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# Behavioral Parenting

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## Parent Training

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## From the Editor

We welcome readers to the first issue of *Behavioral Parenting Abstracts*, a newsletter primarily designed for behavior analysts and other professionals working with children and families. The idea for the newsletter and its format came from the work done by Brian Iwata and his graduate students in their quarterly publication entitled *Self-injury Abstracts & Reviews*, a very successful newsletter designed to assist professionals dealing with the problem of self-injury and related disorders displayed by individuals with developmental disabilities. *Behavioral Parenting Abstracts* will be devoted exclusively to issues that involve parents and families in general, with an emphasis on behavioral approaches. It is our hope that the newsletter will assist researchers and practitioners in their efforts to keep up with an immense literature and to provide crucial references.

An impetus for the newsletter stems from our collaboration with the Florida Department of Children and Families. My graduate

students and I are working closely with Dr. Michael Stoutimore, the Director of Behavior Analysis in Family Safety, to develop a program of service and research involving parents, foster parents, and children within the state of Florida. We are pleased to collaborate with the Cambridge Center in the production of the newsletter.

Each quarter, the newsletter will include a special topic. In this first issue, the topic is "parent training." One member of our staff will summarize the literature on the special topic. This time around Jason Bourret, the Assistant Editor, will summarize the vast research on parent training. In addition, several influential studies related to the special topic will be cited via abstract or APA-style reference. Next, a featured article will be selected, not necessarily related to the special topic. For this issue, the article entitled "Training parents reported for or at risk of child abuse and neglect to identify and treat their children's illnesses" by Bigelow and

Lutzker (2000) was selected. Two members of our staff (Melissa Rand and Anibal Gutierrez) will briefly review the featured article. In upcoming issues the featured article review will be followed by several abstracts and citations of recently published work related to behavioral parenting. We are currently gearing up for that feature of our newsletter, so it is not included in this issue.

Thus, in most issues, readers will have access to the following: 1. A brief review of a special topic area, 2. A reference list related to the special topic area, 3. A brief review of a featured article, and 4. A reference list of the most recently published articles related to behavioral parenting.

As I mentioned, the first special topic is parent training. Future topics will include: timeout, academic interventions, toilet training, and tantrums, just to name a few.

Timothy R. Vollmer

## Parent Training

Jason Bourret

University of Florida

Behavioral parent training is designed to allow parents to more effectively manage the behavior of their children. This approach to training grew initially from the field of behavior modification in the 1960's and 1970's (Graziano & Diament, 1992). As behavior analysis has been applied to address more and more socially relevant issues, the literature on behavioral parent training has grown. As of 1995, there were over

400 publications of empirical research on parent training (Bourke & Nielsen, 1995).

Parent training based on behavioral principles stems from a research tradition emphasizing the importance of empirical validation. This emphasis is reflected in the fact that, in two meta-analyses of child and adolescent treatment studies, methods based on behavioral principles were the most common and had the most empirical support (Kazdin, Ayers, Bass, & Rogers, 1990; Weisz, Weiss, Han, Granger, & Morton, 1995). In fact, Kazdin and colleagues (1990), in a review of research conducted over the course of 20 years, found that at least 95% of the empirical research was based at least partly on behavioral principles. Furthermore, due to its efficiency and relative effectiveness, behavioral parent training has been found to be less expensive than other forms of therapy (Serketich & Dumas, 1996).

A number of different methods of behavioral parent training have been investigated. For example, Eyberg (1988) used immediate coaching and feedback to teach parents to positively reinforce children's appropriate play with praise and to ignore inappropriate behavior. Other studies have focused more on modeling and role-playing (Hudson, 1982; Rickert et al., 1988). Researchers have also evaluated the role of the training setting. Sanders (1982) evaluated the effects of therapist feedback on brief visits to the home. Keating, Butz, Burke, and Heimberg (1983) found that training parents and children at home, in the office, or training parents alone at home resulted in equally effective treatment of the children's enuresis. Webster-Stratton (1991) made use of videotape modeling in teaching parents behavioral parenting techniques. This is a type of self-instruction method that could be administered in a variety of settings (e.g., home, therapist office, school).

Research has also evaluated the relative effectiveness of individual and group parent training, generally finding group training to be as successful as individual training (Brightman, Baker, Clark, & Ambrose, 1982; Pevsner, 1982). Given its cost effectiveness and the demand for effective therapy it has been suggested that group parent training should be a more emphasized method of treatment (Graziano & Diament, 1992).

Despite the breadth of research on behavioral parent training, the literature somewhat limited in a number of areas. Wiese (1992), for example, outlined four limitations of the behavioral parent training research. The first was a lack of data reporting specific parent behavior changes that led to child behavior changes. The importance of specifying and quantifying the parental behavior changes cannot be overstated, assuming that the effects of a treatment on the behavior of a child is directly related to the change in the behavior of the parent. The second limitation discussed was the inconsistent use of multiple observers during data collection and a failure to regularly report interobserver agreement data. A third limitation was a lack of data on generalization. Data concerning the generalization of treatment effects are particularly crucial in parent training studies where it is more important what the parent does at home than during training sessions. The final limitation touched upon was a relative lack of follow-up efforts. Hence, the maintenance of parent training effects has not been well examined.

Future research in behavioral parenting should address the limitations of the behavioral parenting literature identified by Wiese (1992). Research should be devoted to not only identifying the parental behavior changes that result in specific changes in child behavior, but also the degree of treatment integrity

necessary to produce those changes. Research could also evaluate methods for improving treatment integrity when it is insufficient. From a standpoint of methodology, researchers should strive to make use of direct observation and multiple independent observers. Interobserver agreement can be useful both in increasing the believability of reported data, but also to detect problems in data collection and objectivity of response and event definitions. Further research should be conducted examining methods to improve generalization of treatment gains in training to the home as well as to improve the durability of behavior change over time.

In this issue, we have pulled together several abstracts and citations of influential and/or otherwise interesting studies on behavioral parenting. Of course, given the breadth of research in this area, the list is not exhaustive, but it should give the interested reader a beginning point to peruse the existing research on behavioral parent training.

## Chapters and Review Articles

Bourke, M. L., & Nielsen, B. A. (1995). *Parent training: Getting the most effective help for the most children*. *Journal of Psychological Practice*, 1, 142-173.

This article summarizes the most recent scientific findings regarding both the effectiveness of parent training in general and the specialized form of parent behavioral training. A description is provided of how to conduct parent training sessions, and special attention is given to the use of bibliotherapeutic aids in the form of a Parent Training Manual. A portion of a training manual involving parent behavioral training is included with this article. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Michael Bourke, care of NAMP, Box 721270, Norman, Oklahoma, 73070

Corcoran, J. (2000). Family treatment of preschool behavior problems. *Research on Social Work Practice, 10*, 547-588.

Notes that behavioral problems in youth pose a serious mental health and social issue with early-onset problems associated with particular risk for continuation across the life span. Given these risks, social workers in clinical practice should be knowledgeable about empirically validated treatments in this area. A literature review was conducted on all family-based interventions with preschool behavior problems to determine the efficacy of various approaches. Using these search criteria, only behaviorally oriented parent-training interventions were located. Both group and individual parent-training approaches have been found effective over control conditions. When considering cognitive-behavioral adjunctive packages to parent training, more advantages are posed for child rather than parent supplements. It is concluded that not only should social workers be using empirically validated approaches, but they can also be involved in evaluating other family-based interventions with preschool behavior problems. A chart of the behaviorally-oriented family interventions reviewed in this article is appended. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: J. Corcoran, School of Social Work, University of Texas at Arlington, box 19129, Arlington, TX 76019-0129

Graziano, A. M., & Diament, D. M. (1992). Parent behavioral training: An examination of the paradigm. *Behavior Modification, 16*, 3-38.

Examines the parent behavioral training (PBT) paradigm, a development in child treatment. Several points of evaluation in the paradigm are identified, and 155 empirical studies of PBT are reviewed. Overall, PBT has significant positive effects on the functioning of children and parents. PBT is most effective for children that are noncompliant/oppositional or have discrete behavioral problems such as phobias or enuresis. Parents also benefit from PBT, gaining in knowledge, child-management skills, and attitudinal improvements. Effects are most robust with parents of children who are oppositional, developmentally disabled, obese, and who have discrete behavioral problems. PBT has had little effect on hyperactive, autistic, or retarded children; on parents of hyperactive children; or on child-abusing parents. (PsycINFO Database Record

(c) 2000 APA, all rights reserved) For reprints: No information provided.

Hur, J. (1997). Review of research on parent training for parents with intellectual disability: Methodological issues. *International Journal of Disability, Development & Education, 44*, 147-162.

