A STUDY OF OUTCOME IN A PARENT TRAINING GROUP IN ST. JOHN'S NEWFOUNDLAND

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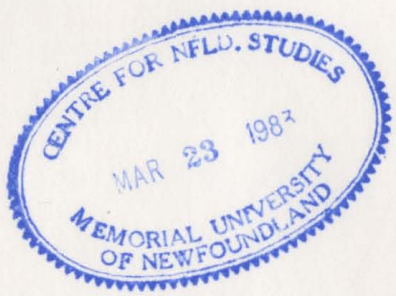
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Abstract

This study reports data describing the outcome of a parent training group. The study sample was composed of eight parents (n = 8) from the St. John's area of Newfoundland, who had at least one child between the age of five and twelve. These parents attended seven two hour weekly parent training sessions between September 1981 and November 1981, at the premises of the Newfoundland and Labrador Planned Parenthood Association in St. John's, Newfoundland. The parent training group was conducted by the author and a co-leader, both graduate students at the School of Social Work, Memorial University of Newfoundland. Data were collected by a standardized questionnaire administered individually before and after the seven sessions. Measures of the five criterion variables were determined by parent's pre and post self-ratings of the Index of Parental Attitudes (IPA), the Index of Family Relations (IFR), the Index of Self-Esteem (ISE), the Rathus Assertiveness Scale (RAS) and Scrole's Anomia Scale (SAS).

Analyses indicated that in regard to socio-demographic characteristics, these parents were married, had middle-class backgrounds, and had similar family characteristics, similar ages and levels of education. In addition, none of the eight parents had attended a parent training program before this parent training group, and seven of the eight were mothers.

Analyses of the major indices or scales used indicated statistically significant results from the scores of two out of five subscales. In this regard, significant positive change was noted for the variables related to Family Relations and Anomie, thus indicating that the parent training group was viewed as helpful by most parents in these specific areas.

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In the study of parent education, a wide range of specialized programs have been developed to help parents become better parents. In general, these programs use methods of training which may take the form of education, information giving, behavior modification, communication skills training or psychotherapeutic approaches (Auerbach, 1968).

For many years, parental guidance has been recognized as an important part of child care and mental health practice (Arnold,1978). In this regard, a major emphasis of parent training programs relates to understanding the profound influence that parents have on their children's development. In many instances neither parents nor their children realize the nature of this relationship.

A recent clinical trend of offering parental training seems to be an indicator that professionals in the various fields of social work, psychiatry, education, pediatrics, law, and religion are concerned with identifying the range of problems parents may have (Arnold,1978). In turn, these professions seem to be responding to the parents' own expressed needs and interests in their child's development and general social well-being (Cooper and Edge, 1978).

Parent training groups offered by skilled professionals generally provide a constructive process for channelling the natural tendency of

parents to discuss child rearing problems with other parents (Arnold, 1978). Assisting parents in child rearing through some form of group counselling may be a demanding task for professionals, however, it may prove to be a rewarding method of strengthening family life and a primary preventive method of determining emotional difficulties in parents and children which may lead to potential marital or family conflicts (Auerbach, 1968).

One of the foremost methods of parent training is Parent Effectiveness Training (PET) which was designed for parents by Dr. Thomas Gordon at UCLA in 1961. Dr. Gordon's training model has been emperically considered to be an effective, proven, and tested method of teaching parents skills that improve their familial relationships. In PET, familial relationships are generally improved as a result of the parent's acquisition of specific skills that keep the communication channels between parents and children open. Consequently, parents tend to learn new ways of resolving parent child conflicts that may bring about healthier familial relationships (Gordon, 1970).

This study uses the framework of the PET model as well as an information and group discussion format called parent training (PT). Consequently, this study assesses whether participation in a specific parent training group contributes to a change in certain attitudes of participants towards themselves as individuals and parents and towards their children.

Statement of Purpose

The purpose of this study is to determine the outcome of a specific parent training group which ran for a consecutive seven week period from September 30 to November 11, 1981, in St. John's, Newfoundland, Canada. The parent training was administered in two-hour, weekly sessions, and was composed of eight participants who were parents of children in the age range between five and twelve years old. The group sessions were offered by two group co-leaders who were graduate degree candidates at the School of Social Work, Memorial University in St. John's, Newfoundland.

This study assesses five outcome variables before PT begins and at the end of the training. The study design is a pre and post test, one-shot case study (Campbell and Stanley, 1963). This study seeks to determine change in the outcome variables that result from participation in the training.

The five variables that were measured before and after training were self-report assessments of: 1) self-esteem, 2) assertiveness, 3) satisfaction of parents in relationships with their children, 4) satisfaction of parents in family relations and 5) anomia.

Rationale

By understanding which outcome variables changed following the period of parent training offered in the group, one may establish a reasonable base from which to determine the parts of PT that produced change in the parents' attitudes toward themselves, their children and society.

Through an examination of these outcomes, therefore, it may be possible to ascertain which variables seem to be more relevant to this particular type of group.

This study may provide other practitioners with methods of evaluating treatment outcome in similar parent training groups. For instance, one may isolate specific interventions that may be repeated and measured by other practitioners.

Evaluation of this PT group may be construed as a means of justifying to other parents and professionals the benefits of becoming involved in a similar program for parents. This justification seems important due to the fact that this training is a specific approach to preventing problems between parents and children (Gordon, 1976).

Finally, clinical evaluation of social work treatment is now considered to be a beneficial and necessary part of practice for all social workers (Gingerich, 1977). Recent developments in research methods make it possible to effectively evaluate clinical social work practice (see Bloom, 1975; Fisher, 1976; Gottman and Leiblum, 1974; Howe, 1974). The use of measurement instruments provide a simple, convenient way of examining the client's condition, therefore, the actual use of these measurement instruments in a parent training group may enhance the diagnostic and evaluative abilities of this form of social treatment. This could also have wider implications for the evaluation of any similar social work practice so that others may use results for consultation and improvement of the effectiveness of that practice.

Concepts

Group Counselling is one form of therapeutic group. A therapeutic group has as its broad purpose increasing people's knowledge of themselves and others, assisting people to clarify the changes they most want to make in their lives, and giving people some of the tools necessary to make these desired changes (Corey and Corey; 1977, p.6).

Parent training is a form of group counselling and refers to a program that usually teaches parents skills they need to be more effective at the job of raising children (Gordon, 1970).

Group process refers to the stages of development of a group and the interactions that characterize each stage (Corey and Corey; 1977, p.7).

Anomia refers to a lack of socially accepted norms of human coexistence in a group or society. This concept, originally developed by Emile Durkheim, was used to explain social problems connected with the dissolution of the existing order in society (Scheff, 1980).

Assertiveness refers to the ability to assert one's rights in a non-aggressive manner, the ability to express anger, affection and other positive feelings appropriately, and the ability to have control so that others will not take advantage of another (Corey and Corey; 1977, p.28).

Self-esteem refers to a personal judgement of worthiness that is expressed in the attitudes the individual holds towards himself (Coopersmith, 1967).

The Index of Parental Attitudes is meant to indicate the degree of

contentment the parent has in his/her relationship with the child. It measures the extent of a relationship problem a parent may have with a child (Hudson, 1976).

The Index of Family Relations is meant to measure the way the parent feels about his family as a whole (Hudson, 1977).

Review of the Literature

The adequacy of parents in the parent-child relationship is one important factor which influences the social development of children (Kohn, 1972). One aspect of parental adequacy can be reviewed through an examination of the attitudes of parents. A parent's child rearing attitudes, among others, are instrumental in molding a child's behavior and future abilities to interact with others (Brophy, 1977). In many instances, parents may learn from one another and grow to change their attitudes through the sharing of knowledge, experiences and parenting skills in parent training programs (Auerbach, 1968).

The relationship between the participation of parents in training groups and certain attitudes of parents are reviewed according to: 1) the nature of parenthood, 2) parent training as a form of group counselling and 3) the content of parent training groups.

The Nature of Parenthood

A review of the literature in this area generally indicates that parenthood is certainly viewed in a positive way, and has a desirable status in our society. Married couples are expected to want and have children, and research has shown that most couples do in fact follow these norms (Veevers, 1973).

In order to earn the special status of being a parent, there is a normative expectation that a person performs that role in interaction with their child or children (Auerbach, 1968). Parenting carries with

it a wide range of responsibilities, which, if performed successfully ensure positive interactions between the parent and child based on mutual trust and affection. Parents are generally expected to use methods that are most likely to produce desirable behaviors through the use of rational understanding, warmth, love and proper direction (Norton, 1977).

Parents are also expected to help their children solve problems, relate well to others, be self-sufficient, distinguish between what actions would be morally right or wrong through the use of examples, positive rewards, and by direct guidance and effective methods of discipline. In general, these responsibilities are extremely demanding of parents (Norton, 1977). Millions of new mothers and fathers take on a job each year that is among the most difficult anyone can have, taking an infant, a little person who is almost totally helpless, and assuming full responsibility for his physical and psychological health and raising him so he will become a productive, co-operative and contributing citizen (Gordon, 1975, p.1).

In any given culture, certain practices of child rearing have been passed down from generation to generation. However, with the breakdown of traditional mores in all phases of life, the isolation of many young families, less exposure to cultural traditions of child care, greater mobility and more complex lifestyles, modern parents have become more conscious of child rearing practices. In this regard, the changing lifestyles and times have brought some parents to seek help from persons outside the family group and friends (Brim, 1959).

Professionals who provide help in the areas of child management and in counselling parents acknowledge the stresses of present day parenting. Parents themselves, have identified the need for better ways of rearing children than those dictated by tradition. For example, in a study conducted in Newfoundland following a series of community meetings, parents asked for help in areas related to the independence of pre-schoolers, teenage rebellion, school problems and teacher-child relationships (Report on Parents Problems Seminar, 1976).

