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An Analysis Of Two Strategies For Implementing A Parent Self-Administered Advice Procedure For Training And Maintaining Responsibilities Among Family Members

Michael Paul Mcmanmon
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**AN ANALYSIS OF TWO STRATEGIES FOR IMPLEMENTING A PARENT
SELF-ADMINISTERED ADVICE PROCEDURE FOR TRAINING AND
MAINTAINING RESPONSIBILITIES AMONG FAMILY MEMBERS**

University of Nevada, Las Vegas

Ed.D. 1981

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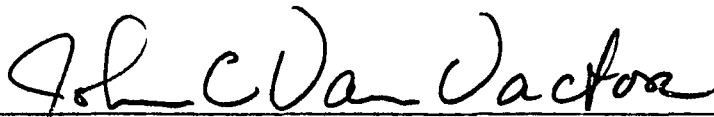
A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Education
in Special Education

by


Michael Paul McManmon

June 1981


The Dissertation of Michael Paul McManmon is approved:




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Abstract

An attempt was made to investigate two strategies for implementing a self-administered parental advice procedure for training and maintaining responsibilities among family members. The population included 14 families from Las Vegas, Nevada who were seeking to solve common child-rearing problems. Families were divided into two groups: Contact approach and No-Contact approach. Contact approach parents received one hour of professional assistance per week. The No-Contact approach parents self-administered the Children's Activity Planner in their homes. No significant pretest differences existed between groups. Research indicates that few self-administered programs exist for in-home resolution of common child-rearing problems. The Children's Activity Planner was developed by the author. It consisted of: 1) parents' handbook, 2) children's progress chart, and 3) responsibility and privilege labels. Two hypotheses were considered. Firstly, that the No-Contact approach parents would show no significant differences from the Contact approach parents in their positive or negative perceptions of their children before and after the use of the Children's Activity Planner program. Secondly, that the No-Contact approach parents would show no significant difference from the Contact approach parents in their positive or negative ratings of satisfaction after the use of the Children's Activity Planner Program. A t-test was used to test for significant differences on posttest scores for the Parent Survey and the Louisville Behavior Checklist. Results indicated no significant differences between groups on any scales of both the Parent Survey and the Louisville Behavior Checklist. Similar results were obtained

applying the t-test to the Program Evaluation data for both groups. Again no significant differences between groups were obtained on the posttest. The results suggest that the self-administered Children's Activity Planner was equally as effective as the Children's Activity Planner used with professional assistance. Furthermore, parents were equally as satisfied with the Children's Activity Planner regardless of whether it was self-administered or used with professional assistance. Two alternative hypotheses were discussed: 1) sample size, and 2) pre-test treatment interaction. Future investigations should consider using a wide variety of measures combined with the specificity of parent in-home data and direct observation.

Introduction

In recent years, there has been a growing need for child-rearing programs which cannot only be administered by parents but also easily understood by them. In the past, most parents looked to their own parents and extended family for this advice. In our fast paced, mobile society this means for obtaining advice is often not available. The majority of Americans find themselves living in neighborhoods replete with strangers, having no one to turn to for advice on child-rearing practices. Most adults receive training in how to drive a car, or work at their employment, but many do not have the skills necessary to effectively handle daily behavior problems, or to teach their children how to follow instructions. Young families tend to cluster together but unfortunately may be of little help to each other.

Recent trends in family life have produced additional difficulties in family living. A change in life styles and societal norms have increased the numbers of single parent families and families with two working parents (U.S. Bureau of Census, 1973). Consequently, a high degree of stress is felt by one or both parents in assuming child care and domestic responsibilities. It is often difficult for many parents to ensure that the needs of their children are being adequately met in these situations.

Parents in need of child-rearing assistance seek advice from a variety of sources: child management books, child guidance clinics, college courses, and traditional therapies. Many excellent parent books and programs are available, such as Parent effectiveness training (Gordon, 1970), Between parent and child (Ginott, 1965), Parents are teachers (Becker, 1971), Common sense in child rearing (Kelly, 1971),

Living with children (Patterson, 1968), You and your child (Wagonseller and McDowell, 1979), How to parent (Dodson, 1970), The abc's of parenting (Rettig, 1973), and Systematic parent training (Miller, 1976). However, many parents may be unable to participate in these activities due to a lack of time, money, interest and/or ability. Unfortunately, many of the books and classes are presented either in a terminology which requires parents to undergo extensive re-education, or the advice may be limited to a narrow population of well educated parents. Furthermore, the advice may not be written in a manner for the parent to be able to self-administer the information without professional help or guidance. Eisenstadt (1972), in his parental evaluation of clinical procedures, states that even the terms used to convey generalities are frequently technical and incomprehensive to the average parent.

Rosen (1976) states "The idea that treatments can be self-administered is neither new nor the sole province of behavior therapies" (p. 139). Self-administered materials are designed to be read and put into effect by parents without the benefit of professional intervention. This allows a wide spectrum of the population to receive child-rearing advice with a minimum amount of professional manpower.

Self-administered treatments have been used increasingly with various clinical populations: insomniacs (Alperson and Bigcan, 1979), mentally retarded (Burgio, Whitman, and Johnson, 1980), overactive pre-school boys (Bornstein and Quevillon, 1976), hyperactive children (Frielding and O'Leary, 1979), student writing deficiencies (Robin, Armel, and O'Leary, 1975), phobics (Morris and Thomas, 1973), and visually handicapped (Cowen, 1960). Goldiamond (1976) states that there is a need for consumer protection and quality control in order to protect the

profession of psychology. Currently, there are few self-administered programs. There is also little written advice which deals with children's specific problem behaviors in the home environment.

Some therapies have attempted, with varying degrees of success, to deal with this problem. The extent to which a therapy is applied in the home environment correlates with the success rate of that therapy (Bijou and Sloane, 1966). If we accept the premise that a child's behavior is situation specific (Wahler, 1969), then traditional "office" therapies may be significantly less applicable for improving a child's behavior than the therapies and intervention that occur in the natural milieu. In this context, "office" therapies refer to any parent training which does not take place in the natural home. The transfer of learning from an office or classroom to the home appears to be less effective than direct home intervention (Wahler, 1969; Johnson and Katz, 1973).

Parents often are the best therapists for their own children due to their access to them and their knowledge and understanding of them. Parenting is a process that is learned over a period of time (Dodson, 1970). Many of the studies mentioned have demonstrated that both individual and group parent training sessions have produced effective change in a small number of behaviors.

Other studies (Patterson, 1968; Mira, 1970; Zlutnick, 1972; Tahmisan and McReynolds, 1971; Wahler and Erickson, 1969; and Herbert and Baer, 1972) have used parent training systems that do not include extended professional involvement outside the home. These procedures, however, still require a great deal of intervention and time by the professional staff who work with the family. Frequently, the length of time between the initial attempt to secure therapy and the actual onset of therapy

is too long (Eisenstadt, 1972).

From these studies it is clear that parents can be trained to make major changes in their children's behaviors and to teach their children basic household responsibilities. However, attention needs to be directed toward developing a self-administered package to assist parents in increasing appropriate behaviors, training necessary skills, and assigning and distributing responsibilities to children.

In many homes, activities are not planned and parents and children often find themselves in turmoil. Indirect professional involvement may be appropriate rather than direct professional intervention to help parents. A tool is sought to organize and plan activities as well as to teach parents how to positively reward their children. Graubard (1977), illustrates how behavioral techniques can be utilized by parents as positive means for teaching their children appropriate skills.

Problem

Considering the aforementioned arguments, there is a need for a system of self-administered parental advice germane to a resolution of common child-rearing problems.

The purpose of this investigation is to determine if a self-administered advice procedure can be effective in helping parents deal with common child-rearing problems in their homes. In the present study, two approaches for training parents were compared:

- 1) Contact approach: With the Contact approach, parents used the self-administered advice procedure (Children's Activity Planner---C.A.P.) in their home. In addition, these parents met with the coordinator for one hour per week for specific feedback on their performance.

- 2) No-Contact approach: With the No-Contact approach, parents used the self-administered advice procedure (C.A.P.) in their home. They worked independently with the materials without the benefit of outside assistance.

Hypotheses

Firstly, it is hypothesized that the No-Contact approach parents will show no significant differences from the Contact approach parents in their positive or negative perceptions of their children before and after the use of the C.A.P. program.

- A) Louisville Behavior Checklist: It is further hypothesized that there will be no significant difference between the scores of the No-Contact and Contact approach groups on the Louisville Behavior Checklist.
- B) Parent Survey: It is also hypothesized that there will be no significant difference between ratings of the No-Contact and Contact groups on the Parent Survey.

Secondly, it is hypothesized that the No-Contact approach parents will show no significant difference from the Contact approach parents in their positive or negative ratings of satisfaction before and after the use of the C.A.P. program.

- A) Program Evaluation: It is hypothesized that there will be no significant difference between parent satisfaction ratings of the No-Contact and Contact approach groups on the Program Evaluation.

Delimitations

The results of this study are limited in scope due to a variety of factors. The sample of parents obtained were highly interested in

working with their children and thus may have performed well with any program given to them. Thus, any results generalized from this study have to be for groups similarly composed.

Sample size was also a factor to be considered. It is difficult to generalize from a sample of 28 parents. However, many behavioral studies have a sample size limited to one individual. An attempt was made to obtain as large a sample as available and manageable. Findings from this study must be guarded due to sample size.

The review of literature for this study is based on the field of parent education and parent training. It is difficult to compare the present investigation with this review due to the fact that few self-administered programs exist in the literature. Also, most parent training programs deal with severe or moderate to severe parent-child conflicts, while the Children's Activity Planner was constructed to deal with common child-rearing problems in the home.

Review of Literature

Many theorists have attempted, with varying degrees of success, to provide help to parents and children in the home environment. The success of these theorists may correlate with the extent to which the therapy occurs in the home environment i.e., where the parent and child interact. Bijou and Sloane (1966) and Tharp and Wetzel (1969) report that both desirable and undesirable behaviors of a child are maintained by the effects they have upon the child's natural environment. Behavior is situation-specific, therefore the training which occurs in the natural environment may be significantly more applicable to a child's behavior (Wahler, 1969). One of the major concerns in program evaluation is the degree to which behaviors transfer to settings that are different from the setting in which training occurred (generalization) (Kazdin, 1975). Pugh (1966) suggests that the social situation in which the experimental task is performed limits its generalizability to common or natural phenomena. Naturalistic measures impose relatively few restrictions or artificial conditions on the persons being observed, and thus capitalize on the realism of in situ behavior (Martin, Johnson, Johansson, and Wahl, 1976).

Research has been accomplished in various settings, such as hospitals, laboratories, schools, clinics, and homes. Programs have been developed for working with parents in schools with the most notable by Kelly (1974) and Kroth (1975). The advent of the Education of All Handicapped Children Act (Public Law 94-142), has demanded a closer interaction between teachers, school administrators, and parents. According to Kelly (1974) the revolt of the taxpayer, accompanied by the growing demands for quality education, illustrate the need for parental involve-

ment in order to resolve current educational problems.

Much of the fundamental work in the area of parent and teacher attitudes toward exceptional children has been investigated by Cruickshank (1967), Haring and Phillips (1960), and Kvaraceus and Hayes, (1969). These and other researchers studied the effects of parent and teacher rejection of exceptional children and found that social maladjustment is often misinterpreted as emotional disturbance.

Several investigators (Eyberg and Johnson, 1974; Patterson, Cobb, and Ray, 1973; Ross, 1974) have hypothesized that when parents refer their children for psychological treatment it is likely to be the result of parental attitudes and perceptions of their child, as it is the intensity or frequency of the child's inappropriate behavior. According to Lobitz and Johnson (1973) parental attitudes are better predictors of referral for psychological treatment than is child misbehavior; therefore, changes occurring in parental attitudes may be a significant goal to consider in child therapy. Forehand and King (1977), using the Parental Attitude Test (Cowen, Huser, Beach, and Rappaport, 1970), showed that behavioral changes in children were directly associated with parental attitude changes. These results were replicated by Peed, Roberts, and Forehand (1977) and Forehand, Storgis, McMahon, Aguar, Green, Wells, and Breiner (1979). Changes in parent perceptions of attitudes toward their children have been reported in a variety of settings. Barwick and Arbuckle (1962) showed a relationship between parental acceptance and academic achievement of adolescents. Karoly and Rosenthal (1977) reported that parents trained in behavior modification had more positive perceptions of child behavior.

