0.718 NS	P<0.789 NS
Q.13	P<0.042 *	P<0.163 NS	P<0.872 NS	P<0.343 NS
Q.14	P<0.000***	P<0.003 **	P<0.046 *	P<0.110 NS
Q.15	P<0.020 *	P<0.002 **	P<0.037 *	P<0.083 NS
Q.16	P<0.410 NS	P<0.368 NS	P<0.034 *	P<0.038 *
Q.17	P<0.015 **	P<0.209 NS	P<0.718 NS	P<0.505 NS
Q.18	P<0.004 **	P<0.062 NS	P<0.077 NS	P<0.006 **
Q.19	P<0.036 *	P<0.137 NS	P<0.422 NS	P<0.667 NS
Q.20	P<0.050 *	P<0.024 *	P<0.011 **	P<0.000***
Q.21	P<0.965 NS	P<0.001***	P<0.004 **	P<0.014 **

Table 26 Paired t-Test Scores: Parental Attitudes, Attributions and Emotional Feelings (WINNING Programme)

Questions	Pre-Post N=23 N=24	Pre-3 Mons. N=23 N=22	Pre-9 Mons. N=23 N=19	Pre-2 Years N=23 N=15
Q.1	P<O.716 NS	P<1.000 NS	P<0.423 NS	P<0.721 NS
Q.2	P<0.069 NS	P<1.000 NS	P<0.104 NS	P<0.461 NS
Q.3	P<0.069 NS		P<0.264 NS	P<0.489 NS
Q.4	P<0.030 *	P<0.482 NS	P<0.509 NS	P<1.000 NS
Q.5	P<0.172 NS	P<0.804 NS	P<1.000 NS	P<0.436 NS
Q.6	P<0.061 NS	P<0.816 NS	P<0.391 NS	P<0.240 NS
Q.7	P<0.035 *	P<0.706 NS	P<0.335 NS	P<0.489 NS
Q.8	P<0.651 NS	P<0.056 *	P<0.753 NS	P<0.795 NS
Q.9	P<0.482 NS	P<1.000 NS	P<1.000 NS	P<0.794 NS
Q.10	P<0.804 NS	P<0.297 NS	P<0.544 NS	P<0.636 NS
Q.11	P<0.000***	P<0.003 **	P<0.029 *	P<0.011 **
Q.12	P<0.149 NS	P<0.726 NS	P<0.207 NS	P<0.656 NS
Q.13	P<1.000 NS	P<0.774 NS	P<0.663 NS	P<0.505 NS
Q.14	P<0.000***	P<0.134 NS	P<0.008 **	P<0.012 **
Q.15	P<0.000***	P<0.022 **	P<0.022 *	P<0.018 **
Q.16	P<0.466 NS	P<0.454 NS	P<0.806 NS	P<0.264 NS
Q.17	P<0.012 **	P<0.134 NS	P<0.709 NS	P<0.088 NS
Q.18	P<0.000***	P<0.413 NS	P<0.014 **	P<0.055 *
Q.19	P<0.331 NS	P<0.578 NS	P<0.262 NS	P<0.753 NS
Q.20	P<0.008 **	P<0.021 *	P<0.189 NS	P<0.020 *
Q.21	P<0.007 **	P<0.066 NS	P<0.150 NS	P0.009 **

Table 27 Pared t-Test Scores: Parental Attitudes, Attributions and Emotional Feelings (Control Group)

Questions	Pre-Post N=11 N=6	Pre-3 Months N=11 N=8	Pre-9 Months N=11 N=10	Pre-2 Years N=11 N=7
Q.1	P<1.000 NS	P<103 NS	P<0.594 NS	P<O.182 NS
Q.2	P<O.465 NS	P<0.604 NS	P<O.729 NS	
Q.3	P<0.465 NS	P<0.426 NS	P<0.347 NS	P<0.0.182
Q.4	P<0.093 NS	P<0.094 NS	P<0.782 NS	P<0.182 NS
Q.5	P<0.611 NS	P<0.172 NS	P<0.272 NS	
Q.6	P<0.025 *	P<1.000 NS	P<0.426 NS	P<0.133 NS
Q.7	P<0.363 NS	P<0.172 NS	P<O.594 NS	P<0.016 **
Q.8	P<1.000 NS	P<1.000 NS	P<0.813 NS	P<0.252 NS
Q.9	P<0.465 NS	P<0.289 NS	P<1.000 NS	P<1.000 NS
Q.10	P<0.465 NS	P<0.457 NS	P<0.139 NS	P<0.391 NS
Q.11		P<0.172 NS	P<1.000 NS	P<0.080 NS
Q.12	P<0.363 NS	P<0.689 NS	P<1.000 NS	P<0.391 NS
Q.13	P<0.092 NS	P<0.766 NS	P<0.302 NS	P<0.252 NS
Q.14	P<1.000 NS	P<0.286 NS	P<0.763 NS	P<0.495 NS
Q.15	P<1.000 NS	P<1.000 NS	P<0.471 NS	P<0.638 NS
Q.16	P<1.000 NS	P<1.000 NS	P<0.312 NS	P<0.591 NS
Q.17	P<0.016 **	P<0.413 NS	P<0.471 NS	P<0.058 *
Q.18	P<0.621 NS	P<0.736 NS	P<0.069 NS	P<0.638 NS
Q.19	P<1.000 NS	P<O.510 NS	P<0.729 NS	P<0.718 NS
Q.20	P<0.089 NS	P<0.078 NS	P<0.073 NS	P<0.278 NS
Q.21	P<0.005 **	P<0.045 *	P<0.062 NS	P<0.058 *

Findings

1. In relation to the results for the Fun and Families programme (Table 25), there is clear evidence to suggest that parents believe they are being more successful in controlling their child's behaviour (Q.4); that parental confidence has grown (Q.6, Q.8); the level of positive regard towards their children increased (Q.9, Q.10, Q.11); and a sense of helplessness diminished (Q.14, Q.15, Q.20, Q.21). Results for questions 4, 6, 20 and 21 were significantly maintained over two years.

2. The results for the WINNING programme is less significant (Table 26) though there are overlaps in the above areas (Q.11, Q.14, Q.15, Q.20, Q.21). Over time there is less of a maintenance effect, providing some evidence to the greater effectiveness of the Fun and Families

programme in parental thoughts and feelings. Interestingly the initial positive impact in a belief about being more successful in controlling their child's behaviour is also not maintained (Q.4)

3. Overall the outcomes are confirming of data from the evaluation of both programmes in relation to an increase in parental confidence, self-efficacy and closeness to their children.

4. Comparing the two sets of results with the Control Group (Table 27), provide very significant differences. The only significant changes from baseline over the two years is in parents feeling less resentment towards their child and more in control (Q.7, Q.17, Q.21). Overall the trend suggests little change in the key areas identified in the above.

Direct Observation Results (Appendix 2.2 & 2.3)

The following outlines the results from the direct observation measures conducted within the natural home setting.

Table 28 Mean And Standard Deviation: Giving Instruction Skills (Fun And Families Programme)

Giving Instruction Skills	Pre-Interv. N=10		Post-Interv. N=12		3 Month Follow-up N=10		9 Month Follow-up N=9		2 Year Follow-up N=8	
	M	SD	M	SD	M	SD	M	SD	M	SD
Clear request	5.00	1.15	5.75	0.62	6.00	0.00	6.00	0.00	6.00	0.00
Non-verbal skills	2.80	1.62	4.83	1.70	4.18	1.78	4.56	2.01	3.88	2.36
Request not repeated more than twice	3.30	1.83	4.75	1.14	5.36	0.81	5.22	1.09	4.63	2.00
Begins to comply within 10 seconds	3.30	1.83	5.00	0.85	5.36	1.03	5.22	1.56	5.13	0.99
Further verbal cues & prompts	3.10	2.28	1.75	1.42	1.18	1.40	1.00	1.12	1.13	0.99
Physical help required	1.60	1.65	0.58	0.90	0.73	1.10	0.67	0.87	0.50	0.76
Child praised for compliance	2.30	1.64	4.33	1.44	2.90	2.12	4.44	1.74	3.00	1.69
Length of time (mins.) for full compliance	5.00	1.56	4.42	1.56	4.36	2.01	3.11	1.45	3.75	1.98

Table 29 Mean And Standard Deviation: Giving Instruction Skills (WINNING Programme)

Giving Instruction Skills	Pre-Interv. N=5		Post-Interv. N=3		3 Month Follow-up N=3		9 Month Follow-up N=4		2 Year Follow-up N=4	
	M	SD	M	SD	M	SD	M	SD	M	SD
Clear request	6.00	0.00	6.00	0.00	6.00	0.00	6.00	0.00	6.00	0.00
Non-verbal skills	3.40	0.89	5.50	0.71	5.67	0.58	4.75	1.89	4.50	1.73
Request not repeated more than twice	3.00	1.00	6.00	0.00	5.33	1.15	5.25	1.50	5.75	0.50
Begins to comply within 10 seconds	3.80	1.64	6.00	0.00	5.67	0.58	4.75	1.50	4.75	1.50
Further verbal cues & prompts	2.60	1.14	1.50	2.12	0.67	0.58	1.00	1.15	0.50	0.58
Physical help required	1.00	1.41	0.50	0.71	2.00	3.46	0.00	0.00	0.50	1.00
Child praised for compliance	3.00	1.41	5.00	1.41	5.00	1.00	5.25	0.96	4.25	0.96
Length of time (mins.) for full compliance	3.80	0.84	4.00	1.41	3.33	0.58	4.00	2.58	3.25	2.63

Table 30 Mean And Standard Deviation: Giving Instruction Skills (Control Group)

Giving Instruction Skills	Pre-Interv. N=5		Post-Interv. N=4		3 Month Follow-up N=3		9 Month Follow-up N=3		2 Year Follow-up N=3	
	M	SD	M	SD	M	SD	M	SD	M	SD
Clear request	5.80	0.45	5.75	0.50	6.00	0.00	6.00	0.00	6.00	0.00
Non-verbal skills	4.00	1.22	4.00	2.16	2.67	1.53	4.00	1.73	3.00	2.65
Request not repeated more than twice	4.00	1.22	3.50	1.91	4.00	1.53	5.00	1.73	5.00	1.00
Begins to comply within 10 seconds	4.20	1.30	4.25	2.36	4.33	2.08	5.00	1.73	5.33	1.15
Further verbal cues & prompts	3.00	2.45	3.50	1.91	2.00	1.73	2.00	2.00	1.00	1.00
Physical help required	1.80	1.92	0.50	1.00	0.33	0.58	0.67	1.15	0.00	0.00
Child praised for compliance	3.40	2.07	3.00	0.82	3.67	1.15	0.67	0.58	2.33	1.53
Length of time (mins.) for full compliance	5.60	1.34	4.00	1.41	6.00	0.00	3.33	2.31	4.00	153

Table 31 Paired t-Test Scores: Giving Instructions Skills (Fun And Families Programme)

Giving Instruction Skills	Pre-Post	Pre-3 Months	Pre-9 Months	Pre-2 Years
Clear request	P<0.111 NS	P<0.000***	P<0.086 NS	P<0.087 NS
Non-verbal skills	P<0.008 **	P<0.082 NS	P<0.007 **	P<148 NS
Request not repeated more than twice	P<0.018 **	P<0.008 **	P<0.025 *	P<0.229 NS
Begins to comply within 10 seconds	P<0.001***	P<0.009 **	P<0.103 NS	P<0.064 NS
Further verbal cues & prompts	P<0.039 *	P<0.018 **	P<0.139 NS	P<0.035 *
Physical help required	P<0.068 NS	P<0.021 *	P<0.062 NS	P<0.072 NS
Child praised for compliance	P<0.020 *	P<0.560 NS	P<0.021 *	P<0.275 NS
Length of time (mins.) for full compliance	P<0.153 NS	P<0.332 NS	P<0.025 *	P<0.072 NS

Paired t-scores not available for the WINNING programme and the control group because of the small samples (N=2-5)

Table 32 Target Responses Achieved (%): Differential Attention Skills (Fun And Families Programme)

Differential Attention Skills	Pre-Target Responses Achieved (%) N=10	Post-Target Responses Achieved (%) N=12	3 Months Target Responses Achieved (%) N=10	9 Months Target Responses Achieved (%) N=9	2 Years Target Responses Achieved (%) N=8
Child playing approp. or other approp. behaviour - Praised by parent	3%	9%	18%	16%	7%
Mild inappropriate behaviour - Ignored by parent	96%	55%	79%	38%	25%

Table 33 Target Responses Achieved (%): Differential Attention Skills (WINNING Programme)

Differential Attention Skills	Pre-Target Responses Achieved (%) N=5	Post-Target Responses Achieved (%) N=2	3 Months - Target Responses Achieved (%) N=3	9 Months Target Responses Achieved (%) N=4	2 Years Target Responses Achieved (%) N=4
Child playing approp. or other approp. behaviour - Praised by parent	1.5%	18%	20%	19%	18%
Mild inappropriate behaviour - Ignored by parent	50%	50%	75%	100%	100%

Table 34 Target Responses Achieved (%): Differential Attention Skills (Control Group)

Differential Attention Skills	Pre-Target Responses Achieved (%) N=5	Post-Target Responses Achieved (%) N=4	3 Months Target Responses Achieved (%) N=3	9 Months Target Responses Achieved (%) N=3	2 Years Target Responses Achieved (%) N=3
Child playing approp. or other approp. behaviour - Praised by parent	0.04%	5%	5%	0%	0%
Mild inappropriate behaviour - Ignored by parent	0%	0%	100%	20%	100%

Table 35 Mean Frequency Of Observed Child Behaviour Problems And % Improvement

Group	Mean Pre-Post (N) and (%) Improvement	Mean Pre-3 Months (N) and (%) Improvement	Mean Pre-9 Months (N) and (%) Improvement	Mean Pre-2 Years (N) and (%) Improvement
Fun And Families	20 (10) 6.66 (12) (67%)	20 (10) 5.90 (10) (70%)	20 (10) 5.33 (9) (73%)	20 (10) 7.87 (8) (61%)
Winning	25.40 (5) 3.50 (2) (86%)	25.40 (5) 8.60 (3) (66%)	25.40 (5) 5.75 (4) (77%)	25.40 (5) 3.75 (4) (85%)
Both	25.26 (15) 6.21 (14) (75%)	25.26 (15) 6.53 (13) (74%)	25.26 (15) 5.46 (13) (78%)	25.26 (15) 6.50 (12) (74%)
Control	10.40 (5) 5.50 (4) (47%)	10.40 (5) 8.33 (3) (20%)	10.40 (5) 12.66 (3) (-22%)	

Findings

1. Table 31 measuring micro skills in the way requests or instructions are delivered to children, shows significant improvements in four or five (out of eight) skill areas up to the 9 month follow-up. Only one of these observed skills was maintained at 2 years. Unfortunately due to the lack

of data, comparisons cannot be made with the WINNING programme and the Control Group.

2. In relation to differential attention skills and target responses achieved i.e. good behaviour praised and inappropriate behaviour ignored (Tables 32 & 33). The results for the Fun and Families programme showed a percentage increase in terms of behaviours that were praised from pre-intervention up to 3 months follow-up (3-18%); then a decrease at 2 years to 7%, indicating maintenance difficulties. The rate of ignoring is proportionately a lot higher than praising and there is a similar pattern up to 3 months with a decline over 2 years. Generally across all conditions, parents found it a lot easier to ignore poor behaviour than provide positive attention. This conclusion will be analysed further in the Discussion section.

3. Results from the WINNING programme (Table 33) indicate greater impact and maintenance of both skills. For instance appropriate ignoring went from 50-100% over the 2 years.

4. A comparison of the above with the Control Group again reveals certain distinctions (Table 34). The rate of positive reinforcement remains low throughout, never getting above 5% and the use of ignoring only gets better after 3 months though remains high at 2 years. The use of ignoring across good and poor behaviour, linked to learned helplessness needs further discussion and exploration.

5. The mean frequency of observed child behaviour problems (9 target behaviours-Appendix 2.3) shows consistent and constant improvements for both programmes across time (Table 35). The Fun and Families results indicate a 67% improvement pre-post intervention and a 61% shift at 2 years. Whilst the WINNING programme produced even better

outcomes for the same period (86-85% respectively). Combining both conditions reveals a mean over time of around 75%.

6. The Control Groups results are very consistent with other measures. There is an initial improvement pre-post intervention (47%) followed by a deterioration by 9 months of -22%.

DISCUSSION

SECTION 3

Section 3: Discussion

Chapter 7 Main Conclusions

Introduction

W hat is presented is a discussion of the main conclusions and how they relate to the original hypotheses or predictions. Reference will also be made to the wider literature. Undue repetition will be avoided.

The research combined qualitative and quantitative methods in order to gain clear insights and evidence into the therapeutic process of effectively helping parents experiencing child conduct disorders. An area significantly ignored in the literature. It predominantly takes a parental perspective on their experiences of parenthood and ideas and methods that proved helpful or not. It also though does not ignore the dynamic interplay between the group experience, content and the way a parent training programme is presented. Pointers for good practice are provided as there is a wider concern for enabling practitioners drawn from different disciplines and addressing the need for co-ordinated family support strategies.

Underpinning both programmes is the "collaborative model" (Webster-Stratton and Herbert, 1994) as a set of methods which enable practitioners to engage and get alongside families and communities. It is concerned with identifying parental strengths and valuing their unique experiences of their children. Hence distancing between "expert" and "client" and prescriptive answers are avoided.

The context of the study deliberately focused on subjects drawn from a Social Work and Heath Visiting population, many with significant needs and experiencing deprivation and structural problems. Such a target group has been largely ignored by parent training research in the UK and US. Additionally the Groups were community and not clinic based, hence the normal research protocols that apply in a controlled environment had to be applied differently. For instance ethically there were real dilemmas and difficulties around preventing parents from joining one of the Parent Support Groups on the basis of need just because they had not been assigned to that condition. Additionally, the emphasis on community support and involvement were important elements in the collaborative approach.

In attempting to identify essential therapeutic elements and to measure effectiveness, two programmes were compared with different starting points. The Fun and Families programme, developed by the author, applies Social Learning Theory principles to individual circumstances and enables parents to conduct their own assessment and intervention (Gill, 1989). Whilst the WINNING programme (Dangel and Polster, 1988) uses the same theory base but makes no attempt to assess or individualise problems and starts with teaching intervention techniques.

The other major concern of the study was to measure the impact of parents attending an ongoing Parent Support Group with those who just completed a short, time-limited programme (7-8 sessions). It primarily addressed the concern and criticism that behavioural approaches have poor outcomes in maintaining and generalising change over time. It also reflected an interest in the preventive aspects of parent training groups and whether a relatively cheap intervention

could provide effective family support with all the accrued benefits in relation to child development and patterns of parenting.