Parent Training as a Form of Group Counselling

Parent training is usually referred to as a method of helping parents in their roles of raising children. As a form of group counselling, parent training groups aim to strengthen family life and prevent emotional difficulties (Auerbach, 1968). Granted that the attention of parents to educational programs indicates that they are concerned to improve or strengthen their role, this does not imply that they are in greater need, or are more incompetent than parents who do not attend parent training (Brim, 1959).

Various forms of group counselling help parents grow through the existence of certain curative factors that make the particular group unique among other groups. Curative factors may include the installation of hope among participants, imparting of information, the element of learning from one another, or the feeling of having common concerns (Yalom, 1975). The group serves as a vehicle to involve parents in sharing their concerns of child rearing with other parents. It is rec-

ognized that the group process enables parents to better understand the significance of their child's relationship with them and to promote the child's development. In the process, parents may begin to assess their ability to manage the demanding tasks of child rearing and develop a greater sense of control by which they can make appropriate decisions regarding themselves and their children (Gordon, 1975).

Bard and Creelman (1954) supported the importance of parent education in group counselling settings. The reasons they gave for their advocacy of parent training groups included: 1) parent-child problems are basically problems in interpersonal relationships and 2) before interpersonal relationships can be altered, feelings, attitudes and values can be modified, one must first be able to recognize their existence and nature and their origins in life experiences but 3) this recognition can come about only through experiencing one's feelings in the kind of setting which leads to the understanding of one's own personality make-up (Bard and Creelman, 1954).

The Content of Parent Training Groups

In certain parent training groups, parents exchange experiences and feelings and gain a sense of warmth and closeness which can help them attend to the issues or concerns they want to learn. As a result they feel good about the situation (Abidin, 1976). Parent training groups vary in their purpose and methods just as they vary in the goals which they strive to achieve. However, they are consistently concerned with efforts directed to people already in the parent role (Auerbach,1968).

Parent training groups usually aim to enrich one's repertoire of solutions to specific child rearing situations through the use of resources of many parents, leaders, and clinical personnel. For example, the content and discussion of the training may center on helping the parent understand that his/her child is worthwhile and lovable, learn to communicate feelings through gestures, give praise and criticism that is not destructive, communicate love and acceptance, use consistent discipline, manage the child's behavior, and learn problem-solving methods (Abidin, 1976).

Group discussion within parent training sessions also serves a useful purpose in helping produce individual change. For instance, participation in free discussions with other parents about child rearing permits parents to make expressions of their feelings through non-punitive conditions. Parents perceive of their own feelings as being less deviant, as being nothing to be ashamed of, as being shared by others, and they can readily deal with them in a constructive way (Auerbach, 1968).

The primary purpose of parent education, in general, is to influence the attitudes, behavior and practices of parents in the direction believed most desirable (Davis and McGinnis, 1939). It is the expectation of professionals, in the era of accountability, that they need to evaluate their clinical practice. Ironically however, there are few established ways in the field of parent education for actually measuring results. Also, there tends to be contradictory results of positive and negative outcomes in the research based on parent training groups which use some form of a counselling model. Abidin (1980) believes that these mixed

results reflect the different instruments used to measure attitudes, the differences in group content, or the different type of group interaction.

Studies conducted by Swenson (1970), and later Stearn (1971), reported that parents who attend training groups (based on the reflective model) did not report fewer problems with their children after three months. Friedman (1969) and Glidewell (1961) failed to determine that parent training groups were effective in modifying the child rearing attitudes of parents.

An early study by Hedrick (1934) used an attitude scale developed by Ojemann (1934) to measure the specific trait of self-reliance of children. Hedrick gave the scale to parents in four groups as a measurement of the effectiveness of a program directed toward changing parental attitudes toward this trait. This study, which utilized a pre and post test of the Ojemann self-reliance scale showed a significant increase in favourable attitudes of the parents toward self-reliance practices (Hedrick, 1934).

A study which administered a questionnaire before and after parent training to a group of mothers in Minnosota during 1929, 1930, and 1931, showed that parent training did make a difference as to the way mothers rated the seriousness of certain traits in their children. This study used Wickman's schedule (1928) to determine the degree of seriousness of each of these traits. The results indicated that there was an average reduction in the degree to which parents perceived the seriousness of personality traits (Davis and McGinnis, 1939).

Another investigation conducted by Shapiro (1956), used both experimental and control groups. This was among the first to test the hypothesis that counselling affected parental attitudes and feelings. He exposed 25 experimental subjects (carefully matched with control subjects) to a parent education group discussion program consisting of 12 sessions. The pre and post test measures consisted of five attitude scales based on the work of Martin, Harris, and Gough (1950), and Shoben (1949). These attitudes scales measured authoritarianism, parent-child integration, rigidity, fussiness, and good judgement. The results showed the experimental subjects to have improved to a significantly greater degree than the control subjects on the authoritarianism, good judgement and parent-child integration scales. Shapiro (1956) reported that parents attending four or more meetings changed their attitudes more so than parents attending three or fewer, and that those experimental subjects who initially held more desirable attitudes on the scales changed more than those holding less desirable attitudes.

Chilman (1977) conducted a study of self-perceived parent satisfaction and dissatisfaction in metropolitan Milwaukee, Wisconsin. Her research determined that the internal mechanisms within the family unit best explained degrees of parent satisfaction as contrasted to the external mechanisms, such as income, housing, community resources. For example, factors such as family communications, child rearing beliefs, support from relatives and marital happiness were shown to influence the level of satisfaction in parents. Her results showed no relationship between external mechanisms and parental satisfaction, but, did indicate

that there was a relationship between the developmental history of the parent during childhood and the level of parental satisfaction. For instance, satisfied mothers saw their own children as happy and were satisfied with the discipline used by their mothers (Chilman, 1977).

Some research has supported the notion that the level of parental satisfaction toward family relations and toward being a parent affects the raising of children in such a way as to help determine the nature of a child's socialization process. For example, parents' child rearing attitudes influence the ability of children to form and maintain certain interpersonal relationships (Kohn, 1972).

Coopersmith (1967) determined that a high level of self-esteem in parents was an antecedent of high self-esteem in children. A high level of self-esteem was a prerequisite for effective functioning and self-actualization. For instance, parents who had high self-esteem were willing to negotiate family rules within carefully drawn limits and showed full acceptance of their children as worthwhile human beings. Bell and Shaefer (1958) reported similar findings from a research study in which they administered the Parent Attitude Research Instrument (PARI) to mothers in three self-esteem groups (low, medium, and high self-esteem). Their results revealed that mothers of children with high self-esteem were more loving and had closer relationships than did mothers of children with lower levels of self-esteem (Coopersmith, 1967).

Assertiveness of parents is an important factor in determining parental functioning with their children so that they may maintain and exert their rights as individuals and express feelings adequately. In this regard, Rathus and Nevid (1977) generalized that many people behave non-assertively because they did not have the opportunity to observe assertive role models when they developed, or because assertive and aggressive role models were confused by the "big people" in their lives and punished equivalently (Rathus and Nevid; 1977,p.85).

Other studies have evaluated multiple procedures in parent education (i.e., use of lectures, discussion, communication skills training) such as those used in this parent training group. However, in reviewing the literature, there does not appear to be any published studies which measure the same variables. Shapiro's study (1956) of the five outcome variables (described earlier) was similar, but it studied the outcome of a parent training group which used one method, that of a discussion format. In this study, three out of the five outcome variables measured showed change.

Another study that was undertaken at the Toronto Institute of Child Study in 1956 involved a before and after analyses of the effects of parent education groups in terms of reducing the gap between the mother's ideal self-image and real self-image. Andrews (1954) evaluated the overall effects of an educational workshop on the knowledge of parents (this workshop used methods of lectures, films, group discussions). The results showed that the experimental group composed of a large number of parents

made a significant increase with regard to their knowledge in contrast to a control group.

Summary

A parent training group, as indicated in the previous literature review, may bring about changes in a parent's ability to cope with the role of parenting, as it is a form of group counselling. It has also been generally acknowledged and documented that parents benefit from participation in parent training groups, based on the reports of former participants and the subjective findings of group leaders. However, defining what parents actually learn or gain from a specific type of group is difficult to ascertain. With the use of measurement instruments for the purpose of assessing parent training group effectiveness, it has been possible for social workers and others offering parenting groups to provide specific services designed to meet the identified need of the parents. Certain aspects of group counselling may be built in to ensure that parents get the maximum benefit for their needs.

The research that was previously reviewed examined various outcomes of parent training groups. Some of these groups used a single method of parent training, such as a discussion format, while other programs used multiple methods of training, such as a discussion and a lecture format. Some studies reviewed used experimental and control subjects to examine the effectiveness of training, others examined whether the subject's attitudes changed and if knowledge was gained as a result of attending parent training sessions from the basis of pre and post test designs. The liter-

ature generally reveals that there is a paucity of information about: 1) parent training groups, 2) parent training group effectiveness and 3) how to effectively measure parent training groups.

No research studies reviewed in the literature examined the same outcome variables that are explored in this study. However, some studies stressed the importance of assessing parent training group effectiveness through variables such as self-esteem and assertiveness.

Method

The Setting and Population

The Planned Parenthood Association of Newfoundland and Labrador with its central office in St. John's provided the setting for the study. This Association is a branch of the Planned Parenthood Federation of Canada. It serves as the Newfoundland and Labrador headquarters for public and professional education in birth planning, sexuality and population control, and attempts to bring these needs to the attention of the community. The general philosophy of Planned Parenthood is that family planning is a basic human right.

The St. John's office is staffed by one full-time clinic secretary/receptionist, five part-time workers, including a program co-ordinator, a counsellor, a clinic co-ordinator, a nurse and a secretary/bookeeper. The Association has a group of sixteen volunteers who serve on the Board and Clinic Council, as well as a group of ten active volunteers who serve various functions. The Association is located in a one-storey office building in the East End of St. John's. In this facility there are private offices, a children's playroom, a medical examination room, a library conference room, a central office and reception area, as well as bathroom facilities and a coffee room. The parent training group was run weekly in the conference room of the main office area. The sessions, held on Wednesday evenings for two hours during a seven week period, were the only community activity on this evening. Participants had access to the waiting area, telephone, bathroom facilities, and the coffee room. Free parking was available immediately in front of the premises.