Children will frequently learn better if their parents work with

them. Indeed, many studies show that children's behavior can be changed more easily when the parents are trained to work with their children; (Berkowitz and Graziano, 1972; O'Dell, 1974; Brown, 1971; Johnson and Katz, 1973; and Tavormina, 1974). Parents, with whom the child spends most of his or her time, are in a better position to bring about behavior change than is the professional who may see the child only a few hours each week (Tharp and Wetzel, 1969; Bernal, 1969; Glogower and Sloop, 1976). The advantage of parents as change agents is that they constitute an inexpensive, continuous treatment resource to supplement existing therapeutic manpower capabilities while working conveniently within the home. This approach to child therapy should facilitate the generalization of treatment effect (Goldstein, Heller, and Seghrest, 1966; Gruber, 1971) and enable parents to handle new problems better when and if they arise (Patterson, Shaw, and Elmer, 1969).

The use of parents as change agents in dealing with children's problems is not a new concept. More than two decades ago Albee, in a report to the Joint Commission of Mental Illness and Health, recommended the use of para-professionals as change agents (Reisinger, Ora, and Frangia, 1976). The para-professional utilized as a change agent has been the topic of text books (Tharp and Wetzel, 1969) and programmed materials (Patterson and Guillion, 1968 and Becker, 1971). Para-professionals have been employed in various populations including nursing staffs (Atthowe and Krasner, 1968), peers (Patterson and Anderson, 1964), teachers (Brown and Elliott, 1965), and parents (Wahler, Winkel, Peterson, and Morrison, 1965).

The central purpose of this chapter is to review the trends in parent training and education, and trace the development of various concepts,

procedures and programs.

At the turn of the century, Sigmund Freud developed his theory of psychoanalysis. Psychoanalysis is a relearning experience in which clients learn about their emotional states and the connections between them, their reactions to these states, and their reactions to external events. The aim of the psychoanalytic approach is the exploration of human behavior, but the data are subjective in nature.

The data consist of verbal responses by the client and interpretations by the therapists. The literature shows that the psychoanalytic approach favors treatment of the child alone (Edwards, 1967), or some form of simultaneous but separate treatment of mother and child (Hellman, Friedman, and Shepherd, 1960). Kurtz, Weech, and Dizenhuz (1970) suggest that the therapist determine the best mode of treatment for each client. Furman (1969) argues that parents should be free from psychodynamics and emotional disturbance before they participate in the therapy of a child.

Evaluating the effectiveness of the psychoanalytic model in using parents as change agents is difficult. Two methods of analysis are available: 1) a case by case study, or 2) groups of cases can be studied. Alpert (1967) reports two cases where success is suggested in the analysis. An active participation in parental treatment is uncharacteristic of this model. When a parent is involved in therapy it has been for treatment of their own problems that are affecting the children (Windor and Tierney, 1968).

One of the most extensive examples of parent education in the literature is the program of the Child Study Association of America. Over the years these parent groups developed a philosophy and style that

is fairly consistent with the psychoanalytic view of human development (Auerbach, 1968). Group discussion is the sole parent training technique and group dynamics and group processes zero in on the sensitive awareness and meaning of behavior. Smith, McKinnon and Kessler (1976) used psychoanalysis with parents of mentally retarded children. They found it effective in reducing emotional reactions and increasing acceptance of their children.

Transactional Analysis is another model of intervention which can be linked directly to the psychoanalytic framework. Berne (1961) discusses three ego states that can be determined by what he calls "structural analysis." This structural analysis involves the separation of the Parent, Adult and Child ego states. Transactional Analysis examines transactions between individuals. A person acts from within a given ego state when communicating with another person (Berne, 1972). The communication is addressed to a particular ego state in the other person. The analysis of the interaction between these ego states and the occurring social action is the essence of Transactional Analysis. Problems arise when attempting to use psychoanalytic theory for parent training. Tavormina (1974) explains some of the difficulties inherent in using reflective counseling with parents.

It is highly probable that some reflective counseling procedures are too vaguely defined or applied to have practical importance. The lack of precision in definition, the use of many different instruments to assess change, and the lack of a specific problem focus seem to interfere with the outcome of these counseling techniques (p. 830).

Alfred Adler was a contemporary of Freud who joined the Vienna discussion group. His views gradually diverged from Freud's and he formed his own study group in 1919.

Alfred Adler was the first person who systematically used group methods in training parents to deal more effectively with their children. As early as 1923, Adler implemented child guidance clinics in Vienna, and his methods have since become internationally known (Adler, 1930). Rudolf Dreikurs (1950), a student of Adler's, started the Alfred Adler Institute in Chicago, and as part of the Institute he established the Parent Study Group. These groups have spread throughout the United States. The Adlerian Parent Study Program is based on the idea that through systematic group discussions, parents are stimulated to examine child-rearing concepts and relationships. They are also provided with the opportunity to exchange ideas.

Dreikurs and Soltz (1964) developed the specific communication techniques based on Adlerian concepts for the Parent Study Groups. Soltz (1967), in Children: The challenge, outlines ten areas covered in the Parent Study Groups. In following Adlerian theory, parents try to understand the purpose of their behavior and their child's behavior (Dinkmeyer, 1968). Parents gain skills in democratic approaches for coping with the daily problems of living together as equals.

Dinkmeyer and McKay (1973) later developed a systematic program for parenting which they called STEP (Systematic Training for Effective Parenting). Their approach consists of specific communication techniques between parents and other family members. Generally, a pre-post test is given to evaluate the extent of understanding (Dinkmeyer and Caldwell, 1970). The model was found effective with elementary school students in a study by Platt (1970).

Up until the time of Haim G. Ginott, counselors focused on parental motivation and problems rather than on the child's behavior. Ginott

brought a different perspective. He believed that parents were lacking in experience and information rather than personally sick. Historically, Haim Ginott has exerted a great influence in training parents in communication skills. In his book Between parent and child (1965), he suggests that parents learn "childrenese". His work with parents is based on three concepts: 1) listening with sensitivity, 2) preventing accusing messages, and 3) stating feelings and thoughts without attacking. Ginott extended his work to include education groups for parents and the training of parents to work with other parents.

Out of his early work with juvenile delinquents, William Glasser developed Reality Therapy (Glasser, 1965). In his Parent Involvement Program, Glasser focused on educating parents and helping them to realize the importance of their involvement in building warm, personal, friendly relationships with their children. Glasser's parent program is designed to give parents insight and the skills to deal more effectively with their children in the areas of discipline, motivation, communication, and total family involvement (Brown, 1976). According to Glasser, man has two basic psychological needs: the need to love and be loved and the need to feel that he is worthwhile to himself and to others. The process is designed to allow participants to personalize the ideas, share their reactions and concerns, and develop some kind of plan to improve things at home.

Working during the same time, Dr. Albert Ellis developed a theory referred to as Rational Emotive Therapy. It is based on the premise that therapists help clients re-perceive and rethink events and experiences of their lives. People often have mistaken ideas about their own worthlessness and the therapist's job is to reorder and reorganize the

client's thinking (Ellis, 1962). Hauck (1972) points out that what is needed to solve problems is to identify false ideas, then logic is used to show and hopefully convince the client of the ideas' irrationality. There is no specific parent training program in Rational Emotive Therapy.

Following Haim Ginott in the area of communication skills was Carl Rogers. The Client-Centered model of parent education owes its beginning to Carl Rogers (Rogers, 1970). Roger's main concepts included: 1) nondirectiveness in counseling and 2) active listening skills. Using Client-Centered theory counselors encourage client self-awareness and expression of feelings. To date few studies using this approach have reported utilizing parents as change agents. It was not until the development of Filial Therapy that parents were given an active role with their children. This therapy, which was designed for emotionally disturbed children under age 10, trains parents in groups to conduct play sessions with their children (Guerney, 1964; Fidler, Guerney, Andronico, and Guerney, 1969).

Filial Therapy has been used with various types of problems: withdrawn child (Guerney and Flumen, 1970), emotionally disturbed children (Stover and Guerney, 1967), and uncontrollable children (Andronico and Guerney, 1969).

Evaluation of the effects of Filial Therapy have been almost nonexistent. In 1964, two Filial groups were started but the paucity of data precluded analysis. Later work with twelve groups confirmed the assumptions underlying the techniques (Guerney, 1969). This approach has been applied in schools (Andronico and Guerney, 1967), and in a Head Start Program (Andronico and Guerney, 1969). In both instances mothers

were trained to use the procedures, thereby becoming the therapist. Relatively little research has been pursued in Client-Centered theory. In one study by Stover and Guernsey (1967) parents trained in Filial Therapy increased their reflective statements and decreased directive statements. Larson (1972) compared Parent Effectiveness Training with encounter groups and an individual counseling strategy. On most criteria, Parent Effectiveness Training appeared to be superior to the other methods of working with parents. The P.E.T. parents showed better understanding of their children and were more trusting in their relationship with their children. In a recent study, Bernal, Kwinnert and Schultz (1980) compared behavioral parent training with Client-Centered parent counseling. Assessments of child deviance and parent satisfaction showed a superior outcome for behavioral parent training over Client-Centered therapy. Home observation data showed no advantage of behavioral over Client-Centered treatment.

Communication skills, based on Roger's Client-Centered counseling, were developed by Ivey (1971). Sadler, Seyden, Howe, and Kaminsky (1976) exposed 277 parents in 13 groups to communication skills and basic behavior modification technology. In the eight week study, parents showed a significant increase in reinforcement rates and pro-social behavior.

By far the most important parent training model to develop out of Rogerian theory is Parent Effectiveness Training (P.E.T.). Gordon (1970), a colleague of Rogers, developed a program for parents to enable them to meet their children's emotional needs through more effective communication and problem solving. The program is based on the underlying belief that children must receive unconditional positive regard to actual-

ize their human potential (Gordon, 1976).

Gordon's Parent Effectiveness Training set a trend in the field that is still felt today. His emphasis on teaching parents in groups specific skills and methods in communication was enhanced by using skill-practice. Competent instructors were trained and the program was franchised throughout the United States and elsewhere.

The reaction to the trend of training parents in communication skills came from the behavioral school of psychology. Behaviorists stressed the use of child-management skills to help parents train skills and maintain control in the home. Previously, little attention had been paid to giving parents specific skills and tools to deal with child management. Behaviorists such as Patterson (1968) and Becker (1971), saw a need for parent training programs and began to implement programs for parents.

The behavioral approach is the most common and wide-spread in the literature. This is primarily due to the heavy influence the natural environment has had on the behavioral sciences. Behaviorists emphasize the use of parents as change agents (Schoggen, 1963). According to Huber and Lynch (1978), parents given necessary information and training, can play an important role in preventive mental health care.

Behavioral theory is based on the assumption that a great deal of human behavior is a result of learning and that learning results from the interaction of the individual with his environment (Krumboltz and Krumboltz, 1972; Abidin, 1976).

Responsive Parent Training is a preventive mental health program developed to train parents to observe and measure behaviors of concern and apply social learning theory principles to increase appropriate

social and academic behaviors in the home, school, and community. The program was developed by Marilyn Clark (1976) in conjunction with the Responsive Teaching Course (Hall and Copelans, 1972; Hall, 1973). Basic skills of reinforcement, extinction, shaping, and scheduling reinforcement were taught in a ten-week session with a two-month follow-up. In one of the first case studies of treatment by parents, Williams (1959) extinguished a child's bedtime tantrums by instructing the parent to ignore them. Wolf, Risley, and Mees (1964) trained parents in the use of extinction, time out, and shaping to reduce throwing eye-glasses behavior. Holland (1969) successfully treated a seven-year old pyromaniac whom he never met. In this case, the parents used a response cost procedure in which they contingently confiscated the youth's baseball glove to inhibit fire setting, while rewarding the return of unlit matches.

Wahler, Winkel, Peterson, and Morrison (1969) trained mothers in a laboratory setting, to reinforce cooperative child behaviors and ignore commanding behaviors. Hawkins, Peterson, Schweid, and Bijou (1966) used a mother as the therapist to alter a child's tantrum and disobedient behavior in the home. Russo (1964) trained parents to alter deviant behavior in both the home and in clinical settings. Zeilberger, Sampen, and Sloane (1968) trained parents to control screaming, fighting, disobeying, and bossing behaviors in the home. Similarly, Engeln, Knutson, Laughy, Garlington (1968) observed a parent's interactions with their deviant child, and then intervened by demonstrating ways to reinforce behavior which was incompatible with tantrumming. Stuart (1971) instructed parents in the use of behavioral contracting to strengthen cooperative behavior and maintain curfew in their 16 year old daughter. Wagner and Ora (1970) reduced oppositional behavior in children by instructing par-

to attend to their children only after they had complied with parental instructions. Since these studies required a considerable amount of professional time to demonstrate a minimal amount of change in just a few behaviors, they were not considered cost efficient.

Another study in which the parents were employed as therapeutic agents was reported by Hall, Axelrod, Tyler, Grief, Jones and Robertson (1972). The authors used a 16 week Responsive Teaching Course to train parents to solve many child behavior problems, such as whining and crying behaviors, dressing behaviors, and wearing an orthodontic device. The techniques used included reinforcement, extinction, and punishment.