It was not feasible or realistic to study in-depth the content and process of the two Parent Support Groups, hence reliance is made on outcome data looking at dependent variables, particularly the number and frequency of child behaviour problems

Programme Content And Process

Hypotheses Tested

(See "Hypotheses" p. 53)

Through the session and programme evaluations there was consistent evidence of common therapeutic themes and trends which have been noted in great detail and hence will not be repeated here (see Chapter 5 p. 106-121). Essentially due to the dynamic nature of the groupwork process it was not always possible to strictly draw out therapeutic variables but the following significant, basic conclusions can be made in relation to the hypotheses:

1. Parents attending both programmes reported that social pressure and approval of other parents was a major factor in wanting to succeed and carry out agreed home tasks; which in turn helped in the generalisation of skills to the home setting. It also assisted in group cohesion and was linked to an increase in parental confidence and motivation. Factors that interfere with group discipline such as chaotic family situations linked to poor attendance were also identified (p. 108).

2. There was highly significant evidence for both programmes, to suggest that mutual support and the sharing of parental experiences facilitated problem-solving and reduced isolation and "learned helplessness" (Seligman, 1975). The role of the Group Leader was

to channel and focus change through an incremental application of theoretical principles and skills. Collaboratively using shared experiences, self-efficacy, fun and humour, practical tasks etc. to enable the group to "form" and "perform" (Tuckman, 1965).

3. Comparing methods and structure of both programmes showed some interesting differences. The use of role-play was found to be more helpful in the WINNING programme due possibly to the greater reliance on this method leading to greater acceptance. Short video examples appeared more useful for the parents on the Fun and Families programme. They also felt that they received more individual advice and support but the level of reported progress was slightly greater and quicker for those parents attending the WINNING programme. The t-test results revealed no significant differences in progress and consumer satisfaction levels. Only two elements were significantly different; the use of video examples (see above) and homework tasks. Parents on the WINNING programme finding the emphasis on target setting (tasks) being helpful.

4. Results from the Group Leaders programme evaluations revealed greater satisfaction with the Fun and Families programme which was at variance with parental reporting. Reasons centred on the clarity of the programme in relation to individual assessment and intervention within a group context. Bias by the author though can not be excluded.

5. The parental consumer satisfaction ratings for both programmes were similarly very high, hence overall there was not evidence to suggest a significant difference. Importantly though there was a high level of overlap in the interactional, therapeutic factors which

enabled group process, particularly in relation to the "collaborative model" (Webster-Stratton and Herbert, 1994) confirming the hypothesis that there are essential or core elements. Parental satisfaction is further evidenced by high attendance rates (75-86%) and relatively low drop-out (20%).

Moving on to look at other dependent variable measures will enable us to confirm or not the level of impact and lack of difference between programmes concluded from the above.

Dependent Variables

(See "Dependent Variables" p. 54)

The following basic conclusions and areas of discussion can be made from the substantial quantitative data. Attention will also be drawn to the impact of Parent Support Group involvement (see Hypotheses p. 53).

1. The ANOVA tests on the Eyberg Child Behaviour Inventory data revealed (p. 124) that those who received parent training experienced significantly less child behaviour problems than parents who were part of the Control Group ($F_{(2,22)}$ = 3.91, $P<0.05$). Importantly in relation to the study, there was no significant difference in child behaviour problems between the Fun and Families and WINNING programmes. The results did not indicate an <u>overall</u> maintenance effect over time but ANOVA results for specific time intervals indicated the following levels of significance at 3 months ($P<0.009$), 9 months ($P<0.001$) and 2 years ($P<0.029$) (p. 124) for those receiving parent training. Such results though must be viewed with caution due to the overall ANOVA findings.

2. In relation to the frequency of child behaviour problems, there was no significant effect by programme or Control Group though there was a significant effect over time with an overall reduction in frequency across 2 years (f (4,92) = P<0.05) (p. 124). Again there was no significant difference between the two programmes.

3. In comparing those parents who had contact with a Parent Support Group against those who just completed either programme, the overall ANOVA results in relation to the number of child behaviour problems demonstrated no significant effect by condition or time (p. 126).

4. In terms of frequency, there was a significant effect over time but with a reduction across conditions, including the Control Group (F (4,80) = P<0.01) (p. 126).

5. Overall the results place some doubt on the impact of ongoing parenting support but this requires further exploration (see p. 150-151) and research.

6. Of general interest is the initial improvement in children's behaviour within the Control Group at the pre-post intervention stage (Table 21 & 22). As parents largely self-selected not to join a programme because of an improvement in their child's behaviour; this outcome could be expected. Over time though previous patterns of parenting and conduct disorders re-establish themselves.

7. The Eyberg results are complex but the following can be concluded in relation to the main research questions and predictions: firstly, there was no evidence of a significant difference in outcomes for those parents attending either the Fun and Families or WINNING programmes, hence no proof to support the hypothesis that the Fun and Families programme would be more effective; secondly, there

was no significant confirmation for the hypothesis that those parents who received ongoing parental support would achieve better outcomes than those who just completed a time limited programme. Additionally, the ANOVA tests revealed that those parents receiving parent training reported significantly less child behaviour problems than the Control Group. Disappointingly there was not an overall maintenance effect.

With reference to the frequency of behaviour problems, there was a significant reduction over the two years but this applied to all three conditions. Such differences in the parental reporting of perceived child behaviour problems and there frequency concur with Eyberg's findings (Eyberg, 1980), for their is often a difference due to parental confidence in the reporting of whether a child behaviour is seen as a problem or not and a correlation to its frequency. Hence it is hypothesised that the Control Group partly did not report a significant reduction in the number of problems because of the lack of self-efficacy.

In relation to the ANOVA results, missing values (there was only complete data on 30 parents) could have reduced the maintenance effect by time. Additionally, ethical difficulties of avoiding self-selection for the Control Group and the other conditions may have effected outcomes, particularly if it is accepted that those who decided to join a Parent Support Group because of a need for further help were more vulnerable to stress, had fewer support systems and less effective coping strategies. Hence parents in this condition did not start at the same point as parents who decided that they did not require additional ongoing support.

8. Using Eyberg's (1980) normative data gathered from 512 children (2-12 yrs.) the studies results indicate that the subjects at baseline fell within the conduct disordered range. For instance in relation to the number of reported child behaviour problems, Eyberg (1980) found a normative mean of 6.9 compared to over 15 for this study. There were no significant differences at baseline between children, irrespective of programme, Control Group or condition, hence they had the same baseline. Additionally both sets of results found a clustering of conduct problems around the age of 2 and that problems persist and develop; crossing over developmental norms (Robinson, and Eyberg, 1978)

9. Outcomes from the Parental Attitudes, Attributions and Emotional Feelings questionnaire (Appendix 2.1) are confirming of parental reporting and impact of parent training taken from the programme evaluations. They also relate positively to the Eyberg results. Again there are overlaps between both programmes though the Fun and Families groups showed slightly higher levels of significance. Parents believed they were being more successful in controlling their children's behaviour; that parental confidence had grown; the level of positive regard towards their children increased; and a sense of learned helplessness diminished. The Control Group showed very little positive shift over two years.

10.Results from the direct observation tests carried out in the parents' natural home environment need to be looked at with some caution because of the relatively low numbers for the WINNING programme and the Control Group. Some interesting conclusions can still be drawn: firstly, for the Fun and Families condition there were significant improvements in instructional and differential

skills up to the nine month follow-up but maintenance difficulties at two years; secondly, the WINNING programme showed better maintenance of differential skills; thirdly, observation of nine common poor child behaviours, demonstrated consistent improvements for both groups and was consistent with Patterson's work (Patterson, Reid, Jones and Conger, 1975). Again the WINNING programme achieved the best results reaching a 85% improvement at the two year follow-up. Fourthly, the outcomes from the Control Group are confirming of other measures which indicate very little positive change, long term; evidenced by the - 22% deterioration in observed child behaviour problems at nine months.

Of interest from the above results is the relatively low rate of observed positive reinforcement across all groups. This could indicate that there still remains "tracking" (Patterson 1978) and generalisation difficulties, though the negative impact of being observed cannot be excluded. Comparatively, poor behaviour was a lot more readily ignored. In relation to the Control Group, the high rate of ignoring for both pro-social and problematic behaviour could indicate the level of helplessness, lack of decisiveness to intervene and ability to shape social learning positively. Hence there is a degree of fatalism and poor self-confidence.

11. Generally the results of the direct observation tests were confirmatory of Budd and Fabry's (1984) work which showed that it was a useful measure of parenting skill change following parent training. An exception was the higher levels of observed positive reinforcement, observed by Budd and Fabry (1984). The consistency and accuracy of observations (80-85%) were congruent

with their work. Unfortunately there is no comparative normative data available.

Brief Summary

Overall the findings indicate that there is no major differences in outcomes from both programmes. In terms of group process, there were significant commonalities which have enabled a detailed analysis of qualitative factors which are important in understanding how to best support parents and to gain insight into very common parental experiences. Enabling and utilising mutual support therapeutically was a powerful force for change which was directed through similar theoretical principles. Importantly, it appears that you can use a range of methods and have a different starting point (re. the two programmes) and still achieve impressive results as long as you listen to parents and respond to their need for collaborative support. Additionally, identifying needs and forming a baseline from which support services can develop is essential in avoiding inefficiency and a service driven approach (Audit Commission, 1994).

There was no quantitative evidence to support the prediction that parents also involved with a Parent Support Group would achieve better outcomes and further research is required to look at the impact and dynamics of ongoing parenting support. Qualitatively from discussion with parents, they strongly maintain that the parent support groups have been instrumental in maintaining commitment, motivation, self-confidence and preventively acted as a "safety valve" from the daily pressures of bring up the next generation. Alongside this should be remembered the finding that not all parents require or desire ongoing support and that their existing support networks are adequate to maintain positive change. Hence there is a need for

individuality and choice dependent on perceived need. The challenge in term of parent training in the UK is that currently there is not a lot of choice due to the lack of parenting support.

Overall the results from the research are confirmatory of outcomes achieved in the pilot (Gill, 1990; 1989) in relation to child behaviour improvement, process variables and consumer satisfaction.

The Parent Support Groups

Within both support groups there was evidence of parents using the skills they had learnt from the programme to make sense of ongoing child behaviour and relationship difficulties and to collectively problem-solve. In the context of the Rugby group, several parents were trained and actually ran the WINNING programme. The wider implication of such "pump priming" to develop a network of groups is exciting. With proper supervision and support a co-ordinator could enable many groups to grow and would be a very cost effective way of reaching many families within a community. Additionally out of such an initiative would be informal contact networks which would help to breakdown suspicion and stigma as the provision became more known and universal. Such evidence is confirming of other work which is emerging, demonstrating the value of this type of informal support and parental involvement (Rodgers, 1993; Gaudin, 1993; Barber, 1992; Gaudin et al., 1991; Jennings, Stagg and Connors, 1991; Telleeen, Hertzog and Kilbane, 1989; Andersen, 1994; Gill, 1993; Kottman and Wilborn, 1992).

To illustrate the above one parent has written about the Rugby Parent Support Group and its value:

"We have a group of ten mums who meet every two weeks. We normally start with things we need to get off our chests. It may not

always be to do with our children but it is something that has happened and the children are involved e.g. an argument with grandparents, an upset with a friend over the children, a disagreement with your husband, an incident that has happened while shopping etc.

We all manage to support and encourage each other or suggest another strategy to deal with the situation if it happens again. We constantly refer back to the behavioural skills learnt while on the course.

We plan to make a list of topics we wish to discuss in September and for the coming year e.g. drug and alcohol abuse, physical and emotional abuse, how to become assertive (how to control anger and depression), how to remain sane!"

Appendix 7 describes the experiences of one parent who attended a Fun and Families Group and then became involved in the Leicestershire Parent Support Group as a steering committee member. She powerfully details the desperation of coping with child behaviour problems and how this was positively changed. Also through the collaborative approach, her anxieties about social work involvement is eased and a sense of working together developed.

The Wider Literature

The following key links can be made between the research findings and the wider literature.

1. Child Conduct Disorders

The preventive impact of both programmes is encouraging though not conclusive. Wider work is highlighting the importance of early intervention in order to reduce the risk of the development of more serious conduct and relationship problems both at home, at school and beyond (Webster-Stratton, 1994; Christophersen and

Penney, 1993; Coie, 1990a; Reid, Taplin and Loeber, 1981; Kazdin, 1987, 1985; Wadsworth, 1979; Farrington, 1978; Rutter, 1977; Oltmans, Broderick and O'Leary, 1977; Johnson and Lobitz, 1974; West and Farrington, 1973; Robbins, 1966). Work on developmental pathways have demonstrated that the onset of child conduct problems, prior to school, left untreated are more resistant to change than behavioural problems that start in adolescence (Patterson, De Barshee and Ramsey, 1989; Lahey et. al. 1992). Additionally, there is a greater preponderance for boys to present with conduct problem, particularly aggression which unchecked can be persistent (Patterson, 1975). The research sample reflected this gender imbalance i.e. there were 35 boys compared with 18 girls who were presenting the main behavioural problems.

Recent work by Scott at the Institute of Psychiatry, London, as featured on the BBC (Panorama, 23.9.96) has calculated that a 4 year old presenting a conduct disorder in a family who receives no remedial treatment which then leads to school behaviour problems, poor academic achievement, exclusion, delinquency and possible family breakdown; the financial cost to society (from concerned agencies e.g.. Education, Social Services, Health, Police, Courts) is one million pounds (compared to less than a fifteen hundred pounds for an average Fun and Families Group). The associated social and developmental costs to the child, siblings, parents, peers and surrounding community is equally costly. Of particular note and concern, is that two parents from the studies control group (N=11) had their children placed on the Child Protection Register for physical abuse whilst from the main sample group (N=49) there were none (see Wekerle and Wolf, 1993; Reid, Taplin and Loeber, 1981).

In terms of parenting style and a child's development and socialisation, there was evidence of a move away from a punitive, low warmth, high criticism style (Dartington Social Research Unit, 1995, Sansbury and Wahler, 1992; Webster-Stratton, 1992, 1985; Patterson and Stouthamer-Loeber, 1984; Patterson, 1982) characterised by coercive exchanges (Cerezo and D' Ocon, 1995; Patterson, 1982); towards more positive regard, and higher levels of closeness and affection. Hence with clearer boundary setting and a reduction in presenting conduct problems providing the basis for positive family exchanges, there was greater likelihood for an environment which allowed nurturing and normal development.

Underpinning this move towards a more positive parenting style was a significant increase in parental confidence and hope. Learned helplessness was challenged as parents felt in more control and rationalised that they could be successful as parents, in particular in managing their child's behaviour. They also made sense of the behaviour, less in terms of punitive intent but more about identifying good points and how they could break a negative vicious circle. In essence they showed significant signs of self-belief or self-efficacy. Parents who were the most difficult to reach in the study were those with such entrenched beliefs and attributions that they continually rationalised why they should do nothing ("yes-but" answers) and were resistant to cognitive restructuring (see Seligman, 1975; Webster-Stratton and Herbert, 1994; Johnston and Mash, 1989; Abramson, Seligman and Teasdale, 1978; Bandura, 1989, 1985, 1982; Folkman and Lazarus, 1988; Teti and Gelfand, 1991; Teti et. al., 1990; Conrad et. al., 1992; Kofta and Sedek, 1989; Mikulincer and Casopy, 1986; Miller and Norman, 1979).

Marginalisation, lack of social support and maternal insularity have been shown to be important in the development of conduct disorders (Wahler and Dumas, 1985; 1984). Such families are not protective against stress, have poor problem-solving skills, perceptions of help are negatively attributed and parent-child exchanges are fatalistic and punitive (Utting, 1995; Friedmann, 1990; Browne, 1988). The study demonstrated clearly the importance and value of mutual support by bringing parents together who had often been ostracised by their extended families, friends and wider community because of extreme child behaviour problems. Informal support, linked to formal support networks provided confirmation that they were not alone and provide a springboard for change. Anxieties and fears about professional involvement were also challenged through the collaborative model (Webster-Stratton and Herbert, 1994).

Environmental stressors such as poverty, unemployment, cramped living conditions and illness have a negative impact on parenting and thus children's development and behaviour (Kazdin, 1986; Rutter and Giller, 1983). Daily "life hassles" and crisis are exacerbated often leading to coercive parent-child interactions an increase in the use of physical punishment (Whipple, 1991; Webster-Stratton, 1990; Corse, 1990; Forgatch, Patterson and Skinner, 1988). Such factors were present within the research sample and some evidence was produced which indicated that such environmental influences could be mitigated and mediated against through parent training. Positively acknowledged by those parents who reported that levels of smacking had decreased. To suggest that such structural forces could be totally nullified is unrealistic but parents learnt more effective coping and survival skills. Those who did less well though

found the daily struggle and the chaos that ensued overwhelming and debilitating. Lone parents and insular families were more at risk but it is important that stereotypes are not used to "write families off" as it is more important to assess the individual quality of parenting rather than the fact it is a lone parent family (Utting, 1995; Friedman, 1990; Browne, 1988).

2. *"Parent Training"*

Outcomes from this research were confirmatory of wider work which has demonstrated the effectiveness of parent training. Parents who received parent training compared against a Control Group experienced significantly less child behaviour problems, were observed to interact more effectively with their children and felt more in control (Gill, 1993; 1990; 1989; Lawes, 1992; Mullin et al., 1990; Webster-Stratton, Kolpacoff and Hollinsworth, 1989; Kazdin, 1996; McMahon and Forehand, 1984; Webster-Stratton, 1984; 1981a,b; Patterson, 1975). Behavioural improvements have been successfully generalised from the Group setting to the home and across other settings (Sanders and Plant, 1989; Sanders and James, 1983; Patterson, 1982; Peed, Roberts and Forehand, 1977). Overall, both parent training programmes received high ratings in consumer satisfaction and practical support (Gill, Lane and Webb, 1995 (unpublished); Gill, 1993; 1990; 1989; Webster-Stratton, 1989b; Cross, Calver and McMahon, 1987; McMahon and Forehand, 1984).

Over 2 years the study was not able to demonstrate an overall significant reduction in child behaviour problems (using the Eyberg) which reflects the ongoing challenge to look at effective ways of achieving better maintenance. Recent major reviews of the parent training literature reflect this challenge and warn against complacency

(Barlow, 1997; Kazdin, 1997; Serketich and Dumas, 1996). Additionally there is a need for more controlled longitudinal studies and more rigour in the design of parent training research (Kazdin, 1997). Serketich and Dumas (1996) in their review of 117 studies found only 26 met the criteria for inclusion in a meta-analysis due to the lack of controlled research. They also argue strongly that there is a need for more long-term work which compares different therapeutic parent training interventions. Positively the above challenge is being responded to and there is some limited but important evidence to suggest the longitudinal effectiveness of parent training up to 14 years (Webster-Stratton, 1996; Long et. al., 1994).

The Fun and Families (Gill, 1993; 1990; 1989; Neville, King and Beak, 1995) and Winning programmes (Dangel and Polster, 1988) reflect certain historical trends within parent training and the development of a set of core methods which have been refined based on rigorous outcome research. From Tharp and Wetzel's (1969) work on the value of working through parents to bring about change; Hanf and King (1973) and Forehand and McMahon (1981) on skills in reducing non-compliance; the Oregon Social Learning Centre (Patterson, 1982; Patterson, Reid and Conger, 1975) work on incremental parental learning and Webster-Stratton and Herbert's (1994) "collaborative" groupwork model. Additionally the design of the research accommodated the potential need for wider adjunctive parental support for multi-problem families (Spaccarella, 1992; Webster-Stratton, 1991; MacAuley, 1982). Taken as a body of knowledge it represents a powerful set of methods and techniques.