The setting and atmosphere of the parent training group was informal. The chairs were arranged in a circular fashion with a coffee table in the center. This conference room was also a library, thus, there were bookshelves, pamphlets and colorful posters distributed around the carpeted room. There were enough chairs in the room to seat approximately twenty people.

This room also had small tables which could be pushed against the far end of the room. It was well lit but had no windows. There was a fan for ventilation. The group members were able to borrow library materials while they waited for the group session to start or after the sessions were finished. Group members were invited to make themselves tea or coffee and to chat freely before the sessions commenced. There was a ten minute break after the first hour of the sessions. A closing party or social was also held in the conference room after the conclusion of the sessions.

One of the many services provided by Planned Parenthood is educational programs for parents. Some of these programs include groups for single parents as well as one day seminars and workshops on various aspects of family planning,child care and parenting. This study assesses one form of a parenting program known as a parent training group (PT).

The population chosen for this study were parents from the St. John's Metropolitan area, and the smaller communities within a fifteen mile radius of St. John's. In 1976, the population of St. John's was 143,390. Based on Cencus Canada (1976) there were 62,610 parents located

in the St. John's area. Three thousand three hundred and fifty-five (3,355) parents were one parent family units, whereas 59,265 constituted two parent family units.

The Sample

The target sample were parents who had at least one child within the age range of five to twelve years. The sample for this study was a group of eight parents (n = 8) whose names were selected from a list of responses to: local newspaper advertisements which were published one month prior to the start of the trial parent training groups and the experimental parent training group (See Appendix A), radio announcements of the groups, referrals from social workers and other professionals who attended a family counselling workshop in which the group co-leaders participated and announced the parent training groups, and from a previous list of names of parents who responded to an advertisement by Planned Parenthood Association for a one day workshop on parenting. Many of the people whose names were on this list could not attend on the nights specified or possibly the spring schedule was not convenient for them. These names were kept on the list to be contacted for the experimental group which is the parent training group on which this study is based.

Two groups were scheduled and offered on Wednesday and Thursday evenings from May to July, 1981, for a total of seven sessions for each of these trial groups. These groups were given a pre-test before session I and a post-test after session VII. The total time between tests was

six weeks. The groups which were not a part of this study were used as a pre-test. The parent training group used for this study was run in September, 1981, twelve weeks after the conclusion of the trial parent training group.

The parents generally showed an interest in attending the parent training groups. All parents participated voluntarily and were willing to make transportation and babysitting arrangements in order to attend the seven parent training group sessions. Also, parents had the understanding that the overall fee of $10.00 was to be paid for registration on the first evening of the group.

After the list of names of interested parents were compiled, prospective participants were randomly contacted by telephone by one of the co-leaders. They were then informed in more detail about the nature of the group, the tentative agenda, and the research component of the parent training group. Prospective participants in the parent training group were then informed about a series of questionnaires which they would be asked to complete at the beginning of the group in Session I and at the end of the group in Session VII. Also, during the telephone contact, the maximum group size of 10-15 participants was discussed. There were a total of 12 parents interested in registering, however, ten parents actually registered (n = 10). Eight of these 10 parents who registered and attended all sessions are considered to be the study sample. The seven week parent training group ran from September 30th,to November 11th,1981. The group was co-led by the author and another graduate student. All of the sample (n = 8) attended each of the seven sessions.

The Questionnaire

The pre and post test were administered by a self-report questionnaire. The questionnaire was made up of five separate self-report standardized and other non-standardized measures. The standardized measures were five subscales, three of which contained twenty-five questions, one of which contained thirty questions and the fifth contained five questions. These subscales were used to measure the dependent variables or outcomes of the parent training group. The other part of the questionnaire included demographic variables and an open ended self-administered evaluation questionnaire given at the final session in order to assess the group feedback (see Appendix B). The major questionnaire was broken down in two parts as follows:

Part I

The demographic data included variables such as: 1) General Background questions regarding sex, age, marital status, number of times married, race and place of residence. 2) Occupational Background questions regarding employment status, the highest occupational level ever achieved, and the longest period of time that the respondent ever held a steady job. 3) Educational Background questions included the highest educational level attained (Hollingshead, 1957). 4) Family Background questions asked included number of children, ages and finally, 5) Previous Involvement in parent training sessions.

Part II

The standardized self-administered measurement instruments used were: 1) Hudson's Index of Parental Attitudes (IPA) (Hudson, 1976),

2) Hudson's Index of Familial Relations (IFR) (Hudson, 1977), 3) Hudson's Index of Self-Esteem (ISE) (Hudson, 1974), 4) Rathus Assertiveness Scale (RAS) (Rathus 1957) and 5) Scrole's Anomie Scale (SAS) (Scrole, 1954). These instruments are presented in Appendix C.

The total length of time taken to complete the questionnaire excluding the evaluation form was 15 minutes. With the evaluation form (post-test only) the longest time for completion was 25 minutes, with the average being 20 minutes.

Procedure

Sessions were offered once a week for seven consecutive weeks with a total of fourteen hours of parent training. The sessions were conducted by the co-leaders who were completing a practicum for a Master's of Social Work degree program at Memorial University of Newfoundland. The co-leaders had previous experience in group therapy including running a group for women prison inmates, a group for paraplegics in a rehabilitation setting, a discussion group for teenagers on issues of adolescence, and a group in a psychiatric outpatient setting. The co-leaders were responsible for organizing group sessions, inviting guest speakers and arranging for the use of the facility.

Both leaders attended each of the seven sessions, alternating in presenting mini-lectures and introducing the guest speakers. The group leaders spent time before each session discussing the agenda, the lectures and compiling cue cards of real life examples related to the five topic

areas presented and the mini-lecture (See Appendix D for outline of the parent training group sessions). All ten participants were volunteers and were made aware of the research at the onset of the group sessions. Two participants who registered on the first night of the parent training group sessions dropped out of the group before the end of the seven sessions. One parent was unable to keep the commitment to attend weekly and the other parent was unable to be reached after the first session to account for not attending. These participants were not included in the sample. Thus, the final sample of eight parents (n = 8) completed all the sessions.

The pre-test standardized questionnaires and the descriptive data sheet was given to the participants at the start of session one after a brief overview of instructions, and a review of the purpose of the research, as well as discussion of the confidentiality of the responses. During the final session (session VII) the open ended non-standardized evaluation questionnaire was completed by the eight participants in addition to the major questionnaire.

The Pre-testing of the Questionnaire

The pre-testing of the measurement instrument in the two trial parent training groups provided an opportunity for refinement of the specific scales to be used in the third PT group (the study sample). Three out of the five self-administered standardized measures were pre-tested in the two trial parent training groups run by the author and the same co-leader during May to July,1981.

Operationalization of the Major Variables of the Study

All subjects (n = 8) considered the study sample, in the experimental group were given a pre and post test with five self-report indexes or scales, which formed the dependent variables. A description of these self-report measures follows.

Index of Parental Attitudes (IPA). This scale was developed by Walter W. Hudson in 1976. It measures the degree of magnitude of a relationship problem that a parent has with a specific child. This scale is a short-form measurement scale designed to be used in time series designs in non-behavioral settings. The index is structured as a 25-item summated category partition scale with positively and negatively worded items within it, in order to control for the effect of response bias. The score has a positive range from 0 - 100. It has a clinical cutting score of 30. Persons who obtain a score above 30 are perceived to have a problem in the domain of parent-child relationship, and those who score below 30 are deemed to be free of such problems. This scale is one of seven measurement scales collectively referred to as the Clinical Measurement Package developed and tested by Hudson (1982). Its purpose is to monitor and evaluate the magnitude of a client's problem through periodic administration of the same scale to the same client. This scale has a reliability of α = .90 and it has high face discriminant and construct validity (Hudson; 1977, pp. 3,4).

Index of Family Relations (IFR). This scale was also developed by Hudson in 1977, in order to measure the way a client feels about his/her family as a whole. As outlined in the previous description of the IPA ,

it is a 25 item scale that uses the same method of scoring. Reverse scoring is also used on the positively worded items, then the item responses are totalled. After the totalling, a constant of 25 is subtracted from the overall score. It has similarly high validity and reliability features as the IPA. This scale is another of the seven scales in Hudson's Measurement Package for Clinical Workers. These scales have been seen as important parts of therapy after their application to clinical practice (Hudson, 1977, 1982).

Index of Self-Esteem (ISE). This is the third of Hudson's scales used in this study. It is designed exactly as the other two previously explained indices. It was published by Hudson in 1974 and designed to measure how someone sees himself/herself. The ISE measure the magnitude of problems a client has with the evaluative component of self-esteem. It also has excellent purported validity and reliability (Hudson, 1977,1982).

Rathus Assertiveness Scale (RAS). The Assertiveness Scale used in this study was the Spencer Rathus 30-item schedule which was published in 1972. This self-report schedule presents 30 items in the form of statements to which subjects respond as characteristic or un-characteristic of them, according to a six point Likert-type scale with no center point. It tests the level of assertiveness, or social boldness of the respondent. Scores on this schedule may range from +90 to -90. Certain items are also reverse scored to reduce bias. The average score of a respondent falls between 0 and +10. A change of 20 points is considered to be significant by Rathus (1972). This schedule was used in the Experimental Investigation of Assertiveness training in a group setting at The

College of Saint Rose (Rathus, 1972). This schedule has been shown to have moderate to high test re-test reliability and good split-half reliability. The validity norms are also satisfactory. This schedule is reported in the Journal of Behavior Therapy and Experimental Psychiatry, 3, pp. 81 - 86, (1972).