Other applications in which parents have been successfully involved in the behavioral programming of their child in both the clinical and the home environment have been reported by Allen and Harris (1966) for excessive scratching; Sloane, Johnston, and Bijou (1967) for tutoring acceptable social skills by training parents and teaching parents and teachers to use Differential Reinforcement Techniques; Patterson, Jones, Whittier, and Wright (1965) for treating a hyperactive child; and Mira (1970) for training self-care and social interaction skills. However the procedures used in this, and the previously cited studies, required extensive involvement of a professional which is generally expensive. Furthermore, it was often difficult to involve parents in training or coursework outside of their homes for long periods of time. Also, in many situation-specific behaviors, knowledge gained in the classroom does not generalize to the home environment (Wahler, 1969).

Several studies have attempted to use systems for training parents that do not involve extended professional involvement outside the home. For example, Herbert and Baer (1972) found that two out of three mothers increased the percentage of time that maternal attention was given to

their children following appropriate behavior. The increase was the result of training the mothers to simply count the episodes of attention they gave to appropriate behavior in the home. The third mother and children were unaffected by the training procedure. Similar results were found by Warren and Baer (1976) who used a modelling procedure to increase sharing in preschoolers. Patterson, Cobb, and Ray (1970) trained 13 families to control the aggressive behavior of their children. A follow-up of these families found that training resulted in the parents maintaining these behavioral changes for some length of time. A replication study by Patterson and Reid (1973) produced similar results. These results support previous findings by Patterson, Ray, and Shaw (1968) in which parents generalized management programs to reduce minor and major deviant behavior. O'Leary, O'Leary and Becher (1967) modified in-home sibling interaction between a six and three-year old with the mother as change agent. The treatment of a six-year old to reduce tantrum behavior and establish appropriate verbal behavior was reported by Wetzel, Baker, Roney and Martin (1966).

Another study (Alvord, 1973), involving limited professional guidance investigated the effectiveness of a token economy system in the home. It reported that this home based token economy was successfully used by over two hundred families. Little formal training was required for the parent managers of the system, but weekly professional guidance was recommended to audit and adjust the system. Desirable and undesirable behaviors were written as a contract and assigned a token value. Privileges were purchased with tokens. The value of the above procedures might have been enhanced if visual cues had been provided for the children who were unable to read.

The above mentioned procedures still required a great deal of intervention and time by professional staff working with the family. A closer approximation to providing parents with procedures to change behaviors without a large investment of professional input was administered by Christophersen, Arnold, Hill, and Quilitch (1972). Two sets of parents were trained to manage a token reinforcement program in their homes to help ameliorate problem behaviors. Instruction lasted for approximately 10 hours in which the parents learned to specify desired behaviors, communicate goals to their children, record data, and manage a point system. The results of the program showed that it effectively modified 13 behaviors (including whining, bickering, household responsibilities, etc.) in one family and six behaviors (including household responsibilities) in the second family.

Behavioral strategies have been effective with a variety of problems, in addition to antisocial and oppositional behavior. Working in the area of speech dysfunction Hewett (1965), and Risley and Wolf (1967, 1968) used fading and reinforcement operations to increase functional verbal behavior in speech deficient children. Mothers were trained to continue speech training at home.

Sandler, Van Dercar and Milhoan (1978) used a parent training program involving reading assignments, practice assignments, role-playing, and contingent reinforcement. Several constructive changes in parent-child interactions were observed. Mathis (1971) used a mother as therapist for her eight year-old illiterate son to greatly increase his social and academic behavior. Ryback and Staats (1970) used similar programs for the treatment of dyslexia. Aragona, Cassady, and Drabman (1975) treated overweight children through parental training and contingency

contracting procedures. At the end of the 12 week period, the experimental groups lost significantly more weight than the control groups. Two programs have been developed to teach children appropriate shopping behavior through parent training in supermarket settings. Barnard, Christophersen, and Wolf (1977) produced significant increases in appropriate shopping behavior in three children with increased parent satisfaction. A second study by Clark, Greene, Macrae, McNees, Davis, and Risley (1977) showed effectiveness with 12 families who reduced child disruptions and increased positive interactions between parents and children.

In the area of school phobia, Patterson (1966) and Tahmisian and McReynolds (1971) used fading and behavior shaping to successfully treat school phobic children. Strategies for dealing with encopretic and enuretic children were developed by Conger (1970). Conger hypothesized that maternal attention was instrumental in maintaining soiling of a nine-year old encopretic boy. Treatment consisted of the mother ignoring the child after soiling while requiring him to clean himself. Barrett (1969) and Edelman (1971) eliminated chronic encopresis by training parents to use contingent rewards and mild punishment. Tough, Hawkins McArthur, and Van Ravenswaay (1971) reduced nocturnal enuresis by having mothers deliver a delayed consequence. Lovibond (1964) treated 36 enuretic children with parents serving as data collectors. Three bedwetting devices were assessed with 12 children in each group. Madsen (1966) used a simple reinforcer (candy) contingent upon appropriate elimination to toilet train his 19 month old daughter. Lal and Lindsley (1968) treated a young child with a history of constipation. The parents were instructed to leave the bathroom until the child eliminated. As soon as he eliminated, the child

was allowed to play in the bathtub with his toys.

Control of seizures was reported by Gardner (1967) in the treatment of a girl experiencing pains and convulsions without any medical basis. Parents were told to ignore these behaviors when they occurred, while reinforcing incompatible appropriate responses. Zlutnick (1972) instructed parents and school staff to use a punishment procedure to successfully control the minor motor seizures of four children. Shouting "no" and shaking the child once were contingent punishment for seizure behavior. Three out of four children maintained non-seizure behavior during follow-up.

In the area of self-injurious behavior, Allen and Harris (1966) used a mother as therapist to control the scratching of her five-year old daughter. Mother ignored scratching when it occurred, and rewarded periods of not scratching with praise and tokens which were exchangeable for Barbie doll clothes, etc. In seven weeks the scratching was eliminated. Risley (1968) eliminated the dangerous climbing of a brain injured child through the use of mild electric shock. Extinction and reinforcement of the incompatible behavior was ineffective.

Most of the early parent programs used individual instruction to train parents in management techniques. Parents were then expected to implement therapeutic programs for their children. Barrett (1969) explained basic principles of learning, but the parents decided which behaviors to record and treat. A number of others used individual counseling sessions with parents in which there was little or no contact with the child (Boardman, 1962; Conger, 1970; Holland, 1969; Lal and Lindsley, 1968; Madsen, 1966). Johnson (1971) introduced role playing and video-tape feedback into individual instruction.

Group training programs fall into several broad categories. Some investigators (Mash and Terdal, 1973; Patterson and Reid, 1973; Wiltz, 1970) have focused on specific behavior problems from the initial phase of their program. Salzinger, Feldman, and Portnoy (1970) used both individual and group training approaches. Group training was a combination of lecture, observation, recording, and studying a text. Parents met twice a week and were pre and posttested on the text. In a similar study, Patterson (1969) used a group training procedure requiring parents to read a self-instructional text on behavioral principles. In individual meetings parents were taught to pinpoint target behaviors. In group training sessions specific intervention programs were formulated. Hirsh and Walder (1969) have combined lecture and group discussion with the emphasis on target behaviors. Glogower and Sloop (1976) compared two methods of group parent training. One set of parents was exposed to a combination of learning the principles of behavior modification and focusing on specific target behaviors. The second group of parents used the specific focus approach which concentrates only on specific target behaviors. No significant differences in parental attitudes were found between groups. However, combination parents interacted more effectively with their children in free play and command settings.

A number of therapists have trained parents and children in the laboratory. In many studies (Engeln, 1968; Hewett, 1965; Wagner and Ora, 1970) parents imitated the investigator who modeled the appropriate interaction skills. Johnson and Brown (1969) evaluated multiple training procedures including modeling, direct instructions, group discussion and behavioral directions. Modeling by the therapist was most effective in changing parent behavior.

The studies on parent training show that most professional involvement focuses on training parents to establish motivational systems. In two cases parents specifically assigned responsibilities to their children (Alvord, 1973; Christopherson, 1972).

McManmon (1975) was effective in using a minimum of intervention to train surrogate mothers to distribute and schedule responsibilities for children. Parents were required to read an advice package and were given the opportunity to ask questions for one hour. The program used a parent implemented point system to reward and consequence assumption of responsibilities by children.

In response to the development of behavioral programs and building upon the experiences of the preceding theorists, Family therapy theory has developed as an additional resource for parents to utilize.

Family therapy, as therapy in general, has evolved from a psychoanalytic approach to one in which adaptation and totally new approaches have been created. Family therapy addresses the relationship of the person within his family system (Minuchin, 1974). This theory definitively conceptualizes the family as a system. There are four main models of family therapy. They include: 1) a communication model 2) a systems model, 3) a structural model, and 4) an integrative model.

The communication model of family therapy is a collection of slightly differing treatment philosophies that share a common core of beliefs. The main premise is that human communication is the most important characteristic of family life. Clear, honest communication between family members promotes a mutual resolution of problems.

Don Jackson (1968), one of the early workers in the communication model, developed two important concepts: 1) family homeostasis, and 2)

double-bind communication. Family homeostasis is the term used to describe the balance seeking process observed in families. Double-bind communication involves two conflicting messages being sent simultaneously to another person.

Over the years, Jay Haley (1971) has taken the basic communication concepts developed by Jackson and others and adapted them to his own personal style. Haley is primarily concerned with the family's communication patterns and the resulting personal alliances. Needs are met and problems are solved as a result of these patterns. Healthy families have communication patterns which allow for mutually satisfying need fulfillment.

Virginia Satir is the most widely known spokeswoman for the communication model of family therapy. Satir considers the family unit to be one part of the total social environment. In her book, Conjoint family therapy (Satir, 1964), Satir outlines the three main concepts her communication model is based upon. The three basic concepts applied in family therapy are: 1) self-worth, 2) communication systems, and 3) family rules (Satir, 1975a, b).

The second model of family therapy is the systems model. The primary theorist in the systems model is Murray Bowen. Bowen views the family as a system much like an organization or corporation (Bowen, 1966 1978). He includes the entire family and even the grandparents in his therapy. His model of family therapy came to be known as Family Systems Theory. Systems theory states that a change in one part of the system affects the entire system. The system will always seek to keep the status quo or balance within itself. From these premises, Bowen postulates his multigenerational transmission process by which parents

transmit dysfunction through their children.

The third model of family therapy is the structural model as theorized by Salvador Minuchin (1967; 1974). In the structural model, the family is the most basic unit of society. Minuchin believes that an individual's behavior can be significantly changed by altering the structure of the family system. Family structure has boundaries and is divided into subsystems between individuals in the family. The structure must adapt its boundaries to stress that occurs from the environment.

The fourth model of family therapy is the integrative model. Walsh (1975) outlines seven main concepts that are critical to the understanding of the integrative model. The seven fundamental concepts are: 1) teaching/learning, 2) support, 3) stability, 4) mutuality/privacy, 5) independence/dependence, 6) defining expectations, and 7) problem solving. These are the tasks of the family unit in the family growth process.

Working in the area of parent education in the schools, Kroth (1975) has been a leader in the development of procedures for teachers to use in parent training groups. He has outlined four steps to develop good listening skills to aid in communication with children. They are: 1) be supportive, don't criticize; 2) set a good example; 3) listen, get involved; and 4) repeat key ideas. Much of Kroth's work has been done in the areas of listening, comparing perceptions, problem statement, and preparation for parent conferences.

Two related fields of research and program development are assertive training and social skills training. Increasingly programs which used primarily communication skills or behavior management are implementing assertive and social skills training for parents and/or children. An

eclectic viewpoint has emerged in the literature, with programs developing which utilize many theoretical bases.

Assertive training techniques have also been used as an effective model of parent training. Alberti and Emmons (1978) define assertive behavior as:

Behavior which enables a person to act in his or her own best interests, to stand up for herself or himself without undue anxiety, to express honest feelings comfortably, or to exercise personal rights without denying the rights of others (p. 2).

Assertive training is a recent development and it has been applied to many populations. Garnett (1977) used assertion techniques with juvenile delinquents. Eight boys ages 13 through 17, received assertive training intervention including such techniques as modeling and role-playing. During the five-week one-hour sessions, emphasis was placed on developing appropriate relationships with authority figures. Staff feedback showed that the outcome was considered positive. Aiduk and Karoly (1975) modified nonassertive behavior in college students by use of assertive training techniques. Using behavioral rehearsal techniques and video-tape feedback, they compared their results with a no-treatment control group. Results indicated that the procedures incorporating rehearsal yielded changes on behavioral and self-report indices. McFall and Marston (1970) also assessed the effects of behavioral rehearsal on assertiveness. They tape recorded the client's responses to a pre-arranged telephone sales presentation in order to test for transfer of training to a new situation. While the results clearly demonstrated positive effects of treatment, specific behaviors altered as a consequence of assertive training were not clearly identified.