A computerized search was conducted in May 1995 of the PsycLit and Eric databases (1974-1995 and 1965-1995, respectively). A total of 27 references were listed under the topic of Parent Training Program for Parents with Intellectual Disability. However, the results of the review indicate that only 1 reference was pertinent which was on basic child care skills training for mothers with mean IQ 74 and the mothers who were regarded as having provided neglectful child care. Through personal communication, 10 studies on parent training programs for parents with intellectual disability were obtained and also reviewed. Eight studies applied single-S design; 2 used quantitative methods; 1 used both single-S design and statistical analysis. Among the 10 studies, 1 was basic child-care skills training, 2 were decision-making in child rearing; 5 of them were safety and related topics, and 3 were concerned with mother-child interaction. A total of 4 studies included mothers with normal IQ as a comparison or to serve as a norm. As a whole, research in parent training programs for parents with intellectual disability is still in its infancy. Much more work needs to be done in the area of basic child care skills, comparative studies, identifying situational and subject characteristics. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Jane Hur, School of Psychology, University of Birmingham, PO Box 363, Birmingham B15 2TT, UK

Mooney, S. (1995). Parent training: A review of Adlerian, parent effectiveness training, and behavioral research. *Family Journal-Counseling & Therapy for Couples & Families, 3*, 218-230.

This article is a review and integration of research in the parent training literature. Included are studies investigating the efficacy of Adlerian and behavioral programs as well as parent effectiveness training. An integration of the research is provided in terms of effects on parental attitudes, perceptions, and behavior, as well as effects on children. Implications and recommendations for future research are also considered. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

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For reprints: Scott Mooney, 74 Bunner Street, Oswego, NY 13126

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Polster, R. A., Dangel, R. F., & Rasp, R. (1986-1987). Research in behavioral parent training in social work: A review. *Journal of Social Service Research Win-Sum 1986-1987, Vol 10*, 37-51.

Reviews the literature on behavioral parent training in social work published between 1975 and 1985 in 13 prominent social work journals. The review, which yielded 83 articles, showed that social workers deliver an impressive array of services to a broad variety of parents and their children. The review also revealed that the articles generally lacked operational descriptions on interventions, empirical rigor, and reliably demonstrated results. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Richard A. Polster, PhD, Graduate School of Social work, University of Texas at Arlington, P.O. Box 19129, Arlington, Texas 76019-0129

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Rogers Wiese, M. R. (1992). A critical review of parent training research. *Psychology in the Schools, 29*, 229-236.

Reviewed and evaluated parent training research conducted between 1975 and 1990. 148 published studies were analyzed regarding the effectiveness of parent training as an intervention; 18 journals with behavioral psychology, clinical/counseling psychology, school psychology, and special education emphases were represented in the review. The reviewed studies were classified as group or case studies and were categorized in terms of theoretical orientation adopted and methodology employed. Case studies exhibited several methodological short-comings, including limited social validation and treatment integrity data and an overreliance on single, rather than multiple, outcome measures. Group studies also did not routinely collect treatment integrity information, and 50% of group parent training research did not use control groups or follow-up data. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Margaret R. Rogers Wiese, Psychology Department, Appalachian State University, Boone, NC 28608

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Sisson, L. A., & Taylor, J. C. (1993). Parent training. In Bellack, A. S., & Hersen, M. (Eds.), *Handbook of behavior therapy in the psychiatric*

setting. Critical issues in psychiatry (pp. 555-574). New York, NY: Plenum Press

Discusses the use of behavioral parent training in the treatment of children with a wide variety of problems. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Western Pennsylvania School for Blind Children, Pittsburgh, Pennsylvania 15213

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Wiese, M. R., & Kramer, J. J. (1988). Parent training research: An analysis of the empirical literature 1975-1985. *Psychology in the Schools, 25*, 325-330.

This project was designed to provide a retrospective analysis of the parent training literature during the last decade. Eighteen journals with behavioral psychology, clinical/counseling psychology, school psychology, and special education emphases were selected for review. Data related to the number of articles published in each journal, year of article publication, referral problem, and contributing institutions were collected. Results indicate that behavioral journals published the most empirically based parent training articles (66%), followed by clinical/counseling psychology (26%), special education (6%), and school psychology (3%) journals. Parents with noncompliant, handicapped, or abused/neglected children comprised the majority (58%) of research participants. Suggestions for involving school psychologists in parent training research and broadening the focus of parent training to include preventive, as well as remedial efforts are presented. For reprints: Margaret R. Rogers Wiese, 135 Bancroft Hall, Buros Institute of Mental Measurements, Dept. of Educational Psychology, University of Nebraska-Lincoln, Lincoln, NE 68588-0348

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Weisz, J. R., Weiss, B., Han, S. S., & Granger, D. A. (1995). Effects of psychotherapy with children and adolescents revisited: A meta-analysis of treatment outcome studies. *Psychological Bulletin, 117*, 450-468.

Meta-analyses of laboratory outcome studies reveal beneficial effects of psychotherapy with children and adolescents. However, the research therapy in most of those lab studies differs from everyday clinic therapy in several ways, and the 9 studies of clinic therapy the authors have found show markedly poorer outcomes than research therapy studies. These findings suggest a need to bridge the

long-standing gap between outcome researchers and clinicians. Three kinds of bridging research are proposed and illustrated: (a) enriching the research data base on treatment effects by practitioners in clinical settings--including private practice and health maintenance organizations, (b) identifying features of research therapy that account for positive outcomes and applying those features to clinical practice, and (c) exporting lab-tested treatments to clinics and assessing their effects with referred youths. If these bridging strategies were widely adopted, despite the numerous obstacles described herein, real progress might be made toward more effective treatment in clinical practice. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

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## Research Articles

Alvy, K. T., & Rubin, H. S. (1981). Parent training and the training of parent trainers. *Journal of Community Psychology*, 9, 53-66.

In the child mental health and child welfare fields, parent training has become a highly valued treatment and prevention service. As a national model to make parent-training services more available through public agencies, a program to train agency personnel to deliver a variety of parent-training services was developed. The program consisted of 1-day conferences to showcase parent-training approaches and intensive workshops. Results of the 1st 2 training cycles were positive as graduates impacted thousands of persons, but agency support was not uniform. Program modifications and expansions are indicated. (39 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Kerby T. Alvy, Executive Director, Center for the Improvement of Child Caring, 11331 Ventura Boulevard, Suite 103, Studio City, California 91604

Bastian, P., & Odams, M. (1983). Foster parent training in Calderdale. *Adoption & Fostering*, 7, 19-22.

Discusses the achievements of the Training Section of Calderdale social services department since 1978, when it became involved with foster parent training in consultation with area teams, social workers, and foster parents themselves. The Training Section implemented a development and

training program for foster parents and a support group to provide a sharing network that helps parents in the difficult task of fostering and increases the status of foster parents through a team approach. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Huddersfield Polytechnic

Bigelow, K. M., & Lutzker, J. R. (2000). Training parents reported for or at risk for child abuse and neglect to identify and treat their children's illnesses. *Journal of Developmental & Behavioral Pediatrics*, 15, 356-370.

Examined effectiveness of training involving modeling and practice to teach parents to care for their children's health. Research assistants, caseworkers, and a nurse provided health care skills training to 7 parents (aged 25-41 yrs) at risk or reported for child abuse or neglect. A health reference guide and other training materials were validated by health care professionals. Training involved teaching parents to follow a series of steps to identify symptoms, use reference and record-keeping materials, determine the best form of treatment, and either treat the illness at home, consult a physician, or seek emergency treatment. Skill acquisition was assessed through observations of parent behavior in simulated health care scenarios. A series of multiple baselines across parents demonstrated effectiveness of this training in the context of these scenarios. Six out of 7 parents met the 100% mastery criterion. All parents provided positive ratings of the content of the training program, the training strategies, and the counselors who provided training. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: John R. Lutzker, Department of Psychology, University of Judaism, 15600 Mulholland Dr., Los Angeles, CA 90077-1599.

Brightman, R. P., Baker, B. L., Clark, D. B., & Ambrose, S. A. (1982). Effectiveness of alternative parent training formats. *Journal of Behavior Therapy & Experimental Psychiatry*, 13, 113-117.

Compared alternative formats for training parents of retarded children to teach self-help skills and manage behavior problems. 66 families with moderately to severely retarded children (aged 3-15 yrs) were assigned to group parent training, individual parent training, or delayed training control for 3 mo. Measures administered before and after training evaluated (1) parent knowledge of behavior modification (the Behavioral Vignettes

Test), (2) a behavior sample of parent teaching, and (3) child self-help skills and behavior problems. Trained families gained significantly more than control families only on parent measures. Group and individually trained families demonstrated almost identical gains. At 6-mo follow-up, group and individually trained families continued to show equal performance. It is concluded that group training requires about half the professional time per family as individual training and therefore seems to be a more cost-effective approach. (15 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Bruce L. Baker, Department of Psychology, UCLA, Los Angeles, CA 90024

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Budd, K. S., Green, D. R., & Baer, D. M. (1976). An analysis of multiple misplaced parental social contingencies. *Journal of Applied Behavior Analysis, 9*, 459-470.