Scrole's Anomie Scale (SAS). According to Leo Scrole, this scale is meant to measure the individual eunomia-anomia continium which represents the individual's generalized sense of self to others belongingness at one extreme, compared to self to others distance and self to others alienation at the other end of the continium (Miller; 1964, p.321). This scale was published by Leo Scrole in "The Social Integration and Certain Corollaries: An Exploratory Study" in the American Sociological Review, 21, December; 1956, pp.709-716. The co-efficient of reproduceability was + .90. The validity of the scale has also been verified by many researchers (see Miller, 1964). The scale contains five items with which the respondent may either agree or disagree. The higher the score, the greater sense of anomie manifested by the respondent (Miller,1964).

Results and Discussion

The results and discussion of the data are presented according to the following two sections: 1) Background and Descriptive Data and 2) Measurement Indices and Scales.

I Background and Descriptive Data

The eight parents (n = 8) who comprised the study sample ranged in age from 27 to 36 years. The mean age was 31.5 years. All parents were Caucasian and had never been in a parent training group before.

In regard to marital status, all of the parents were married, and all of the sample had been married only once. Sixty-two and one-half per cent indicated that they lived in a small city most of their lives, while 37.5 indicated that they had lived most of their lives in a rural setting.

In terms of employment status, 37.5% indicated that they were currently employed and 62.5% indicated they were unemployed. Sixty-two and one-half per cent of the sample indicated that the highest occupational level ever achieved was clerical or sales worker, whereas 25% were categorized as administrative personnel and 12.5% were skilled manual employees. The longest average time that an individual in this sample ever held a steady job was five years. Twelve and one-half per cent of the sample had graduate level education, while 12.5% reported finishing college and 50% reported some college or technical school, and 25% reported finishing high school as the highest level of education ever achieved.

The socioeconomic status (SES) of the sample is indicated in Table I.

Table 1

The Socioeconomic Status (SES)* of the Study Sample (n = 8)

SES Class Level	Percentage Endorsed
I	0.0
II	12.5%
III	50.0%
IV	37.5%
V	0.0

Note. (*) denotes Hollingshead's 2 Factor Index of Social Position (Hollingshead, 1957).

Table 1 indicates that the parents in the sample study were generally of middle class backgrounds, sharing very similar socioeconomic status (SES). Some of the family characteristics of the children of the parents in the sample are indicated in Table 2 which follows.

Table 2

Family Characteristics of the Children of the Parents in Sample (n = 8)

Family Characteristics of Children	Average No./family	Average Age (Yrs.)	Age Range (Yrs.)
No. of female children per family	1.50	6.1	2½ - 10
No. of male children per family	1.45	8.5	3½ - 16
Total No. of children per family	2.9	7.3	2½ - 16

Table 2 indicates that all parents in the study sample had at least two children who ranged in age from 2½ to 16 years with the average age being 7.3.

II Measurement Instruments and Indices

Data were collected from administration of a measurement instrument made up of five subscales or indices which measured five dependent variables. This instrument was given twice, before and after the parent training group. Thus, the design allowed for a comparison of scores in the two different test administrations. The Sign Test for Matched Pairs was used to analyse the data. The sub-scores were analysed on the Binomial probabilities table to test for statistical significance (Hayes, 1978) $p < .05$.

Results of the sub-tests used in this pre and post test study are reported in Tables 3,4,5,6, and 7. In Table 3 the pre and post scores of the study sample ($n = 8$) are given for the Index of Parental Attitudes (IPA).

Table 3

The Index of Parental Attitudes (IPA)
Pre and Post Test Scores for the Study Sample ($n = 8$)

Subjects ($n = 8$)	Time 1 Score (T_1)	Time 2 Score (T_2)	Direction of Change (+ or -)	Significance of Change* (5 point difference)
1	26	16	+	Yes
2	30	17	+	Yes
3	24	7	+	Yes
4	14	11	0	No
5	52	39	+	Yes
6	40	43	0	No
7	46	43	0	No
8	42	41	0	No

Note. (*) Denotes that in order for significance between T_1 and T_2 scores to occur a five point change is needed.

Table 3 reveals that when using the sign test (T_1 - T_2), four out of eight of the sample showed positive change in their degree of contentment with the parental relationship with one child. When considering the overall sample, however, these results are not statistically significant, as the Sign test requires five out of eight changes to be either + or - . The four respondents whose scores indicated that they were in the problematic range (subjects 5,6,7, and 8 in Table 3) still had perceived problems with parent-child relationships after the parent training group. In order for individual scores to change from Time $_1$ (T_1) to Time $_2$ (T_2), this instrument (IPA) required a five point change.

In Table 4 the pre and post test scores for the study sample ($\underline{n}$ = 8) are given for the Index of Family Relations (IFR).

Table 4

The Index of Family Relations (IFR)

Pre and Post Test Scores for the Study Sample (n = 8)

Subjects (n = 8)	Time 1 Scores (T_1)	Time 2 Scores (T_2)	Direction of Change (+ or -)	Significance of Change* (5 point difference)
1	18	13	+	Yes
2	17	10	+	Yes
3	16	20	0	No
4	10	2	+	Yes
5	33	14	+	Yes
6	15	6	+	Yes
7	14	0	+	Yes
8	32	30	0	No

Note. (*) Denotes that in order for significance between T_1 and T_2 scores to occur a five point change is needed.

Table 4 shows the change in scores from T_1 to T_2 in a positive way. Six out of the eight respondents scores changed significantly (according to the five point criterion). The scores of the other two respondents did not show a five point difference, therefore, it cannot be considered as a real change. The scores for this index indicate that there was statistically significant ($p < .05$) change in the pre and post test results for the overall study group. Also, in the T_1 and T_2 scores, two of the

eight respondents' scores indicated that no one had a problem in the domain of family relations. In sum, it appears that parent training helped (significantly) the sample in the area of family relations.

Table 5 shows the pre and post-test scores of the study sample (n = 8) for the Index of Self-Esteem (ISE).

Table 5

The Index of Self-Esteem (ISE)

Pre and Post Test Scores for the Study Sample (n = 8)

Subjects (n = 8)	Time 1 Scores (T_1)	Time 2 Scores (T_2)	Direction of Change (+ or -)	Significance of Change* (5 point difference)
1	67	73	-	Yes
2	53	52	0	No
3	28	31	0	No
4	37	40	0	No
5	33	24	+	Yes
6	26	22	0	No
7	26	16	+	Yes
8	33	32	0	No

Note. (*) Denotes that in order for significance between T_1 and T_2 scores to occur a 5 point change is needed.

There is no significant or overall change in scores from T_1 to T_2 for the eight respondents, although three of the eight showed a five point change in level of self-esteem. More specifically, two out of the eight respondents (subjects 5 & 7, in Table 5) showed enough positive change to indicate a significant reduction in problems with self-esteem. Five respondents' scores indicated that they had problems with self-esteem before the parent training group, and four of these respondents showed problematic levels of self-esteem after the parent training group. Only one respondent who scored at a level of problematic self-esteem showed significant positive change. Two of the other group members who responded within the problematic range of scores had scores indicating extremely low self-esteem. Surprisingly, one of these two respondents indicated that there was a significant negative change in her rating of self-esteem following participation in the parent training group. Overall however, there appeared to be no significant change in self-esteem for the sample in examining their pre and post test scores on this measurement.

The pre and post test scores of the study sample ($\underline{n}$ = 8) for the Rathus Assertiveness Schedule (RAS) are shown in Table 6.

Table 6

The Rathus Assertiveness Schedule (RAS)

Pre and Post Test Scores for the Study Sample (n = 8)

Subjects (n = 8)	Time 1 Scores (T_1)	Time 2 Scores (T_2)	Direction of Change (+ or -)	Significance of Change * (20 point difference)
1	-11	-24	-	No
2	-44	-28	0	No
3	-22	-24	-	No
4	-27	-2	+	Yes
5	+31	+45	0	No
6	+35	+42	0	No
7	+14	+22	0	No
8	-29	-1	+	Yes

Note. (*) Denotes that in order for significance between T_1 and T_2 scores to occur a 20 point change is needed.

The scores on this measure of assertiveness indicated that six out of the eight respondents rated themselves as being more assertive following the completion of the parent training group, however, only two out of the eight respondents showed significant change of at least 20 points in a positive direction. Two other respondents approached significance in regard to assertiveness following therapy. Thus, the significance of the scores is reversed in that no change in assertiveness was apparent for the whole sample.

Table 7 shows the results of the pre and post test of the Scrole Anomia Scale for the Study Sample (n = 8).

Table 7

The Scrole Anomia Scale (SAS)

Pre and Post Test Scores for the Study Sample (n = 8)

Subjects (n = 8)	Time 1 Scores (T_1)	Time 2 Scores (T_2)	Direction of Change (+ or -)	Significance * of Change
1	3	2	+	Yes
2	3	1	+	Yes
3	2	0	+	Yes
4	1	1	0	No
5	5	3	+	Yes
6	1	1	0	No
7	2	0	+	Yes
8	2	2	0	No

Note. (*) Denotes that in order for significance to occur between T_1 and T_2 scores, individual T_2 scores must be lower than individual T_1 scores.

The trend of these scores shows that five respondents perceived self to others belongingness versus their sense of self to others distance to have changed positively following participation in the parent training group. Three of the other respondents showed no change in the measure of anomie. According to Scrole (1956), the higher the score the greater the

sense of distance and alienation is felt by the respondent. Thus, none of the respondents indicated a problem with a sense of alienation following participation in the group. The overall scores indicated statistical significance in the amount of change shown in the pre and post test which measured this variable. Thus, it appears that the parent training group helped (significantly) the sample in the area of developing a greater sense of self to others belongingness.

Table 8 reports the ranked mean scores of all of the five subtests used in this pre and post test study.