Eisler, Miller and Hersen (1973) found that subjects who rated high or low in overall assertiveness could be differentiated on several ver-

bal and non-verbal behaviors. Fourteen standard interpersonal situations requiring assertive responses were administered to 30 psychiatric patients. Responses were videotaped and rated. Results indicated that assertive patients exhibited shorter response latencies, louder speech longer speech duration, greater affect, less compliance and more requests for changes in the behavior of partners than unassertive patients.

Using assertive training skills with 80 fourth grade children, Michelson, Wood, and Flynn (1978) taught modeling and role-playing techniques in the classroom. The results indicated that training groups on all post assessment measures of assertiveness. Kazdin (1976) used covert modeling and role-playing techniques with 70 adults. Thirty-five scenes were used as stimuli for the subjects to imagine during treatment. The results indicated that covert modeling led to significant increases in assertive behavior as an outcome of self-report and behavioral measures.

Several excellent programs and texts are available for parents in assertive training. They include: Your perfect right (Alberti and Emmons, 1978), Assert yourself (Galassi and Galassi, 1977), Don't say yes when you want to say no (Fensterheim and Baer, 1975), Confidence in communication (Adler, 1977), and I can if I want to (Lazarus and Foy, 1975).

A related area of research, which in many ways overlaps with assertive training and communication skills training, is that of social skills training. Combs and Slaby (1977) in their review *Social Skills Training with Children* define social skills as:

Social skills refers to positive skills that are at least minimally acceptable according to societal norms and that are not harmful to others. This excludes exploitive, deceitful, or aggressive "skills", which may be of individual benefit (p. 162).

Little research has been done in the area of social skills due to the heavy influence of psychoanalytic psychology (Lewis and Rosenblum 1975).

Social skills training has been studied with various populations in different settings: with preschoolers (Greenwood, Walker, Todd, and Hops, 1977; Kohn and Rosman, 1972), with elementary school children (Winett and Winkler, 1972), with a withdrawn child (Palmer, 1977), in American schools (Cooke and Apolloni, 1976), by socially handicapped children (Vines, Basta, Griffin, Kapp, Monroe, Stone, Wilkins and Jackson, 1979), and longitudinally with third and sixth graders (Myers, Atwell, and Orbert, 1968).

Recent trends in parent education and training point toward the development of programs which provide both a communication skills approach and a behavioral management approach. Other programs also incorporate assertive training skills into their parent training procedures.

Foremost among these programs is The art of parenting (Wagonseller, Burnett, Salzburg, and Burnett, 1977). This program is a comprehensive multi-media package for training parents in effective child-rearing techniques. This program combines the use of audiovisual simulations with training handbooks related to specific skill areas for training parents. The program was designed as a 5-session workshop and was developed through years of field testing with hundreds of parents.

A more recent development in parent education advice is You and your child (Wagonseller and McDowell, 1979). The program focuses on common sense concerns of everyday living. It helps parents to understand and develop a consistent plan for managing their child's behavior. This book is set up for parents to utilize with study questions and answers.

Communication between parent and child and parent and professional are essential to the understanding and development of good interactions. Child management skills are an important part of the program and necessary to build successful relationships with children.

The Review of Literature provides us with an overall perspective of the development of parent education and parent training from Adler to more recent theorists. Trends have changed as new theories developed for dealing with child-rearing problems. Recently, programs have been developed which deal with in-home resolution of child-behavior problems combining a number of skill areas.

Several questions are generated from the review of the literature. Can a self-administered procedure be written for parents to train their children in their homes? Could parental perceptions toward their children be altered by such a procedure? Can parents use a self-administered program without professional guidance? And finally, would parents be satisfied with such a program?

Method

Subjects

The subjects for this study were intact family units. Seventeen families were recruited from the community of Las Vegas, Nevada. The criteria for accepting interested families into the study were as follows: A) each family unit had a mother and a father and at least one child between the ages of five and 16, B) each family lived separately (there were no other permanent adult residents in the homes), and C) all parents were older than 21 years of age.

Families seeking help to solve everyday child-rearing problems were enlisted through an enlistment flyer (Appendix A) distributed to students at Doris Hancock Elementary School and St. Francis de Sales School in Las Vegas. These two schools agreed to allow enlistment flyers to be handed out to their students. Prior to any involvement in the study, parents were requested to sign a client confidentiality statement (Appendix B).

Design

The study implemented the Pretest-Posttest Control Group Design (Campbell and Stanley, 1963). Using this design, two equivalent groups were achieved by randomization: a control group and experimental group.

The seven controls for internal validity are provided for in the Pretest-Posttest Control Group Design. History is controlled insofar as general historical events that might have produced a difference from pre to post in the experimental group, would also produce a difference in the Control group. Maturation and testing are controlled in that they should be manifested equally in both groups. Instrumentation is easily controlled where the difference is achieved by subject responses to a

fixed instrument such as the written tests. Regression is controlled, in that both experimental and control groups were randomly assigned from the same pool. Selection is ruled out as an explanation of the difference between groups to the extent that randomization has assured group quality. Experimental mortality was an equal factor in this study. Both the experimental and control groups lost two families before the onset of the program.

Four factors were considered that could possibly jeopardize the external validity of the experiment. The interaction of testing and treatment in the experiment is a possible problem. Pretests were administered to both experimental and control groups and it is possible that this altered the treatment outcome. There is also the possibility of the interaction of selection and treatment. The effects demonstrated may hold only for that unique population from which the experimental and control group were selected. Another factor limiting external validity is reactive arrangements. Subjects in this study were aware that they were taking part in a study. Subjects did fill out all information and run the program in their own homes. No multiple-treatment interference occurred because only one treatment was administered.

Samples

Families were randomly assigned to one of two groups:

- 1) Contact approach group. Parents assigned to the Contact approach group met with the coordinator as a group each week for one hour during a six week period. The C.A.P. program was explained and distributed to the group during the first session. In subsequent sessions, parents received specific feedback on their implementation of the program. Chil-

dren's progress as well as any difficulties encountered by a family were discussed by the group. Parents returned the completed C.A.P. charts to the weekly sessions and received materials for the following week. Initially, eight families were randomly assigned to the Contact approach group. Of this number, six families (N=6) participated in the study for the entire six week period.

2) No-Contact approach group. Parents assigned to the No-Contact approach group met individually with the coordinator in their own home. The C.A.P. program along with the necessary charts for each child were distributed to the family. The parent was informed to read the instructions contained in the C.A.P. program and to self-administer the program. The role of the coordinator was only to deliver the necessary materials and to pick up the completed charts each week. No professional assistance or information was administered to the families in the No-Contact approach group. Of the nine initial families randomly assigned to the No-Contact approach group, eight families (N=8) completed entire study.

Demographic Data

All families in both groups contributed demographic data (Appendix C) which included ten variables. The areas included: A) number of children in the family, B) father's age, C) mother's age, D) combined yearly income, E) number of male children, F) ages of male children, G) number of female children, H) ages of female children, I) number of children per family in the study, and J) age of children in the study.

Table 1 gives the mean scores for the ten demographic data variables. Table 1 indicates that there may be significant differences on variable A) average number of children per family, variable B) average father's age, variable C) average mother's age, and variable D) average

Table 1
Demographic Data of Contact and No-Contact Families

Group	Variable									
	A	B	C	D	E	F	G	H	I	J
Contact ^a	2.5	36.8	34.3	26	2.0	7.5	.5	8.3	2.1	8.7
No-Contact ^b	3.8	39	37.3	34	1.6	11.6	2.2	11.1	2.5	9.5

Note. A = average number of children per family

B = average age of fathers

C = average age of mothers

D = average combined annual income in thousands of dollars

E = average number of male children

F = average age of male children

G = average number of female children

H = average age of female children

I = average number of children in survey

J = average age of children in survey

^a $\bar{n} = 6$

^b $\bar{n} = 8$

yearly combined income.

The demographic data indicate that the No-Contact approach families averaged 1.3 more children than the Contact approach families. (Due to the ordinal nature of the data,) the Mann Whitney U Test (Mann and Whitney, 1947), a nonparametric test, was used to determine any difference between groups. With an N1 of 6 and an N2 of 8 and a probability level of .05, U_{11} has a probability of occurrence of .054. Thus, there is no significant difference between the No-Contact approach and Contact approach groups on the variable number of children per family.

Children in the Contact approach group ranged in age from five to 12 years of age, with a mean age of 8.7 years. Children in the No-Contact group ranged in age from five to 14 years of age, with a mean age of 9.5 years.

Parents in the Contact approach group ranged in age from 31 to 43 years of age. Parents in the No-Contact approach group ranged in age from 33 to 48 years of age. A t test (Winer, 1962) was computed to determine if age was a significant variable between the two groups of mothers. The results are listed in Table 2.

Table 2
 t Test for Mothers' Ages

	Contact Approach Mothers N=6	No-Contact Approach Mothers N=8
Mean	34.33	37.37
Sum of the Squares	31.28	191.82
Tabular t at .05 p. level = 2.179, Derived t = -1.31		

The tabular value of t at .05 probability level, with 12 degrees of

of freedom equals 2.179. The derived t of $-1.31 < 2.179$, therefore we fail to reject the null hypothesis and the Contact Approach and No-Contact Approach mothers do not significantly differ on age.

A t test was also computed to determine if age was a significant variable between the two groups of fathers. The results are listed in Table 3.

Table 3
 t -Test for Fathers' Ages

	Contact Approach Fathers	No-Contact Approach Fathers
	N=6	N=8
Mean	36.83	39
Sum of the Squares	80.78	172
Tabular t at .05 p. level = 2.179, Derived t = .882		

The tabular value of t at .05 probability level, with 12 degrees of freedom equals 2.179. The derived t of $.882 < 2.179$, therefore we fail to reject the null hypothesis and the Contact approach and No-Contact approach fathers do not significantly differ on age. All subjects were Caucasian, with the exception of one black female in the Contact approach group, and all came from middle socioeconomic backgrounds.

Sex was not considered as a factor, because the Parent Survey, Louisville and Program Evaluation do not have differential norms, nor was it considered for categorization. However, the Contact approach group had ten males and three females, while the No-Contact approach group had a more equal distribution of nine males and 11 females.

Families in the Contact approach group ranged in joint income between \$18,000 and \$34,000 annually, with a mean annual joint income of

\$26,200. Families in the No-Contact approach group ranged in joint income between \$23,000 and \$50,000 annually, with a mean annual joint income of \$34,000. A t test was performed to determine if the Contact and No-Contact approach groups differed significantly on joint income. The results are listed in Table 4.

Table 4
 t -Test for Joint Income

	Contact Approach Parents N=6	No-Contact Approach Parents N=8
Mean	26.2	34
Sum of the Squares	196.84	626
Tabular t at .05 level = 2.179, Derived t = -1.75		

The tabular value of t at .05 probability level, with 12 degrees of freedom equals 2.179. The derived t of $-1.75 < 2.179$, therefore we fail to reject the null hypothesis and the Contact approach group and No-Contact approach group do not significantly differ on joint income.

Experimental setting. Training sessions for the Contact approach parents were held in the office of the McManmon Group Home. During the training, parents were seated in a circle with the coordinator. Training materials were distributed to the parents during each of the six sessions.

The No-Contact approach parents self-administered the materials in their own homes. The coordinator visited each home each of the six weeks of the study to distribute materials.

Experimental procedure. Parents were informed of the experimental nature of the program. The program entitled Children's Activity Planner (C.A.P.) (Appendix D) was given to the parents. This program was

developed over a six-year period by the author at the Johnny Cake Child Study Center in Arkansas and at the Children's Behavioral Services Center in Nevada. The program was pre-tested with many families to work out the major flaws. The first pre-test of the prototype system was in a controlled setting with three observers in each home scoring 15 second intervals on a variety of behaviors. Afterwards, the procedure was entirely revamped. This study is an attempt to validate the program's effectiveness in a natural environment.

Children Activity Planner. The C.A.P. program contains written advice for assisting parents in defining, charting, and scheduling children's activities in their home. The system is based on a simple token economy which has been designed to be self-administered by the parents. Parents receive each of the following: 1) a C.A.P. handbook which describes how to use the program, 2) a progress chart to record data (Appendix E) for each child, and 3) responsibility and privilege labels (Appendix F) to place on the progress charts.

Progress data was recorded by the parents for each child on their individualized Children's Activity Planner chart as instructed in the C.A.P. booklet. The charts were filled out by the parents with each of their children individually. Using the responsibility labels, parents selected ten targeted areas for each child's chart to be worked on during the week. Five privilege labels were selected by the parent and child and placed on the chart. On the C.A.P. system, children earn or lose privileges depending on their progress in the ten targeted areas. The data was cumulated each day by the parents and collected each week by the coordinator. New materials were distributed each week.