Poor outcomes from parent training have been shown to be linked to depression, marital discord, unsupportive partner, poor

problem-solving, lack of social support and environmental stress (Forgatch, 1989; Dadds, Schwartz and Sanders, 1987; Wahler and Dumas, 1984; Dumas, 1984; Richard et al., 1981). This study found evidence which supported the importance of these factors particularly in relation to chaotic families where there were difficulties around poor boundary setting, "learned helplessness" (Seligman, 1975), and time pressure which led to poor attendance or an inability to carry out agreed tasks.

From parental reporting of the value of the Parent Support Groups and community based befriending networks, indications are that for some families such informal contact boosted self-confidence and prompted solutions to everyday parenting difficulties. Parents drew ongoing strength from others, providing some limited evidence to the need for broader based interventions (Gill, 1993; Dadds and McHugh, 1992). For other families though significant results can be achieved from a time limited groupwork programme .

Comparing this study results with other outcomes from the Centre for Fun and Families (Neville, King and Beak, 1995; Charles, Kingaby and Thorn, 1996 unpublished) provides additional strength to the validity of the major findings. A recent independent evaluation of twelve Fun and Families groups involving 89 parents and ran by Health Visitors and Family Centre Workers, produced very similar results (Charles, Kingaby and Thorn, 1996 unpublished). For instance:

- Methods proved significantly effective in reducing a wide range of child behaviour problems e.g. non-compliance, temper tantrums, toilet training, sleep difficulties.

- Parents reported feeling calmer and more relaxed with their children and having to resort less to physical punishment. Group Leaders indicated that child protection concerns had been reduced.

- The ABC model of learning was found to be useful in making sense of children's behaviour and placing it in context.

- Incremental learning helped to focus parental attention.

- Practical parenting skills which were relevant and accessible, assisted application to individual needs and circumstances.

- The collaborative model enabled parents to feel valued, that they were "not being judged", that they had a chance "to have their say" and Group Leaders were willing to share their parenting experiences. Fun and humour facilitated critical reflection.

- There was a high commitment to home tasks and recording progress.

- Positively reinforcing parental efforts impacted on motivation

- Mutual support and problem-solving and a recognition that parents were not alone, greatly assisted group process and change ("knowing it's not just you on the planet with a child who drives you nuts"). Parents felt listened to and that their own agendas not just the needs of their child were being addressed.

- Some parent-child relationships were so damaged e.g. a total lack of warmth and closeness, that additional remedial help might be required before the parent can fully benefit from the programme.

- Some families needed ongoing positive support to maintain commitment and continue with using the methods.

A comparative analysis with research on the WINNING programme (Dangel and Polster, 1988; 1984) was equally confirming of findings which showed that change was successfully generalised

across times and settings and in wider parent-child interactions. Also effects were maintained at short-term follow-up and parents reported a high level of consumer satisfaction (Dangel and Polster, 1984).

Moving specifically to therapeutic process and parent training, the work of Webster-Stratton and Herbert (1994; 1993 and Herbert, 1995) was pivotal in making connections with the research and 9 years of groupwork experience. Of significance is the strong links between both sets of results and a clearer understanding within behavioural therapy of how best to get alongside and help parents experiencing child conduct problems. A large gap in our understanding of why parent training works or does not, is beginning to be filled. Hence usefully we can now begin to move away from abstract terms such as warmth, empathy and rapport (Sanders and Dadds, 1993) and to replace them with more concrete explanations in order to develop a groupwork schema that defines core variables and key Group Leader skills (Figures 7 & 8). The relevance of this movement to practitioners wishing to run parent training programmes is extremely important and was a central aim of the research. Additionally with time constraints and work pressures, practitioners are receiving more specific pointers on how to run a successful group which goes beyond content.

From a parental perspective the study's findings also concurred with the work of Webster-Stratton and Herbert (1994; 1993) and the identification of five reoccurring themes linked to effective coping: promoting parents problem-solving; helping parents to "come to terms" with their child; gaining empathy for their child; parents accepting their own imperfections, and learning how to "refuel". Additionally the checklist to evaluate the collaborative process,

identifying key elements (Appendix 1), corresponded with the outcomes from the study.

Wider Implications - An Agenda For Change!

The following agenda brings together conclusions from this research and the wider literature in order to focus attention on the rationale for change. There is a need for a fresh inter-agency approach which emphasises the need and value of working together to promote the common welfare of children and families alike; a stake we all have an investment in (Dartington, 1995). Similarly connections need to be made with the wider community who can share and see the value of such an investment e.g. less child behaviour problems, better family functioning, reducing the possibility of school exclusion and delinquency, safer neibourhoods, less costly demands on child welfare services.

1. The social and financial costs associated with child conduct problems are enormous and represent a significant drain on limited resources. For instance within the National Health Service, 30% of GP consultations which involve children are for behavioural problems, rising to 45% of community child health referrals. Whilst casualty departments have to deal with accidents and poisonings which are more prevalent in this child population (Bijun, Golding, Haslum and Kurzon, 1988; Bailey Graham and Boniface, 1978).

2. More early, universal interventions are required which utilise the strengths of the collaborative model. Children who present conduct disorders do not always naturally grow out of them. Recent research suggests that in around 40% of conduct disordered children who receive no help, the problems persist and develop (Scott 1996).

3. A greater acceptance that parents are the primary educators and socialisers of what children learn and how they behave (Herbert, 1995).

4. A "life cycle" model of parenthood should be adopted characterised by preparation, on becoming a parent, and moving on to become a grandparent etc.(Smith, 1996; Pugh, D'Ath and Smith, 1994).

5. Preparation for parenthood needs to become part of the National Curriculum (Pugh, D'Ath and Smith, 1994; Causby, Nixon and Bright, 1991).

6. In supporting families there should be greater recognition of the need to work across narrow professional boundaries and settings particularly in relation to home and school (Audit Commission, 1994; Webster-Stratton and Herbert, 1994; Hawkins and Weiss, 1985). The need further being reinforced by the dangers of poor academic achievement and exclusion as a consequence of behavioural problems which in turn feeds pressure at home and increases the possibility of family breakdown and delinquency (Kazdin, 1987)

7. Alongside parent training and other initiatives should be community support which utilises and values parental experience and personal interest in children's behaviour and well-being. Social Services, Education, Health and the Police all have a role and investment in meeting children's needs and reducing the risk of more costlier interventions. The cost-benefit and potential of keying into this rich source of knowledge and mutual support is enormous.

8. The preventive impact of the above initiatives and others require further work. Importantly the collaborative model needs further

refinement, particularly in relation to its application to other settings, and the effectiveness of parents supporting parents demands more attention. The maintenance and generalisation of change over time continues to remain a challenge as does engaging those hard to reach families. Positively this study has provided some significant pointers and the outcomes have been encouraging.

Summary

The research has given a significant insight into parental ideologies and how these must be the starting point for change combined with powerful and effective techniques. Qualitative and quantitative data has been produced to demonstrate the dynamic and interactional nature of working through parents to bring about significant improvements in children's behaviour. Parent training at its best is about unlocking human potential in order for self-confidence to grow and new strategies and skills to be developed. The exact content of the programme is not as important as the process of engagement. The materials and methods used provide a framework and map for parents to follow but they first need to believe in that route. The style of presentation and mutual support offers a vehicle to allow parents to reach their final destinations.

Chapter 8 Critical Analysis

Introduction

The main purpose of this brief chapter is to critically analyse the experimental design and to highlight practical difficulties. The intention being to identify learning points and pitfalls to avoid in future research.

1. Context

The research was conducted whilst working full-time which through up a number of challenges. Firstly, negotiating funding and time; secondly, managing competing demands and the crisis nature of child protection work; thirdly, ensuring that personal needs and family life did not suffer; fourthly, being disciplined about using time available in the most effective way; fifthly, keeping a timetable of groups to run and follow-ups to be carried out; sixthly, the need for self-motivation, an enthusiasm for the subject matter and an acceptance of the isolation of individual research.

Underpinning the above, is the need for self-discipline and organisation, whilst working at the same time. Conducting research in the field which by its nature is more reactive on occasion is not easily controllable.

2. Experimental Design

In the original design it was envisaged that there would be four conditions: parents who joined one of the Parent Support Groups prior to starting the programme and continued afterwards; parents who just completed the programme; parents who joined a Parent Support Group following programme completion and those who were part of the

control group. This presented a number of difficulties. In attempting to clinically and equally randomly select for each condition this did not take account of the individual needs of parents. For instance some parents who had been allocated to the programme only condition were in desperate need of continuing support. Ethically this created a dilemma which was largely resolved by an agreement that they be allowed to join one of the Parent Support Groups. The main consequences being that the samples became not as even or randomly selected as originally envisaged. Additionally due to the lack of numbers (N=3), the first condition of prior contact with the support group had to be dropped.

When working with vulnerable families in crisis where there are concerns about the welfare of children, the ideals of experimentation and administering standardised clinical programmes may be confounded. Hence the randomisation process within the study can be criticised, but is balanced by the fact that across conditions (Fun and Families, WINNING and Control Group) at pre-intervention there was no significant difference in the number and frequency of reported child behaviour problems, using a standard measure (Eyberg Child Behaviour Inventory). Additionally all of the children fell within the conduct disordered range (Eyberg, 1988). Hence the starting point or baseline for all parents was the same.

It would have been preferable to have had a larger control group (N=11) but recruiting and retaining parents' interests over a significant period of time whereby you were offering no intervention, proved understandably problematic. Additionally the completion of the questionnaires and home visit took approximately two and a half hours every time it was administered, hence the level of intrusion was

significant. This could suggest that the demands were too high and that all of the measures should not have been used but this would have led to problems in the comparative analysis. Again for ethical reasons parents within the Control Group were offered parent training support but declined the offer. Additionally at each of the follow-up visits they were given a choice of joining a future programme and there was discussion on how they were currently coping and possible support needs. There was also an assessment made of continued child behaviour problems, the impact on family relationships and the welfare of the child. If there had been evidence to suggest the possibility of family breakdown or a child was at risk of abuse then further visits would have been offered to discuss further their decision not to accept intervention.

3. Measures

The decision to devise a questionnaire which analysed "parental attitudes, attributions and emotional feelings" (Appendix 2.1), rather than using a more established instrument, was based on the need to capture and reflect the particular experiences of parents attending the programmes. From the pilot, common themes and needs were identified which were encapsulated within the questionnaire and parental reporting and testing indicated a high level of congruence. Other questionnaires and measures failed to pass this test due mainly to jargon and lack of practical relevance. On the negative side, the questionnaire has not been thoroughly evaluated and normative data produced. Even so, the tool produced a very useful way of illuminating parental thoughts and feelings and measuring change.

The direct observation measures (Appendix 2.2 & 2.3), were potentially problematic in terms of consistency and accuracy. This

was accepted and guarded against by independent checking by a second observer which revealed a consistency rate in recording of 80-85%. Such observation can only provide a "snap-shot" of the quality of parent-child interaction as it was not possible or realistic to administer it more frequently. Importantly though it addressed the real need to check that skills had been generalised to the natural home setting and that parental reporting was accurate; this objective was largely met.

If time had allowed, it would have been useful to have looked in more depth at the impact of the Parent Support Groups. The reality though is that when conducting a piece of research it has to be clearly focused and realistically time scaled in order to thoroughly test certain predictions. To get too broad results in more questionable analysis.

4. Data Analysis And The Illuminative Approach

Research which combines qualitative and quantitative methods and that is concerned with groupwork outcomes, produced a very significant amount of data. The challenge being to identify common trends, and significant factors. Though this proved time consuming the results were more impressive as a consequence; for what is produced is a total picture of parental and groupwork experience which gives a real sense of the dynamic, interactional nature of coping with child conduct problems and effective ways of helping. To purely have concentrated on quantitative measures would not have fully illuminated experiential factors (Herbert, 1995; 1990). Alternatively, an over-reliance on qualitative methods could have led to reliability difficulties and a lack of transferability to other settings and situations (Sommer and Sommer, 1991).

Hardiker and Littlewood (1987) are critical of the over-emphasis on the value of scientific or quantitative methods due to its restrictive nature. Furthermore the denigration of qualitative methods on the basis that the results are subjective, impressionistic, biased and un-scientific can lead to tunnel vision where more relevant facts can be overlooked (Parlett and Hamilton, 1978). The scientific paradigm can set its own agenda in the key questions it asks and the methods it uses, which may not be flexible enough on its own, to reflect the diversity of human experience, interaction and phenomenology (see Kessel, 1969; Kuhn, 1970).

The illuminative approach combines both qualitative and quantitative methods and when applied to programme evaluation it takes full account of the context or setting events in which therapeutic support occurs (Herbert, 1990). Hence it can be argued that such emphasis is more practically applicable to a wide range of helping professions. It allows a variety of methods to be used to shed light on significant factors e.g. observation, interviews with participants, questionnaires. Content analysis illuminates common themes, strengths, weaknesses and quantifiable elements which were helpful. It accepts that there is an interplay between the observer and observed (Miller, 1983; Parlet and Dearden, 1977). One can and should still be concerned with the observable and measurable but this needs to be supplemented with techniques which can reflect how people make sense of social adversity and experience any help they receive. For such experiences affect the way people behave and what we measure. The value of such an approach has been clearly evidenced in this study and has wide relevance to practitioner research generally.

Conclusion

To have completed a major piece of research over seven years, part-time, there are a number of conclusions and mixed feelings. A great sense of relief and pride is tempered by a realisation that a significant vacuum now exists. Looking back though there have been a number of driving forces:

- A sense that the work was important and needed to be done, reinforced by the sixty parents who agreed to be part of the research and had a genuine commitment to greater family support. They felt the programmes were effective and wanted to see more universal provision. The research has and will be a vehicle to highlight their needs and the needs of thousands of others in similar situations.

- Politically the time is right for change. There is a general concern within the UK about the breakdown in traditional family structures; the link between child behaviour problems and juvenile delinquency; safer neibourhoods and crime; the level of aggression and exclusions within schools; and rates of child abuse. Just within Social Work, following "Messages From Research" (Dartington, 1995), there currently is a debate and clear signs of action towards the need to refocus services away from crisis intervention to more comprehensive family support which is research driven rather than moral panics about child deaths. Hence there is a shift towards the importance of assessing a child's immediate and long-term needs/outcomes (Audit Commission, 1994) and if safe, to offer more "user-friendly" support, as opposed to accessing help through a child protection case conference which has greater potential to stigmatise and alienate. Interestingly, the partnership aspects of the collaborative model (Herbert, 1995; Webster-Stratton and Herbert,

1994) have been shown to be the most effective style in engaging parents where there are child protection concerns and Social Workers are involved (Thoburn, Lewis and Shemmings 1995).

- The main driving force though, has been an interest and passion in the relevance of the subject matter and finding significant confirmation for the interventions effectiveness. The main benefit of carrying out research in the field that you are currently practising in, is that it has personal ownership and value i.e. you have an investment in the results.

APPENDICES

SECTION 4

APPENDIX 1
CHECKLIST FOR EVALUATING THE COLLABORATIVE PROCESS

Leader Collaborative Skills

Leader:

Builds rapport with each member of the group

Encourages everyone to participate

Models open-ended questions to facilitate discussion

Reinforces parents' ideas and fosters parents' self-learning

Encourages parents to solve problems when possible

Fosters ideas that parents will learn from one another's experiences

Views every member of group as equally important and valued

Identifies each family's strengths

Creates a feeling of safety among group members

Creates an atmosphere in which parents feel they are decision makers and discussion and debate are paramount

Leader Leadership Skills

Leader:

Establishes ground rules for group

Starts and ends meetings on time

Explains agenda for each session

Emphasises the importance of homework

Reviews homework from previous session

Summarises and restates important points

Focuses group on key points presented

Imposes sufficient structure to facilitate group process

Prevents side-tracking by participants

Knows when to be flexible and allow a digression for an important issue and knows how to tie it into session's content

Anticipates potential difficulties

Predicts behaviours and feelings

Encourages generalisation of concepts to different settings and situations

Encourages parents to work for long-term goals as opposed to "quick fix"

Helps group focus on positive

Balances group discussion on affective and cognitive domain

Predicts relapses

Reviews handouts and homework for next week

Evaluates each session

Leader Relationship-Building Skills

Leader:

Uses humour and fosters optimism

Normalises problems when appropriate

Validates and supports parents' feelings (reflective statements)

Shares personal experiences when appropriate

Fosters partnership or collaborative model (as opposes to an expert model)
Fosters a coping model as opposed to a mastery model of learning
Reframes experiences from the child's viewpoint and modifies parents'
negative attributions
Strategically confronts, challenges and teaches parents when necessary
Identifies and discusses resistance
Maintains leadership of group
Advocates for parents

Leader Teaching and Interpreting Skills

Leader:

Demonstrates knowledge of content covered at session
Explains rationale for principles covered in clear, convincing manner
Prepares material in advance of session and is "prepared" for group
Integrates parents' ideas and problems with important content and child
development principles
Helps parents generalise how principles can be generalised to different
settings and situations
Uses appropriate analogies and metaphors to explain theories or concepts
Reframes events so that parents can see them from a different perspective

Leader Methods

Leader:

Uses videotape examples efficiently and strategically to trigger group
discussion
Uses role-play and rehearsal to reinforce learning
Reviews homework and gives feedback for previous week
Explains new homework and gives out handouts
Uses modelling by self or other group members when appropriate

Parent Responses

Parents:

Appear comfortable and involved in session
Complete homework, ask questions, and are active participants
Express insight into their own and their child's behaviours
Complete positive evaluations of sessions

SPECIAL NOTE

This item is tightly bound
and while every effort has
been made to reproduce the
centres force would result
in damage.

Date......................

Child's Name ....

Child's Age .... Birth Date......