This study analyzed the training of a mother to modify five subclasses of her attention to her young child's noncompliance with instructions, and also displayed the changes in her child's behavior correlated with these events. Training in four subclasses consisted of teaching the mother to withhold various forms of social attention to her daughter's undesired behavior; training in the fifth subclass involved introduction of a brief room-timeout procedure for noncompliance. The effectiveness of the parent-training procedure, consisting of initial instructions and daily feedback, was demonstrated through a multiple-baseline design across the five subclasses of parent behavior. Sequential decreases in the first three subclasses of the mother's social attention to undesired child behavior resulted in incomplete improvements in some child responses; however, a decrease in the fourth subclass resulted in a significant increase in undesired child behavior. Complete remediation of all child behaviors was achieved following the training of a timeout procedure for noncompliance. Postchecks conducted up to 16 weeks later showed that these effects were durable. For reprints: Karen Budd, Meyer Children's Rehabilitation Institute, 444 South 44<sup>th</sup> Street, Omaha, Nebraska 68131

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Charlop-Christy, M. H., & Carpenter, M. H. (2000). Modified incidental teaching sessions: A procedure for parents to increase spontaneous speech in their children with autism. *Journal of Positive Behavior Interventions, 2*, 98-112.

In this study, traditional incidental teaching was modified and a new naturalized parent training speech program, modified incidental teaching sessions (MITS), was designed. The authors then compared the efficacy of MITS with traditional incidental teaching and discrete trial. Using a multiple baseline design across and within children, with an alternating treatments design, the authors examined both the acquisition and, more importantly, generalization of target phrases for MITS as well as the comparison methods. Parents of 3 children (aged 6-9.7 yrs) with autism were trained to deliver MITS, traditional discrete trial, and incidental teaching in their home. Results showed that MITS led to acquisition for all children, whereas only 1 child acquired the behavior with traditional incidental teaching, and 2 children acquired the behavior with discrete trial. Importantly, MITS also led to the generalization of target phrases, whereas no children generalized the target phrases with the incidental teaching and discrete trial conditions. These promising results are discussed in terms of maximizing the effectiveness of incidental teaching and the potential to provide naturalistic teaching strategies for parents that are associated with rapid and durable treatment gains. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Marjorie H. Charlop-Christy, Claremont Mckenna College, Claremont, CA 91711

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Cobb, E. J., Leitenberg, H., & Burchard, J. D. (1982). Foster parents teaching foster parents: Communication and conflict resolution skills training. *Journal of Community Psychology, 10*, 240-249.

Examined a model of foster parent training in which specific therapeutic parenting skills (communication and conflict resolution) were taught to foster parents by other previously trained foster parents. A comparison was made of how well these skills were learned under this condition as compared to skills taught by instructors who were mental health professionals. 30 foster parents were assigned randomly to receive 16 weekly 2-hr sessions of instruction from other foster parents or professionals; a control group of 18 foster parents received no instruction. One month before and 1 mo after training, Ss completed the Communication Measure and Conflict Resolution Scenes. Ss who received training from either the professional or nonprofessional staff showed greater acquisition of these skills than did controls, and trained foster

parents and professional staff did not differ substantially in their ability to transmit these skills. (23 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Harold Leitenberg, Department of Psychology, University of Vermont, Burlington, Vermont 05405

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Coombs, R. H., Santana, F. O., & Fawzy, F. I. (1984). Parent training to prevent adolescent drug use: An educational model. *Journal of Drug Issues, 14*, 393-402.

Asserts that drug use is a learned behavior occurring initially among normal youth from a variety of family circumstances. Interventions are proposed that utilize a constructional model rather than criminal justice or medical models. Based on the reconstructive philosophy of the social learning model, behavior change is instigated and consequated within the youth's own family and peer network. It is suggested that by educating parents to give youth positive reinforcement rather than negative responses in the face of adolescent conflict or rebellion, youthful self-esteem can be enhanced within the family, making it unnecessary for young people to seek approval from drug-using peers. A parent training model is outlined that teaches parents, through single- or multiple-family sessions, to interact constructively with their children. Positive interaction patterns are taught-- less parental criticism, complaining, and punishment and more praise, positive involvement, and encouragement. Such techniques are thought to reject the stigmatizing assumptions of traditional approaches and provide a more positive, educational, and preventive way of dealing with adolescent drug abuse. (7 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Robert H. Coombs, Ph.D., UCLA School of Medicine.

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Cunningham, C. E., Bremner, R., & Boyle, M. (1995). Large group community-based parenting programs for families of preschoolers at risk for disruptive behaviour disorders: Utilization, cost effectiveness, and outcome. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 36*, 1141-1159.

Compared a large group community based parent training (PT) program to a clinic-based individual PT program to increase the availability, accessibility, and cost efficacy of PT programs for parents of children with disruptive behavior. 3,564 families of junior kindergartners completed a

checklist regarding problems at home. Ss were randomly assigned to a 12-wk clinic-based individual PT (Clinic individual), a 12-wk community-based large group PT (Community/Group \*CG\*), or a waiting list control condition. Immigrant families, those using English as a 2nd language, and parents of children with severe behavior problems were significantly more likely to enroll in CGs than Clinic individual PT. Ss in CGs reported greater improvements in behavior problems at home and better maintenance of these gains at 6-mo follow-up. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Charles Cunningham, Psychiatry Dept., McMaster Univ., Faculty of Health Sciences, 1200 Main St. West, Hamilton, Ontario, L8N 3Z5, Canada

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Danforth, J. S. (1998). The outcome of parent training using the Behavior Management Flow Chart with mothers and their children with oppositional defiant disorder and attention-deficit hyperactivity disorder. *Behavior Modification, 22*, 443-473.

The effects of parent training, using parameters established in the Behavior Management Flow Chart (J. S. Danforth, 1998), on mother behavior and on the disruptive behavior of 8 children (aged 4-7 yrs) who emitted behavior consistent with the diagnoses of both Oppositional Defiant Disorder and attention deficit hyperactivity disorder (ADHD) were evaluated. Parent training was conducted within a multiple baseline design across children. Direct observation of mother and child behavior, phone interviews, and standardized rating scales showed that training improved parenting behavior, reduced maternal stress, and reduced oppositional child behavior. A 6-mo followup revealed that parenting and child behavior remained stable. The results are comparable with prior research (e.g., S. Pisterman et al, 1989) on behavioral parent training for families that have children with oppositional/hyperactive behavior. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Article copes available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: [getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com) <Website: <http://www.haworthpressinc.com>>

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Doleys, D. M., Doster, J., & Cartelli, L. M. (1976). Parent training techniques: Effects of lecture-roleplaying followed by feedback and self-recording. *Journal of Behavior Therapy and Experimental Psychiatry, 7*, 359-362.

A group parent training program was applied in an analog situation to 5 mothers of learning-disabled children to assess its effect upon 3 classes of verbal responses (reinforcements, commands, and questions). Results suggest that, although other training techniques may increase parental knowledge of how to respond, immediate feedback and self-recording appear necessary to ensure the acquisition of these responses. (15 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Daniel Doleys, Univ. Alabama in Birmingham, School of Medicine, P.O. Box 313 Univ. Station, Birmingham, AL 35294

Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the Interests of Families and Teachers (LIFT). *Journal of Emotional & Behavioral Disorders, 8*, 165-176.

Describes Linking the Interests of Families and Teachers (LIFT), a prevention program designed for delivery to children and parents within the elementary school setting. The LIFT targets for change those child and parent behaviors thought to be most relevant to the development of adolescent delinquent and violent behaviors, namely child oppositional, defiant, and socially inept behavior and parent discipline and monitoring. The 3 major components of the LIFT are (1) classroom-based child social and problem skills training, (2) playground-based behavior modification, and (3) group-delivered parent training. The results of a randomized controlled evaluation of the LIFT, using 1st and 5th graders and parents from high juvenile crime neighborhoods, are reviewed. To date, the program has positively impacted the targeted antecedents. Most importantly, during the 3 yrs following the program, the LIFT delayed the time that participants first became involved with antisocial peers during middle school, as well as the time to first patterned alcohol use, to first marijuana use, and to first police arrest. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: J. Mark Eddy, Oregon Social Learning Center, 160 E. 4th Ave., Eugene, OR 97401

Eyberg, S. (1988). Parent-Child Interaction Therapy: Integration of traditional and behavioral concerns. *Child & Family Behavior Therapy, 10*, 33-46.

Discusses parent-child interaction therapy, a behavioral family therapy approach for the

psychological treatment of preschool children and their parents. This approach emphasizes the integration of traditional child play therapy techniques within a behavioral framework of parent-child therapy. Implications for the treatment of a broad range of childhood problems are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Faires, J., Nichols, W. D., & Rickelman, R. J. (2000). Effects of parental involvement in developing competent readers in first grade. *Reading Psychology, 21*, 195-215.