Reliability. A procedure was devised to check on the reliability of

the reporting of progress data by the parents in the study. The procedure dictated that the coordinator make a telephone assessment each week of each family's data. The assessment was done at a random time each week (Appendix G). The coordinator requested the scores on the progress data chart and recorded this data from the parents. The parents at the end of the week returned the completed progress data charts to the coordinator who then recorded the scores. Reliability scores were computed by the percent of agreement between the scores obtained from the random telephone calls and the written reported scores. Reliability scores of 80 percent or higher were acceptable.

The reliability procedure was set up to ensure parents completing progress data on a daily basis in the homes. The telephone assessment showed a 100% agreement between scores tabulated on random weekly phone calls and written progress data collected each week.

Measures. Three measures were administered to the parents of both the Contact approach group and the No-Contact approach group prior to receiving any materials or instructions pertaining to the Children's Activity Planner Program. These measures included: 1) a Parent Survey, 2) the Louisville Behavior Checklist, and 3) a Program Evaluation (Table 5: List of Measures). The administration of the measures was repeated to all parents following the completion of the Children's Activity Planner.

The first measure utilized was the Parent Survey (Appendix H). This survey was administered in order to determine positive or negative differences in parental perceptions of their children's behavior between the Contact approach and No-Contact approach groups. The Parent Survey was pretested with six sets of parents from the Las Vegas, Nevada

area. The survey was constructed for use in this study and contained three areas: 1) school behavior, 2) home behavior, and 3) social behavior. Each area contained five questions pertaining to children's behavior in the targeted areas. The five questions on each of the three areas were chosen from a list of 85 questions formulated by the author as being pertinent to each area: 1) school, 2) home, and 3) social. The questions were then ranked by the parents and the top five questions in each area were used in the study.

Parents were instructed to use a rating scale to answer the questions concerning their child's behavior. A rating scale of one to five 1) never, 2) seldom, 3) sometimes, 4) often, and 5) always was used to rate the frequencies of a behavior for each question on the survey. This survey was also administered a second time following the completion of the Children's Activity Planner program.

The second measure utilized was the Louisville Behavior Checklist (Miller, 1977; Appendix I). The Louisville Behavior Checklist is an inventory of behaviors designed to help parents conceptualize and communicate concerns about their children. The inventory covers the entire range of social and emotional behaviors indicative of psychopathological disorders of childhood, from social competence to social deviance. The checklist helps parents to search their memories and to record behaviors characteristic of their children. The checklist is standardized for males and females, ages four through 18.

Both mother and father scored the checklist independently for each child in their family involved in the study. Questions were answered for each of five scales: 1) shyness, 2) aggression, 3) deviance, 4) hyperactivity, and 5) fear. The checklist was readministered following the

Table 5
A Schedule of Measures for Contact and No-Contact Parents

Group	Week					
	1	2	3	4	5	6
Contact	PS					PS
Parents ^a	LBC					LBC
	TA	TA	TA	TA	TA	TA
	AM	AM	AM	AM	AM	AM
						PE
No-Contact	PS					PS
Parents ^b	LBC					LBC
	TA	TA	TA	TA	TA	TA
						PE

Note. PS = Parent Survey

LBC = Louisville Behavior Checklist

TA = Telephone Assessment

AM = Attendance Measure

PE = Program Evaluation

^a_n = 6

^b_n = 8

completion of the Children's Activity Planner program.

The third measure was a Program Evaluation (Appendix J) that was administered to both the Contact approach group and the No-Contact approach group following the last week of the study. The evaluation was completed after all materials were returned to the author and all training sessions were ended. Both parents completed a program evaluation independently for the study. Six program areas were rated by the parents to determine the effectiveness of and satisfaction with the program, materials, and procedures. The six areas rated included the following: 1) effectiveness of the overall program, 2) satisfaction with program materials, 3) satisfaction with effects of the program upon the child, 4) effectiveness of independent usage of the program, 5) satisfaction with the ability of the program to help parents teach responsibilities, and 6) satisfaction with pleasantness in the home during the use of the program. Parents used the following seven point scale to rate their satisfaction on the six program components:

- 1) Completely satisfied
- 2) Satisfied
- 3) Slightly satisfied
- 4) Neither satisfied nor dissatisfied
- 5) Slightly dissatisfied
- 6) Dissatisfied
- 7) Completely dissatisfied

Finally, a measure of Attendance was taken with the Contact approach group families who attended the weekly one-hour training sessions. The total number of group sessions attended by either of the parents was recorded. Parents attended 83.3% of all of the sessions held. Table 6 shows the individual attendance for each family.

Table 6
Attendance at Weekly Group Training Sessions
for Contact Approach Parents

Family	Weekly Sessions					
	1	2	3	4	5	6
I	*	*		*	*	*
J	*	*	*	*		*
K	*	*	*	*	*	*
L	*	*			*	*
M	*	*	*	*	*	*
N	*	*	*			*

Results

Parents Survey. Treatment effect means for the Parent Survey are presented in Table 7. The Parent Survey was divided into three areas: 1) school, 2) home, and 3) social. T-tests were computed to determine if there were any significant differences between the Contact and No-Contact approach groups on pretest data. No significant differences existed at the .05 level of probability. Since there were no pretest differences and N_1 and $N_2 = 8$, t-tests were also used for the posttest data and an analysis of covariance was unnecessary.

In Table 7, school scores show the biggest increase from pretest to posttest with parents in both Approach groups showing more positive perceptions toward children's school progress after using the Children's Activity Planner Program. T-tests were computed to determine if the Contact approach mothers and No-Contact approach mothers differed significantly on their perceptions of the youth's progress on the Parent Survey posttest in three areas: school, home, and social behaviors. The results are listed in Table 8.

The tabular value of t at .05 probability level, with 12 degrees of freedom equals 2.179. The derived t for school progress is t = -.61, for home progress t = .097, and for social progress t = 0. All of the derived t's are less than the tabular value of t; therefore, we fail to reject the null hypothesis. As a result of the t-tests we conclude the Contact approach and No-Contact approach mothers do not significantly differ on perceptions of the youth's progress on the posttest in the areas of school, home, and social behaviors.

T-tests were computed to determine if the Contact approach fathers and No-Contact approach fathers differed significantly on their percep-

Table 7

Pre and Post Measures of Three Behaviors for
Contact and No-Contact Parents as Determined by Parent Survey

Behavior	Contact ^a		No-Contact ^b	
	Mom	Dad	Mom	Dad
School				
Pre	3.9	3.6	3.8	3.8
Post	4.0	3.9	4.0	4.0
Home				
Pre	3.6	3.4	3.3	3.3
Post	3.6	3.4	3.4	3.3
Social				
Pre	3.9	3.6	3.5	3.8
Post	3.9	3.6	3.6	3.6

Note. 1= never cooperates

2= seldom cooperates

3= sometimes cooperates

4= often cooperates

5= always cooperates

^an= 6

^bn= 8

Table 8

t-Tests for Parent Survey Posttest Results
 Group Means of Mother's Perceptions of Youth progress

	Contact Approach Mothers <u>n</u> =6	No-Contact Approach Mothers <u>n</u> =8
<u>School</u>		
Mean	19.7	20.5
Sum of Squares	26.85	66.53
<u>Home</u>		
Mean	18.2	18.1
Sum of Squares	34.62	9.37
<u>Social</u>		
Mean	19.1	19.1
Sum of Squares	14.36	11.97

Tabular value of t at .05 p. level = 2.179

Derived t for school = -.61

Derived t for home = .097

Derived t for social = 0

tions of the youth's progress on the Parent Survey posttest in three areas: school, home, and social behaviors. The results are listed in Table 9.

The tabular value of t at .05 probability level, with 12 degrees of freedom equals 2.170. The derived t for school progress is $t = .774$, for home progress $t = .076$, and for social progress $t = .841$. All of the derived t 's are less than the tabular t ; therefore, we fail to reject the null hypothesis. As a result of the t -tests we conclude the Contact approach and No-Contact approach fathers do not significantly differ on perceptions of the youth's progress on the posttest in the areas of school, home, and social behaviors.

Louisville Behavior Checklist. Treatment effects are presented graphically in figure 1 through 3. Figure 1 presents the number of reported parental perceptions of occurring behavior problems during pretest and posttest for both parents in the Contact and No-Contact approach groups. Both Groups experience a decrease in reported behavior problems. Figure 2 presents the mean scores of mothers and fathers from both the Contact and No-Contact approach groups on the pretest and posttest of the Louisville Behavior Checklist. Also presented is the mean score for both groups of mothers and fathers on the pretest and posttest. Again, both groups show decreases in children's problem behaviors from pre to post measures. Figure 3 presents the number of reported behavior problems on the five Louisville Behavior Checklist scales.

The five scales on the Louisville Behavior Checklist are: 1) shyness, 2) aggression, 3) deviance, 4) hyperactivity, and 5) fear. Both Contact and No-Contact group fathers and mothers show similar results in reporting less behavior problems on the shyness scale following the

Table 9

t-Tests for Parent Survey Posttest Results
Group Means of Father's Perceptions of Youth Progress

	Contact Approach Fathers <u>n</u> =6	No-Contact Approach Fathers <u>n</u> =8
<u>School</u>		
Mean	19.9	21.0
Sum of Squares	28.55	55.84
<u>Home</u>		
Mean	17.5	17.6
Sum of Squares	25.39	45.89
<u>Social</u>		
Mean	17.9	18.8
Sum of Squares	18.95	29.42