Eyberg Child Behaviour Inventory

ections: Below are a series of phrases that describe children's behaviour. Please (1) circle the number describing how often the behaviour currently occurs with your child, and (2) circle "yes" or "no" to indicate whether the behaviour is currently a problem for you

	How often does this Occur with your child?							Is this a problem for yo	
	Never	Seldom	Sometimes		Often		Always		
wdles in getting dressed	1	2	3	4	5	6	7	Yes	No
wdles or lingers at mealtime	1	2	3	4	5	6	7	Yes	No
s poor table manners	1	2	3	4	5	6	7	Yes	No
efuses to eat food presented	1	2	3	4	5	6	7	Yes	No
fused to do chores when asked	1	2	3	4	5	6	7	Yes	No
low in getting ready for bed	1	2	3	4	5	6	7	Yes	No
efused to go to bed on time	1	2	3	4	5	6	7	Yes	No
oes not obey house rules on is own	1	2	3	4	5	6	7	Yes	No
efuses to obey until hreatened with punishement	1	2	3	4	5	6	7	Yes	No
cts defiant when told to do omething	1	2	3	4	5	6	7	Yes	No
rgues with parents about ules	1	2	3	4	5	6	7	Yes	No
ets angry when doesn't get is own way	1	2	3	4	5	6	7	Yes	No
as temper tantrums	1	2	3	4	5	6	7	Yes	No
Cheeky to adults	1	2	3	4	5	6	7	Yes	No
hines	1	2	3	4	5	6	7	Yes	No
ries easily	1	2	3	4	5	6	7	Yes	No
ells or screams	1	2	3	4	5	6	7	Yes	No
its parents	1	2	3	4	5	6	7	Yes	No
estroys toys & other objects	1	2	3	4	5	6	7	Yes	No
areless with toys and ther objects	1	2	3	4	5	5	7	Yes	No

	How often does this occur with your child?							Is this a problem for you?	
	Never	Seldom	Sometimes		Often		Always		
Steals	1	2	3	4	5	6	7	Yes	No
Lies	1	2	3	4	5	6	7	Yes	No
Teases or provokes other children	1	2	3	4	5	6	7	Yes	No
Verbally fights with friends his own age	1	2	3	4	5	6	7	Yes	No
Verbally fights with sisters and brothers	1	2	3	4	5	6	7	Yes	No
Physically fights with friends of his own age	1	2	3	4	5	6	7	Yes	No
Physically fights with sisters and brothers	1	2	3	4	5	6	7	Yes	No
Constantly seeks attention	1	2	3	4	5	6	7	Yes	No
Interrupts	1	2	3	4	5	6	7	Yes	No
Is easily distracted	1	2	3	4	5	6	7	Yes	No
Has short attention span	1	2	3	4	5	6	7	Yes	No
Fails to finish tasks or projects	1	2	3	4	5	6	7	Yes	No
Has difficulty entertaining himself alone	1	2	3	4	5	6	7	Yes	No
Has difficulty concentrating on one thing	1	2	3	4	5	6	7	Yes	No
Is overactive or restless	1	2	3	4	5	6	7	Yes	No
Wets the bed	1	2	3	4	5	6	7	Yes	No
Continually wakes up at night	1	2	3	4	5	6	7	Yes	No

QUESTIONNAIRE TO MEASURE PARENTAL ATTITUDES, ATTRIBUTIONS AND EMOTIONAL FEELINGS

Thank you for agreeing to complete this questionnaire! Its' main aim is to simply identify certain thoughts and feelings you might have about your child or children generally. There is no right or wrong answer, so please answer the questions as honestly as possible. Try not to dwell too long on any one question, and remember it is not a test where your views wil be judged.

For each question please circle the number which best represents your answer. Feel free to add further comments and to ask the Social Worker if you have any difficulty.

	1	2	3	4	5
KEY:	Never	Seldom	Sometimes	Often	Always

1 Do you enjoy the company of your child?   1   2   3   4   5

Further Comments

2 Do you enjoy playing with your child?   1   2   3   4   5

Further Comments

3 Do you think of yourself as a "successful
  parent" in terms of caring and looking
  after your child?   1   2   3   4   5

Further Comments

4 Do you think of yourself as a "good
  parent" in terms of controlling his/
  her behaviour?   1   2   3   4   5

Further Comments

KEY:	1 Never	2 Seldom	3 Sometimes	4 Often	5 Always

5 Do you think that your child is to
   blame when he/she misbehaves?   1   2   3   4   5

Further comments

6 Do you feel in control of a situation
   when your child is being very naughty? 1   2   3   4   5

Further Comments

7 Do you feel that your child is in
   control over you when he/she is
   being very naughty?   1   2   3   4   5

Further Comments

8 Do you feel able to make decisions
   on how best to handle your childs
   behaviour (good or bad)?   1   2   3   4   5

Further Comments

9 Do you ever wish that you had never had
   children?   1   2   3   4   5

Further Comments

	1	2	3	4	5
KEY:	Never	Seldom	Sometimes	Often	Always

10 Do you ever think that your child
personally dislikes you?   1   2   3   4   5

Further Comments

11 Do you ever think that there is
something inside your child (ie. a
"little demon") which makes him/her
continually misbehave?   1   2   3   4   5

Further Comments

12 Do you ever think there is something
inside <u>all</u> children which makes
them naughty or badly behaved?   1   2   3   4   5

Further Comments

13 Do you think you get enough support
from your partner in handling your
childs behaviour difficulties?   1   2   3   4   5

Further Comments

14 Do you ever experience feelings of
helplessness when your child behaves
badly?   1   2   3   4   5

Further Comments

15 Do you think that whatever happens your
childs behaviour will never improve?   1   2   3   4   5

Further Comments

	1	2	3	4	5
KEY:	Never	Seldom	Sometimes	Often	Always

Do you find yourself making excuses for
your childs behaviour?   1   2   3   4   5

Further Commmments

Do you experience feelings of resentment
towards your child when s/he misbehaves? 1   2   3   4   5

Further Comments

Do you say to yourself "Why me?" when
your child is poorly behaved?   1   2   3   4   5

Further Comments

Do you think that you are being punished
for your childs bad behaviour?   1   2   3   4   5

Further Comments

Do you experience feelings of loneliness
when faced with behaviour problems?   1   2   3   4   5

Further Comments

Do you feel overwhelmed by your childs
poor behavior?   1   2   3   4   5

Further Comments

179

NTS NAME .... ADDRESS ....

kte . . . ~ . . .

DS NAME .... AGE ....

THE ABOVE INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE

you have completed the questionnaire, please hand it back to the
al Worker for further discussion.

K YOU FOR ALL YOUR HELP!

STRUCTURED OBSERVATION OF PARENT-CHILD INTERACTION

Contained below are several structured situations or activities which aim to assess parental skills with minimal observer involvement. For each time-limited situation, certain specific child and parental responses are recorded and an overall rating of parental performance is given.

The first activity entitled "Giving Instructions" involves the observer indicating whether 8 significant responses were achieved (yes/no). Whilst the second exercise, "Differential Attention", employs a frequency count of appropriate and inappropriate behaviour, and whether the behaviours were praised or ignored.

The structured observations system is designed to be applied within the natural home setting.

KEY

(A) "Giving Instructions"

✓ = Yes (target response successfully achieved)

X = No (target response not achieved)

(B) Overall Parental Performance

0 = very poor 1 = poor 2 = fair 3 = good 4 = very good

5 = excellent

SKILL 1: GIVING INSTRUCTIONS

The first activity assesses parental skills in delivering and following through with instructions to their child. Prior to observation, the parent is asked to prepare six instructions they know their child can carry out (eg. putting a toy away, hanging a coat up). The parent is then requested to deliver the instructions and to have the child complete them, using whatever means they normally employ to achieve compliance. A written description of the structured activity is provided, indicating basic information on parental role but without any direct suggestions on how to obtain child compliance. The maximum duration of the observation exercise is 7 minutes.

Parent - Child Responses

In recording please work
downwards for each   Six Instructions or Tasks
instruction: (✓/X)

	1	2	3	4	5	6
(1) Clear specific instruction	☐	☐	☐	☐	☐	☐
(2) Good use of non-verbal communication (ie. posture distance, eye contact)	☐	☐	☐	☐	☐	☐
(3) Instruction given no more than twice	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	6

(4) Child begins to comply within 10 seconds

☐ ☐ ☐ ☐ ☐ ☐

(5) Further verbal cues and prompts

☐ ☐ ☐ ☐ ☐ ☐

(6) Physical help required from parent

☐ ☐ ☐ ☐ ☐ ☐

(7) Child praised for compliance

☐ ☐ ☐ ☐ ☐ ☐

(8) Estimated length of time for full compliance (child should normally comply within 20 seconds unless a longer period is prior negotiated due to the difficulty of the task) If the child does not comply this should be recorded as no (X)

☐ ☐ ☐ ☐ ☐ ☐

Overall Rating of Parental Performance

Please rate by circling one of the following:

very poor	poor	fair	good	very good	excellent
0	1	2	3	4	5

<u>Notes or Comments on Exercise</u>

SKILL 2: DIFFERENTIAL ATTENTION

The second activity evaluates parental skills at praising appropriate child behaviour and ignoring mild inappropriate responses. The parent is asked to occupy him/herself with an activity such as reading, writing or tidying a room, and to ask the child to play on their own and not interrupt for the next several minutes. At minute intervals the observer gives a pre-arranged signal (eg. hand movement, says "one minute"). The parent is told that they can respond to the child at this point if they choose, but are requested to minimise their attention at other times during the observation period. Similar to the first activity, the instructions are given in writing and the parent is provided with ample opportunity to ask questions.

The observer records the type of child behaviour at each minute interval and the parents response during the 10 seconds following the signal (praised, ignored or neither). In addition though, the observer records the frequency of appropriate and inappropriate (mild/severe) behaviours that occur between the specific time intervals and whether they

were praised or ignored. In respect of severe inappropriate behaviour, incidents are noted, but parental responses are not recorded due to the emphasis on ignoring of <u>mildly</u> inappropriate behaviour.

The duration of the exercise is just over <u>6 minutes</u> allowing for 6 signals to be delivered.

PARENT - CHILD RESPONSES

Frequency recording between time intervals.
Please record the occurrence of behaviour and the response within each separate time interval:

Child playing
appropriately ( )

1						
2						
3						
4						
5						
6						

Praise by parent/s

1						
2						
3						
4						
5						
6						

Other appropriate behaviours

1						
2						
3						
4						
5						
6						

Mild inappropriate
behaviours (eg pestering,
clinging, banging,
demanding, minor defiance)

Ignored by parent/s
(not including severe
inappropriate behaviour)

1						
2						
3						
4						
5						
6						

1						
2						
3						
4						
5						
6						

Severe inappropriate
behaviours (eg aggression,
continued defiance, major
temper tantrum)

1						
2						
3						
4						
5						
6						

(B)   Recording at One Minute Intervals

1) Child playing appropriately

1	2	3	4	5	6
☐	☐	☐	☐	☐	☐

2) Other appropriate behaviour

1	2	3	4	5	6
☐	☐	☐	☐	☐	☐

3) Mild inappropriate behaviour

1	2	3	4	5	6
☐	☐	☐	☐	☐	☐

4) Severe inappropriate behaviour

1	2	3	4	5	6
☐	☐	☐	☐	☐	☐

Response within 10 Seconds

1) Praised by parent

1	2	3	4	5	6
☐	☐	☐	☐	☐	☐

2) Ignored by parent (not including severe inappropriate behaviour)

1	2	3	4	5	6
☐	☐	☐	☐	☐	☐

3) Neither response applicable

1	2	3	4	5	6
☐	☐	☐	☐	☐	☐

Overall Rating of Parental Performance

Very poor	Poor	Fair	Good	Very good	Excellent
0	1	2	3	4	5

Notes or Comments on Exercise

BASIC DETAILS ON PARENT AND CHILD

Parents Name   Address

Childs Name   Age

Time of day exercise   Date
took place

Observer Name

EVALUATING THE STRUCTURAL OBSERVATIONS

In respect of "giving instructions" the total of correct or desired responses are calculated and compared against the total of correct responses which potentially could have been given.

With "differential attention" , calculations are made of the number of occasions in which the parent praised appropriate behaviour while ignoring mildly inappropriate behaviour. This again can be compared against the proportion of opportunities in which either response was applicable. It is advised that separate calculations be made for the two recording conditions (ie. time intervals).

188

The "overall rating of parental performance" (0-5) is
an additional subjective measure to the above.

The structured observation system has been developed by
Andy Gill from the work of Budd and Fabry (Budd, K S. and
Fabry, P L., (1984), Behavioural Assessment in Applied
Parent Training.   Use of a Structured Observation System.
In Dangle, R F. and Polster, R A., (Eds), Parent Training,
Guildford Press, New York).

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May 1989

A CHECKLIST FOR THE DIRECT OBSERVATION OF AVERSIVE AND NEGATIVE CHILD BEHAVIOUR

1) HOW IT SHOULD BE USED

The checklist is designed to be applied within the natural home environment and its' aim is to assess the frequency of aversive and negative child behaviour in a given time period. The observer should position himself as inconspicuously as possible and request that the parent and child behave as normally as possible. It is explained that no attempt should be made to interact with the observer for the period of observation. Equally, the therapist should not interfere in parent-child interaction. The parent also agrees that they and the child (or children) will remain in sight of the observer at all times.

In respect of frequency recording, the checklist is designed to allow continuous or variable time intervals. Hence it can be used to continuously track the frequency of 9 behaviours over a 20 minute period, or it can be used for time-sampling purposes, whereby there is a specific time gap between recording (eg. one minute).

If feasable or appropriate a separate checklist should be kept of the level of appropriate or desirable behaviours allowing a comparative analysis. For time-keeping purposes a stop-watch or bleeper should be used.

2) DEFINITIONS OF THE 9 BEHAVIOUR CATEGORIES

(1)   Destructive =   Destroying, damaging or trying to
                           damage any object.

(2)   Aggressive =   Physically threatening behaviour.
                           Attacking or attempting to attack
                           another person. The attack must be of
                           sufficient intensity to potentially
                           inflict pain, eg. biting, kicking,
                           slapping, hitting and taking an object
                           roughly from another person.

(3)   Non-compliant = Not doing what is requested.

(4)   Demanding =   Child demands rather than asks for
                           something, be it attention, an object
                           or activity (eg. "I want .." or "Give
                           me .." statements)

(5)   Temper Tantrum = Child bangs around the room, throws
                           things, stamps feet and hands, rolls
                           around the floor or similar intense
                           aversive behaviours. This category
                       will often be linked with others such
                   as "Whine", "Yell" or "Cry".

-3-

(6) Whine =   When a child states something in a
                          slurring, nasal, high-pitched,
                          falsetto voice.

(7) Yell =   Child shouts, yells or talks very
                          loudly. If continued it would be
                          perceived as being very unpleasant.

(8) Cry =   All forms of crying.

(9) Tease =   Teasing another person in such a way
                          that the other person is likely to
                          show displeasure and disapproval, or
                          when the person being teased is trying
                          to do some behaviour but is unable to
                          due to the teasing. This category is
                          obviously _more_ relevant when
                          observing more than one child.

If the observer is using the above system for the first
time it is advisable that s/he practice accurately recording
the 9 behaviours before using the observation system
formally. This can be achived within the natural home
environment or watching video extracts. It is also
worthwhile if two observers compare recordings on the _same_
sequence of behaviour to reinforce accuracy.

-4-

The checklist has been developed and adapted from the work of Patterson et al (Patterson, G R., Reid, J B., Jones, R R. and Conger, R E. (1975) <u>A Social Learning Approach To Family Intervention, Volume 1 Families with Aggressive Children.</u> Castalia, Oregon)

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May 1989

PARENTS NAME	CHILDS NAME(S)	AGE(S)	START TIME	CONTINUOUS/TIME SAMPLE (SPECIFY DETAILS)	DATE

BEHAVIOUR CATEGORIES

	DESTRUCTIVE	AGGRESSIVE	NON-COMPLIANT	DEMANDING	TEMPER TANTRUM	WHINE	YELL	CRY	TEASE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Time Period or Interval - 20 minutes

143

FUN AND FAMILIES GROUP

Name ....   Date ....

Please rate this weeks session by circling a number for each
question which best represents your answer.

Key:

```
     0          1      2      3        4              5
very poor     poor   fair   good   very good      excellent
```

1   How well was the session organised   0 1 2 3 4 5
     and presented?

2   How well were the practical elements   0 1 2 3 4 5
     explained and demonstrated?

3   Were topics covered in sufficient   0 1 2 3 4 5
     depth?

4   What level of progress do you feel   0 1 2 3 4 5
     you have made?

5   What level of support and help did   0 1 2 3 4 5
     you receive from the other parents?

6   Did the session demand too much or   -2 -1 0 +1 +2
     too little from you? Circle 'O' if
     about right, a minus number if too
     little, or a positive number if too
     much.

Additional Questions:

7   Which part or elements of the session did you find the
     most useful and relevant to your own circumstances?

8   Did the previous weeks "homework" task prove useful and
     helpful, and did you manage to fully carry it out?

9   Have you any suggestions for making any changes to this
     weeks session?

10   General comments on this weeks session.

Thank you for completing this questionnaire! Your
comments and suggestions will be used in planning and
improving future courses.

For further information please contact:

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                  Social Services Department
                Market Harborough Area Office
                      Northampton Road
                     Market Harborough
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June 1989

FUN AND FAMILIES GROUP

Name .... Date ....

Please rate the course or programme <u>overall</u> by circling a
number for each question which best represents your answer.

Key:

0	1	2	3	4	5
very poor	poor	fair	good	very good	excellent

1   How well was the course organised   0 1 2 3 4 5
     and presented?

2   How well were the practical elements   0 1 2 3 4 5
     explained and demonstrated?

3   Were topics covered in sufficient   0 1 2 3 4 5
     depth?

4   What level of progress do you feel you 0 1 2 3 4 5
     have made since the course started?

5   What level of support and help did you 0 1 2 3 4 5
     receive from the other parents?

6   Did the course demand too much or too   -2 -1 0 +1 +2
     little from you? Circle 'O' if about
     right, a minus number if too little
     or a positive number if too much.

Additional questions:

7   Did the course successfully meet all of your
     expectations? Please explain your answer.

8   Do you believe you have been successful in reducing
    your childs behaviour problems? (If not, give reasons
    why there was no improvement) Please explain your
    answer.

9   If you believe you have been successful in reducing
    your child's behaviour problems, at what point on the
    course did this positive change take place? Please
    explain your answer.

10 Which session or topics did you find most useful and
    effective in achieving change at home? Please explain
    your answer.

11 Which session or topics did you find most useful in
    understanding and making sense of your childs behaviour
    Please explain your answer.

12   Did you find it helpful and supportive being part of
      a group, or would you have preferred to have been
      helped individually? Please explain your answer.

13   Did you find that the discipline of attending a weekly
      group, in which your progress was discussed, acted as
      an incentive to carry out "homework" tasks? Please
      explain your answer.

14   Do you feel more confident about the future and your
      abilities as a parent? Please explain your answer.

15   General comments and suggestions for changes in the
      content and emphasis of the course.

Thank you for completing this questionnaire! Your comment
will be used in planning and improving future courses.
For further information please contact:

                  Andy Gill, Social Worker
                Social Services Department
             Market Harborough Area Office
                     Northampton Road
                    Market Harborough
                     Leics LE16 9HN
             Tel Market Harborough 65331

FUN AND FAMILIES GROUP

COURSE LEADERS QUESTIONNAIRE

Name .... Date ....

To be completed separately by course leader and co-leader.
It should also be done independantly of the parents.

Please rate together your own and co-leaders' performance.

Key:

0	1	2	3	4	5
very poor	poor	fair	good	very good	excellent

1   How well was the course organised   0 1 2 3 4 5
    and presented?

2   How well were the practical elements 0 1 2 3 4 5
    explained and demonstrated?

3   Were topics covered in sufficient   0 1 2 3 4 5
    depth?

4   What level of progress do you feel   0 1 2 3 4 5
    the parents have made since the
    course started?

5   What level of support and help did   0 1 2 3 4 5
    parents receive from one another?

6   Did the course demand too much or   -2 -1 0 +1 +2
    too little from the parents?
    Circle 'O' if about right, a minus
    number for too little or a positive
    number if too much.

Additional questions:

7   As a course leader, did the course successfully meet
    all of your expectations? Do you feel it met
    parental expectations? Please explain your answer.

8   How successful do you believe the course to have been
    in reducing child behaviour problems? (If not
    successful, give reasons why there was little
    improvement) Please explain your answer.