Table 8

A Summary of the Five Indices or Subscales used in the Sample Study (n = 8)

	Names of Index or Subscale	Mean Score (X) Pretest	Posttest	Statistically Significant
1.	Parental Attitudes (IPA)	34.25	27.38	No
2.	Family Relations (IFR)	19.37	11.87	Yes
3.	Self-Esteem (ISE)	37.9	36.25	No
4.	Assertiveness (RAS)	-3.87	3.75	No
5.	Anomia (SAS)	2.75	1.25	Yes

From the results shown in Table 8 there is statistical significance in two out of five subtests. Two sub-tests were significant because of change in a positive direction (IFR, SAS). Two others showed that the significance of scores was reversed because of no real change (ISE,RAS) as defined by the authors of the subscales in determining the number of points signifying change. The fifth sub-test (IPA) showed results of half the respondents indicating positive change and half the respondents showing no real change, therefore this sub-scale showed no statistical significance.

Discussion of the Demographic and Background Data

The results of the demographic data indicated that the sample of eight parents described in this study were living in two parent households, and had a minimum of at least high school education. Their relatively moderate yet homogeneous high school education level was likely a factor that contributed to their ability to share and communicate concerns. For example, as the sessions progressed it became more apparent that the group was similar in this regard.

Seven of the eight parents had both male and female children and one parent had only male children, all parents had at least two children, none of whom were younger than 2½ or older than sixteen. All of the sample had at least one child in the age range between five and twelve years. The wide age range of their children allowed for discussions about the interaction of children of all ages in the total family unit, and specifically with the school age children (which was the focus of this parent training

group). The diversified children's ages also provided for an understanding of the unique problems of the children in various stages of development before and after the young school age group.

Three out of the eight parents (two females and one male) were employed full time at the time of their attendance at the parent training group sessions. The other five parents were not employed while attending the parent training group, but they had all worked outside the home for a minimum of 2½ years prior to their present status as homemakers. Two of the parents were husband and wife.

Since the sample was small it could not be readily generalized to all parents, however, they did appear to be fairly normal and typical of most parents who lived in this setting.

Four out of the eight parents lived outside of St. John's city and meaningfully related unique problems that their children experienced in their small school systems and communities. These out-of-town participants drove into St. John's each week to attend the sessions out of their interest, and also because there were no such services available in their respective communities.

Due to the homogeneity of the sample, the parents in the parent training group shared similar values and concerns regarding parenting in general. This is probably due to the fact that their ages, geographical location and SES contributed to more similarities than differences. In addition, seven out of the eight parents were female, thus, much discussion of parental concerns was from a female perspective. The one male in the group offered a perspective of the father's role in parenting which was

important to the overall discussion.

The ratio of male/female members was generally representive of the cultural aspect that women are more responsive to programs for parents, and tend to better represent the concerns of their children, more so than their husbands. For example, the majority of participants had been the marital partner who responded to the advertisement for the sessions. They had all been asked to encourage their husbands to attend the sessions, but for one reason or another did not receive much support in this regard.

Discussion of Measurement Indices and Scales

Based on the study of curative factors by the other group co-leader the factors of instillation of hope, group co-hesiveness, altruism, catharsis, universality, guidance and interpersonal learning were all proven to be present and seen as important by group participants (Lawlor, 1982). The feedback of the parents on the evaluation forms completed also reiterated these concerns (See Appendix C).

The focus of the group was on parental concerns, family relations and learning parenting skills. Thus, even though the group members had the opportunity to discuss specific examples of parent-child difficulties, they were not encouraged to focus on their own personal problems. The short-term nature of the group was not conducive for a one-to-one treatment model, even though the parents were encouraged to seek services for individual personal problems. Interestingly, the results of the self-report tests of this pre and post test study of outcome were con-

gruent to the findings of Lawlor (1982) on this same group.

The Index of Parental Attitudes (IPA). This scale revealed that four out of the eight parents who went into the parent training group with specific problems in their relationship with one of their children, were still scoring above 30 (the cut-off point in the scale cited by Hudson (1977), as indicating a problem warranting therapeutic help in that dimension) in the post-test results. This finding indicated that these parents could benefit from further counselling for their problems.

Three out of these four parents did not show a positive change in their attitudes as tapped by this measure. Three parents showed no change. One parent showed positive change but was still showing a need for counselling. A 'meaningful change' was defined by Hudson (1977) as a change of five points or more. Anything less than five points is considered to be no change. The other four parents who did not show a score related to a problem on this dimension, all showed change in their level of contentment with their parent-child relationship (e.g., a change of $\pm$ 5 points).

These scores may have indicated that these four parents were better able to apply the principles of parent-child communication learned in the group because they were already building on a positive relationship as opposed to having to resolve a problem that existed before the time of their exposure to the parent training group. Perhaps, if the parent training group was of a longer duration there may have been more opportunity for the others to show similar changes. Also, the scores of the four

parents who rated at the problematic levels may be indicative of the fact that these parents entered the parent training group with long standing problems that they may or may not have hoped to have resolved in such a short time period unrealistically in this setting. Since this measurement does not indicate the source or cause of the client's problem, it is not possible to determine if it was a problem that could have effectively been dealt with in a group setting at all. Further research using this measure with parent training groups seems needed.

The Index of Family Relations (IFR). This was one of the overall measures that was statistically significant for the study sample. The scores on the IFR indicated that only two out of the eight parents had problems with their level of contentment in their family relations at the onset of the group (these two parents scored on a very low problematic level just above the cut off point of 30 points). These two subjects (Case 5, 8 in Table 4) had also reported problems in parent-child relationship levels. By the end of the parent training sessions, only one of these two individuals showed no real change (again $\pm$ 5 points on the IFR).

Five of the other six parents showed a significant positive change in their level of contentment with the state of their family relations. Perhaps the fact that the noted problems of this dimension were of a generalized nature at the onset, was a good indication that the group was more able to integrate what they had learned from the sessions in order to make their family relations even better.

These results also suggested that there are certain conditions that must be present to foster positive change in a relationship through group participation. That is, a good foundation to start with will likely make it easier to produce positive change because problems already present do not have to be resolved. These results also suggested that the parent training group dealt with general issues of parenting and communication that lent themselves readily to the dimension of family relations.

In the parent training group sessions, a great deal of emphasis was placed on the importance of a happy family life to the well being of parents and children. The fact that these parents took the time to attend parenting sessions was an indicator of their sense of responsibility to create positive family relations and to be able to learn new knowledge and skills that enhanced their ability to cope with family life.

The Index of Self-Esteem (ISE). The results of the scores on this scale generally indicated that the majority of parents in the parent training group reported problems in regard to how they saw themselves. The scores of two out of the five parents with problems were at a very high level, indicating a serious problem with a low self-esteem (see Table 5). Surprisingly, one of these scores even regressed in a negative direction following participation in the parent training group (i.e. lower self-esteem was apparent after the group).

Two out of the eight parents showed significant positive change in their self-ratings of self-esteem. One of these participants had indicated a moderate problem prior to the group, and following the group rated below

the cut off point for problems in this dimension. Five of the participants showed less than a five point change of scores which is interpreted as no change.

The topic of self-esteem was covered in the group in regard to the relationship of a parent's self-esteem to that of her children, and how the level of parent's self-esteem could influence one's ability to discipline children, interact with teachers and demand rights as an individual. However, there were no specific aspects of the therapy which taught parents how to build their own levels of self-esteem. The fact that there was no overall group change considered statistically significant, may be interpreted to mean that in order to deal with specific problems with parent's low self-esteem, the focus of the group should be directed toward more intense therapy involving an indepth history of the development of self-esteem including the reasons for the problem, how it affects behavior and should introduce a specific treatment plan for the individuals of this parent training group, however, did not offer such problem identification, insight development, and behavioral change of the long standing personal characteristics of parents. These results however, suggested that one-half of the parent training group participants could in fact benefit from such personal growth therapy.

The fact that one of the parent's scores moved significantly in a negative direction could mean that this person's self-esteem was lowered by participation in the group, possibly due to developing an awareness of the problem area or comparison with other members who had higher levels of self-esteem, or a change in circumstances outside of the group. There is

no definite way of determining this though, since this measure does not have diagnostic capabilities. This particular group member, however, did reveal several problems related to low self-esteem throughout the group discussion, e.g., shyness and a lack of confidence. In sum, these overall findings are not that surprising since the focus and the nature of the parent training group was not linked to self-esteem.

The Rathus Assertiveness Scale (RAS). The measure of the outcome variable of assertiveness showed that this variable was reported to have changed in a positive direction for six individuals, however, Rathus (1957) defined a change of twenty points or more to support evidence of significant improvement in how socially bold a client perceives himself. Rathus (1957) stated that the average RAS score is between 0 and 10. Therefore, the sample in this study would be considered below average in their level of assertiveness as they generally scored between 29 and 35 in the pre-test and between 26 and 45 in the post test.

Five out of the eight parents in the sample scored below the average set by Rathus in both the pre and post tests ($\bar{x}$ = 0 to 10). Three of the participants scored above this average. Interestingly, three out of the eight respondents who scored above the average in their level of assertiveness were the three participants who were employed, whereas the five respondents whose scores were lower and below average were not working.

Again, as was discussed in regard to the previous self-esteem variable, the parent training group was not directed specifically toward changing the parent's own level of assertiveness. However, as the results

indicated, two parents reported that their level of assertiveness did move upward and significantly changed from the onset of the parent training group sessions.

Most of the parents did report some positive change in their level of assertiveness. The same parent whose score moved in a negative direction on the self-esteem scale, also moved in a negative direction on the assertiveness scale. It is possible that this parent had originally indicated a level of assertiveness higher than what she had felt it to be after comparing herself to other group members. For example, this group member was also the youngest parent and had the youngest children, therefore, she possibly saw herself as less knowledgeable and less able to offer advice to other members whose children were mostly older. This parent was also noted by the group leaders to be the most withdrawn of all the parents.

Based on these results, it appeared that through indirect means of receiving encouragement and positive reinforcement for participating in group discussion, discussing examples of parent-teacher interaction, and the skills already gained by parents helped most of the participants that they were more assertive at the end of the parent training sessions. The fact that five out of eight parents who were unemployed scored below the average on level of self-reported assertiveness may have indicated that they were less confident because of lack of practice in dealing with others outside of their family and friends. In turn, these parents may have benefited from some form of assertiveness training to help raise their level of assertiveness. Participation in this parent training

group seemed to give them an assertive "boost" as they were reinforced for having a great deal of value as parents who could offer suggestions and their experience to others.