Tabular value of t at .05 p. level = 2.179

Derived t for school = .774

Derived t for home = .076

Derived t for social = .841

NUMBER OF REPORTED PARENTAL PERCEPTIONS
OF OCCURRING BEHAVIOR PROBLEMS

LOUISVILLE BEHAVIOR CHECKLIST

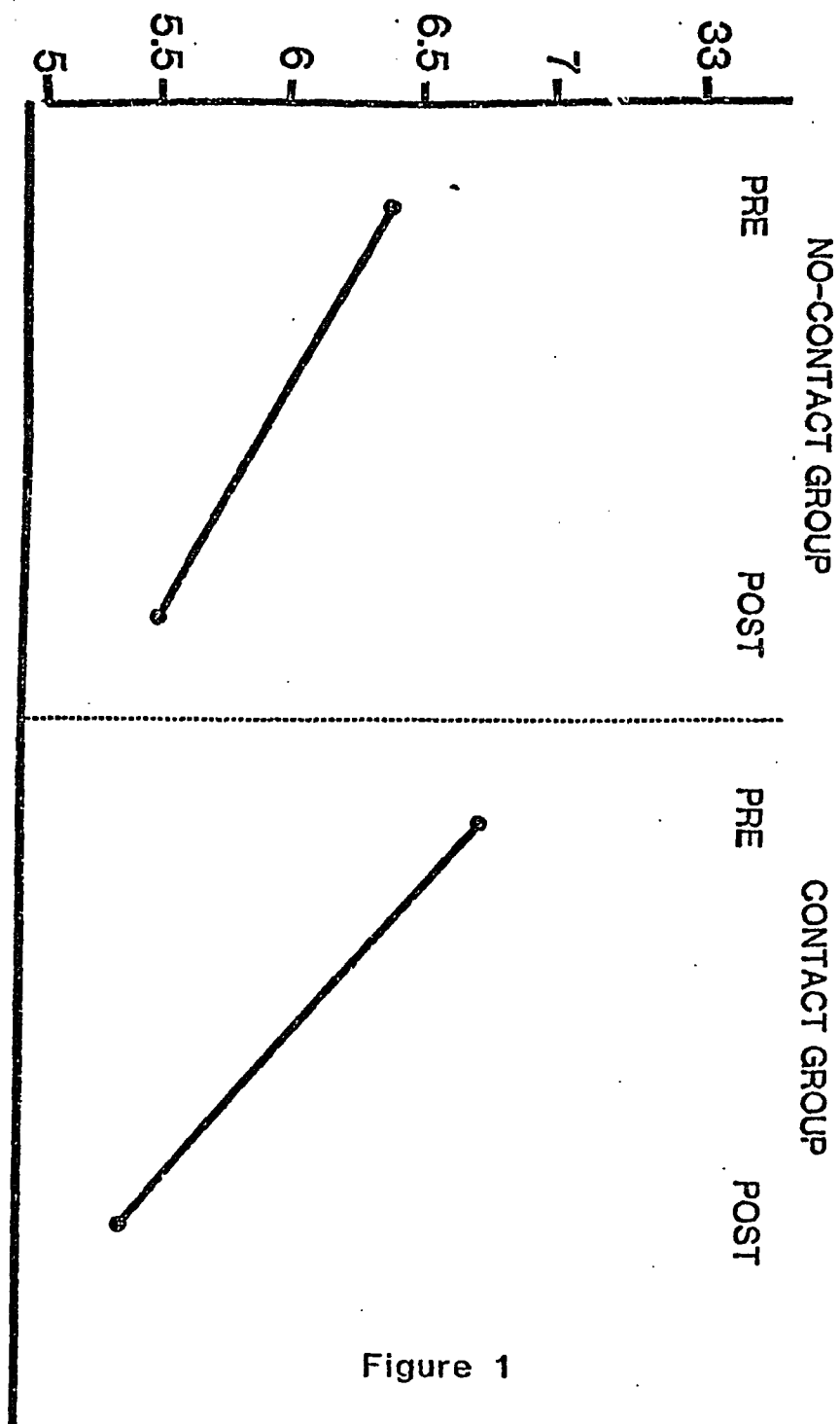


Figure 1

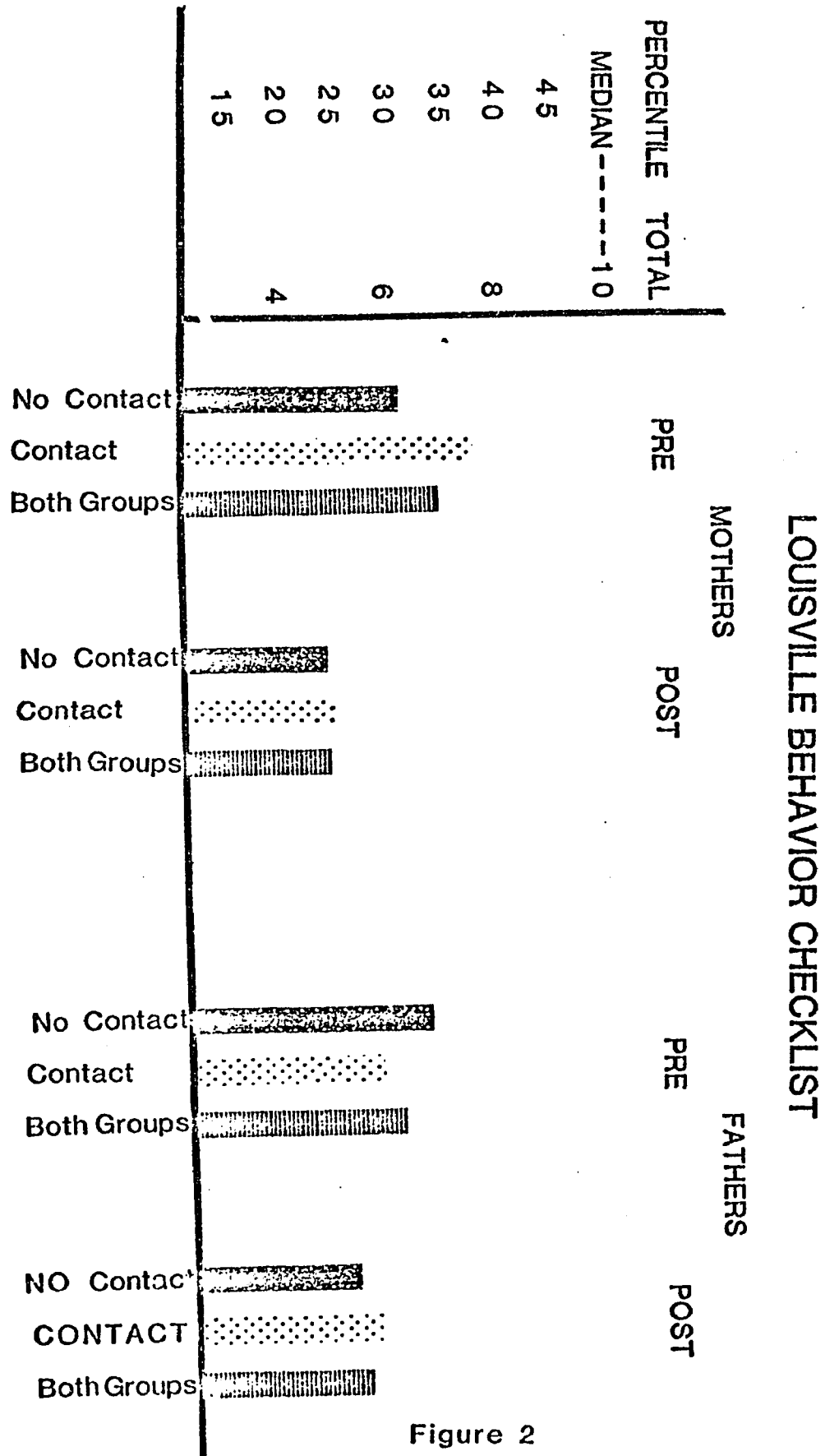


Figure 2

LOUISVILLE BEHAVIOR CHECKLIST

51

NUMBER OF REPORTED BEHAVIOR PROBLEMS ON FIVE SCALES

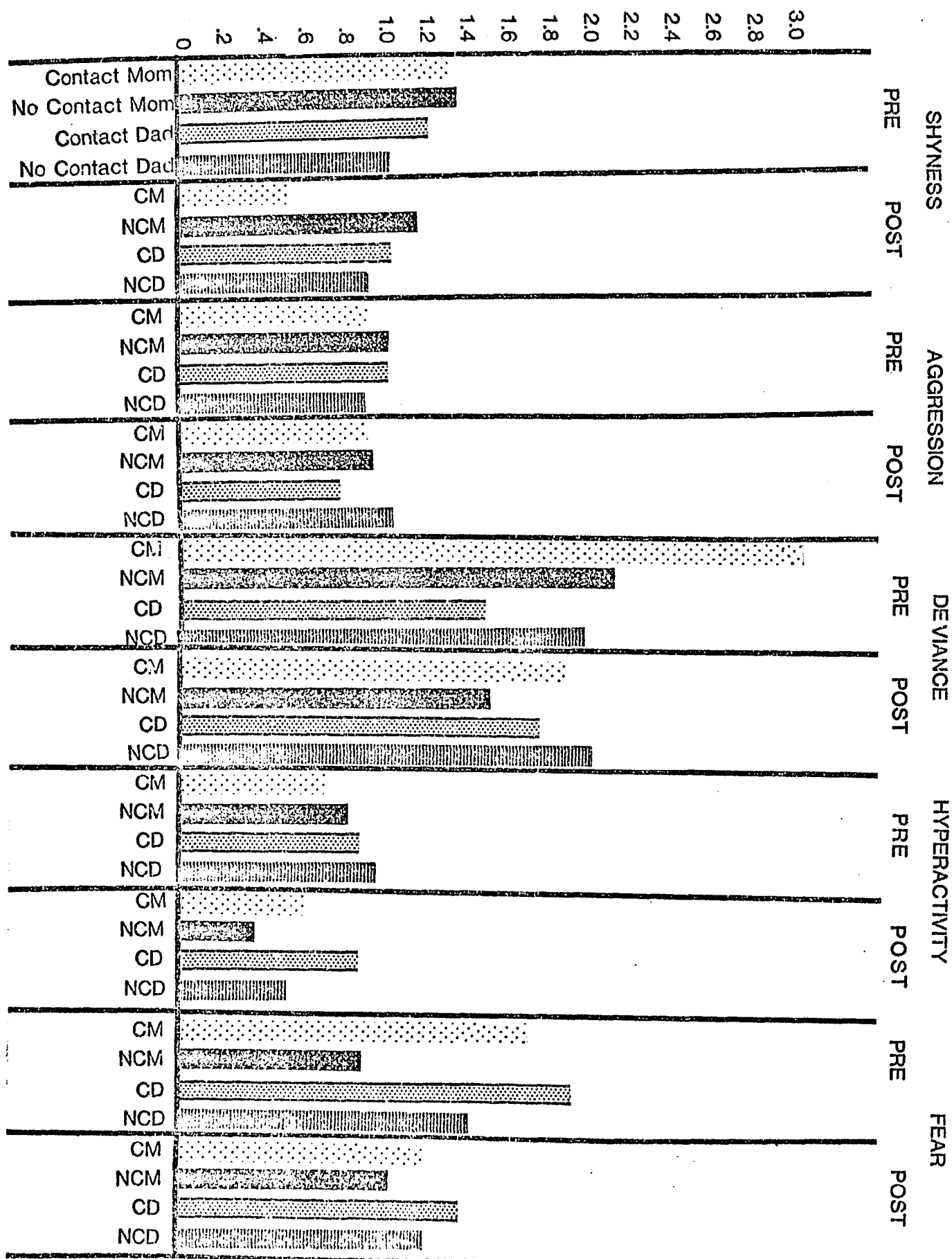


Figure 3

C.A.P. program. On the aggression scales all parents scored improvements except No-Contact group fathers who reported a slight increase in aggression.

Similar results were reported on the deviance scale with both Contact and No-Contact group fathers reporting increases in deviance. Mothers reported decreases at the same time. On the hyperactivity and fear scales all groups had similar results, with a decrease of parental perceptions of the problem behaviors.

T-tests were computed to determine if the Contact approach mothers and No-Contact approach mothers differed significantly on their perceptions of their children's shyness, aggression, deviance, hyperactivity, and fear on the Louisville Behavior Checklist posttest. The results are listed in Table 10.

The tabular value of t at .05 probability level, with 12 degrees of freedom equals 2.179. The derived t for shyness is t = 1.44, for aggression t = .544, for deviance t = .733, for hyperactivity t = .744, and for fear t = .918. All of the derived t's are less than the tabular t; therefore, we fail to reject the null hypothesis. As a result of the t-tests we conclude the Contact approach and No-Contact approach mothers do not significantly differ on their perceptions of their children's shyness, aggression, deviance, hyperactivity, and fear on the posttest.

T-tests were computed to determine if the Contact approach fathers and No-Contact approach fathers differed significantly on their perceptions of their children's shyness, aggressions, deviance, hyperactivity, and fear on the Louisville Behavior Checklist posttest. The results are listed in Table 11.

The tabular value of t at .05 probability level, with 12 degrees of

Table 10

t-Test for Louisville Behavior Checklist Posttest Results

Mean Scores of Mothers on Five Scales

	Contact Approach Mothers <u>n</u> =6	No-Contact Approach Mothers <u>n</u> =8
<u>Shyness</u>		
Mean	.638	1.16
Sum of Squares	2.39	3.04
<u>Aggression</u>		
Mean	1.04	.831
Sum of Squares	1.54	3.71
<u>Deviance</u>		
Mean	2.06	1.54
Sum of Squares	12.13	6.63
<u>Hyperactivity</u>		
Mean	.541	.352
Sum of Squares	1.79	.899
<u>Fear</u>		
Mean	1.45	1.08
Sum of Squares	3.29	3.46

Tabular value of t at .05 p. level = 2.179Derived t for shyness = 1.44Derived t for aggression = .588Derived t for deviance = .733Derived t for hyperactivity = .744Derived t for fear = .918

Table 11

t-Test for Louisville Behavior Checklist Posttest Results

Mean Scores of Fathers on Five Scales

	Contact Approach Fathers <u>n</u> =6	No-Contact Approach Fathers <u>n</u> =8
<u>Shyness</u>		
Mean	1.20	.936
Sum of Squares	6.05	4.55
<u>Aggression</u>		
Mean	.93	.93
Sum of Squares	1.96	7.49
<u>Deviance</u>		
Mean	1.87	1.36
Sum of Squares	18.62	32.81
<u>Hyperactivity</u>		
Mean	.84	.56
Sum of Squares	2.75	21.4
<u>Fear</u>		
Mean	1.6	1.26
Sum of Squares	4.86	5.45

Tabular value of t at .05 p. level = 2.179Derived t for shyness = .521Derived t for aggression = 0Derived t for deviance = .459Derived t for hyperactivity = .368Derived t for fear = .69

freedom equals 2.179. The derived t for shyness is $t = .521$, for aggression $t = 0$, for deviance $t = .459$, for hyperactivity $t = .368$, and for fear $t = .69$. All of the derived t 's are less than the tabular t ; therefore, we fail to reject the null hypothesis. As a result of the t -tests we conclude the Contact approach and No-Contact approach fathers do not significantly differ on their perceptions of their children's shyness, aggression, deviance, hyperactivity, and fear on the posttest.

Program evaluation. At the conclusion of the study, parents in both the Contact and No-Contact approach groups were administered a Program Evaluation. Figure 4 presents parental satisfaction ratings for mothers and fathers in a combined mean score. Both Contact and No-Contact approach parents scored their satisfaction with the Children's Activity Planner program with scores of six equaling satisfaction with the program.