9   If you believe there was a general reduction in child
    behaviour problems, at what point on the course did
    this positive change take place? Please explain your
    answer.

10 Which session or topics do you believe the parents
    found most useful and effective in achieving change at
    home? Please explain your answer.

11 Which session or topics do you believe the parents
    found the most useful in understanding and making
    sense of their childs behaviour? Please explain your
    answer.

12 Do you think that the parents found it helpful and
    supportive to be part of a group, or that they would
    have preferred to have been helped individually?
    Please explain your answer.

13   Do you feel that the parents found the discipline of
     attending a weekly group, in which their progress was
     discussed, acted as an incentive for them to carry out
     "homework" tasks? Please explain your answer.

14   Do you feel that parental confidence about the future
     and their abilities as parents have increased? Please
     explain your answer.

15   General comments and suggestions for changes in the
     content and emphasis of the course.

Thank you for completing this questionnaire! Your
comments will be used in planning and improving future
courses.

For further information please contact:

                Andy Gill, Social Worker
              Social Services Department
           Market Harborough Area Office
                   Northampton Road
                   Market Harborough
                   Leics   LE16 9HN

          Tel   Market Harborough 65331

July 1989

FUN AND FAMILIES GROUP

NAME .... DATE ....

The simple aim of this questionnaire is to try to identify some of the essential elements or areas of the course which proved the most helpful. Please indicate your answer by circling the number (1-10) which best represents your feelings (sliding scale).

Key:

1	2	3	4	5	6	7	8	9	10
not helpful									extremely helpful

1 Session 1 "Defining Behaviour"   1 2 3 4 5 6 7 8 9 10

2 Session 2 "How poor behaviour is learned"   1 2 3 4 5 6 7 8 9 10

3 Session 3 "Increasing good behaviour"   1 2 3 4 5 6 7 8 9 10

4 Session 4 "Decreasing poor behaviour (ie. punishment)"   1 2 3 4 5 6 7 8 9 10

5 Session 5 "The stories parents tell themselves and relaxation"   1 2 3 4 5 6 7 8 9 10

6 Discussions on defining behaviour and how children learn before being offered advice on changing behaviour   1 2 3 4 5 6 7 8 9 10

7 The way the course was presented   1 2 3 4 5 6 7 8 9 10

8 Sharing feelings and experiences with other parents   1 2 3 4 5 6 7 8 9 10

9 The emphasis on humour and making families fun   1 2 3 4 5 6 7 8 9 10

10 Being offered individual practical advise   1 2 3 4 5 6 7 8 9 10

11 Play acting parent and child   1 2 3 4 5 6 7 8 9 10

12 The use of video   1 2 3 4 5 6 7 8 9 10

13 Other practical exercises 1 2 3 4 5 6 7 8 9 10
   on the course

14 Weekly "homework" tasks 1 2 3 4 5 6 7 8 9 10

15 Handouts 1 2 3 4 5 6 7 8 9 10

16 Other aspects of the
   course you found helpful
   or not - please state what
   they are and rate level of
   helpfulness

.... 1 2 3 4 5 6 7 8 9 10

....

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.... 1 2 3 4 5 6 7 8 9 10

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Thank you for completing this questionnaire! Your answers
will be used in planning and improving future courses.

For further information please contact:

Andy Gill, Social Worker
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Market Harborough Area Office
Northampton Road
Market Harborough
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Tel Mkt Harboro' (0858) 65331

FUN AND FAMILIES GROUP

NAME ....DATE ....

The aim of this questionnaire is to identify the areas of the course which proved most helpful. Please indicate your answer by circling the number (1-10) that best represents your feelings (sliding scale). If you failed to attend a particular session write N/A (not applicable).

KEY:

```
          1  2  3  4  5  6  7  8  9  10
          not                 extremely
          helpful             helpful
```

1. Session 1

    "Praise And Attention"   1 2 3 4 5 6 7 8 9 10

2. Session 2

    "Rewards & Priviliges"   1 2 3 4 5 6 7 8 9 10

3. Session 3

    "Suggestive Praise"   1 2 3 4 5 6 7 8 9 10

4. Session 4

    "Ignoring"   1 2 3 4 5 6 7 8 9 10

5. Session 5

    "Time Out"   1 2 3 4 5 6 7 8 9 10

6. Session 6

    "Removing Rewards & Privileges"   1 2 3 4 5 6 7 8 9 10

7. Session 7

    "Discouraging Defiance"   1 2 3 4 5 6 7 8 9 10

8. The way the course was presented   1 2 3 4 5 6 7 8 9 10

9. Sharing feelings & experiences with other parents.

                                        1 2 3 4 5 6 7 8 9 10

10. The emphasis on humour & making families fun.

                                        1 2 3 4 5 6 7 8 9 10

11.Being offered individual advice within the group.

                                        1 2 3 4 5 6 7 8 9 10

12.Starting each session with an opportunity to say how the week had gone.

                                        1 2 3 4 5 6 7 8 9 10

13. Play acting parent and child:

a. In pairs   1 2 3 4 5 6 7 8 9 10

b. As part of the whole group   1 2 3 4 5 6 7 8 9 10

14. Watching video examples of parents & children.

                                        1 2 3 4 5 6 7 8 9 10

15. Course leaders play acting to demonstrate parenting skills.

                                        1 2 3 4 5 6 7 8 9 10

16. Other practical exercises on the course.

                                        1 2 3 4 5 6 7 8 9 10

17. Weekly "homework" task   1 2 3 4 5 6 7 8 9 10

18. Handouts and tick sheets   1 2 3 4 5 6 7 8 9 10

19. Other aspects of the course you found helpful or not - please state what they are and rate the level of helpfulness.

a)...............................   1 2 3 4 5 6 7 8 9 10

....

....

....

b).................................... **1   2   3   4   5   6   7   8   9   10**

....

....

....

....

c).................................... **1   2   3   4   5   6   7   8   9   10**

....

....

....

....

Brief comments on the usefulness of watching the video each week. Was it helpful or not and why?

....

....

....

Thank you for completing this questionnaire! Your answers will be used in planning and improving future courses.

For further information please contact:-

Andy Gill or Christine Smart
Rugby Family Centre
Holbrook Avenue
Rugby
CV21 2QQ

Tel: Rugby (0788) 543886

A Gill
May 1992

Appendix 6

Fun And Families Programme

Session 1 Learning To Be Clear

Common Parental Answers (Quests. 7-10)

Number in bracket indicates number of parents who have made similar comments.

7. Elements that proved most useful:

    "Defining particular behaviour to tackle". "Talking about specific problems rather than in general. Every child deals with things differently and parents do too" (8)

    "Discovering that you are not alone with your experiences". "Hearing about other peoples kids playing up as well" (6)

    "PEACE!"

8. Usefulness of "homework" task and whether it was carried out:

    Not applicable

9. Suggestions or alterations to session:

    "No" (10)

10. General comments:

    "Very good! It helped me to open up" (3)

    "Interesting to listen to others and realise that you are not the only one with problems" (4)

    "Good to talk and express our feelings without ridicule"

    "Informal-good. Not too much expected of me at this early stage" (5)

    "It was different to what I had imagined and gave me much more hope that I would achieve a change in Rod's behaviour as it was very positive"

Session 2 "It's As Simple As ABC"

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"Discussion on circumstances that result in behaviour" (5)

"The Health Visitors talk on expectations of behaviour" (6)

"Discussion with other mothers and identifying similar problems and reactions to these problems" (6)

8. Usefulness of "homework" task and whether it was carried out:

"Yes" (13)

"No" (2)

"It made me see it wasn't happening as often as I thought" (2)

"Managed to notice on the tick chart that problem behaviour occurs around a certain time" (2)

9. Suggestions or alterations to session:

"None" (19)

"I wish we could talk more about hitting children"

"A little more on child development would be useful"

10. General comments:

"Very relaxed and pleasant session , made me feel perhaps I might achieve something in the end" (3)

"Very helpful to find out about a child's ability to learn and develop. It proved useful in understanding the behaviour problem" (2)

"Very good" (4)

"Group discussion seems to bring more ideas out" (2)

"I found it very interesting but sometimes couldn't relate to some of the words Andy was using (my fault for being thick)"

Session 3 Encouraging "Desired" Behaviour

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"Rewarding good behaviour"(5)

"Play acting situations"

8. Usefulness of "homework" task and whether it was carried out:

"Yes" (13)

"I was not able to carry it out because the baby was ill. I did try as much as I could"

"Gradually I am getting used to filling it in"

9. Suggestions or alterations to session:

"None" (15)

10. General Comments:

" Very helpful" (9)

"Great to try some new ideas on controlling his behaviour"

"After writing things down sitting at home , it has sunk in more and is easier trying things out"

Session 4 A Positive Approach To Discipline

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"Ideas of punishment and control i.e. ignoring, withdrawal of privileges, and Time-Out (3)

"Time-Out" (4)

"The videos were good in showing different ways of punishing" (2)

"Making precise command directly to the child". "Being firm".

"Having eye contact" (3)

"All of it" (3)

8. Usefulness of "homework" task and whether it was carried out:

"Yes" (7).

"Noticing a pattern"

"Did not manage to complete" (2)

"Still continuing to use tick chart when remembered"

9. Suggestions or alterations to session:

   "None" (11)

   "Smaller amount of people"

10. General Comments:

    "I thought this session was the best so far. I found it very useful and can use it in situations" (4)

    "Just the right size session. Not too many people" (3)

Session 5 The Stories Parents Tell Themselves

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

   "Relaxation technique. Downward slide into not believing what other people say . Depression in criticism about the way to deal with situations" (9)

8. Usefulness of "homework" task and whether it was carried out:

   "Yes" (3)

   "Was absent so did not carry out" (2)

   "No" (2)

   "Time out was no go . Ignoring was fine"

   "Didn't need to do time out. No occasion to".

9. Suggestions or alterations to session:

   "None" (11)

   "Longer relaxation"

10. General Comments:

    ""Very good and relaxing" (8)

"Can't be bothered to think about relaxing".

"I am sorry for crying and upsetting the session".

Session 6 Progress And Programme Evaluation

Common Parental Answers (Quests. 7-15)

7. Met expectations:

> *"Yes" (15). "Yes, it gave me a lot of confidence to cope with the problems and a different angle to look at the aggression" (3)*

> *"The course (two sessions) helped me to see my child in a totally different light"*

> *"Yes. It was great to be able to talk openly and be understood"*

> *"I didn't know what to expect but as time went on, began really enjoying coming to the group to chat to other parents etc." "I wasn't expecting anything at first. I thought it was just another mother and toddler group. After finding out what the course was about I believe it has fulfilled my expectations" (5)*

> *"Did not expect anything but I had nothing to lose. Yes because I have got a lot of answers to some things I probably would not call a problem. I have gained an awful   lot of knowledge in regarding how to cope with a lot of the situations to arrive from children" (4)*

> *"For a while he improved but now he's worse than ever before and now he knows all the little tricks I learned. i.e. stickers or taking away a toy he's not interested"*

> *"I felt that the course could have been longer and covered extra problems"*

> *"Not quite due to the fact that Kevin is so much older than the other children and a lot of what was talked about I had already*

tried. Having had this behaviour problem for 7 years I've tried most things"

8. Reducing behaviour problems or not:

   "Yes, My son's problems have decreased enormously and its thanks to the ideas put forward by the group. It's leaders and other parents". (15)

   "The main improvement was seen after praising and rewarding positive or good behaviour"

   "Not really. He has periods of remission and then it all starts all over again" (2)

   "After the first session I observed a lot more". "After the first evening. Just to have some support made all the difference and gave me strength to cope with the situation" "Firstly I think that it was that my child realised that I was recording her behaviour" (4)

   "Session 3 on using rewards" (4)

   "Session 4 on punishments" (4)

   "No lasting positive change took place during the weeks I have been attending the course. However there has been improvement since - at least partly due to a greater determination on my part to handle situations in a positive and firm manner"

10. Session/topics that proved most useful:

    "Topic of, why they do it i.e. getting something out of it i.e. attention" (2)

    "The third week about how to talk to them by looking into their eyes and telling them off or what you wanted them to do". "Looking directly at the child and talking (eye to eye)" (2)

"Giving incentives for good behaviour i.e. stickers, rewards, rather than punishments for bad behaviour. Praising him for little things that formerly went unnoticed" (5)

"The session which dealt with specific ways of dealing with behaviour (i.e. punishment) was probably the most useful of the six week course. This provided various positive alternatives to simply telling off and shouting at James which upset me as much as him" (4)

"Time out was a great success. Now I only have got say 'out' for instant good behaviour". "Also time out was very helpful. I wouldn't have thought of that idea and I was surprised when it actually worked" (4)

"Ignoring" (5)

"Suggestions to coping with stress, the relaxation exercise was very good. I was not expecting that at all from the group" (3)

11. Making sense of child's behaviour;

"Not getting sucked into confrontation and winding-up (sessions 1 and 2)"

"The chart (observation)"

"Pay-offs. I identified her attention seeking behaviour and understood the pattern it was following". "Learning about pay offs and triggers and being able to see them for myself". "The pay offs was an interesting topic as I looked at what pay offs my children were getting from their actions". "I now understand what made Ryan misbehave. I now know what not to do, such as giving in to him (sweets before dinner etc.)" (5)

"4th week about why children have behaviour problems"

"I still don't understand him"

12. Group or individual support:

> *"Group" (19)*
>
> *"Individual" (1)*
>
> *"Definitely better to be a group. I found so many answers from other parents". "Found group sessions better as it was great to hear of others problems, made you feel you were not alone". "It helped knowing other people were in the same boat". "It was good as a group because you could talk to other parents and get tips off others and give tips" (19)*
>
> *"Yes, because you find out more behaviour problems which you expect to come"*

13. Discipline of attending weekly group linked to completing "homework" task:

> *"Yes, because you know that your going to be asked about your task the next week and also it is part and parcel of the course" (3)*
>
> *"I did not attend every week. But when I did I was made to feel very welcome. But with the progress report the diary was the best thing". "The records I kept of James' behaviour failed to reveal a particular pattern of behaviour and therefore were not especially useful. However, this is a valuable exercise as in many cases a pattern of behaviour may become apparent which indicates a method of improvement". "It made you look at things in greater detail". "Yes I did, because it make you pay more attention to the behaviour". "Yes. If you did not do your homework you were letting yourself down and you could not see or discuss whether you made any improvement" (13)*
>
> *"Not really as illness interrupted the flow of course and some tasks were missed".*

"Found it difficult to do homework. Never seemed to have time. Just wish I could have attended more of them" (2)

14. Confidence about the future and parental abilities:

"I feel a lot more confident about the future". "Yes. I don't feel that my problem is so bad or that it can't be changed". "Course has given me more confidence and faith in my own ability". "I feel I have learned how to take control of situations. How to make the children do what is best by making them think they are getting their own way". "I've coped with it in the past so I can do it again". "I feel very confident now that here is light at the end of the tunnel" (14)

"Kristie-Anne and I have a lot more understanding and fun"

"Very confident in how to deal with him. Don't know about my abilities as a parent".

"I feel less guilty about taking a firm line with him"

"Live from day to day, probably improved" (3)

"Not particularly. It helped us to become stronger when dealing with Kevin but he seems to get stronger too" (2)

15. General comments and suggestions:

"No more could be done to change the group. It was excellent" (12)

"1) It would have been easier for me if the course had been run in the daytime - is this totally impractical?

2) I would have found advice on relating to children generally quite beneficial as this doesn't come naturally to all of us" (2)

"I don't think that there should be not any changes with the programme. But there should be more films to explain different experiences. I don't know if it's me but watching a situation and

explaining after is easier to understand the way to cope". "More visual examples. Videos of behaviour problems were helpful" (2) Smaller group than when we first started".

"Longer". "Wish it could be a continuous course" (3)

WINNING Programme

Session 1 Praise And Attention

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

   "Discussing my problems with two other strangers and finding out that their problems were very similar, it was nice to let it all out. And I felt relaxed and ready to deal with a whole group discussion". "Discussing problems with other parents so you know you are not on your own. If their solution to a similar problems works on your child" (5)

   "Play acting. Being shown how you can be positive in difficult circumstances" "Praising" (5)

   "I knew I should have filled this in sooner. I can't remember now but I know I loved every minute of it"

8. Usefulness of "homework" task and whether it was carried out:

   N/A

9. Suggestions or alterations to session:

   "None" (8)

   "I feel that it might prove more useful to have an eight week programme as the first session was rather generalised and a settle in for both parents and children. Perhaps an initial short session to serve as an introduction and to let the children familiarise themselves with the crèche"

10. General comments:

"I found it all very interesting and helpful" (2)

"It was good to hear from someone who had previously attended the programme. I felt hopeful and positive"

"Good. A nice atmosphere. Difficult with a toddler who, so far, won't settle at all in the crèche but hopefully this will improve"

Session 2   Rewards And Privileges

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"I found the stickers a good thing and think it will be helpful" (4)

"Trying to identify my child's desires and rewards which will be meaningful to him. Also differentiating between rewarding and bribing" (2)

"The play acting" (3)

"Explaining more to your children. I realised how Sophie must be feeling about a new arrival in the family" (2)

"I find the girls are good and I could easily find 10 reasons for praise a day. They do get rewards anyway. Unfortunately the rest of the time they are horrors"

8. Usefulness of "homework" task and whether it was carried out:

"Yes I did carry it out and I found it very useful" (10)

"Yes, it proved helpful and it helped to have a target to reach, although we didn't reach our target on any of the days". "I find the reason behind this is very good but I do find it difficult carrying out the tasks, time consuming, but will obviously keep at it. I have found an improvement" (3)

9. Suggestions or alterations to session:

"None" (12)

"Should be longer"

10. General comments:

"I found it helpful and interesting. It's nice to hear other parents views on their children and how they cope. Very interesting and useful suggestions" (7)

"Good. Still hard work with unhappy toddler in crèche"

Session 3 Suggestive Praise

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"All of this weeks session. I knew I could find a lot to work on with Simon" (2)

"The role playing was fun and helpful". "I felt that the role play was extremely helpful in the sense it will serve as a remainder of how to handle certain situations" (7)

"Suggestions from other parents about giving Jade something to do while I go into a different room" (2)

"I hope the immediate suggestive praise will work better than last weeks sticker reward as the girls expected them too much"

8. Usefulness of "homework" task and whether it was carried out:

"Yes. In my case the ideas of rewards and privileges was very helpful and effective" (6)

"Yes. Very time consuming. Doesn't always come natural. praise and giving attention Simon needs". "I have found it difficult to carry out the reward system. I will carry on". "Not carried out fully because I have time constraints but in theory I can see it working in the future" (4)

"No"

9. Suggestions or alterations to session:

"None" (12)

"I would have appreciated more constructive advice. When Andy and Christine play acted suggestive praise technique, the child was very easily pacified and the parents were easily allowed to go shopping etc. In reality this is very rarely the case no matter how much persuading and bribery will work". *"More time should be spent discussing theory/behaviour pattern" (2)*

"More role play"

10. General comments:

"Very good" (4)

"I think suggestive praise is a good idea of immediate praise and good feeling between the child and parents"

"Watching the video and stopping at various intervals to discuss what has happened"

"I find the sessions are helping a lot in increasing my awareness of behaviour and how I use praise etc. Helps to focus on this"

Session 4 Ignoring

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"Ignoring". "I felt I was given the go-ahead to ignore my own child - something I rarely did because I felt guilty about doing so" (3)

"The video and role play". "Play acting the situation and dealing with it" (3)

"I will find it hard to carry on ignoring a problem for a long period. As in the card experiment I usually end up with a compromise"

"Being realistic - relating ignoring/distracting tactics to age of child nature of behaviour"

8. Usefulness of "homework" task and whether it was carried out:

"Yes" (8)

Task was helpful and useful but I didn't manage to fully carry it out. Not very well carried out. Not enough patience on my behalf but I will persist (2)

I had hoped last weeks suggestive praise would work. It didn't Hannah & Jessica lapped up the praise and cuddles etc. and then carried on with bad behaviour

We're going too fast so I'll try it at a later stage.