Determined if parental training and involvement in the teaching of selected reading lessons increased first-grade children's reading levels. Eight first-grade students reading below grade level participated in the study--4 were assigned to the experimental group and 4 served as a control group. The parents of the experimental group received training in selected components of the Reading Recovery model, which they implemented in home lessons based on a "Books in Bags" strategy developed by the teacher. During the 5 weeks of the study, the teacher shared daily instructional materials with the parents 3 times each week. The students in the control group did not have access to this program. At the conclusion of the study, the teacher used informal assessments to evaluate the reading levels of both groups of students. The students involved in the study made significant gains when compared to the gains of the control group. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: William D. Nichols, Department of Reading and Elementary Education, College of Education, The University of North Carolina at Charlotte, 9201 University City Boulevard, Charlotte, NC 28223-0001, USA. E-mail: [wdnichols@email.uncc.edu](mailto:wdnichols@email.uncc.edu)

Feldman, M. A., Case, L., & Sparks, B. (1992). Effectiveness of a child-care training program for parents at-risk for child neglect. *Canadian Journal of Behavioral Science, 24*, 14-28.

Evaluated a home-based parent training program aimed at teaching crucial childcare skills (e.g., diapering, bathing, feeding, safety) to 22 low-IQ mothers of children (aged 1-23 mo) considered at-risk for child neglect. Ss were randomly assigned to a training or control group. Posttests showed that the mean percent correct score (88%) of the training group was then similar to that of 12

nonhandicapped comparison mothers, with both significantly greater than the mean (61%) of the control group. The training group maintained improvements up to 76 wks following training, and the control group, when subsequently trained, had a mean score of 92%. Finally, where it could be observed, the health of children improved concomitant with the parents learning proper childcare. Parent training in childcare may help reduce the likelihood of child neglect due to parental incompetency. (French abstract) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: No information provided.

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Flanagan, S., Adams, H. E., & Forehand, R. (1979). A comparison of four instructional techniques for teaching parents to use time-out. *Behavior Therapy, 10*, 94-102.

48 parents of young children were instructed in a time-out procedure and received 1 of 4 instructional techniques: written presentation, lecture presentation, videotaped modeling presentation, and role-playing presentation. A no-treatment control group was also included. The Ss all had at least 1 child between 2 and 7 yrs of age and ranged in family size from 3 to 11 members. All treatment groups were superior to the control group on questionnaire-assessed knowledge of the time-out procedure but not different among themselves. In applying the instructed skill, methods of training varied in efficacy. Audiotape analog assessment indicated that all instructed groups performed significantly better than the control group and that role playing was superior to the lecture presentation group. An examination of the parents' ability to apply time-out in the home with their own children indicated that the modeling instruction was more effective than the written presentation and the control condition. (15 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Susan Flanagan, Psychology Dept., Univ. Georgia, Athens, GA 30602

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Forehand, R., & King, H. E. (1977). Noncompliant children: Effects of parent training on behavior and attitude change. *Behavior Modification, 1*, 93-108.

Examined the effects of parent behavioral training on child noncompliant behavior and on parent behavior and attitude change. 10 boys and 1 girl (mean age 5.2 yrs), who had been referred for treatment of noncompliance, and their mothers served as Ss. Results show that the short-term

laboratory behavioral training program produced significant changes in both parental and child behaviors when assessed in the laboratory setting. These changes were maintained at a 3-mo follow-up. In addition, after treatment and at the 3-mo follow-up, the children were perceived by their mothers as being better adjusted than prior to treatment (Parent Attitude Test). Comparison of the treatment group to a nonclinic "normal" sample of 11 mother-child pairs suggests that the behavioral training produced parent perceptions regarding their children's adjustment that did not differ significantly from those that the parents of the nonclinic sample had toward their children. (20 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Rex Forehand, Psychology Dept., Univ. Georgia, Athens, GA 30602

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Forehand, R., Middlebrook, J., Rogers, T., & Steffe, M. (1983). Dropping out of parent training. *Behavior Research and Therapy, 21*, 663-668.

Examined 8 journals containing parent-training studies to determine the dropout rate of parents who are being taught to modify their children's problem behavior. 22 of 45 studies dealt with reported dropout rate. The overall dropout rate was 28% and most studies specified when the dropout occurred. It is maintained that studies in the parent-training area have not addressed adequately this issue. Certain types of assessment and treatment may be differently associated with dropout rates. For example, extensive observations of parent-child interactions make some parents feel uncomfortable. Although engaging in role playing and actual practice of skills in front of the therapist are important in teaching parenting skills, these dimensions of treatment appear to be threatening to some parents and may lead to dropout. (29 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: No information provided.

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Forgatch, M. S., & Toobert, D. J. (1979). A cost-effective parent training program for use with normal preschool children. *Journal of Pediatric Psychology, 4*, 129-145.

Conducted a study to develop cost-effective parent training materials for use with specific behavior problems of normal preschoolers. The training materials developed were evaluated using the following: objective measures before and after treatment, random assignment to experimental or

delayed-treatment control groups, cost-effectiveness information, 1-mo follow-up data, and adequate description of procedures. Two experiments were conducted with 27 3-5 yr olds and their mothers: Mothers were given brief training in altering incidents of either whining or noncompliance. It is reasoned that a pediatrician building on an already existing relationship with children and their parents would find such a technique very useful. The next steps are to field-test the techniques on larger samples and other target behaviors. (24 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: No information provided.

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Frentz, C., & Kelley, M. L. (1986). Parents' acceptance of reductive treatment methods: The influence of problem severity and perception of child behavior. *Behavior Therapy, 17*, 75-81.

Assessed the acceptability of parent training procedures by asking 82 30-40 yr old mothers to rate their perceptions of 5 reductive treatment methods (differential attention, response cost, time out, time out with spanking, and spanking alone). Ss rated the 5 treatment methods according to their application to 1 of 2 written behavior problem descriptions, each representing a different level of behavior problem severity. In addition, Ss' perceptions of their own children's behavior were measured using a standardized behavior checklist. Response cost was rated significantly more acceptable than the other 4 treatments, while time out was significantly more acceptable than differential attention, time out with spanking, and spanking alone, each of which was rated similarly. Ss rated all treatments significantly higher when applied to a more severe behavior problem, although rank order of the treatments in acceptability was not affected. Ss' perceptions of their own children's behavior had no effect on acceptability ratings. (15 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Mary Lou Kelley, Psychology Department, Louisiana State University, Baton Rouge, LA 70803.

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Golding, K. (2000). Parent management training as an intervention to promote adequate parenting. *Clinical Child Psychology and Psychiatry, 5*, 357-371.

Notes that the adequacy of parenting is of growing concern for clinicians, educators and politicians alike. This has been accompanied by a growth in parenting interventions. Parent management

training is one of the most widely used interventions aimed at improving parenting skills. It has been evaluated extensively over a number of years. However, questions of optimal application within packages of intervention for behaviorally disturbed children remain. This article explores the theoretical basis, effectiveness and clinical implications of parent management training. It is concluded that parent management training needs to be provided based on an ecological model of family processes which addresses the extra-familial as well as the inter-familial variables affecting parenting. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: 63 Charles Way, Malvern WR14 2NB, UK

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Gordon, D. A. (2000). Parent training via CD-ROM: Using technology to disseminate effective prevention practices. *Journal of Primary Prevention, 21*, 227-251.

The purpose of this paper is to describe how technology can reduce barriers to dissemination and use of parent and family interventions. This technology consists of highly interactive, video-based CD-ROMs and interactive videodisk programming. The author describes, beginning with the literature on interactive videodisk instruction, the development and research on a parent training CD-ROM, which integrates interactive videodisk methodology with videotaped modeling of parenting skills. The CD-ROM program is self-administered, highly interactive, and brief, requiring no trained staff for its delivery. Users receive feedback about their choices from the computer, not a person, thus minimizing defensiveness. Controlled evaluations show improvements in knowledge and parenting skills and reductions in child behavior problems. Barriers to the technology's dissemination, particularly among mental health professionals, are discussed. Gaps in the research knowledge on this technology are also presented. Finally, the author presents steps for overcoming barriers to widespread dissemination. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Donald A. Gordon, Department of Psychology, Ohio University, Athens, OH, 45701.

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Henry, G. K. (1987). Symbolic modeling and parent behavioral training: Effects on noncompliance of hyperactive children. *Journal of Behavior Therapy and Experimental Psychiatry, 18*, 105-113.

Six 4-10 yr olds, stabilized on psychostimulant medication and diagnosed as having attention-deficit disorder with hyperactivity, underwent a treatment program consisting of symbolic modeling and parent training. Symbolic modeling, which required the children to view videotaped sequences of the same-sex and age-equivalent models complying with parental commands, was of limited effectiveness in bringing about better compliance. Phase 1 of parent training, which taught mothers appropriate attending, ignoring, and rewarding behaviors, was more effective than symbolic modeling alone. Phase 2 of parent training, which incorporated a time-out procedure for noncompliance, was most effective. Follow-up questionnaire data obtained at 6 mo indicate maintenance of treatment effects. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: George K. Henry, Department of Psychiatry, University of Oklahoma Health Sciences Center. P.O. Box 26901, Oklahoma City, OK 73190.