Six areas of program satisfaction were scored by the parents on the Program Evaluation. The six areas rated included the following: 1) effectiveness of the overall program, 2) satisfaction with program materials, 3) satisfaction with the effects of the program upon the child, 4) effectiveness of independent usage of the program, 5) satisfaction with the ability of the program to help parents teach responsibilities, and 6) satisfaction with the pleasantness in the home during the use of the program. Scores ranged from a high of 1.1 by Contact group fathers on satisfaction with materials, to a low of 3.3 by the same group on better home atmosphere. Table 12 shows the complete results of the program evaluation for all groups. Because of the nature of the evaluating data no parametric or nonparametric tests were conducted,

PROGRAM EVALUATION

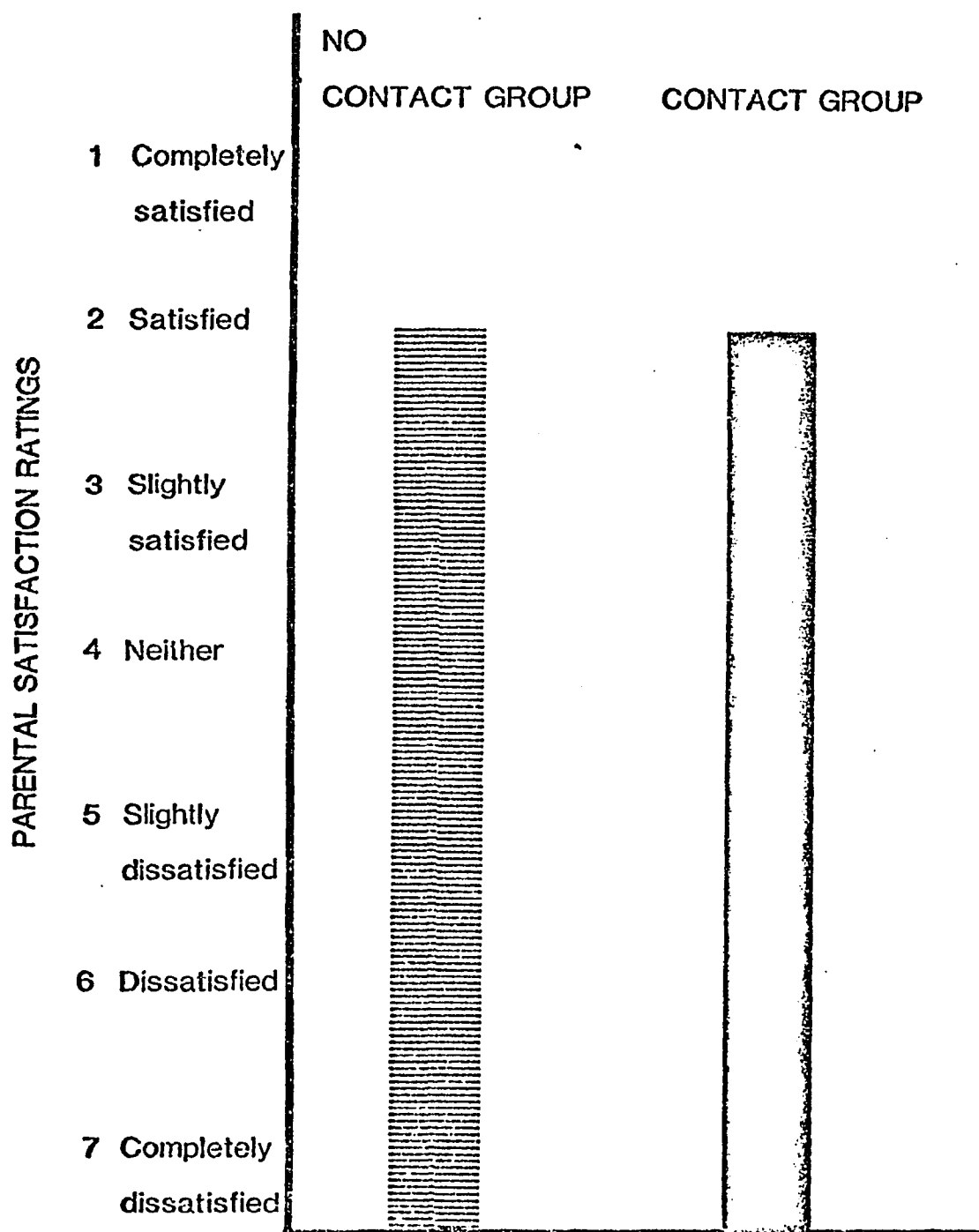


Figure 4

Table 12

Program Evaluation on Six Different Measures

Group	Variable					
	A	B	C	D	E	F
Contact ^a						
Mom	2.1	1.3	2.5	2.5	2.5	2.8
Dad	2.0	1.1	2.3	2.3	2.5	3.3
No-Contact ^b						
Mom	2.1	1.6	2.3	2.1	2.0	2.3
Dad	2.1	1.8	2.5	2.1	2.5	2.5

Note. A = satisfied with program

B = satisfied with materials

C = satisfied with effect on child

D = satisfied without outside help

E = helps teach kids responsibility

F = better home atmosphere

1 = Completely satisfied

2 = Satisfied

3 = Slightly satisfied

4 = Neither satisfied nor dissatisfied

5 = Slightly dissatisfied

6 = Dissatisfied

7 = Completely dissatisfied

^a_n = 6

^b_n = 8

Discussion

The results of this study support the efficacy of self-administration by families of parental advice procedures without extensive professional involvement. Two groups of parents, randomly assigned to Contact and No-Contact approach groups, performed equally as well independently or with professional help. The Contact approach group was given one hour of professional assistance per week to learn how to implement the Children's Activity Planner program, while the No-Contact approach group self-administered the program without any professional assistance.

Two hypotheses were considered in this study. First, it was hypothesized that the No-Contact approach parents would show no significant difference from the Contact approach parents in their positive or negative perceptions of their children's behavior, both before and after the use of the Children's Activity Planner.

Positive perceptions of youth behavior increased for both the Contact and No-Contact approach parents on both measurement instruments implemented. Similar results were reported by Patterson (1973) and Forehand and King (1977). Parents attitudes changed toward their children after receiving training in behavior modification techniques.

It was further hypothesized that there would be no significant differences between the scores of the Contact and No-Contact approach groups on the Louisville Behavior Checklist. And indeed no significant differences were found on any of the five scales of the Louisville Behavior Checklist for either approach group. This, however, may be due to sample size. Possibly, differences noted between Contact and No-Contact mothers and fathers might reach significance with a larger sample of

families.

For a given p level, the values of t required to reject the null hypothesis are progressively higher for progressively smaller samples; as the size of the samples becomes larger (approaches infinity) the score distribution approaches normality (Gay, 1976, p. 252).

Mothers and fathers showed slightly different results on the Louisville Behavior Checklist. Mothers in both groups initially scored their children with more behavior problems than fathers. After completion of the Children's Activity Planner program mothers scored their children with less behavior problems than fathers. A possible explanation of these results is that since fathers did not actively participate in running the C.A.P. program as much as mothers; they did not see as much change in their scores from the beginning of the study to the conclusion. As predicted, no significant differences were found on any dimensions of the parent survey between Contact and No-Contact approach groups. Parents positive perceptions of youth school progress increased. This may be due to the academic orientation of the materials and the Children's Activity Planner program itself. The home behavior of youths remained the same, while youths' appropriate social behavior scores actually decreased slightly for No-Contact approach group fathers.

Another explanation for the increase in parents perceptions of school progress relates to the organization ability parents acquired using the scheduling advice in the C.A.P. program. Many families were able to schedule time for homework on their children's progress chart which then served as a prompt or cue for assignment completion. Also, the fact that parents received the enlistment flyer from school requiring volunteers for this study might have created a misconception that the program was primarily academically oriented.

The second hypothesis stated that the No-Contact approach parents would show no significant differences from the Contact approach parents in their positive or negative ratings of satisfaction after the use of the Children's Activity Planner program. Both groups scored a mean of 6 on the Program Evaluation measure which is a rating of satisfied. Program Materials were rated completely satisfied while the Home Atmosphere was only rated slightly satisfied by No-Contact group fathers. These results were considered to be consistent with the hypothesis of no significant differences between Contact and No-Contact approach groups.

An alternative to the hypotheses presented in this study is that the lack of differences between groups on the posttest was due to pretest treatment interaction.

Pretest treatment interaction occurs when subjects respond or react differently to a treatment because they have been pretested. A pretest may sensitize or alert subjects to the nature of the treatment. The treatment effort may be different than it would have been had subjects not been pretested (Gay, 1976, p. 169).

Thus, results may be only generalized to other pretested groups.

The results of this study are limited in their external validity. It is difficult to generalize from a group of 14 families. The sample is small and the families who agreed to be in the study were possibly more interested than most families in working with their children. The question of whether the present findings can be generalized to families with deviant children in need of therapy is reasonable. Indeed, the experimental procedures were partially pretested with children with severe emotional problems.

Another possible explanation of the results may be the fact that the Contact approach group had older parents, with more children and a higher joint income. Even though these variables were found lacking in signif-

icance, they may have skewed the results enough to prevent the No-Contact approach group from having significant differences on some variables of the measures.

The design of this study could be improved in the future by increasing the number of families in the sample. Also, it is possible to broaden the range of measures used. A combination of naturalistic observations with other methods such as a variety of paper and pencil tests or other unobtrusive measures could be utilized. It seems necessary to develop more assessment instruments which combine the specificity of parent in home data with direct observation.

There are several strengths of the current research study. These strengths include supporting the current research available on professional intervention in the home environment. The first is seen in the ease and quickness with which parents were able to use the experimental procedures which had an immediate effect on organization and scheduling children's activities. In the past, it has often been the case that too much time lapsed between parents initial attempts to secure help with problem behaviors and the actual onset of therapy. The C.A.P. procedures have contributed to lessening this gap.

The second strength is seen in the ability of the Children's Activity Planner to be self-administered by parents in their homes without professional assistance, and for it to have an equal effect as when used by a professional helping parents.

The third strength of the current research is the materials used, namely the Children's Activity Planner. Parents rated the materials highest on the program evaluation measure. Some factors which may have influenced their opinions related to 1) language level and understanding

of written materials; 2) high youth interest in the progress data charts and picture labels which could be colored; and 3) the cost efficiency of the materials.

Summary

An attempt was made to investigate two strategies for implementing a self-administered parental advice procedure for training and maintaining responsibilities among family members.

The population for this study included families seeking to solve common child-rearing problems. Fourteen families from two elementary schools in Las Vegas, Nevada participated in the study. Families were divided into two groups: Contact approach and No-Contact approach. Contact approach parents received one hour of professional assistance per week. The No-Contact approach parents self-administered the Children's Activity Planner in their homes. An analysis of demographic data showed no significant pretest differences between the groups on the variables of sex, age, and combined annual income.

The research reviewed earlier indicated that few self-administered programs exist for resolving common child-rearing problems in the home. It has been shown that parent training which occurs in the natural environment has a significantly better effect on the subjects. Furthermore, it has been suggested that parents are the most effective therapeutic change agents for their own children because of their familiarity with their child and his or her environment. Parents are also knowledgeable of their child's past experiences and the best manner to approach their child.

The Children's Activity Planner was developed by the author. It consisted of: 1) a parent's handbook, 2) children's progress chart, and 3) responsibility and privilege labels. Parents utilized the handbook to organize and schedule children's responsibilities and privileges on the progress chart.

Two hypotheses were considered in this study. The first considered was that the No-Contact approach parents would show no significant difference from the Contact approach parents in their positive or negative perceptions of their children before and after the use of the Children's Activity Planner program. Pretest and posttest data were collected using two measures: 1) The Parent Survey, and 2) The Louisville Behavior Checklist. The second hypothesis considered was that the No-Contact approach parents would show no significant difference from the Contact approach parents in their positive or negative ratings of satisfaction after the use of the Children's Activity Planner program. Posttest data was collected using the Program Evaluation developed for this study.

Since the groups did not differ on pretest means, a t-test was used to test for significant differences on posttest scores for the Parent Survey and the Louisville Behavior Checklist. As hypothesized, results indicated no significant differences between the Contact approach and No-Contact approach groups on any scales of both the Parent Survey and the Louisville Behavior Checklist. Similar results were obtained applying the t-test to the Program Evaluation data for both groups. Again, no significant differences were obtained on the posttest between the Contact approach and No-Contact approach groups.

The results suggest that the Children's Activity Planner can be self-administered and utilized by parents as well as when used with one hour of assistance per week. It further suggests that parents were as equally satisfied with the materials, effectiveness, and usefulness of the Children's Activity Planner without regard to whether it was self-administered or used with professional assistance.

An alternative to the hypotheses presented is that the lack of

differences which occurred on the Parent Survey and the Louisville Behavior Checklist were due to the small sample size. It is possible that significant differences would be found on one or more variables on either measure with a larger sample, as the t value required for significance would be lower. Another alternative to the hypothesis is that the lack of differences between the Contact approach and the No-Contact approach groups on the posttests were due to the pretest treatment interactions. The results of this study are limited in their external validity due to the small sample size and the fact that the volunteer families were possibly more interested in working with children than other families normally would.

There are several strengths to the current research study: 1) the ease with which the procedure can be self-administered by parents contributes to closing the gap between the initial attempts to secure help and the actual onset of therapy, 2) the high degree of satisfaction and the interest ratings on the materials combined with their cost efficiency for parents was beneficial.