9. Suggestions or alterations to session:

"None" (15)

Yes. How to cope with continuous ignoring tantrums. Do you give in? Is it right to compromise in the end

"A role play would have been useful"

10 General comments:

"Brilliant. I feel happier doing it this way" (4)

"Hopefully the more practical side of the session will be more effective than the verbal approach. "The playacting session with us playing the parents part and Andy playing the child was excellent. This way you practise the parents role and you also see several situations"

"Big practical element, ignoring Alexander yelling tin crèche. Some progress with this. Nice to meet support group"

Session 5 Time-Out

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"I have practised time out with Simon before and it has worked. We have always removed him from a social environment if he is unsociable" (3)

"I found the video useful and watching other parents role play. I think I would find this more difficult to put into practise". "Once again - role play". "Acting out the bad behaviour and dealing with it". "It was good practice" (4)

"What to do about refusal to recognise time out, the idea that being persistent and consistent will eventually work"

"As previous sessions tasks have not worked very well as Jessica likes the rewards and praise etc. and still misbehaves, hopefully this will be a bit more powerful? positive? move".

"I have attempted this before but I haven't done it in the correct way and ending with bad results. Can be very useful now that I seem to have shortened the reasonably bad behaviour"

8. Usefulness of "homework" task and whether it was carried out:

   "Yes I did carry it out". "It worked very well and kept me calm too. Which is something that needs time and practise". "It gave me more confidence with my child's behaviour" (9)

   "To a certain extent I found ignoring Jessica easier if I had a distraction". "Found it very difficult to carry out properly. I shall try again this week" (3)

   "I can ignore, my husband finds it difficult"

9. Suggestions or alterations to session:

   "None" (12)

   "Better than past weeks as less play acting involved and more positive talk"

10. General comments:

"Learned a lot. Time out practice should prove useful. Its almost an acceptable form of punishment that I think will work". "Very good but I find I might only need to use it sparingly as Simon has improved with praise and attention". "Time out is very powerful and this was well stressed by Andy and Christine" (5)

"Good and first time Alexander has been more settled in crèche so felt able to participate/concentrate more"

"I hope this session will work for me. I sound like a hard vicious mum. I'm nice really"

Session 6 Removing Rewards And Privileges

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"Withdrawing rewards and privileges". "Taking away his favourite toy" (4)

"The game was very enjoyable". "Explaining your needs and understanding the children's needs and your partners needs too" (3)

"Helped to be able to discuss what an awful week I had last week and be understood"

8. Usefulness of "homework" task and whether it was carried out:

"Yes it did prove useful I am still learning to develop it". "Surprisingly yes, much easier to implement than ignoring". "Worked better than I had anticipated" (7)

"I did not carry out time out as I felt it was rather drastic and wanted to use it sparingly. Charlotte's behaviour did not warrant the use of it this week" (3)

"No, unfortunately he accepted time out too willingly. I probably used it too much". "I did time out and did not succeed but I will persist" (2)

9. Suggestions or alterations to session:

"None" (11)

"No time factor. Wish it was longer" (2)

10. General comments:

"Well done, probably the easiest to do". "Brilliant". "Very enjoyable, discussed a lot of problems and helped others". "Nice to have a cheerful session. Positive outlook" (4)

Session 7 Compliance

Common Parental Answers (Quests. 7-10)

7. Elements that proved most useful:

"It made me look at myself a bit more. I need more eye to eye contact". "Putting yourself in your child's shoes and seeing what would work for you when they misbehave" (2)

"The explanation of the task and the actual role play we useful" (2)

8. Usefulness of "homework" task and whether it was carried out:

"I already use taking away rewards and privileges and it does work " (2)

"Yes I used it. But often found when it got to the stage when I needed to a toy or whatever I was probably in a bit of a state myself. I am learning to be a bit more patient". "I hadn't properly planned my task and therefore was not able to carry it out fully. The times I did carry out the task it was not successful". (2)

9. Suggestions or alterations to session:

"No I really enjoyed it. The group has become more relaxed as we have got to know each other" (2)

"A longer session. I think time to talk over last weeks session. Not so fast and more privileges and rewards for us (only joking)" (3)

10. General comments:

"Good. I have noticed an improvement each week". "I think this will take a lot of practise and patience on my behalf. I am improving". "Very enjoyable" (3)

Session 7 or 8 Programme Evaluation

Common Parental Answers (Quests. 7-15)

7. Met expectations:

"Yes. I can say I have really enjoyed myself and also I can see a great change in myself and daughter (in the way I am teaching her to grow up)". "Yes. I hoped for help and practical advice and got it. I felt I needed to learn about myself and my own reactions to my child's behaviour and I think parenting is an ongoing learning process and I feel I've been given a lot of help on this course". "Yes I wanted practical strategies and I felt I got them!" (13)

"I didn't know what to expect but it was certainly a pleasant surprise. "I didn't know what to expect. What the course had to offer was very good and I think every parent should know about alternatives to smacking and preventing bad behaviour" (3)

"Before I came on the course I felt that I was in a rut and that I was shouting and smacking my child all the time. I desperately needed help and didn't know where or how to get it. The course has taught me not to shout and smack first but to try various

options. I now have various thing to try out when my child misbehaves. I had also forgotten to praise and hug my child which I have now learnt again. I don't feel so helpless now".

"Yes it showed me the alternative to shouting and smacking".

"Yes I feel more in control now" **(4)**

8. Reducing behaviour problems or not:

"Yes to an extent but mainly re-education of me. If I can be calmer Jessica seems better behaved. "It has made me look on Simon and myself very differently. We understand each other better". "Apart from the last week yes. As we have tried different things week by week I have managed to get closer to my child and hence there has been more communication and understanding between us. The results have been less misbehaving". "I believe my daughter and I have a much better relationship now" **(13)**

"Our family circumstance altered at this period - my work, husband away, sister-in-law moved in etc. so I was not always able to follow the strategies to the extent I would have liked to".

"Yes when I remember to apply the various methods I've learnt" **(2)**

9. Point on programme where positive change took place:

"Within the first session I began to feel positive". "The first three weeks were brilliant. I think the positive sessions were the switching point for my child. praise and attention was something he really liked and wanted. I had stopped doing it and he obviously loved getting it back". "Praise and attention was the most useful. This was something that had been very much lacking in our house on my part". "Main improvement after the first week or two as the children focused on wanting to please" **(6)**

"With the stickers and then I started falling into a routine with the following weeks homework". "Stickers and praise for pleasing and ignoring for punishment" (4)

"About halfway through the course my older child became easier to reason with and very responsive to suggestive praise" (2)

"My child's behaviour changed between Time-Out (4) & Ignoring (6) them and Taking away rewards and privileges". (2) "I found ignoring Jessica and not being so organised worked. I let her get on with life without organising her"

10. Session/topics that proved most useful:

    "Praise and attention and encouraging good behaviour". Praise and attention was the most useful. This was something that had been very much lacking in our house on my part. Suggestive praise and thinking of rewards in terms of stickers, reading a book etc. and not just sweets and biscuits (6)

    "Stickers"(4)

    Ignoring (7) and time out (5). Charlotte was not used to having my time and attention withdrawn and has begun to realise that she has got to behave well to earn my attention. I haven't used time out but will do so as an alternative to smacking

    Taking away rewards and privileges and really mixing all the tasks together. I found the best one was when I noticed Sophie was much less cheeky. Taking away rewards and privileges also giving rewards. I found these two topics very good and my daughter realised that she was not getting away with bad behaviour (4)

    "All of them" (3)

11. Making sense of child's behaviour:

(Similar answers to questions 9 and 10)

"Praise and attention. I felt before I attended the course that Simon was all bad. I found that if I actually praised him he improved his behaviour". "I think there was too much discipline in our house before I came on the course. Now we have tilted the balance to praise and attention". "I think this is the key to everything and can avoid a lot of problems through a positive environment with a feeling of the family pulling together and recognising each others needs". "Definitely suggestive praise - we all want to please, children especially so. The desire to please I feel can be rewarding. I thought I already praised my children, in fact it was useless - no eye contact - no follow up, so yes, I thoroughly enjoyed the session because my children responded well to more sincere praise"

"Ignoring. I suddenly realised good behaviour was OK and ignored it, bad behaviour was bad and gave it attention. So I reversed and it worked"

"Realising it wasn't just him that had screaming fits of aggression and in time understanding other parents feeling too"

"I can't really say that one topic made me understand children. I now realise that Sophie is not a bad child, it was me who didn't understand how to teach and train her how to be a good girl". "Generally the whole course was useful as it all meshed together. It all touches on each other. You cannot look at any particular part in isolation. I think this week topic - discouraging defiance - will prove most useful as it will provide a base to build on for the future"

12. Group or individual support:

"Yes, because listening to other parents with problems encouraged me to open up". "A group session made me realise that I am not alone. But due to the short time of each meeting obviously there wasn't time to discuss individual specific problems". "You could relate to problems another mum was having and help them through". "I like being in a group because you meet new people/friends". "It's better in a group as individually you wouldn't get the support from other mothers". "It meant serious subjects were sometimes given a light-hearted treatment and it is a relief to know that everyone else experiences the same problems". "I learnt from other parents". "Group helped me to keep going!" (17)

"I was lonely before this not just with Daniel's needs so to be part of a group and to get out of the house was a treat and a privilege for me"

13. Discipline of attending weekly group linked to completing "homework" task:

"Yes I began to think and study my situation and wonder why things wee happening the way they were". "Initially but as weeks went on all tasks were used at certain times of the week". "It took time to find tine and change my attitude but it didn't take long to fall into place". "I looked forward to the sessions. They were almost a fix". "Yes very much. After the session when you get home you feel very much geared up. However in my case this does not last long. Therefore weekly sessions are very necessary". "Yes, otherwise it may have been tempting not to carry out the skills as it was quite difficult sometimes to persist". "Yes. Because everyone else would do their homework" (10)

"Yes, but can become a bit artificial, particularly being asked to focus on a behaviour during a specific hour of the day. I took a more general approach being more aware of behaviours and strategies for improvement"

"No because I came to each session for what I would learn that week regardless of whether I had done the homework or not"

14. Confidence about the future and parental abilities:

"Yes very confident I feel I have been given a key to a successful future". "I feel more confident with 'me' which is good. before I didn't where or how to cope so I gave in. Now I feel I can say no without massive guilt". "I'm more in control" (4). "I don't feel I could feel any more confident than I do". "My eyes have been opened to alternatives". "I don't feel so helpless now. And I don't feel so bad about myself as a parent now". "I now know I won't feel that my son is naughty and get stressed when he reaches 2 because I know how to deal with it". "You think there's no hope for your child. If it's in him, it's in him but there is light at the end of the tunnel" (15)

"I never realised as parents we too are not perfect but there are measures i.e. praise, ignoring, time out, we can use to teach our children right from wrong without resorting to shouting, smacking or being out of control"

"I am always a bit wary of knowing but not doing - events often overtake and only afterwards one realises how one should have acted" (2)

15. General comments and suggestions:

"No. It worked well. I like the idea of starting 100% with positive things and not giving too much inf. on what will be covered in the

rest of the course so that we focus on one aspect at a time. Many thanks for running the course. Nice relaxed approach". "Very sincere co-ordinators". "I found the course was brilliant. I can now cope with my child's actions and behaviour without getting stressed and feeling as though my children are so naughty and out of control I couldn't cope. I don't think you should change it". "A must for all parents. This course should be more widely available to more parents" (9)

"More time to share personal experiences for specific advise. More advice when a method doesn't work i.e. mega prolonged tantrum when nothing works". "I wish they were longer sessions, not necessarily more of them but more time each week. Always found we were rather rushed in 2 hours. 3 would be better to build on role plays etc.". "I feel everyone is bursting to talk. I know I am!! There just wasn't enough time but perhaps the support group will provide an outlet" (7)

"SOCIAL WORKERS ARE ORDINARY PEOPLE"

To try to dispel the fears that the general public have about Social Workers, I thought I would put pen to paper and write about my own experiences.

About a year ago I was having a behavioural problem with one of my children which got that bad that I was at "the end of my tether" and so voiced my problems to the Health Visitor.

After a month or so the problem had not depleted and I had a telephone cal from the Health Visitor inviting me to attend a series of meetings called "Fun and Families", the main topic being concerned with dealing with child behaviour problems.

When she first spoke I was all for it - then suddenly she dropped her bombshell - yes! besides Health Visitors there would be Social Workers attending. All sorts of things came into my mind - the Cleveland affair - would they take my child from me? - fear, then utter panic swept over me.

The Health Visior then went on to explain that although they would be involved with the course, it would be their knowledge and expertise that would be used rather than them acting in the capacity of their formal Social Worker role.

It was because I saw my problem so big and I wanted it either curbed or irradicated, I decided to go. (Well I could always just go to the first one and see what it was like, and I didn't have to say anything, did I?)

Well, I was put in touch with other parents in the vilage whom I travelled to Lutterworth with, the conversation going something like "I shall not tell them I smack my children, they may call me a bad Mother, and my children be taken from me". "I wonder what the Social Worker will be like - unfriendly, stern, hard to communicate with, forceful, and they will certainly be trying to delve into our family life to see if we abuse our children".

Anyway, we arrived, to say the least, with a lot of apprehension and tension (perhaps even terrified) and were greeted by the Health Visitors and, lo and behold! the friendly smiling faces of two Social Workers. Not the type of smiles that say "good, we have you in our clutches and you will find it hard to get away" but warm, welcoming smiles that said " we are glad you could come and we will help all we can"

Needless to say as the evening progressed and we got to know them better, the tense atmosphere soon faded into a friendly, sort of happy-go-lucky one.

-3-

The Social Workers were, in fact, the complete oposite of what we had thought. They were there to help, being approachable and not interested in delving into our family backgrounds. All they really wanted to do was pass on to us their knowledge and experience to enable us to handle our children in a better way to make families fun.

Yes, we all got on really well, and we had talks, videos, a little "homework", but most of all we had their backing. None of us were investigated further and no-ones child/children were taken away. Also, importantly, the group helped me to cope more effectively with my children and to reduce the frequency of behaviour problems.
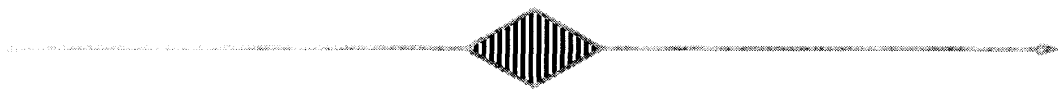
Since attending the "Fun and Families" Group, I have become more involved with the Social Workers as we have now formed a support group for the parents, and I am part of the committee. I can honestly say that the stigma attached to Social Worker through the media etc. is quite unfounded, because they are just like all of us - they laugh, get upset, feel fed up - yes, they get all the same emotions. In fact they are just ordinary people who chose to do Social Work as a profession, just the same as a baker, shoemaker and all the others too numerous to mention!

Gayle Poole is a parent who lives in the Lutterwooth and Broughton Astley area in Leicestershire. She is also a Committee member of the local Parent Support Group which

-4-

runs alongside the "Fun and Famlies" training programme. The programme lasts for 6-8 weeks and applys Social Learning principles to handling excessive child behaviour difficulties.

BIBLIOGRAPHY

SECTION 5

Bibliography

Abramson, L. Y., Seligman, M. E. P. & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. Journal of Abnormal Psychology, 87, 49-74.

Alessi, J. (1987). Encouraged parents - encouraging leaders: the key to successful parent study groups. Individual Psychology Journal of Adlerian Theory, Research and Practice, 43(2), 195-201.

Alexander, J. F. & Parsons, B. V. (1982). Functional Family Therapy. Brooks/Cole, Monteray, C A.

American Psychiatric Association (1994). Diagnostic criteria from DSM-IV. American Psychiatric Association, Washington D.C.

Anderson, C. J. (1994). Parent support groups. In W. B Carey & S. C. McDevitt, (Eds), Prevention and Early Intervention: Individual Differences as Risk Factors for the Mental Health of Children. Brunner/Mazel inc., New York.

Arnold, J., Levine, A. & Patterson, G. R. (1975). Changes in sibling behavior following family intervention. Journal of Consulting and Clinical Psychology, 43, 683-688.

Asarnow, J. & Callan, J. (1985). Boys with peer adjustment problems: Social cognitive processes. Journal of Consulting and Clinical Psychology, 53, 80-87.

Audit Commission. (1994). Seen But Not Heard: Co-ordinating community child health and social services for children in need. HMSO, London.

Bailey, V., Graham, P. & Boniface, D. (1978). How much child psychiatry does a child a general practitioner do? Journal of the Royal College of General Practitioners, 28, 621-626

Bandura, A. (1977). Social Learning Theory. Prentice-Hall, Englewood Cliffs, NJ.

Bandura, A. (1982). Self-efficacy mechanisms in human agency. American Psychologist, 37, 122-147.

Bandura, A. (1985). Social Foundations of Thought and Action: A Social Cognitive Theory. Prentice-Hall, Englewood Cliffs, NJ.

Bandura, A. (1989). Human agency in social cognitive theory. American Psychologist, 44, 1175-1184.

Barber, J. G. (1992). Evaluating parent education groups: effects on sense of competence and social isolation. Research on Social Work Practice, 2(1), 28-38.

Barlow, J. (1997). Systematic review of the effectiveness of parent training programmes in improving behaviour problems in children aged 3 10 years. Health Services Research Unit, Dept. of Public Health, University of Oxford.

Bennun, I. (1986). Evaluating family therapy: a comparison of the Milan and problem solving approaches. Journal of Family Therapy, 8, 225-242.

Bijun, P., Golding J., Haslum, M & Kurzon, M (1988). Behavioural predictors of injury in school-aged children. American Journal of Diseases in Children, 142, 1307-1312.

Blair, A. (1991). The triadic model as applied to the treatment of conduct disordered children: a review and critique. Counselling Psychology Quarterly, 4(2-3), 229-245.

Breiner, J. & Forehand, R. (1982). Mother-child interactions: A comparison of a clinic-referred developmentally delayed group and two non-delayed groups. Applied Research in Mental Retardation, 3, 175-183.

Bronfenbrenner, U. (1979). The Ecology of Human Development. MA: Harvard University Press, Cambridge, .

Browne, K. (Ed.) (1988). Prediction and Prevention of Child Abuse. Wiley, Chichester.