Scrole's Anomia Scale (SAS). The fifth sub-scale assessed how alienated the participants saw themselves from society versus how much of a sense of belongingness they felt to others before the parent training group and following the parent training sessions. A significant reduction in the level of anomie was represented in the scores of five of the eight parents. The scores of the other parents did not change. The overall group scores however, reflected a statistically significant change in the direction of reducing alienation.

The format of the parent training group was designed to bring professional resource people from the community, e.g., a child psychologist, a pediatrician, a behavioral psychologist, a child management specialist and a learning specialist, as well as the group leaders directly to the parents to discuss their expertise and resources, in addition to relating on a personal level to the parents about aspects of child care and parenting skills. The fact that the resource people were face-to-face with the parents and talked openly about programs they represented may have given the parents a sense that they could trust people, and that professionals are interested in the problems of parents and their children. In this regard, the parents were generally less alienated by these professionals.

As well, the parents were encouraged to perceive of themselves as having many relevant resources to offer each other and thus further re-

duce the potential self to others conflict. The small group of participants became well acquainted with each other throughout the course of the sessions. The sharing of common concerns and responsibilities of parenting, in addition to being a part of this parent training group, may have contributed to a greater sense of individual belongingness. The scores indicated that only one person had a high level of anomie (a score of 5 out of 5) in the pre-test scores, whereas the others ranged from moderate to no sense of anomie (see Table 7). In the post-test five of the participants had low or no sense of anomie while two others indicated moderate levels of anomie with scores of 2 or 3 out of 5, which indicated a total level of a sense of anomie. As indicated, this was the only other measure (besides the IFR) which revealed pre and post test significance.

Summary

The subscales measuring the outcome variables of family relations and anomie showed statistically significant change. The subscale measuring parental attitudes approached statistical significance and the other subscales showed no change for most of the respondents, therefore, deeming no statistical significance. These latter two were the measures of assertiveness (RAS) and self-esteem (ISE). These last two measures and subsequent variables that they tapped would seem to suggest therapeutic interventions directed more specifically at these problem areas than was given in the educational discussion format of this parent training group. Also, the scores on these sub-tests indicated that the

respondents had below average initial scores, indicating problems specifically with these individual characteristics before entering the parent training group. Three of the parents who had self-reported problems in the dimension of parent-child communication did not change in a positive direction to the same degree as parents who rated themselves as not having problems. The findings generally supported the premise that this parent training group was more effective in producing change in these variables. This was closely associated with the content and purpose of the group, as opposed to fostering changes within the individual themselves. It would seem worthwhile, therefore, to assess more outcomes of factors closely aligned with the content of these sessions.

Conclusions

This final section will be divided into four parts as follows: 1) Background and Descriptive Findings 2) Measurement Instruments and Their Findings 3) Limitations of the study and 4) Recommendations.

Background and Descriptive Findings

The sample for this research study was small consisting of eight parents (n = 8). The parent training group members were of similar socioeconomic status, all middle class, all married only once, all with a minimum of high school education, between 27 and 36 years old with at least two children per family, one of whom was in the age range between 5 and 12. All of the parents had spent most of their lives either in a rural setting in Newfoundland, or in a small city the size of St. John's.

These parents were motivated to attend the PT group sessions weekly and nominally paid for the service. They shared similar concerns regarding parenting and therefore related well to one another. Two of the PT group members were a couple, the other parents (all female) came without their spouses. The female members (6 out of 7) who did not attend with their spouse stated a variety of reasons why their husbands did not attend including: 1) it was not possible for both parents to attend weekly sessions and be away from home at the same time, 2) one husband was travelling frequently with his work, and 3) another husband was enrolled in evening university courses.

Five of the eight parents were not working outside their home and they looked forward to attending the weekly sessions almost as a social outlet or break from the routine of housework and child care duties. Four out of the eight parents lived outside the city but attended due to interest, and because there were no available services closer to their residence.

These findings indicated that it was easier to motivate females to attend a PT group than it was male. This sample, drawn from the public at large, primarily by means of newspaper advertisement for parents in a discussion/education focused group, also attracted individuals who had at least high school education. The findings also suggested that interested parents would likely be of middle class backgrounds, and thus were able to pay for the service. Also, parents who attended the PT sessions had access to transportation and babysitting arrangements in order to participate in the weekly sessions. Outside of the misrepresentation of sex (7 out of 8 were female) the sample was fairly representative of the population and not surprising or different from what was expected in any way. They were skewed to the extent that they were of such homogenous backgrounds.

Measurement Instruments and Their Findings

Most of the measurement instruments presented in this study showed a meaningful difference in the amount of change in a positive direction from the comparison of pretest and post test scores. The scales that seemed to fit best with the content of this PT group and the type of

group format were the Index of Parental Attitudes (IPA), Index of Family Relations (IFR), and the Scrole Anomia Scale (SAS). These latter scales were also the ones that indicated overall statistical significance between the pre and post test results. The Index of Parental Attitudes approached statistical significance.

The findings related to the IPA suggested that these parents whose situations did not significantly change experienced problems in the area of parent-child relationship prior to their attendance at the PT group. In retrospect, their individual problems were likely to be of such a nature that demanded specific one-to-one counselling and were not likely to reach resolution in a short-term weekly PT group. In this regard, if an individual presented a particular problem in the group the co-leaders could only deal with it through general discussion, use of other real life examples that were similar to the problem presented, or through a referral for individual counselling.

The statistically significant changes on Scrole's Anomia Scale (SAS) indicated that the group members gained a greater sense of belongingness and less of a feeling of alientation from society as a result of their participation in this PT group. The statistically significant changes in the score of the family relations (IFR) variable indicated that the parents felt more content with their familial relationships as a result of their participation in the group. Perhaps the focus on positive aspects of family life may have helped parents to view their level of contentment with family relations in a positive way.

In the pre-test results, of both the RAS and the IFR, it was

noted that most of the parents rated themselves as not disclosing problems in these areas. Therefore, these variables may have been amenable to change because of the lack of pre-existing problems.

The self-esteem index (ISE) revealed that several parents had problems with low self-esteem and that they could have benefitted from therapy focused on this one concern alone. This is an extremely important concept in regard to enhancing parenting skills according to the findings of research studies which link the low level of child's self-esteem to the low level of self-esteem of their parents. The one parent who scored lowest in the subtest was the only one whose scores got worse in the post-test results. There is no way of determining exactly why this may have happened. One may speculate that the score may have been influenced by personal events in her life outside of the group, or the fact that her self-esteem was so low at the onset she may have gotten worse in comparing herself with others whose self-esteem levels were much higher. In fact, the parent training may have made her self-esteem worse.

The most interesting aspect of the results of the Rathus Assertiveness Scale (RAS) was that those five parents who were unemployed were the same ones whose scores indicated that they were less assertive than the three who were employed. Also, the three employed parents scored above the average set quoted by Rathus (1972), whereas the five unemployed parents scored far below average. The change in the scores of six parents made in the positive direction may have indicated that by more exposure to others in a discussion group setting where they were encouraged to express their views, the level of assertiveness was in fact raised

for some parents.

In sum, the findings of the measurement instruments used in the pre and post test support the notion that all groups offer different kinds of treatment. Certain groups are better than others at addressing specific problems, depending on the nature of the group. For example, this PT group was not directed to providing individual counselling for pre-existing and long standing problems with self or relationships with others. This particular group could be described as a short-term training group which emphasized providing information and advise about parenting.

As well, certain group members benefited more than others from the same experience because they entered the PT group with different levels of problems, coping mechanisms and motivations to change. In terms of measuring the outcome variables of this PT group, it was obvious that those variables that related closely to the expressed purpose and nature of the group were more likely to show significant change than those variables which were least important to the PT group focus.

Through the use of measurement instruments in this PT group it was possible to obtain emperical data regarding: 1) which group members benefit more than others, 2) what aspects of the group were most relevant to parents and 3) other areas where social work intervention could prove beneficial to the parents. The most obvious implication in this regard is to determine ways that a group similar to this could enhance further or subsequent treatments of individuals who surface problems outside the scope, nature, or intent of the group.

From the findings it is possible to generally state that the group was helpful for most parents. The feedback from the parents supported this notion (see Appendix C). The use of the standardized measurement instruments alone does not provide an exact understanding of why the group was beneficial. Some of the reasons that may have contributed to the relative success in fostering some positive change for the parents was the planning that went into the group by the co-leaders. The sessions were well organized, topics were exemplified with real life concerns of the parents, previous material was reviewed in each session, and the sessions were contrived to allow for guidance of the parents by other parents, group leaders and guest speakers.

A schedule was set prior to the start of sessions with a fixed time and place for all of the meetings. The setting was non-threatening and conducive to informality, yet structured enough to provide credibility and consistency. The small size of the group provided everyone with the opportunity for open discussion, free expression of both positive and negative feelings and the development of trust. One experienced member spoke at the first session. She gave the parents a perception of what to expect in the PT group from another parent's point of view. This was very helpful to others in the group.

In addition, the parents were requested to give input and feedback, and group leaders incorporated suggestions of the parents in order to improve the ensuing group sessions. Also, the use of local resource people as guest speakers ensured that the parents became exposed to information on available resources in the community.

The atmosphere of the PT group was very relaxed and gave some parents, especially those who were not employed, a social outlet whereby they could meet others. The session on relaxation therapy was both enjoyable and useful for the parents themselves rather than always focusing on their children's needs. The group leaders provided an atmosphere where parents were accepted as having rights for themselves as individuals, and an overall positive view toward the role of parenting was encouraged. Parents were given a sense of permission to make mistakes and see that others made them, and to learn from those mistakes. The group leaders also showed respect for, and recognition of the tremendous responsibilities of being a parent.