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Hudson, A. M. (1982). Training parents of developmentally handicapped children: A component analysis. *Behavior Therapy, 13*, 325-333.

Mothers (ranging in age from 16 yrs to middle age) of 40 developmentally handicapped children (aged 3 wks to 42 mo) were randomly allocated to 1 of 4 treatment groups: verbal instruction, verbal instruction plus the teaching of behavioral principles, verbal instruction plus the use of modeling and role playing, and a wait-control group. Using multiple outcome criteria, it was found that (a) the inclusion of the teaching of general behavioral principles did not improve the performance of parents and (b) it was necessary to include techniques that directly shaped the parent's behavior (modeling and role playing) in order for them to learn to be effective teachers of their children. (28 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: A. M. Hudson, Psychology Department, Phillip Institute of Technology, Plenty Road, Bundoora, Victoria, 3083, Australia

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Johnson, B. D., Franklin, L. C., Hall, K., & Prieto, L. R. (2000). Parent training through play: Parent-Child Interaction Therapy with a hyperactive child. *Family Journal-Counseling & Therapy for Couples & Families, 8*, 180-186.

Parenting programs have become popular treatment approaches to help families cope with attention deficit hyperactivity disorder (ADHD)

children. Few parenting programs address family issues by having parents and children interact with one another during sessions. One program that does is the Parent-Child Interaction Therapy (PCIT; T. L. Hembree-Kigin and C. B. McNeil, 1995). PCIT has been shown to be effective at counseling children with problems ranging from ADHD, separation anxiety, depression, self-injurious behavior, post-divorce adjustment, and abuse. In this article, the authors describe how PCIT was used to counsel a family that had a 7 yr old boy with ADHD who was beginning to exhibit oppositional-defiant behaviors. In this case study, the authors attempted to emphasize the specific techniques used to improve the parent-child relationship. The authors also describe the types of recommendations made to help the parents deal with their son's acting out behaviors. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Dr. Brian D. Johnson, Division of Professional Psychology, University of Northern Colorado, Greeley, CO 80639

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Kaiser, A. P., Hancock, T. B., & Nietfeld, J. P. (2000). The effects of parent-implemented Enhanced Milieu Teaching on the social communication of children who have autism. *Early Education & Development, 11*, 423-446.

This study examined the effects of training 6 parents to use Enhanced Milieu Teaching (EMT) with their preschool children with autism or pervasive development disabilities. A modified single subject design across 6 families was used to assess the parents' acquisition and generalized use of the EMT strategies. The parents learned to use the naturalistic language intervention strategies during 24 individual training sessions in the clinic and generalized their use of the strategies to home interactions at the end of the intervention. Follow-up observations in the clinic and home observations 6 months after the intervention indicated that parents maintained their use of the newly-learned procedures throughout the follow-up period but at levels lower than those achieved during the clinic training. Positive effects were observed on the use of communication targets for all children and on the complexity and diversity of productive language for most children. Child effects generalized and maintained for 4 of 6 children and there was evidence of change on developmental assessments of language for 5 of 6 children. Parent satisfaction with the intervention procedures and child outcomes was high. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Ann P.

# Behavioral Parenting

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Peabody College of Vanderbilt University,  
Nashville, TN 37203

Kazdin, A. E., Bass, D., Ayers, W. A., & Rodgers, A. (1990). Empirical and clinical focus of child and adolescent psychotherapy research. *Journal of Consulting and Clinical Psychology, 58*, 729-740.

The present study evaluated the characteristics of research on child and adolescent psychotherapy. Published studies (N = 223) of psychotherapy from 1970 to 1988 were codified to characterize research, clinical, and methodological characteristics. The major results indicate that (1) treatment research focuses almost exclusively on the impact of treatment techniques with scant attention to influences (child/adolescent, parent, family, therapist) that may moderate outcome and (2) several characteristics of the children/adolescents and methods of treatment delivery and approaches depart markedly from those evident in the practice of treatment. Priorities for treatment research to place clinical practice on firmer empirical footing are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Alan E. Kazdin, Department of Psychology, Yale University, Post Office Box 11A Yale Station, New Haven, Connecticut 06520-7447

Keating, J. C., Butz, R. A., Burke, E., & Heimberg, R. G. (1983). Dry bed training without a urine alarm: Lack of effect of setting and therapist contact with child. *Journal of Behavior Therapy & Experimental Psychiatry, 14*, 109-115.

Investigated 3 variations in the mode of delivery of dry-bed training as a treatment for nocturnal enuresis. 23 4-14 yr old enuretics received dry-bed training without the additional use of a urine alarm. Treatment variations included: (a) in-home training of parents and child, (b) office-based training of parents and child, and (c) office-based training of parents only. An additional 7 matched Ss served as waiting-list controls during the 1st 8 wks of the study. A variety of outcome measures showed improvement for the entire sample regardless of specific modes of delivery. Implications for the treatment of enuresis using dry-bed training and a number of critical methodological issues are discussed. (14 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Richard G Heimberg, Department of Psychology, SUNY at Albany, 1400 Washington Avenue, Albany, NY, 12222

Kessler, M. L., & Greene, B. F. (1999). Behavior analysis in child welfare: Competency training caseworkers to manage visits between parents and their children in foster care. *Research on Social Work Practice, 9*, 148-170.

Two experiments were conducted in connection with training caseworkers of a state child protection agency to manage visits between parents and their children in foster care. In the 1st experiment, the skills involved in managing visits were identified and assessed with 2 caseworkers. These caseworkers subsequently participated in an individual training program that improved their ability to manage visits as assessed in role-play. In the 2nd experiment, modifications in the training program were made to allow for group training. The group training program was as effective as individual training at enabling 2 caseworkers and their supervisor to conduct visits. However, data collected during actual visits were limited; they suggested that the effects of training did not fully generalize. The implications of the research for policy and current litigation in the area of child welfare are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Brandon F. Greene, Ph.D., Behavior Analyst & Therapy Program (Mailcode 4609), Southern Illinois University, Carbondale, IL 62901

Kifer, R. E., Lewis, M. A., Green, D. R., & Phillips, E. L. (1974). Training predelinquent youths and their parents to negotiate conflict situations. *Journal of Applied Behavior Analysis, 7*, 357-364.

In response to parental requests for assistance in dealing with adolescent problem children, three parent-child pairs were taught negotiation responses to hypothetical conflict situations using behavior rehearsal and social reinforcement. The negotiation process was separated into component behaviors that were practiced during simulations by each youth and his parent under the direction of trainers. Results indicated that (a) the procedures were successful in training youths and their parents in negotiation behaviors that produced agreements to conflict situations, and (b) these behaviors generalized to actual conflict situations in subjects' homes. For reprints: Robert E. Kifer, Department of Human Development, University of Kansas, Lawrence, KS 66045

Koegel, R. L., Bimbela, A., & Schreibman, L. (1996). Collateral effects of parent training on family interactions. *Journal of Autism and Developmental Disorders*, 26, 347-359.

Assessed the collateral effects of 2 parent training paradigms: (1) focused on teaching individual target behaviors (ITBs) serially, and (2) focused on teaching the pivotal responses (PRs) of motivation and responsivity to multiple cues. 17 Ss with autism (aged 3-9 yrs) and their families were randomly assigned to either ITB or PR training. Pretraining and post-parent-training videotapes of dinnertime interactions were scored randomly across 4 interactional scales (level of happiness, interest, stress, and style of communication). Results obtained for the 4 scales show that the families in both conditions initially scored in the neutral range, and the ITB training produced no significant influence on interactions posttraining. The PR training resulted in the families showing positive interactions on all 4 scales, suggesting high degrees of happiness and interest, low stress during the interaction, and more positive communication. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Robert L. Koegel, Counseling/Clinical/School Psychology, Program, Graduate School of Education, University of California, Santa Barbara, California, 93106.

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Long, N. (1997). Parent education/training in the USA: Current status and future trends. *Clinical Child Psychology & Psychiatry*, 2, 501-515.

There is a need to reform mental-health services for children in the US. As part of this reform it is anticipated that greater attention will be given to the role of parent education and training services. This article focuses on the history and anticipated future of parent education in the US. It is asserted that we are presently entering the third generation of parent education. It is anticipated that this third generation will involve more targeted programs, improved leader training, increased accountability, a more comprehensive view of parenting, greater attention on meeting consumer needs, improved accessibility, a focus on how to optimize programs, increased utilization of emerging technologies, improved coordination of programs, a greater research focus on outcomes and uncertainty regarding clinical parent training within child outpatient-therapy services. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Department of Pediatrics, UAMS/ACH, 800 Marshall Street, Little Rock, AR 72202, USA

Long, P., Forehand, R., Wierson, M., & Morgan, A. (1998). Does parent training with young noncompliant children have long-term effects? *Behavior Research & Therapy*, 32, 101-107.