Budd, K. S. & Fabry, P. L. (1984). Behavioural assessment in applied parent training. Use of a structured observation system. In Dangel, R. F. & Polster, R. A. (Eds.). Parent Training (pp. 417-441). Guilford Press, New York.

Bunyan, A. (1986). Modifying behaviour: a home based approach. Adoption and Fostering, 10(1), 46-48.

Cadoret, R & Cain, C. (1981). Environmental and genetic factors in predicting adolescent antisocial behavior. The Journal of the University of Ottawa, 6, 220-225.

Campbell, S. B. & Ewing, L. J. (1990). Follow-up of hard-to-manage pre-schoolers: adjustment at age 9 and predictors of continuing symptoms. Journal of Child Psychology and Psychiatry, 31, 871-889.

Causby, V., Nixon, C. & Bright, J. M. (1991). Influences on adolescent mother-infant interactions. Adolescence, 26(103), 619-630.

Chamberlain, P. & Baldwin, D. V. (1987). Client resistance to parent training: Its therapeutic management. In T. R. Kratochwill (Ed) Advances in School Psychology (vol 6). Plenum Press, New York.

Chamberlain, P., Patterson, G. R., Reid, J., Kavanagh, K. & Forgatch, M. (1984). Observations of client resistance. Behaviour Therapy, 15, 144-145.

Charles, M., Kingaby D, and Thorn, J. (1996). Fun and Families: A Research Evaluation. Unpublished.

Christopherson, E. K. & Penney, J. W. (1993). Conduct disorders. In R. I. Ammerman & M. Hersen (Eds.), Handbook of Behaviour Therapy with Children and Adults: A Developmental and Longitudinal Perspective (pp. 251-262). Allyn and Bacon inc, Boston.

Coie, J. D. (1990). Adapting intervention to the problems of aggressive and disruptive rejected children. In S. R. Asher & J. D. Coie (Eds.), Peer Rejection in Childhood (pp. 309-337). Cambridge University Press.

Conrad, B., Gross, D., Fogg, L. & Ruchala, P. (1992). Maternal confidence, knowledge and quality of mother-toddler interactions: a preliminary study. Infant Mental Health Journal, 13(4), 353-362.

Corse, S. J., Schmid, K. & Trickett, P. K. (1990). Social network characteristics of mothers in abusing and non-abusing families, and their relationships to parenting beliefs. Journal of Community Psychology, 18(1), 44-59.

Cross, S., Calver, S. & McMahon, R. J. (1987). The treatment acceptability of a behavioral parent training program and its components. Behavior Therapy, 18, 165-179.

Dadds, M. R. (1989). Child behavior therapy and family context: Suggestions for research and practice with maritally discordant families. Child and Family Behavior Therapy, 11, 27-44.

Dadds, M. R. & McHugh, T. (1992). Social support and treatment outcome in behavioral family therapy. Journal of Consulting and Clinical Psychology

Dadds, M. R., Schwartz, S. & Sanders, M. R. (1987). Marital discord and treatment outcome in behavioral treatment of child conduct disorders. Journal of Consulting and Clinical Psychology, 55(3), 396-403.

Dangel, R. F. & Polster, R. A. (1984). Parent Training: Foundations of Research and Practice. Guilford Press, New York.

Dangel, R. F. & Polster, R. A. (1988). Teaching Child Management Skills. Pergamon Press, Ney York.

Dangel, R. F., Yu, M., Slot, M. W. & Pashimpar, G. (1994). Behavioral parent training. In D. K. Granvold (Ed.) Cognitive and Behavioral Treatment: Methods and Applications. Brooks/Cole Publishing Co., Pacific Grove, CA.

Dare, C. (1985). Family Therapy. In M. Rutter & L Hersov (Eds.) Child and Adolescent Psychiatry, 2nd Edition. Blackwell Scientific, Oxford.

Dartington Social Research Unit, (1995). Messages from Research. HMSO, London.

de Kemp, R. (1995). Interactions in Family Therapy: A Process Research. Nijmegan, Netherlands.Dangel, R. F. & Polster, R. A. (1988). Teaching Child Management Skills. Pergamon Press, New York.

Delfini, L. F., Bernal, M. E. & Rosen, P. M. (1976). Comparison of deviant and normal boys in home settings. In E. J. Mash, L. A. Hamerlynck & E. C. Handy Behaviour Modification and Families. Brunner/Mazel, N. Y.

Dinkmeyer, D. & McKay, G. D. (1976). Systematic training for effective parenting. American Guidance Service, Circle Pines, MN.

Dodge, K. A. & Newman, J. P. (1981). Biased decision-making processes in aggressive boys. Journal of Abnormal Psychology, 90, 375-379.

Dodge, K. A. & Somberg, D. R. (1987). Hostile attributional biases are exacerbated under conditions of threat to the self. Child Development, 58, 213-244.

Dumas, J. E. (1984). Interactional correlates of treatment outcome in behavioural parent training. Journal of Consulting and Clinical Psychology, 52(6), 946-954.

D'Zurilla, T. & Nezu, A. (1982). Social problem-solving in adults. In P. C. Kendall (Ed.), Advances in cognitive behavioural research and therapy, 1. Academic Press, New York.

Easen, P., Kendall, P. & Shaw, J. (1992). Parents and educators: dialogue and development through partnership. Children and Society, 6(4), 282-296.

Eyberg, S. M. (1980). The Eyberg Child Behaviour Inventory. Journal of Clinical Child Psychology, Spring.

Eyberg, S. M. & Robinson, E. A. (1981). Dyadic parent-child interaction coding system: A manual . Unpublished manuscript.

Falloon, I. R. H., Boyd, J. L. & McGill, C. W. (1984). Family Care of Schizophrenia. Guildford Press, New York.

Falloon, I. R. H., Laporta, M., Fadden, G. & Graham-Hole, V. (1993). Managing Stress in Families. Routledge, London.

Farrington, D. P. (1978). The family backgrounds of aggressive youths. In L. A. Hersov & M. Berger Aggression and Anti-social

Behaviour in Childhood and Adolescence. Pergamon Press, Oxford.

Fendrich, M., Warner, V. & Weissman, M. M. (1990). Family risk factors, parental depression, and psychopathology in offspring. Journal of Developmental Psychology, 26(1), 40-50.

Feshbach, N. (1989). The construct of empathy and the phenomenon of physical maltreatment of children. In D. Cichetti & V. Carlson (Eds.), Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect, (pp. 349-373). Cambridge, MA: Cambridge University Press.

Fleischman, M. & Horne, A. (1979). Working with families: A social learning approach. Contemporary Education, 50, 66-71.

Folkman, S. & Lazarus, R. S. (1988). Coping as a mediator of emotion. Journal of Personality and Social Psychology, 54(3), 466-475.

Forehand, R., Furey, W. & McMahon, R. (1984). The role of maternal distress in a parent training program to modify child non-compliance. Behavior Research and Therapy, 12, 415-421.

Forehand, R., Lautenschlager, G. J., Faust, J. & Graziano, W. G. (1986). Parent perceptions and parent-child interactions in clinic referred children: A preliminary investigation of the effects of maternal depressive moods. Behaviour Research and Therapy, 24, 73-75.

Forehand, R. L. & Long, N. (1988). Outpatient treatment of the acting-out child: Procedures, long term follow-up data and clinical problems. Advances in Behavior Research and Therapy, 10, 129-177.

Forehand, R. L. & McMahon, R. J. (1981). Helping the non-compliant Child: A clinician's guide to parent training. Guilford Press, New York.

Forehand, R. L., Sturgis, E. T., McMahon, R. J., Aguar, D., Green, K. & Breiner, J. (1979). Parent behavioural training to modify non-compliance: treatment generalisation across time and from home to school. Behaviour Modification, 3, 3-25.

Forgatch, M. (1989). Patterns and outcome in family problem-solving: The disrupting effect of negative emotions. Journal of Marriage and the Family, 51, 115-124.

Forgatch, M. S., Patterson, G. R. & Skinner, M. (1988). A mediational model for the effect of divorce on antisocial behavior in boys. In E. M. Hetherington & J. D. Aresteh (Eds.), Impact of Divorce, Single Parenting, and Step-Parenting on Children (pp. 135-154). Hillsdale, NJ: Erlbaum.

Friedemann, M. L. & Andrews, M. (1990). Family support and child adjustment in single parent families. Journal of Issues in Comprehensive Paediatric Nursing, 13(4), 289-301.

Frick, P. J., Lahey, B. B., Kamphaus, R. W., Loeber, R., Christ, M. G., Hart, E. L. & Tannenbaum, L. E. (1991). Academic underachievement and the disruptive behavior disorders. Journal of Consulting and Clinical Psychology, 59, 259-294.

Gambrill, E. D. (1983). Behavioural intervention with child abuse and neglect. In M. Hersen, R. M. Eisler & P. M. Miller. Progress in Behaviour Modification, 15, 1-57.

Gardiner, F. E. M. (1987) Positive interaction between mothers and conduct-problem children: Is there training for harmony as well

as fighting? Journal of Abnormal Child Psychology, 15, 283-293.

Gaudin, J. M. (1993). Effective intervention with neglectful families. Criminal Justice and Behaviour, 20(1), 66-89.

Gaudin, J. M., Wodarski, J. S., Arkinson, M. K. & Avery, L. S. (1991). Remedying child neglect: effectiveness of social network intervention. Journal of Applied Social Sciences, 15(1), 97-123.

Gent, M. (1992). Parenting assessment: The parent/child game. Nursing Standard, 29 (6), 31-35

Gill, A. N. (1995). Parent-Child Game Project. In press.

Gill, A. N. (1993). Hitting home. Community Care, 4 Nov, 9.

Gill, A. N. (1991). Evaluation: Increasing Effectiveness in work with Children and Families. Centre for Fun and Families, Leicester.

Gill, A. N. (1990). A fun way to overcome behavior problems. Social Work Today, 21, 18-19.

Gill, A. N. (1989a). Putting fun back into families. Social Work Today, 20, 14-15.

Gill, A. N. (1989b). Questionnaire to measure parental attitudes, attributions and emotional feelings. Centre for Fun and Families, Leicester.

Gill, A. N. (1989c). Structured Observation of Parent Child Interaction. Centre for Fun and Families, Leicester.

Gill, A. N. (1989d). Checklist for the Observation of Aversive Child Behaviour. Centre for Fun and Families, Leicester.

Gill, A. N. (1989e). Groupwork Session Evaluation Form. Centre for Fun and Families.

Gill, A. N. (1989f). Groupwok Programme Evaluation Form. Centre for Fun and Families, Leicester.

Gill, A. N. (1989g). <u>Group Leaders Evaluation Form</u>. Centre for Fun and Families, Leicester.

Gill, A. N. (1989h). <u>Programme Elements Evaluation Form</u>. Centre for Fun and Families, Leicester.

Goutz, K. (1981). Childrens' initial aggression level and the effectiveness of intervention strategies in moderating television effects on aggression. Cited in Goutz. K. R. (1987). Attention and social problem-solving as correlates of aggression in pre-school males. <u>Journal of Abnormal Psychology, 15</u>, 181-197.

Graham, P., Richman, N. and Stevenson, J. (1982). Family factors and the outcome of pre-school behaviour problems. In J. de Wit and A. L. Benton (Eds), Perspectives in Child Study. Integration of Theory and Practice. Lisse. Swets and Zeitlinger.

Gurman, A. S., Kniskern, D. P. & Pinsof, W. M. (1986). Research on the process and outcome of marital and family therapy. In S. L. Garfield & A. E. Bergin (Eds.) <u>Handbook of Psychotherapy and Behavior Change</u>, 3rd Edition. John Wiley, New York.

Hall, L. A., Gurley, D. N., Sachs, B. & Kryscio, R. J. (1991). Psychosocial predictors of maternal depressive symptoms, parenting attitudes, and child behavior in single parent families. <u>Journal of Nursing Research, 40(4)</u>, 214-220.

Hanf, E. & King, J. (1973). <u>Facilitating parent-child interactions: A two-stage training model</u>. Unpublished manuscript, University of Oregon Medical School Eugene, OR.

Harris, P. (1986). <u>Designing and Reporting Experiments</u>. Open University Press, Milton Keynes.

Hardiker, P., Exton, Barker, M. (1995). <u>The prevention of child abuse: a framework for analysing services</u> (Discussion paper 1).

The National Commission of Inquiry into the Prevention of Child Abuse, London.

Hardiker, P. & Littlewood, J. (1987). Guidelines for dissertations (2nd Edn.). University of Leicester School of Social Work and Loughborough University of Technology, Department of Social Sciences.

Hawkins, J. & Lam, T. (1987). Teachers practices, social development and delinquency. In J. D. Burchard & S. N. (Eds.), Prevention of delinquent behaviour, (pp. 241-274). Sage, Newbury Park, CA.

Hawkins, J. & Weiss, J. (1985). The social development model: An integrated approach to delinquency prevention. Journal of Primary Prevention, 6, 73-97.

Herbert, M. (1997). Family Treatment. In M. Heresen & T. Ollendick (Eds.), Psychopathology of Childhood. Plenum Press.

Herbert, M. (1995). A collaborative model of training for parents of children with disruptive behaviour disorders. British Journal of Clinical Psychology, 34, 325-342.

Herbert, M. (1991). Clinical Child Psychology: Social Learning, Development and Behaviour. Wiley, Chichester.

Herbert, M. (1990). Planning A Research Project. Cassell, London

Herbert, M. (1988). Behaviour modification of children with aggressive conduct disorders: the use of a triadic model interventions in home settings. Issues in Criminological and Legal Psychology, 12, 46-57.

Herbert, M. (1987). Conduct Disorders of Childhood and Adolescence, A Social Learning Perspective, (2nd Edition). Wiley, Chichester.

Herbert, M. (1987). Behavioural Treatment of Children with Problems: A Practice Manual. Academic Press, London.

Herbert, M. (1978). Conduct Disorders of Childhood and Adolescence: A Social Learning Perspective. John Wiley and Sons, Chichester.

Herbert, M. & Iwaniec, D. (1981). Behavioural psychotherapy in natural home settings: an empirical study applied to conduct disordered and incontinent children. Behavioural Psychotherapy, 9, 55-76.

Herbert, M. & Iwaniec, D. (1979). Managing childrens' behaviour problems. Social Work Today, 10(33), 12-15.

Herbert, M. & O'Driscoll, B. (1978). Behavioural casework - A social work method for family settings. Australian Child and Family Welfare, 3(2), 14-25.

Hill, C. E. (1982). Counseling process research: Philosophical and methodological dilemmas. Counselling Psychology, 10, 7-19.

Hobbs, N. (1982). The Troubled and the Troubling Child. Jossey-Bass, San Francisco.

Horne, A. M. & Sayger, T. V. (1990). Treating Conduct and Oppositional Defiant Disorders in Children. Pergamon Press, New York.

Houghton, S. (1991). Working with parents: a case study utilising a triadic model approach. Maladjustment and Therapeutic Education, 9(2), 59-65.

Hudson, B. L. & MacDonald, G. M. (1986). Behavioural Social Work: An Introduction. Macmillan, London.

Institute of Medicine (1989). Research on Children and Adolescents with Mental, Behavioral and Development Disorders. National Academic Press, Washington, DC.

Jackson, R. H. & Sikora, D. M. (1992). Parenting: the child in the context of the family. In C. E. Walker & M. C. Roberts (Eds.) Handbook of Clinical Child Psychology (2nd Edition). John Wiley & Sons, New York.

Jenner, S. & Gent, M. (1993). Evaluating the contribution of a parent training technique to a parenting assessment package for parenting skills and deficits in the context of child protection. Association of Child Psychiatry and Psychology Newsletter.

Jennings, K. D., Stagg, V. & Connors, R. E. (1991). Social networks and mothers' interactions with their pre-school children. Child Development, 62(5), 966-978.

Johnson, S. M. & Lobitz, G. K. (1974). Parental manipulation of child behaviour in home observations. Journal of Applied Behavioural Analysis, 7, 23-31.

Johnston, C. & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. Journal of Clinical Child Psychology, 18(2), 167-175.

Jouriles, E., Murphy, C. & O'Leary, K. (1989). Interspousal aggression, marital discord, and child problems. Journal of Consulting and Clinical Psychology, 57, 453-455.

Kazdin, A. E. (1997). Parent management training: Evidence, outcome and issues. Journal of American Academic Child and Adolescent Psychiatry, 36:10, October, 1349-1356.

Kazdin, A. E. (1990). Premature termination from treatment among children referred for anti-social behavior. Journal of Child Psychology and Psychiatry, 30, 415-425.

Kazdin, A. E. (1988). The diagnosis of childhood disorders: Assessment issues and strategies. Behavioral Assessment, 10, 67-94.

Kazdin, A. E. (1987). Treatment of anti-social behaviour in children: Current status and future directions. Psychological Bulletin, 102, 187-203.

Kazdin, A. E. (1986). Treatment of Antisocial Behaviour in Children and Adolescents. Dorsey Homewood, IL.

Kessel, F. S. (1969). The philosophy of science as proclaimed and science as practised: "Identity" or "Dualism?". American Psychologist, 24, 999-1005.

Kuhn, L. T. S. (1970). Reflections on my critics. In Lakatos, I. and Musgrave, A. (Eds.). Criticism and the growth of knowledge. Cambridge University Press, Cambridge.

Kofta, M. & Sedek, G. (1989). Repeated failure: A source of helplessness or a factor irrelevant to its emergence? Journal of Experimental Psychology: General, 118, 3-12.

Kottman, T. & Wilborn, B. L. (1992). Parents helping parents: multiplying the counsellor's effectiveness. School Counsellor, 40(1), 10-14.

Ladd, G. W. (1990). Having friends, keeping friends, making friends, and being liked by peers in the classroom: predictors of children's early school adjustment. Child Development, 61, 1081-1100.

Lahey, B. B., Loeber, R., Quay, H. C., Frick, P. J. & Grimm, J. (1992). Oppositional defiant and conduct disorders: Issues to be resolved

for DSM-IV. Journal of Academy of Child Psychiatry, 31(3), 539-546.

Lask, B. (1987). Cybernetics - epsitobabble, the emperor's new clothes and other sacred cows. Journal of Family Therapy, 9, 207-215.

Lawes, G. (1992). Individual parent training implemented by Nursery Nurses: evaluation of a programme for mothers of pre-school children. Behavioural Psychotherapy, 20(3), 239-256.

Long, P., Forehand, R., Wierson, M. & Morgan, A. (1994). Does parent training with young non-compliant children have long term effects? Behaviour Research and Therapy, 32(1), 101-107.

Maier, S. F. & Seligman, M. E. P. (1976). Learned helplessness: Theory and evidence. Journal of Experimental Psychology, 105, 3-46.

Marmar, C. R. (1990). Multiple family therapy. In P. J. Guerin (Ed.) Family Therapy: Theory and Practice. Gardner, New York.

Maziade, M., Cote, R., Bernier, H., Boutin, P. & Thivierge, J. (1989). Significance of extreme temperament in infancy for clinical status in pre-school years I. British Journal of Psychiatry, 14, 535-543.

McAuley, R. (1982). Training parents to modify conduct problems in their children. Journal of Child Psychology and Psychiatry, 23, 335-342.