Limitations

As with most forms of social science research, measurement instruments in the form of pencil and paper tests allow for limited analyses. The instruments only measure variables which have been pre-selected by the investigator, thus, other variables of equal interest may have been omitted due to this pre-selection or lack of other standardized instruments. In this study, the selection of variables that were measured proved to be somewhat limited and were guided by findings from the literature, and the feedback from the trial groups run in the spring of 1981. In this regard, it is not easy to predict the exact nature of a group and/or what types of variables should be assessed and which ones omitted. This can only be achieved systematically by building in as many predetermined group aspects as possible (e.g. number of sessions, length of

But this method is not necessarily the best as one does not really know how the group will evolve nor the issues and concerns that may be measured. Thus in a design like the one employed much subjectivity, anticipation, and speculation is inherent.

As well, parenting is such a broad concept that PT groups are very different in the kinds of approaches they take. Therefore, it is difficult to extract from the results of other research and to readily generalize them to other PT groups.

The measurement instruments themselves gave a rating on the existence or non-existence of the variables measured, but did not offer an explanation of the specific causes of changes in scoring, or determine what factors exactly contributed to the scores that were obtained. The PT group sessions were set up to be as controlled as possible, but there were likely other aspects of the parent's lives outside of the group that may have affected their scores on the pre and post test questionnaires.

The PT group was fairly homogenous in regard to their background, however, the use of the measurement indices determined that they were at very different individual levels of assertiveness, self-esteem and other personal characteristics. For a more controlled research study, a rigorous pre-screening process would prove to be helpful, although it is virtually impossible to have group members matched on all characteristics.

The fact that four parents scored at a problematic level on the indices indicating problems with parent-child relationships may suggest that these parents came to the group with expectations of receiving more specific help than was provided. The fact that the self-esteem scores

and assertiveness scores were low for some group members may have indicated that there was a certain level of 'readiness' necessary before some parents can benefit fully from this form of a PT group. For example, the instruments used for the pre and post test were measuring variables that required a more long-term treatment to show change. The instruments measured five very different variables that could require treatment by themselves.

Perhaps the most obvious limitation of this study was in fact the small sample size. This made it difficult to meaningfully generalize results to a larger population as a whole. Also, due to the nature of the group process, and the unique interactions of certain parents, certain group leaders and specific guest speakers, it would be difficult to run this same type of group again and get the similar results for comparison purposes.

The sample for this study came from a somewhat skewed population, representative of a predominantly middle class, mostly female, well motivated group of parents. There is a limited lack of comparable research data on similar PT groups and their effectiveness to use as a comparison base for this study. Most information available on parenting is of a general descriptive, subjective nature.

Due to the seven week time frame for the PT group there may have been a limitation of time on producing change in the attitude, enhancing change in behaviors, developing self-awareness and insight. This group served a purpose of having a more supportive and educational focus. Thus, it seems that group purpose and process account significantly for the

nature of how one should perceive effectiveness in future research.

Recommendations

The following are recommendations that came out of the experience of the PT group, and from completing this research study, in particular of the outcome of the group:

1) Parents in a PT group should be pre-selected so that the specific ages of their children be limited to a set age range for discussion purposes. For example, pre-school age concerns, new infants, teen-agers, could each be the focus of a specific PT group.
2) Parents of pre-schoolers are likely the best target population for a PT group concerned with preventative aspects of parent-child difficulties. They can apply principles learned more readily than parents who already experience problems of a long-term nature.
3) It is useful to bring in parents who have attended a similar PT group before to help orient new members, and to explain their experiences and opinions of the PT group. These introductory pre-session reports from a parent give a sense of the PT group from the parent's perspective, provide a sense of credibility, identification and reinforce the belief that other parents have benefited from PT sessions.
4) PT groups should be offered in social service agencies which have easy access to parents. Day-care centers, schools and children's hospitals are recommended settings.
5) PT group leaders should invite speakers who deal specifically with issue

related to the age group of children which is the focus of the group. For instance, a teacher would be an appropriate guest speaker for a school age group.

6) Careful selection and orientation of guest speakers should be a part of the pre-planned process so that 'experts' focus presentations on the needs of parents.

7) Certain PT group sessions should be open sessions for which group members would be encouraged to plan topics of their own choice.

8) Subject areas relevant to parental concerns should be presented as practically as possible.

9) The use of index cards will be helpful in offering the opportunity for group members to get specific questions answered and to gain feedback.

10) Each individual participant should be offered time at strategic points during the sessions to allow for personal inquiries and consultation regarding referrals.

11) Consideration should be given to the possibility of offering additional groups at an advanced level for parents who express an interest in continuing in a further PT group.

12) Group leaders should help parents get acquainted with one another through the use of group exercises called "ice-breakers". These exercises should be fun and not all seriously focused. For example, relaxation exercises might be appropriate.

13) Group leaders should be prepared to offer information on other services which might meet the needs of certain parents. For example, a referral might be made to an assertiveness training group.

14) A fee should be charged for the services provided in a PT group to encourage a sense of commitment and to ensure that parents are motivated to participate in the sessions. This fee should be reasonable and adjusted if parents do not have the ability to pay.

15) The pre-selection of group members should be carried out carefully to ensure that criteria will be met regarding the suitability of parents for the type of PT group sessions being offered. A careful pre-selection process helps group leaders provide selective programming which in turn helps parents gain the maximum benefits from attending a PT group.

16) Ample time must be made available for preparation of a PT group to allow for advertising, pre-selection of parents, scheduling of guest speakers, and arranging the facility where the PT group is to be held.

17) If leaders or co-leaders are not parents, it is helpful to invite resource people who are parents. The participants should be told whether or not the group leaders are parents. The co-leaders should also clarify their roles as session co-ordinators at the beginning of the group.

18) Leaders or co-leaders of a PT group should be experienced in leading groups and be familiar with issues related to parenting.

19) Having a male and female instructor as co-leaders would be extremely helpful in providing models of parenting roles, especially for parents who have identified problems specifically related to their roles.

20) Administering an evaluation form in the group is extremely helpful in gaining important feedback from the parents.

Appendices

Appendix A

PLANNED PARENTHOOD ASSOCIATION OF
NEWFOUNDLAND AND LABRADOR

WILL BE SPONSORING

PARENT TRAINING SESSIONS

for parents of children
ages 5 - 12

DATE: September 30 - November 11, 1981 (Wednesday evenings)

TIME: 8:00 - 10:00 p.m.

LOCATION: Planned Parenthood Offices
21 Factory Lane
St. John's

FORMAT: Mini-lectures by guest speakers on topics such as discipline, school problems, communication skills. Opportunity for discussion among parents; with group co-leaders; and guest speakers.

REGISTRATION: Limited. Call 753-7333 (daytime) or 579-4427, 364-1630 (evenings).

FEE: $10.00 per parent.

Appendix B

Group Evaluation Form

Initials: _____

Date: _____

Directions:

Please complete the following sentences.

(1) I found taking part in the parent training group to be _____

_____

_____.

(2) I found the opportunity for discussion in the group to be _____

_____.

(3) I found the mini-lectures presented by the group leaders themselves to be _____.

(4) I found the topics presented by the guest speakers to be:

Topics	Comments
Self-Esteem	_____
School problems	_____
Television violence	_____
Discipline	_____
Relaxation	_____

(5) I found the makeup of the group (size, time, place, length of sessions) to be: _____

_____.

(6) The most useful feature of the group was _____

_____.

(7) The least useful feature of the group was _____

_____.

(8) The group helped me to learn something about _____

_____.

(9) I would be interested in attending another group for parents at a later time.

yes _____ no _____

(10) Other comments _____

_____

_____.

Thank you for sharing your opinions,

B. Vincent and D. Lawlor

Feedback from the Group Evaluation Form

The participants in the parent training group gave very positive feedback about their participation in the group. Their comments on the open-ended evaluation sheet completed during session seven indicated that they enjoyed open discussion with other parents and the opportunity to communicate their feelings. They liked being able to learn about what to expect when their children get older and how to cope with different aspects of child rearing. One parent stated that hearing the problems of others made her realize "how problems are only as big as you see them to be". Another parent said that "it was good to know that your children were normal and like other children".

The parents enjoyed learning more about children, themselves and other parents' problems.

Three of the parents did not like a specific topic (TV violence) which they found to be too far removed from their concerns. The topic of "Building A Child's Self-Esteem" was a presentation that parents found to be most beneficial.

Parents found the size of the group to be adequate in allowing opportunity for open communication. Other parents found the social aspects of meeting other people to be the most helpful feature of the parent training group.

Appendix C

INITIALS: _____

DATE: _____

GROUP

1 Parent attending _____

Couple attending _____

DIRECTIONS

** To protect your privacy, please DO NOT write your name on this questionnaire.

** Please try to answer all questions on your own. Just give ONE answer for each question.

** If you have any questions, feel free to ask by raising your hand.

** Your answers will not be seen by anyone and will be held in STRICTEST CONFIDENCE.

PART 1

Please answer by CIRCLING the number or WRITING in the correct response for each question.

GENERAL BACKGROUND:

Sex: 1 = Male 2 = Female

Age: In actual years _____

Marital Status:

1 = Single, never married

2 = Married

3 = Widowed

4 = Divorced

5 = Separated

6 = Common-law relationship

If presently married, how many times? _____.

Race: 1 = Black
2 = White
3 = Other

Where have you lived most of your life?

1 = In a large city (250,000 or more)

2 = In a small city or town (less than 250,000) (St. John's)

3 = In the suburbs (Mt. Pearl, Kilbride, Torbay)

4 = In a rural environment ("Around the Bay")

OCCUPATIONAL BACKGROUND:

Are you currently employed?

1 = Yes 2 = No

What is the highest occupational level you have ever achieved?

1 = Higher executive, proprietor of a large concern, major professional.

2 = Business manager of a large concern, proprietor of a medium sized business.