Conducted a long-term follow-up (approximately 14 yrs after treatment) of 26 late adolescents/young adults (aged 17-22 yrs) who had participated in parent training with their mothers when they were young noncompliant children (aged 2-7 yrs). Parent training, consisting of teaching mothers to use attends and rewards for appropriate behavior, clear commands and time-out, had reduced deviant behavior and increased compliance immediately following treatment. At follow-up, Ss were compared with a matched community sample on various measures of delinquency, emotional adjustment, academic progress and relationship with parents. No differences emerged between the 2 groups on any of the measures, suggesting that noncompliant children who participated in parent training during their early years were functioning as well as nonclinic individuals as they moved into adulthood. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Rex Forehand, Department of Psychology, University of Georgia, Athens, GA 30602.

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Lowry, M. A., & Whitman, T. L. (1989). Generalization of parenting skills: An early intervention program. *Child & Family Behavior Therapy*, 11, 45-65.

The direct and generalized effects of a short-term, parent-training program on maternal teaching responses, child play behaviors, and mother-child interactional style were evaluated. Five 21-31 yr old mothers of developmentally delayed infants, trained through verbal instruction, modeling, and feedback procedures, were shown how to use behavioral techniques in teaching their 15-34 mo old children a specific set of toy play behaviors. To facilitate generalization of parenting behavior to other play situations, mothers were instructed concerning the general utility of the teaching strategies and required to verbalize how these strategies would be employed in specific role-play situations. Assessments at baseline and during training and maintenance indicated that the training program was effective in improving maternal teaching behaviors and that generalization of such behavior can be programmed. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Thomas L.

Whitman, Professor of Psychology, Psychology Department, University of Notre Dame, Notre Dame, IN 46556

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Matthys, W. (1997). Residential behavior therapy for children with conduct disorders. *Behavior Modification*, 21, 512-532.

Children with conduct disorders are often referred to residential treatment centers (RTCs). RTCs shorten the length of treatment and thus feel they need to reconceptualize the purpose and process of treatment. Two intervention strategies have been found to affect conduct disorder in outpatient settings: parent training programs that are based on operant learning principles and cognitive-behavioral programs that focus on the relation between cognition and behavior. These strategies should not be transferred to the RTC but adapted to the characteristics of residentially treated conduct disordered children and their parents. These methods should be used together to integrate and strengthen the various learning processes that residential treatment can foster. An outline is given of a comprehensive and integrated residential treatment program based on behavioral methods that have been proven to affect conduct disorder. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Walter Matthys, Department of Child and Adolescent Psychiatry, Utrecht University, The Netherlands

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McDonald, J. E. (1977). Parent training in positive reinforcement and extinction to effect a decrease in noncompliant child behavior. *Journal of the Association for the Study of Perception*, 12, 16-21.

Reports a study in which a mother was trained to use contingent positive reinforcement (praising desirable behavior) and extinction (ignoring undesirable behavior) to deal with undesirable aspects of her 7-yr-old daughter's behavior (arguing, yelling, and non-compliance with the mother's requests). Prior to the experimental training, the mother seldom praised, and frequently reprimanded her child. 10 days after the beginning of positive reinforcement and extinction, the undesirable behavior was markedly less frequent. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: No address

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McMahon, R. J., & Forehand, R. L. (1983). Consumer satisfaction in behavioral treatment of

children: Types, issues, and recommendations. *Behavior Therapy*, 14, 209-225.

Reviews consumer satisfaction in child behavior therapy by examining satisfaction with treatment outcome, therapists, treatment procedures, and teaching format. While satisfaction in all 4 areas has generally been high, most investigators have limited their assessments to treatment outcome and therapists. The majority of studies have been in the area of parent training. A number of methodological issues are discussed including who should be assessed for satisfaction, types of and maintenance of satisfaction, and difficulties with measures being used. Recommendations are made for the development and use of sound consumer satisfaction measures. (49 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Robert J. McMahon, Department of Psychology, #154-2053 Main Mall, University Campus, University of British Columbia, Vancouver, British Columbia V6T 1Y7, Canada

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McMahon, R. J., Tiedemann, G. L., Forehand, R., & Griest, D. L. (1984). Parental satisfaction with parent training to modify child noncompliance. *Behavior Therapy*, 15, 295-303.

Describes a comprehensive assessment of parental consumer satisfaction of 20 mothers with a parent training program designed to modify child noncompliance. Ss were assigned to 1 or 2 conditions: technique-alone parent training or parent training plus social learning principles training (SL). Parental satisfaction with treatment outcome, with therapists, with various teaching methods employed in the program, and with specific parenting skills was assessed at treatment and at a 2-mo follow-up. Results indicate that Ss generally reported a high level of satisfaction with the parent training program. Ss who received training in the SL condition maintained their satisfaction in a more consistent manner. (9 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Robert J. McMahon, Department of Psychology, University of British Columbia, 2075 Westbrook Mall, Vancouver, B.C. V6T 1W5, Canada

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Middleton, M. B., & Cartledge, G. (1995). The effects of social skills instruction and parental involvement on the aggressive behaviors of African American males. *Behavior Modification*, 19, 192-210.

Investigated the effects of social skills instruction on identified acts of aggression. Five Black male students (aged 6-9 yrs) attending general education classes in an urban public school setting were taught social skills using modeling, role playing, corrective feedback, and differential reinforcement of alternative or incompatible behaviors. Parent training and parent notes were used for the maintenance and transfer of newly learned social skills. A multiple baseline design across Ss, combined with a withdrawal feature, was employed to assess the effectiveness of the social skills instruction. Data were collected in the classroom and on the playground to assess generalization of the training to naturalistic settings. Results indicated the social skills package was related to a decrease in aggressive behaviors with 4 of the 5 Ss and maintained by parental involvement. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Gwendolyn Cartledge, Department of Educational Services and Research, Ohio State University

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Mira, M. (1970). Results of a behavior modification training program for parents and teachers. *Behaviour Research & Therapy*, 8, 309-311.

"Training parents as therapists or managers for their own children is a fairly recent development in behavior modification, one which is justified in terms of both efficiency and economy . . . . To date, most published work in the area presents data from individual cases. The purpose of this paper is to summarize the results of a behavior modification program in which parents, and occasionally teachers, were trained to be managers for their children. The staff of the Psychology Dept. of a Children's Rehabilitation Unit conducted the program and acted as direct advisors to parents and teachers, or as trainers to doctoral students who advised parents and teachers. The emphasis was on training the managers to 1) focus on the child's behavior rather than on underlying psychopathology, 2) analyze the troublesome behavior in terms of the environmental events currently maintaining it rather than to seek historical geneses, and 3) alter events subsequent to the behavior or to rearrange the contingencies with which consequential events were presented, rather than to develop insights into their own or their child's emotional states." (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Mary Mira, University of Kansas Medical Center, Kansas City, Kansas

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Muir, K. A., & Milan, M. A. (1982). Parent reinforcement for child achievement: The use of a lottery to maximize parent training effects. *Journal of Applied Behavior Analysis*, 15, 455-460.

This study describes and evaluates a reinforcement program in which parents earned lottery tickets and won prizes for the progress made by their handicapped children during home-based intervention. An ABAB reversal design replicated across three families was used to assess the effects of the lottery on the children's mastery of language skills. Results showed that the reinforcement of the parents for training accomplishments, as indexed by their children's achievements, produced clinically significant increases in the children's progress when compared with the children's progress under the routine supportive practices of the baseline condition. The implications of the findings for parent training programs in general are discussed. For reprints: Michael A Milan, Psychology Department, Georgia State University, Atlanta, Georgia 30303

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Neef, N. A. (1995). Pyramidal parent training by peers. *Journal of Applied Behavior Analysis*, 28, 333-337.

This study replicated a pyramidal model of parent training by peers and compared its effects with training by a professional with 26 parents of children with disabilities. A multiple probe design across 3 tiers of parents showed that both types of training produced acquisition, maintenance, and to varying extents, generalization of parents' teaching skills, with concomitant increases in the children's performance in most cases. Improvements were comparable for parents trained by a professional or by peers, and for parents who did and did not serve as peer trainers. For reprints: Nancy A. Neef, Psychology in Education Division, Graduate School of Education, University of Pennsylvania, 3700 Walnut Street, Philadelphia, Pennsylvania 19104-6216

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O'Dell, S. L. (1982). Predicting the acquisition of parenting skills via four training models. *Behavior Therapy*, 13, 194-208.