McMahon, R. J. & Forehand, R.L. (1988). In E. J. Mash & L. G. Terdal (Eds.), Behavioral Assessment of Childhood Disorders. Guildford, New York.

McMahon, R. J. & Forehand, R. L. (1984). Parent training for the non-compliant child: treatment outcome, generalisation and adjunctive therapy procedures. In R. F. Dangel & R. A. Polster

(Eds.) Parent Training: Foundations of Research and Practice. Guilford Press, New York.

Mikulincer, M. & Casopy, T. (1986). The conceptualisation of helplessness: A phenomenological structural analysis. Motivation and Emotion, 10, 263-277.

Miller, C. (1983). Guidelines and notes on method for a project. Evaluation research methods-A guide. In Research and projects from a workshop. CCETSW Study 6, London.

Milich, R. & Dodge, K. (1984). Social information processing in child psychiatric populations. Journal of Abnormal Child Psychology, 9, 127-140.

Miller, I. & Norman, W. (1979). Learned helplessness in humans: A review and attribution-theory model. Psychological Bulletin, 86, 93-118.

Mullin, E., Proudfoot, R. & Glanville, B. (1990). Group parent training in the Eastern Health Board: programme description and evaluation. Irish Journal of Psychology, 11(4), 342-353.

Neville, D., King, L. & Beak, D. (1995). Promoting Positive Parenting. Arena Publications, Aldershot.

Oltmanns, T. F., Broderick, J. E. & O'Leary K. D. (1977). Marital adjustment and the efficacy of behaviour therapy with children. Journal of Consulting and Clinical Psychology, 45, 724-729.

O'Leary, K. D. & Emery, R. E. (1982). Marital discord and child behavior problems. In M. D. Levine & P. Satz (Eds.), Middle Childhood: Developmental Variation and Dysfunction (pp. 345-364). Academic Press, New York.

Parlett, M. & Hamiliton, D. (1978). Evaluation as illuminations: A new approach to the evaluation of innovatory programmes.

Occasional Paper No. 9, Centre for Research in the Educational Science, University of Edingburgh, Edingburgh.

Parlett, M. & Dearden, A. (Eds.) (1977). Introduction to illuminative evaluation. Pacific Sounding Press, California.

Patterson, G. R.(1975). Families: Applications of Social Learning to Family Life. Champaign, IL: Research Press.

Patterson, G. R. (1976). The aggressive child, victim and architect of a coercive system. In E. J. Mash, L. A. Hamberlynck & L. C. Handy Behaviour Modification and Families. Brunner/Mazel, New York.

Patterson, G. R. (1982). Coercive Family Process. Castalia, Eugene, OR

Patterson, G. R. & Chamberlain, P. (1988). Treatment Process: A problem at three levels. In L. C. Wynne (Ed.) The State of the Art of Family Therapy Research. Family Process Press, New York.

Patterson, G. R., Chamberlain, P. & Reid, J. B. (1982). A comparative evaluation of a parent training program. Behavior Therapy, 13, 638-650.

Patterson, G. R., DeBaryshe, B. D. & Ramsey, E. (1989). A developmental perspective on antisocial behavior. American Psychologist, 44, 329-335.

Patterson, G. R. & Forgatch, M. S. (1985). Therapist behavior as a determinant for client non-compliance: a paradox for the behavior modifier. Journal of Consulting and Clinical Psychology, 53, 846-851.

Patterson, G.R. & Forgatch, M. S. (1995). Predicting future clinical adjustment from treatment outcome and process variables. Psychological Assessment, Sept.

Patterson, G. R. & Reid, J. B. (1973). Intervention for families of aggressive boys: a replication study. Behaviour Research and Therapy, 11, 383-394.

Patterson, G. R., Reid, J. B., Jones, R. R. & Conger, R. E. (1975). A Social Learning Approach to Family Intervention: Vol 1. Families with Aggressive Children. Castalia Press, Eugene, OR.

Patterson, G. R. & Stouthamer-Loeber, M. (1984). The correlation of family management practices and delinquency. Child Development, 55, 129-307.

Peed, S., Roberts, M. & Forehand, R. (1977). Evaluation of the effectiveness of a standardised training program in altering the interaction of mothers and their non-compliant children. Behavior Modification, 1, 323-350.

Piercy, F. P. Spenkle, D. and Associates (1986). Family Therapy Soucebook. Guilford Press, New York.

Pugh, G., De'Ath, E. & Smith, C. (1994). Confident parents, confident children: policy and practice in parent education and support. National Childrens Bureau, London.

Reid, J., Taplin, P. & Loeber, R. (1981). A social interactional approach to the treatment of abusive families. In R. Stewart (Ed.), Violent Behavior: Social Learning Approaches to Prediction, Management and Treatment. New York: Brunner/Mazel.

Reiss, D. (1988). Theoretical versus tactical inferences: Or how to do family therapy research without dying of boredom. In L. C.

Wynne (Ed.) <u>The State of the Art in Family Therapy Research</u>. Family Process Press, New York.

Richard, B. A. & Dodge, K. A. (1982). Social maladjustment and problem solving in school-aged children. <u>Journal of Consulting and Clinical Psychology, 50</u>, 226-233

Richman, N., Stevenson, L. & Graham, P. J. (1982). <u>Pre-school to School: A Behavioural Study</u>. Academic Press, London.

Risley, T. R., Clark, H. B. & Cataldo, M. F. (1976). Behavioral technology for the normal middle class family. In E. J. Mash, L. A. Hammerlynch & L. C. Handy (Eds.) <u>Behavior Modification and Families</u> (pp. 34-60). Brunner/Mazel, New York.

Robins, L. N. (1981). Epidemiological approaches to natural history research: antisocial disorders in children. <u>Journal of the American Academy of Child Psychiatry, 20</u>, 566-580.

Robins, L. N. (1966). <u>Deviant Children Grown Up</u>. Williams and Watkins, Baltimore.

Robins, L. N., Tipp, J. & Pryzbeck, T. (1991). Antisocial personality. In L. N. Robins & D. A. Reegier (Eds.), <u>Psychiatric Disorders in America</u> (pp. 258-290). The Free Press, New York

Robinson, E. A. & Eyberg, S. M. (1981). The Dyadic Parent-Child Interaction Codong System: Standardisation and validation. <u>Journal of Consulting and Clinical Psychology, 49</u>, 245-250.

Rodgers, A. Y. (1993). The assessment of variables related to the parenting behaviour of mothers with young children. <u>Children and Youth Services Review, 15(5)</u>, 385-402.

Rogers, W. & Margaret, R. (1992a). A critical review of parent training research. <u>Psychology in the Schools, 29(3)</u>, 229-236.

Ross, O. A. (1972). Behavioural Therapy. In: B. B. Wolman (Ed.) Manual of Child Psychopathology. McGraw Hill, New York.

Rutter, M. (1975). Helping Troubled Children. Penguin, Harmondsworth.

Rutter, M., Cox, A., Tupling, C., Berger, M. & Yule, W. (1975). Attainment and adjustment in two geographical areas. I. The prevalence of psychiatric disorder. British Journal of Psychiatry, 126, 493-509.

Rutter, M. & Giller, H. (1983). Juvenile Delinquency: Trends and Perspectives. Harmondsworth, Penguin.

Rutter, M., Tizard, J., Yule, W., Graham, P. & Whitmore, K. (1976). Research Report: Isle of Wight studies. Psychological Medicine, 6, 313-332.

Rutter, M. L. (1977). Prospective studies to investigate behavioural change. In J. S. Strauss, H. M. Babigan & M. Roff (Eds.) The Origins and Course of Psychopathology. Plenum Press, New York.

Sanders, M. R. (1992a). Enhancing the impact of behavioural family intervention with children: emerging perspectives. Behaviour Change, 9(3), 115-119.

Sanders, M. R. (1992b). New directions in behavioural family intervention with children: from clinical management to prevention. Special Issue: Behavioural family therapy and the wider social context. New Zealand Journal of Psychology, 21(1), 25-36.

Sanders, M. R. & Dadds, M. R. (1993). Behavioral Intervention. Allyn and Bacon, MA.

Sanders, M. R., Dadds, M. R. & Bor, W. (1989). Contextual analysis of child oppositional and maternal aversive behaviours in families of conduct disordered and non-problem children. Journal of Clinical Child Psychology, 18(1), 72-83.

Sanders, M. R. & James, J. E. (1983). The modification of parent behavior: a review of generalisation and maintenance. Behavior Modification, 7, 3-27.

Sanders, M. R. & Plant, K. (1989). Programming for generalisation to high and low risk parenting situations in families with oppositional developmentally disabled pre-schoolers. Behavior Modification, 13, 283-305.

Sansbury, L. L. & Wahler, R. G. (1992). Pathways to maladaptive parenting with mothers and their conduct disordered children. Journal of Behavior Modification, 16(4), 574-592.

Sayger, T. V., Horne, A. M., Passmore, J. L. & Walker, J. M. (1988). Social learning family therapy with aggressive children: Treatment outcome and maintenance. Journal of Family Psychology, 1(3), 261-285.

Schmaling, K. B. & Jacobson, N. S. (1987). The clinical significance of treatment resulting from parent training interventions for children with conduct problems: An analysis of outcome data. Paper presented at a meeting of the Association for the Advancement of Behavior Therapy, Boston, MA, 1987 (November).

Schonfield, I. S., Shaffer, D., O'Connor, P. & Portnoy, S. (1988). Conduct disorder and cognitive functioning: Testing three causal hypotheses. Child Development, 59, 993-1007.

Scott, M. J. (1989). A Cognitive-Behavioural Approach to Clients Problems. Routledge, London.

Scott, M. J. & Stradling, S. G. (1987). The evaluation of a group parent training programme. Behavioural Psychotherapy, 15, 224-239.

Scott, S. (1996). Parent Training ("Panorama"-23.9.96). BBC, London

Seligman, M. E. P. (1975). Helplessness: On Depression, Development and Death. Freeman, San Francisco, CA.

Serketich, W. J. & Dumas, J. E. (1996). The effectiveness of behavioral parent training to modify antisocial behavior in children: A meta analysis. Behavior Therapy, 27, 171-186.

Simons, R. L., Lorenz, F. U., Wu, C. & Longer, R. D. (1993). Social network and marital support as mediators and moderators of the impact of stress and depression on parental behavior. Journal of Developmental Psychology, 29(2), 368-381.

Skinner, B. F. (1953). Science and Human Behavior. Macmillan, New York.

Slaby, R.. & Guerra, N. (1988). Cognitive mediators of aggression in adolescent offenders: 1. Assessment. Development Psychology, 24, 580-588.

Smith, C. (1996). Developing Parenting Programmes. National Children's Bureau, London.

Sommer, B. & Sommer, R. (1991). A Practical Guide to Behavioral Research. Oxford University Press, New York.

Spaccarelli, S., Cotler, S. & Penman, D. (1992). Problem-solving skills training as a supplement to behavioural parent training. Cognitive Therapy and Research, 16(1), 1-17.

Speed, B. (1985). Evaluating the Milan approach. In D. Campbell & R. Draper (Eds.) Application of Systemic Family Therapy: The Milan Method. Academic Press, London.

Spivak, G., Platt, J. & Shure, M. (1976). The Problem-Solving Approach to Adjustment. Jossey-Bass, San Francisco.

Sternberg, R. J. (1977). Writing the psychological paper. Baron's Educational Series, New York.

Stoneman, Z., Brody, G. & Burke, M. (1988). Marital quality, depression, and inconsistent parenting: Relationship with observed mother-child conflict. American Journal of Orthopsychiatry, 59, 105-117.

Sturge, C. (1982). Reading retardation and antisocial behavior. Journal of Child Psychology and Psychiatry, 23, 21-31.

Sutton, C. (1995). Parent training by telephone: A partial replication. Behavioural and Cognitive Psychotherapy, 21, 1-24.

Sweet, A. A. (1987). The therapeutic relationship in behavior therapy. Clinical Psychology Review, 4, 253-272.

Teti, D. M. & Gelfand, D. M. (1991). Behavioral competence amongst mothers of infants in the first year: the mediational role of maternal self-efficacy. Journal of Child Development, 62(5), 918-929.

Teti, D. M., Gelfand, D. M. & Pompa, J. (1990). Depressed mothers behavioral competence with their infants: demographic and psychosocial correlates. Journal of Development and Psychopathology, 2(3), 259-270.

Telleen, S., Herzog, A. & Kilbane, T. L. (1989). Impact of a family support program on mothers' social support and parenting stress. American Journal of Orthopsychiatry, 59(3), 410-419.

Tharp, R. G. & Wetzel, R. J. (1969). Behavior modification in the natural environment. Academic Press, New York.

Tharp, R. G., Wetzel, R. J. & Thorne, G. (1968). Behavioural Research Report: Final Report. Office of Juvenile Delinquency and Youth Development, Health, Education and Welfare Grants, 65023 + 66020

Thoburn, J., Lewis. A. and Shemmings, D. (1995). Paternalism or Partnership? Family Involvement in the Child Protection Process. HMSO, London.

Thomas, A., Birch, H. G. & Chess, S. (1968). Temperament and Behaviour Disorders in Children. University of London Press.

Thomas, A. & Chess, S. (1977). Temperament and Development. Brunner/Mazel, New York

Thompson, R., A.. (1995). Preventing Child Maltreatment Through Social Support. Sage, California.

Tuckman, B. W. (1965). Developmental Sequence in Small Groups. Psychological Bulletin, 63 (6), 384-399

Utting, D. (1995). Family and Parenthood. Supporting families, preventing breakdown. Joseph Rowntree Foundation, York.

Wadsworth, M. (1979). Roots of Delinquency: Infancy, Adolescence and Crime. Martin Robertson, Oxford.

Wahler, R., Williams, A. J. and Cerezo, M. A. (1990). The compliance and predictability hypothesis: sequential and correlational analyses of coercive mother-child interactions. Behavioural Assessment, 12, 391-407.

Wahler, R. & Dumas, J. (1989). Attentional problems in dysfunctional mother-child interactions: the compliance and predictability hypotheses. Journal of Applied Behaviour Analysis, 19, 13-22.

Wahler, R. & Dumas, J. (1986). A chip off the old block: some interpersonal characteristics of coercive children across generations. In Strain, P.S., Guralnick, M. J. and Walker, H. M. (Eds), Children's Social Behaviour. Academic Press, New York.

Wahler, R. & Dumas, J. (1985). Maintenance factors in coercive mother-child interactions: The compliance and predictability hypothesis. Journal of Applied Behavioral Analyses, 19(1), 13-22.

Wahler, R. & Dumas, J. (1984). Changing the observational coding styles of insular and non-insular mothers: A step towards maintenance of parent training effects. In R. F. Dangel & R. A. Polster (Eds), Parent Training: Foundations of research and practice. Guilford Press, New York.

Wahler, R. G. & Hann, D. M. (1984). The communication patterns of troubled mothers: in search of a keystone in the generalisation of parenting skills. Journal of Education and Treatment of Children, 7(4), 335-350.

Walker, H. M. & Buckley, N. K. (1973). Teacher attention to appropriate and inappropriate classroom behavior: an individual case study. Focus on Exceptional Children, 5, 5-11.

Webster-Stratton, C. (in press). Advancing videotape parent training: A comparison study. Journal of Consulting and Clinical Psychology.

Webster-Stratton, C. (1996). Early intervention with videotape modelling: programs for families of children with oppositional defiant disorder or conduct disorder. In Hibbs, E. D. & Jensen, P. (Eds.), Psychological Treatment Research of Child and

Adolescent Disorders: Empirically Based Strategies for Clinical Practice. American Psychological Association, Washington DC

Webster-Stratton, C. (1993). Strategies for developing early school aged children with oppositional defiant and conduct disorders: The importance of home-school partnerships. School Psychology Review, 22, 437-457.

Webster-Stratton, C. (1992). Individually administered videotaped parent training: "who benefits?" Cognitive Therapy and Research, 16, 31-35.

Webster-Stratton, C. (1991). Annotation: Strategies for helping families with conduct disordered children. Journal of Child Psychology and Psychiatry, 32 (7), 1047-1062.

Webster-Stratton, C. (1990a). Stress: A potential disrupter of parent perceptions and family interactions. Journal of Clinical Psychology, 19 (4), 302-312.

Webster-Stratton, C. (1990b). Long term follow-up of families with young conduct problem children: From pre-school to grade school. Journal of Clinical Child Psychology, 57, 550-553.

Webster-Stratton, C. (1989). Systematic comparison of consumer satisfaction of three cost-effective parent training programs for conduct problem children. Behavior Therapy, 20, 103-115.

Webster-Stratton, C. (1985). Comparisons of behavior transactions between conduct disordered children and their mothers in the clinic and at home. Journal of Abnormal Child Psychology, 13(2), 169-184.

Webster-Stratton, C. (1984). A randomised trial of two parent training programs for families with conduct disordered children. Journal of Consulting and Clinical Psychology, 52, 666-678.

Webster-Stratton, C. (1982). Long term effects of videotape modelling parent education program: comparison of immediate and 1 year follow-up results. Behavior Therapy, 13, 702-714.

Webster-Stratton, C. (1981). Modification of mothers' behaviours and attitudes through videotape modelling group discussion. Behavior Therapy, 12, 634-642.

Webster-Stratton, C. & Hammond, M. (1988). Maternal depression and its relationship to life stress, perceptions of child behavior problems, parenting behaviours, and child conduct problems. Journal of Abnormal Child Psychology, 16(3), 299-315.

Webster-Stratton, C. & Herbert, M. (1994). Troubled Families-Problem Children. Wiley, Chichester.

Webster-Stratton, C. & Herbert, M. (1993). What really happens in parent training? Behaviour Modification,17, 407-456.

Webster-Stratton, C., Kalpacoff, M. & Hollingsworth, T. (1988). Self administered videotape therapy for families with conduct problem children: comparison with two cost-effective treatments and a control group. Journal of Clinical and Consulting Psychology, 56, 558-566.

Wekerle, C. & Wolfe, D. A. (1993). Prevention of child physical abuse and neglect: promising new directions. Clinical Psychology Review, 13(6), 501-540.

Wells, K. C. & Egan, J. (1988). Social learning and systems family therapy for childhood oppositional disorder: Comparative treatment outcome. Comprehensive Psychiatry, 29, 138-146.

West, D. J. & Farrington, D. P. (1973). Who Becomes Delinquent? Heinneman, London.

Whipple, E. E. & Webster-Stratton, C. (1991). The role of parental stress in physically abusive families. Journal of Child Abuse and Neglect, 15(3), 279-291.

White, J., Moffit, T., Earls, F. & Robins, L. (1990). Pre-school predictors of persistent conduct disorder and delinquency. Criminology, 28, 443-454.

Williams, S., Anderson, J., McGee, R. & Silva, P. A. (1990). Risk factors for behavioral and emotional disorders in preadolescent children. Journal of the American Academy of Child and Adolescent Psychiatry, 29, 413-419.

Wolfe, D. A. & Wekerle, C. (1993). Treatment strategies for child physical abuse and neglect: a critical progress report. Clinical Psychology Review, 13(6), 473-500.

World Health Organisation (1980). International Classification of Diseases: 10th Edition. (ICD-10). WHO, Geneva