3 = Administrative personnel, owner of a small independent business, minor professional.

4 = Clerical or sales worker, technician, owner of a little business.

5 = Skilled manual employee.

6 = Machine operator, semi-skilled employee.

7 = Unskilled employee

8 = Never worked in paid employment.

What is the longest period of time you have ever held a steady job?

Years ____ Months ____ Weeks ____

INITIALS: _____ DATE: _____

EDUCATIONAL BACKGROUND:

What is the highest level of education you have completed?

1 = Graduate or professional training

2 = College graduate

3 = Some college or technical school

4 = High School graduate

5 = Some high school

6 = Junior high school

7 = Less than 7 years of school

FAMILY:

Number, ages and sex of children in the family.

Males	Ages	Females	Ages
0		0	
1st.		1st.	
2nd.		2nd.	
3rd.		3rd.	
4th.		4th.	
5th.		5th.	
6th.		6th.	
7th.		7th.	

Have you ever attended a parent training program before Yes ____ No ____

PART 11

INDEX OF PARENTAL ATTITUDES (IPA) TODAY'S DATE _____

INITIALS: _____

This questionnaire is designed to measure the degree of contentment you have in your relationship with your child. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number besides each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Sometime
4. Good part of the time
5. Most or all of the time

Please begin.

1. My child gets on my nerves _____
2. I get along well with my child _____
3. I feel that I can really trust my child _____
4. I dislike my child _____
5. My child is well behaved _____
6. My child is too demanding _____
7. I wish I did not have this child _____
8. I really enjoy my child _____
9. I have a hard time controlling my child _____
10. My child interferes with my activities _____
11. I resent my child _____
12. I think my child is terrific _____

13. I hate my child _____
14. I am very patient with my child _____
15. I really like my child _____
16. I like being with my child _____
17. I feel like I do not live my child _____
18. My child is irritating _____
19. I feel very angry toward my child _____
20. I feel violet toward my child _____
21. I feel very proud of my child _____
22. I wish my child was more like others I know _____
23. I just do not understand my child _____
24. My child is a real joy to me _____
25. I feel ashamed of my child _____

INDEX OF SELF-ESTEEM (ISE) TODAY'S DATE _____

INITIALS: _____

This questionnaire is designed to measure how you see yourself? It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. Rarely
2. A little of the time
3. Sometime
4. A good part of the time
5. Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well _____
2. I feel that others get along much better than I do _____
3. I feel that I am a beautiful person _____
4. When I am with other people I feel they are glad I am with them _____
5. I feel that people really like to talk with me _____
6. I feel that I am a very competent person _____
7. I think I make a good impression on others _____
8. I feel that I need more self-confidence _____
9. When I am with strangers I am very nervous _____
10. I think that I am a dull person _____
11. I feel ugly _____
12. I feel that others have more fun than I do _____

13. I feel that I bore people _____

14. I think my friends find me interesting _____

15. I think I have a good sense of humor _____

16. I feel very self-conscious when I am with strangers _____

17. I feel that if I could be more like other people I would have it made _____

18. I feel that people have a good time when they are with me _____

19. I feel like a wall flower when I go out _____

20. I feel I get pushed around more than others _____

21. I think I am a rather nice person _____

22. I feel that people really like me very much _____

23. I feel that I am a likeable person _____

24. I am afraid I will appear foolish to others _____

25. My friends think very highly of me _____

INITIALS: _____ DATE: _____

RATHUS ASSERTIVENESS SCHEDULE

Directions: Indicate how characteristic or descriptive each of the following statements is of you by using the code given below.

+3 very characteristic of me, extremely descriptive
+2 rather characteristic of me, quite descriptive
+1 somewhat characteristic of me, slightly descriptive
-1 somewhat uncharacteristic of me, slightly nondescriptive
-2 rather uncharacteristic of me, quite nondescriptive
-3 very uncharacteristic of me, extremely nondescriptive

_____ 1. Most people seem to be more aggressive and assertive than I am.

_____ 2. I have hesitated to make or accept dates because of "shyness"

_____ 3. When the food served at a restaurant is not done to my satisfaction, I complain about it to the waiter or waitress.

_____ 4. I am careful to avoid hurting other people's feelings, even when I feel that I have been injured.

_____ 5. If a salesman has gone to considerable trouble to show me merchandise which is not quite suitable I have a difficult time in saying "No".

_____ 6. When I am asked to do something, I insist upon knowing why.

_____ 7. There are times when I look for a good vigorous argument.

_____ 8. I strive to get ahead as well as most people in my position.

_____ 9. To be honest, people often take advantage of me.

_____ 10. I enjoy starting conversations with new acquaintances and strangers.

_____ 11. I often don't know what to say to attractive persons of the opposite sex.

_____ 12. I will hesitate to make phone calls to business establishments and institutions.

_____ 13. I would rather apply for a job or for admission to a college by writing letters than by going through with personal interviews.

_____ 14. I find it embarrassing to return merchandise.

_____ 15. If a close and respected relative were annoying me, I would smother my feelings rather than express my annoyance.

_____ 16. I have avoided asking questions for fear of sounding stupid.

_____ 17. During an argument I am sometimes afraid that I will get so upset that I will shake all over.

_____ 18. If a famed and respected lecturer makes a statement which I think is incorrect, I will have the audience hear my point of view as well.

_____ 19. I avoid arguing over prices with clerks and salesmen.

_____ 20. When I have done something important or worthwhile, I manage to let others know about it.

_____ 21. I am open and frank about my feelings.

_____ 22. If someone has been spreading false and bad stories about me, I see him (her) as soon as possible to "have a talk" about it.

_____ 23. I often have a hard time saying "No".

_____ 24. I tend to bottle up my emotions rather than make a scene.

_____ 25. When I am given a compliment, I sometimes just don't know what to say.

_____ 26. I complain about poor service in a restaurant and elsewhere.

_____ 27. If a couple near me in a theatre or at a lecture were conversing rather loudly, I would ask them to be quiet or to take their conversation elsewhere.

_____ 28. Anyone attempting to push ahead of me in a line is in for a battle.

_____ 29. I am quick to express an opinion.

_____ 30. There are times when I just can't say anything.

ANOMIA SCALE

INITIALS:_____ TODAY'S DATE_____

Below are some statements regarding public issues, with which some people agree and others disagree. Please give us your own opinion about these items, i.e. whether you agree or disagree with the items as they stand.

Please check in the appropriate blank, as follows:

Agree
Disagree

Please begin.

1. In spite of what some people say, the lot of the average man is getting worse. _____

2. It's hardly fair to bring children into the world with the way things look for the future. _____

3. Nowadays a person has to live pretty much for today and let tomorrow take care of itself. _____

4. These days a person doesn't really know who he can count on . _____

5. There's little use writing public official because often they aren't really interested in the problems of the average man. _____

Appendix D

Outline of The Seven Sessions of the Parent Training Group

Session 1

8:00 - 8:15	Registration Introduction of Group Leaders (Name, Background Information).
8:15 - 8:45	Distribution of Questionnaires (Explanation of Research, Completion of pre-test and background data sheet).
8:45 - 9:00	Description of Group (Purpose, Time of Sessions, Agenda). Introduction of Parents (Names, Ages of Children, etc.)
9:00 - 9:10	Coffee Break
9:10 - 9:30	Ice-Breaker Exercise (Break group into pairs, to outline an example of problem with child, one of their own child rearing experiences they would like to share.
9:30 - 9:55	Parent Discussion (Suggestion of one topic for Guest Speaker to be invited to last session, etc.)
9:55 - 10:00	Summary of Agenda for Future Sessions.

Session 11

8:00 - 8:30 Topic
"How to Build your Child's Self-Esteem"

8:30 - 9:00 Questions, Discussion

9:00 - 9:10 Coffee Break

9:10 - 10:00 Mini-Lecture
Behavior is a Statement of Feelings
(Family Service Association of America, 1977).

Group Exercise
- Examples on cue cards on Building Children's Self-Esteem, Recognition of Feelings.
- Examples given by parents.

Session 111

8:00 - 8:30 Topic
The Effect of Television Violence on Children.

8:30 - 9:00 Questions, Discussion

9:00 - 9:10 Coffee Break

9:10 - 10:00 Mini-Lecture
"Building a Better Relationship with your Child through Sensitive Expression" (Family Service Association of America 1977).

Group Exercise
- Cue Card examples of Sensitive Expression
- The Effects of Television Violence
- Examples given by parents.

Session 1V

8:00 - 8:30 Topic
School Problems, Parent-Child, Parent-Teacher Communication.

8:30 - 9:00 Questions, Discussion

9:00 - 9:10 Coffee Break

9:10 - 10:00 Mini-Lecture
"How to Build a Better Relationship with your Child through Sensitive Listening" (Family Service Association of America, 1977).

Group Exercise
- Cue Card examples given.
- Examples given by Parents, on Major Topic and Mini-Lecture.

Session V

8:00 - 8:30 Topic
Disciplining Children

8:30 - 9:00 Questions, Discussion

9:00 - 9:10 Coffee Break

9:10 - 10:00 Mini-Lecture
Problem-Solving - Part 1 (Family Service Association of America, 1977).

Group Exercise
- Cue Card examples given.
- Examples given by Parents on Major Topic and Mini-Lecture.

Session V1

8:00 - 8:30 Topic
Relaxation for Parents

8:30 - 9:00 Questions, Discussion

9:00 - 9:10 Coffee Break

9:10 - 10:00 Mini-Lecture
Problem-Solving - Part 11 (Family Service Association of America, 1977).

Group Exercise - Cue Card examples of Major Topic and Mini-Lecture.
- Examples given by Parents.

Session V11

Summary of Group

Evaluation

Post Test Questionnaires

Closing Social Event

Appendix E

Permission Letter for Copyrighted Material

May 16th,1982

I, Denise Lawlor, give permission for my colleague and co-leader Beverley Vincent to print and copy our Group Evaluation Form in her study.

Denise Lawlor

Denise Lawlor

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