Compared the effectiveness of 4 training methods designed to improve parents' reinforcement skills and assessed the relationship between acquisition of skills and parent characteristics. 100 parents of

children between 2 and 10 yrs were assigned to a minimal instructions control group or training via 1 of 4 methods: written manual, audiotape, videotaped modeling, or live modeling and rehearsal with the parent's child. Outcome was assessed via an in-home observation of the S's reinforcement skills with his or her child. All training methods were superior to minimal instructions. The audiotaped manual was significantly less effective than the written manual or the live modeling with rehearsal. Parent demographic characteristics and reading level were related to outcome in the control group and in the groups receiving written or live modeling with rehearsal training. The videotape training appeared to be more consistent in training a wider range of parents. (23 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Stan L. O'Dell, Department of Psychology, University of Mississippi, University, MS 38677

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O'Reilly, D., & Dillenburger, K. (2000). The development of a high-intensity parent training program for the treatment of moderate to severe child conduct problems. *Research on Social Work Practice, 10*, 759-786.

A home-based parent training program for the treatment of moderate to severe conduct problems was developed in 2 stages. Study 1, a case study, examined the inverse covariation between a 6 yr old child's compliance to parental instruction and aversive responding. Study 2, which used a multiple-baseline-across-subjects experimental design with 2 families, examined the effectiveness of a multi component treatment strategy for the reduction of aversive child behavior. In both studies the client was a 7 yr old boy. Treatment was conducted as in Study 1 with the addition of high-intensity training in a time-out procedure. Direct observations of parent and child behavior were conducted in the home setting. Study 1 demonstrated the inverse covariation effect. Study 2 demonstrated significant treatment gains in parent and child behaviors in both training and test settings, which were maintained at 3-mo follow-up. A home-based parent training program that includes high-intensity training in time-out is an effective treatment method for moderate to severe child conduct problems. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: No address

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Painter, L. T., Cook, J. W., & Silverman, P. S. (1999). The effects of therapeutic storytelling and behavioral parent training on noncompliant behavior in young boys. *Child & Family Behavior Therapy, 21*, 47-66.

Investigated effects of therapeutic storytelling and behavioral parent training on the frequency and intensity of noncompliance in 4 clinic-referred, noncompliant males (aged 5-6 yrs). In addition, parental adherence to and satisfaction with treatment, child story recall, and generalization of treatment effects in relation to parental stress and other aspects of the child's behavioral status were measured. A nonconcurrent multiple baseline crossover design across age-matched Ss was conducted. In condition 1, 1 therapeutic storytelling session was followed by 1 behavioral parent training session. In condition 2, the sequence was reversed. Results indicate that both treatments decreased frequency and intensity of noncompliance, with the greatest decrease following composite treatment. All children were able to recall the primary components of the stories. Results suggest that parental stress decreased following treatment. Parents perceived that they adhered to the behavioral strategies on a relatively consistent basis. Parental satisfaction ratings suggest that the families were pleased with the treatment received. While the benefits of treatment were not generalized consistently across other problem behaviors, treatment appeared to facilitate development of adaptive skills. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Laura Painter, Psychology Dept., Univ. Montana, Missoula, MT 59812

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Patterson, G. R., Chamberlain, P., & Reid, J. B. (1982). A comparative evaluation of a parent-training program. *Behavior Therapy, 13*, 638-650.

Referred families were screened to identify 19 problem children (3-12 yrs old) who were observed in their homes to be high-rate social aggressors. Cases were randomly assigned to the parent-training procedures or to a waiting-list comparison group. All but one of the latter accepted a referral for treatment elsewhere in the community. After an average of 17 hrs of therapy time, the cases in the experimental group were terminated. Posttreatment observation data were collected in the homes of both the experimental and the comparison groups. Results indicate that, relative to the changes in the comparison sample, the parent-training sample showed a significantly

greater reduction in the rates of deviant child behavior. (32 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Gerald R. Patterson, Oregon Social Learning Center, 207 E. 5<sup>th</sup> Ave., Suite 202 Eugene, OR 97401

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Pevsner, R. (1982). Group parent training versus individual family therapy: An outcome study. *Journal of Behavior Therapy & Experimental Psychiatry*, 13, 119-122.

15 families referred for child behavior problems were randomly assigned to a group condition (parent training plus group behavior therapy) or an individual condition (individual family behavior therapy). The parents (aged 28-56 yrs) were administered a battery of tests that included a marital inventory, a behavioral checklist, and the Shipley-Institute of Living Scale for Measuring Intellectual Impairment. The children (aged 5-13 yrs) manifested primarily home problems of noncompliance, tantrums, and fighting behaviors. Results show that the group condition was more efficient in terms of therapist time and number of S families achieving an experimental criterion for behavior change. The group-condition Ss scored significantly higher than the individual-condition Ss on a posttest measuring knowledge of behavioral principles as applied to children. Most Ss, regardless of treatment condition, rated nontargeted behaviors as decreasing in frequency. Also, both groups were equally satisfied with therapy. Nine families were contacted 6 mo following the conclusion of treatment. Findings indicate that all Ss reported that the gains regarding targeted behaviors were maintained after treatment termination. (14 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Ramset Pevsner, Psychological and Behavioral Associates, 1451 E. Ocean Blvd., P.O. Box 689, Stuart, FL 33495

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Rickert, V. I., Sottolano, D. C., Parrish, J. M., & Riley, A. W. (1988). Training parents to become better behavior managers: The need for a competency-based approach. *Behavior Modification*, 12, 475-496.

Investigated whether didactic training (DT) would be sufficient to reach a predetermined criterion level of proficiency in instruction-giving and time-out skills among 8 parents (aged 28-60 yrs) of children aged 2.5-10 yrs. Ss participated in a 6-wk group training program (GTP) using DT (lectures

and modeling) and competency-based training (CBT) procedures developed by K. S. Budd et al (see record 1984-11060-001). Skill acquisition (SA) was assessed through role play of parent-child interactions, self-report measures, and 6- and 12-wk follow-up assessments. Results show that DT alone was insufficient to promote SA to the criterion level in all Ss. After CBT, however, 6 Ss achieved 90% proficiency with targeted procedures. It is suggested that a GTP approach to SA should include CBT. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Vaughn I. Rickert, Department of Pediatrics, University of Arkansas for Medical Sciences, 800 Marshall Street, Little Rock, AR 72202

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Rose, S. D. (1974). Group training of parents as behavior modifiers. *Social Work*, 19, 156-162.

Describes a training program designed to help parents modify problem behaviors in their 10-month to 6-yr-old children. 29 welfare and 29 middle-class families participated in welfare only, middle-class only, or mixed groups. The major tasks of the parents were to read assignments on behavior modification techniques, monitor their child's behaviors weekly, apply change procedures, and develop treatment plans independently. Parents chose the behaviors they wished to modify. The most frequent treatment procedure used by parents was primary reinforcement coupled with enthusiastic praise. Weekly group meetings were held to prepare for home assignments and provide feedback concerning the accomplishments of the past week. It was found that while outcome was successful for the majority of participants, the greatest success was obtained in the mixed group. The major difference between the 2 class groups as a whole was that it took the welfare parents longer to develop adequate monitoring and treatment plans. Class differences in the target behaviors selected were also observed. It is concluded that welfare parents who are grouped with middle-class parents are more motivated to child behavioral change, and that welfare mothers can successfully utilize behavior modification procedures with their children. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Sheldon D. Rose, Ph.D., School of Social Work, University of Wisconsin, Madison, Wisconsin.

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Sanders, M. R. (1982). The effects of instructions, feedback, and cueing procedures in behavioural

parent training. *Australian Journal of Psychology*, 34, 53-69.

Examined in 2 studies the effects of providing home-base training for parents (28-31 yrs old) of behaviorally disturbed children attending a behavior modification workshop. Exp I with 2 target children (4 yrs and 8 yrs 2 mo of age) compared the effects of an instructions/no feedback (INF) condition (i.e., verbal and written instructions, lecture presentations, and modeling of behavioral procedures) with that of instructions plus feedback (IF; therapists visiting the homes to provide brief differential feedback on program implementation). IF resulted in increased levels of attending to appropriate behavior, decreased levels of attending to deviant behavior, and reduced levels of deviant child behavior when compared to baseline and INF conditions. Exp II, with target children 2 yrs 1 mo and 4 yrs 3 mo of age, examined the effects of a home-based therapist feedback procedure with and without cuing. The cuing plus feedback alone conditions increased parents' attention to appropriate behavior, decreased attention to deviant behavior, and effectively modified deviant child behavior, when compared to baseline. However, the 2 procedures did not differ clearly in their effects on either parent or child behavior. (16 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Matthew R. Sanders, Department of Psychiatry, University of Queensland, Clinical Sciences Building, Herston, Queensland, 4029, Australia

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Sanders, M. R., & Dadds, M. R. (1982). The effects of planned activities and child management procedures in parent training: An analysis of setting generality. *Behavior Therapy*, 13, 452-461.

Five families, each with a 3-5 yr old difficult-to-manage male child, were sequentially exposed to a child management training (CMT) and planned activities training (PAT) within a multiple baseline, across-Ss design. Observational data were collected in a training setting and in a range of generalization settings in the home and community. CMT resulted in generalized changes in parent behavior in both training and nontraining settings. However, only 1 parent was effective in reducing levels of deviant behavior. PAT resulted in further improvements in child behavior in both the training and generalization settings for 3 families and maintained reduced levels of deviant behavior for a 4th family. Both training phases were ineffective in modifying problem behavior for the

5th family. (11 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Matthew R. Sanders, Department of Psychiatry, University of Queensland, Clinical Sciences Building, Herston, Queensland, 4029, Australia

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Serketich, W. J., & Dumas, J. E. (1996). The effectiveness of behavioral parent training to modify antisocial behavior in children: A meta-analysis. *Behavior Therapy*, 27, 171-186.

Conducted a meta-analysis of 26 controlled studies on the outcome of behavioral parent training (BPT) for the modification of antisocial behavior in preschool and/or elementary school age children. Results support the short-term effectiveness of BPT to modify child antisocial behavior at home and school, and to improve parental personal adjustment. However, research still needs to examine if positive changes as a function of BPT are maintained over time, are comparable to changes resulting from other interventions for child antisocial behavior, and are related to important methodological and contextual variables. Findings and directions for future research are discussed in light of the limitations of the current literature on antisocial child behavior. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Dr. Wendy J. Serketich, Department of Psychology, University of Wisconsin-Whitewater, Whitewater, WI, 53190

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Tymchuk, A. J. (1992). Do mothers with or without mental retardation know what to report when they think their child is ill?. *Children's Health Care*, 21, 53-57.

Developed a methodology for determining what parents with mental retardation (MR) knew about the information they should provide to the health professional when they suspect that their child is ill. 11 mothers with MR were compared to 15 mothers without MR using this methodology. All Ss were 25-39 yrs old. Neither group was very familiar with basic information such as what temperature means, why it is important to know a child's temperature, and how to accurately determine it. Suggestions are made for systematically preparing parents in the adequate health care of their children. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Alexander J. Tymchuk, PhD, Department of Psychiatry, School of Medicine, UCLA, Los Angeles, CA 90024

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Tymchuk, A. J., Hamada, D., Andron, L., & Anderson, S. (1990). Emergency training with mothers who are mentally retarded. *Child & Family Behavior Therapy, 12*, 31-47.

Validated a tool to assess knowledge of how to respond to common home emergencies and a training program for mothers with mental retardation on how to respond to emergencies. Four mildly mentally retarded mothers (aged 25-41 yrs) were trained following a multiple baseline procedure in which 1 emergency at a time was introduced. Two Ss acquired most of the information for all of the emergencies and were able to apply the skills in a role playing situation. One S dropped out before followup and the other had difficulty in acquisition, losing most of the gains after followup. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: Alexander J. Tumchuk, PhD, Department of Psychiatry, School of Medicine, UCLA, Los Angeles, CA 90024

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Ware, L. M. (1977). Parent training in empathy. *Psychiatric Forum, 7*, 33-38.

Describes a "Workshop on Empathy with Children" conducted at the Menninger Foundation for parents, foster parents, young adults, and professionals involved in the care of children. Participants engage in childhood play activities in a classroom setting. They learn to look at the child within themselves and thus gain empathic understanding with children. Materials are used that foster play experiences characteristic of the main stages of development, and group dynamics are an important aspect of the workshop. A typical preschool-age session is described. Participants learn about the mechanisms of defense; aspects of socialization at different ages; peer interaction; preschoolers' uncertainty with identity, time, and space; and the crucial role of the parent in establishing structure for young children. It is felt by the sponsors of the workshop that training for parenting is very much needed and that the workshop shows how controlled regression can be used for the learning of parenting skills. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Dr. Ware, Topeka Institute for Psychoanalysis, Topeka, Kansas 66601

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Webster-Stratton, C. (1991). Strategies for helping families with conduct disordered children. *Journal*

*of Child Psychology & Psychiatry & Allied Disciplines, 32*, 1047-1062.

Discusses several prominent treatment strategies and therapies for helping families with conduct-disordered children. Intervention programs were selected for their focus on preadolescent children, their descriptions of training procedures, and their evaluation of short- and long-term effectiveness of therapy. Both family-focused (aimed at treating the parents) and child-focused (aimed at treating the child) programs are considered. (PsycINFO Database Record (c) 2000 APA, all rights reserved). For reprints: Dr. Carolyn Webster-Stratton, School of Nursing SC-74, University of Washington, Seattle, WA 98195

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## Featured Article

Bigelow, K. M., & Lutzker, J. R. (2000). Training parents reported for or at risk for child abuse and neglect to identify and treat their children's illnesses. *Journal of Developmental & Behavioral Pediatrics, 15*, 356-370.

Examined effectiveness of training involving modeling and practice to teach parents to care for their children's health. Research assistants, caseworkers, and a nurse provided health care skills training to 7 parents (aged 25-41 yrs) at risk or reported for child abuse or neglect. A health reference guide and other training materials were validated by health care professionals. Training involved teaching parents to follow a series of steps to identify symptoms, use reference and record-keeping materials, determine the best form of treatment, and either treat the illness at home, consult a physician, or seek emergency treatment. Skill acquisition was assessed through observations of parent behavior in simulated health care scenarios. A series of multiple baselines across parents demonstrated effectiveness of this training in the context of these scenarios. Six out of 7 parents met the 100% mastery criterion. All parents provided positive ratings of the content of the training program, the training strategies, and the counselors who provided training. (PsycINFO Database Record (c) 2000 APA, all rights reserved) For reprints: John R. Lutzker, Department of Psychology, University of Judaism, 15600 Mulholland Dr., Los Angeles, CA 90077-1599.

Teaching Parents Reported for or at Risk  
for Child Abuse and Neglect to Provide  
Medical Care for Their Children

Melissa Rand and Anibal Gutierrez

University of Florida

Parents who have been reported or are at risk for abuse and neglect may lack skills necessary to provide adequate medical care for their children. Studies have shown that researchers are able to train parents in the skills necessary to adequately provide medical care for children (Feldman, Case, and Sparks, 1992; Tymchuk, Hamada, Andron, & Anderson, 1990; Tymchuk, 1992). To extend this literature, Bigelow and Lutzker (2000) examined the effectiveness of training parents the skills necessary to assess and care for their children's health using graduate research assistants, nurses and caseworkers as trainers. This was a logical extension of parent training research as nurses and caseworkers are in contact with families who are at risk or reported for abuse on a regular basis. We have chosen this study as our featured article for the first issue of *Behavioral Parenting Abstracts*.

Seven parents participated in the study, and all were considered to be at-risk or reported for child abuse. One research assistant, one nurse, or three Los Angeles County Department of Children and Family Services caseworkers, all of whom were called "counselors", conducted training. All sessions took place in the families' homes.

The effectiveness of this training was examined in a multiple baseline design across parents. During baseline a True/False Quiz designed to identify the level of knowledge each parent had regarding health-care issues was presented to each parent. They were then presented with a scenario involving a sick child in

which the counselor would ask the parent to report what type of ailment they thought the child had as well as to role-play what the parent would do in such a situation. A series of role-plays were conducted throughout training to determine parents' abilities to identify symptoms, treat illnesses and injuries, and seek appropriate treatments. Training was divided into a series of steps: (a) recognizing that the child had an ailment; (b) identifying the best action to take; (c) contacting a physician; and (d) treating the ailment at home. A health manual was given to parents to read prior to each class, and the assigned section of the health manual was discussed in the following class. For sections involving instructions for specific skills, the counselor described and modeled that skill in front of the parent. Parents would then practice the modeled skill until they had mastered that skill.

The authors observed that six out of the seven parents reached the mastery criterion (100%) for the modeled skills and all but one parent maintained this level of performance for at least four months. Results also showed that for True/False Quizzes two of the parents maintained scores at 100%, three parents at 90%, and one parent decreased only slightly from baseline. In addition, a customer satisfaction survey administered following the final training session showed that parents considered the training content and outcome to be positive and would recommend the training program to other parents.

These results showed that the training was effective in teaching parents how to identify symptoms and determine the most appropriate form of treatment in a role-play situation. Six out of seven parents completed this course and maintained the 100% criterion throughout training as well as during follow-up observations. These findings replicated

those of earlier studies showing that child health care skills could be taught to parents reported for child abuse and neglect (Feldman, Case, and Sparks, 1992; Tymchuk, Hamada, Andron, & Anderson, 1990; Tymchuk, 1992). In addition, this study extended earlier findings by demonstrating that the health care skills could be taught by nurses and caseworkers.

The authors suggest the need for future studies to assess generalization of skills to actual child-care situations. Although parents reported having successfully implemented the steps learned in the training with their own children, no data were collected on parents practicing the learned skills with their children. It is important to assess the extent to which the skills taught during training generalize to actual medical situations. Nevertheless, this study shows that parents reported for or at risk for abuse can be trained by nurses and caseworkers in health care skills. It demonstrates the powerful use of single subject methodology to demonstrate effective behavior change.