The possibility for future investigations exists, including a larger sample size and a more educationally and financially diverse population. Such an investigation should include a wide variety of measures and develop more assessment instruments which combine the specificity of parent in-home data with direct non-conspicuous observation.

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Appendix A

Dear Parent,

Within the next week I will begin a study to test a program I have developed in my doctoral program at The University of Nevada, Las Vegas. The program is designed to help families teach their children new skills, motivate them and organize responsibilities. Families who meet the requirements can use the Children's Activity Planner in their home.

We are looking for families with at least one child between the ages of five through 16, with both parents at home. The program will last six weeks at no cost to you.

The study will consist of reading and implementing materials, filling out evaluations and attendance at a one-hour parent group each week at my home--near Hancock School.

If you are interested in obtaining more information about the study:

PLEASE CALL MR. MICHAEL McMANMON

878-7739

or

COMPLETE THIS FORM AND RETURN TO SCHOOL WITH YOUR CHILD.

Please return this information to school with your child or call Mr. Michael McManmon, 878-7739

NAME _____

ADDRESS _____

PHONE _____

I have (number) _____ children living at home.

Their ages are: _____ years
 _____ years
 _____ years
 _____ years
 _____ years

Appendix B

Dear Parent:

I understand that this study is to test the Children's Activity Planner with my children in my home. I give my permission for my family to participate in this study.

I agree that any written materials concerning my family will be kept in confidence and used only for educational or research purposes.

I understand that I may revoke this authorization anytime, providing that I submit notification in writing.

Signature:

Date:

Appendix C

Demographic Data

Family name: _____

How many children do you have: _____

Age: _____ Sex: _____

What is your age? _____ Your Spouse? _____

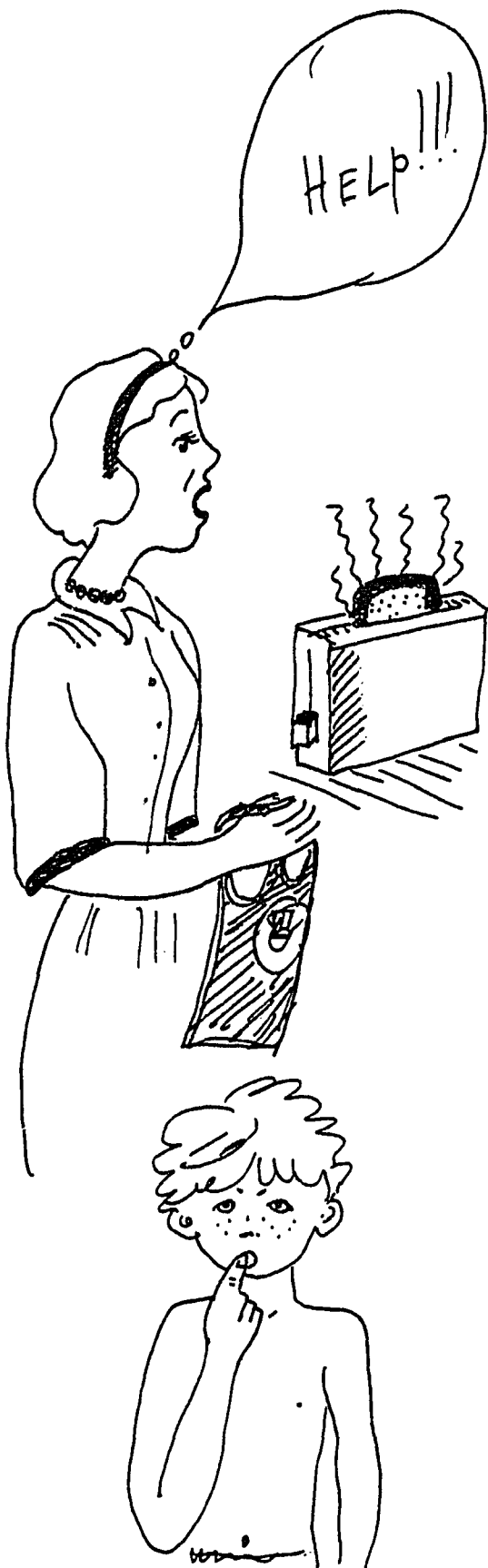
What is your yearly joint income? _____

Appendix D

Children's Activity Planner
(.C.A.P.)

Michael P. McManmon, Hewitt "Rusty" Clark
and
Evenlyn Hall

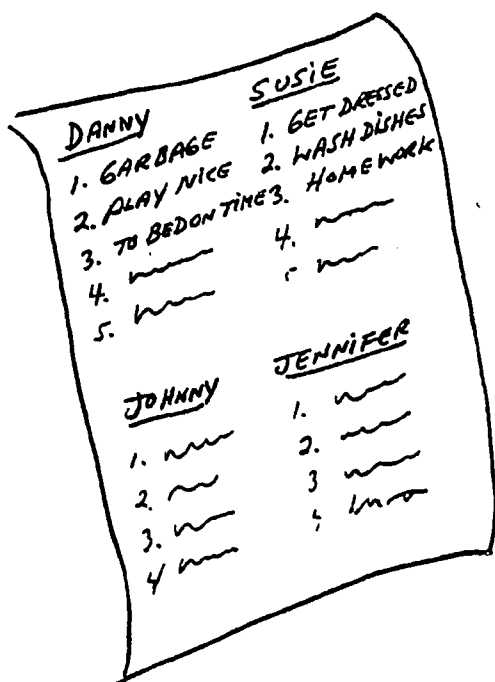
Art work: Rima Sternberg

CHILDREN'S ACTIVITY PLANNER (CAP)

Does your day begin like this: children rushing around, breakfast being prepared, beds being made, people coming and going? And does your day end like this: hungry children begging for snacks, weary parents pleading for quiet, pets needed to be fed, homework being put off, TVs and stereos blaring?

Many times we parents find ourselves in the middle of a tornado of activity which seems uncontrollable. Often, mom or dad ends up handling all the household duties left undone by other family members. Instead of enjoying the times of the day when all family members can be together, we parents may begin to dread these times because of the noise, confusion, and touchy tempers.

The CHILDREN'S ACTIVITY PLANNER (CAP) has been developed to help you and your children better enjoy each other and each day. As a parent, you probably want your children to learn to be responsible. Being responsible may mean not only that your children take care of themselves and their things, but also that they help take care of the home and other family members. Your children may need some additional help in learning how to be courteous, responsible, and considerate family members.



CAP will provide a way for you to assign and schedule daily duties or behaviors for your children. Dividing and scheduling duties for all family members will help free the bathroom and kitchen from crowding, decrease unpleasant bickering during the day, and relieve mom of too many duties. By removing some of the strain from mom and dad, CAP will help create a more relaxed climate for all family members to enjoy each other. As your children begin doing their new duties or behaviors, you as parents will need to give them special reminders and rewards.

One important way to remind and reward your children is to keep score. Just as we keep score in a variety of sports and games, your family needs to keep score on how well your children are doing with their new duties. Each of your children will be earning points for doing his/her duties well.

Another important way to remind and reward your children is to give them privileges. Throughout this program as your children learn to carry out their new responsibilities, they will receive privileges. We parents provide ourselves with free time to do whatever we find fun and relaxing after we complete some task. For example, after a day's work at home or in the office, you might relax with a good magazine or participate in an outdoor activity



like fishing or golfing. In the same way, the privileges used in this program will provide your children with fun activities that they can enjoy. By giving your children rewards to work for, you can teach them to work for goals. When they reach these goals, they gain their well-deserved rewards. Lists of home privileges and special privileges are included as suggestions or you may want to use other privileges you and your children find more effective. CAP shows you how to use these basic ideas in a system of duties and rewards in your own home.



One CAP chart should be used for each child in the family. The chart should be filled out in the afternoon or evening of the day before you start keeping score. At that time, go through each child's schedule with him or her separately. Make sure you and your child understand exactly what needs to be done for the behavior to be satisfactory.



For example, if the duty is making a bed, explain all the steps you want your child to follow--smooth covers, tuck in sheets, put on bedspread. Also tell your child what you want the bed to look like when the duty is finished--no wrinkles, no sheets showing, pillow in the center of the bed.



Post each child's chart on the wall or door in his/her bedroom. Have a pen/pencil available near the chart to initial when an activity is finished. Hanging the pen or pencil next to the chart by a string secured by a thumbtack usually works well. The child will make a checkmark next to each duty as he/she completes it. Then you, the parent, will check each duty and initial the box for that behavior under the day of the week.

The following sections of CAP will show you how you can use it to make your day a happy "family time". Before starting your children on CAP, we suggest that you:

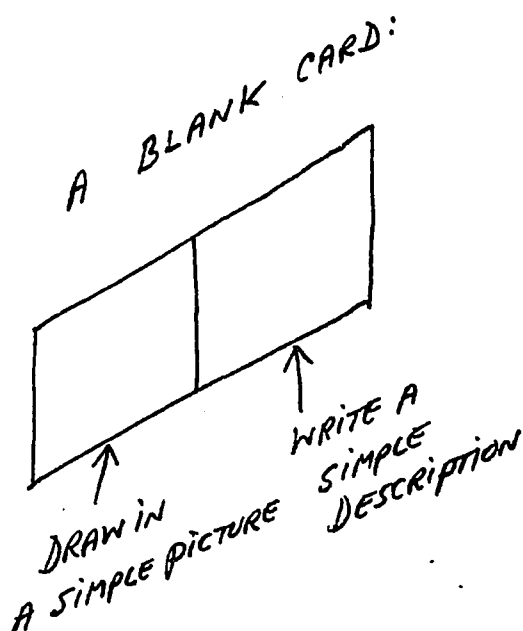
1. Read all the way through CAP first.
2. Look at the lists of Duties and Privileges.
3. Look through the detailed duty descriptions.
4. Take the quiz at the end of this booklet.
5. Review any material for which you answered questions incorrectly.

Now you are ready to begin.



Choosing Appropriate Activities

In the afternoon or evening of the day you wish to start using CAP, sit down in a quiet place with one child at a time. Working together, choose the activities for your child to begin the next day. You will probably want to consult the duty lists at the end of the book to help guide your choices. These lists are arranged according to the child's age and according to how often the duty should be done.



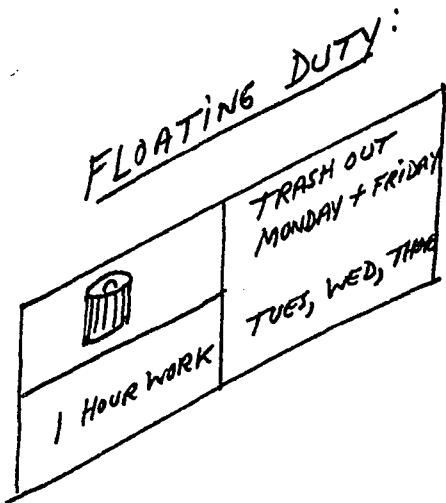
Remember that these duty lists are only guidelines for you and your child. You may wish your child to carry out duties not listed. For that reason, blank cards are included. Simply write in your description of that duty. You may also draw in a simple picture of the behavior if you wish.

It is important that you end up with exactly 12 duties for each child for each day. But all 12 duties for your child do not have to be identical for each day.

An example may help to clarify how this works.

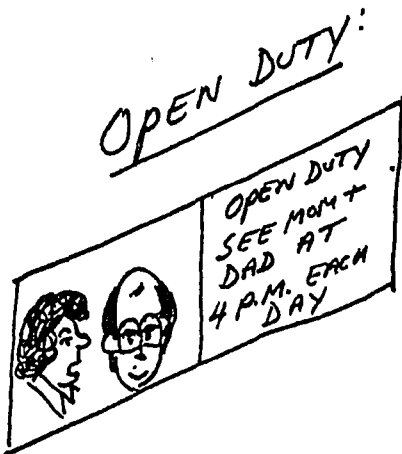
Suppose you and your son, John, age 8, are working on his daily plan. Looking at the duty list for children age 5-12, you both agree that John should focus on: Getting up the first time called, making bed, picking up dirty clothes, coming to the table

well-groomed, clearing table, on time to school, straightening towel, brushing teeth, bathing/showering and shampooing hair, and cleaning tub after use. You then locate these duty cards and remove them from the package.



So far, you have chosen only 10 to 12 duties needed for John. As another duty, you decide that John should take out the trash two days per week (on trash collection days) and do one hour of yard work for the other five days of the week. This is called a FLOATING DUTY. John still has a duty to do every day, but it is not the same duty each day.

You can set this up by using a Blank Card. Simply enter the duties and the specific days they should be done in the description area. You may draw small pictures if you wish or write your descriptions in colored pen or felt marker for appeal to your child.




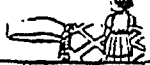











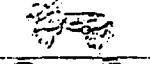


At this point, you have only 11 of the 12 duties for John. Perhaps you would like to have John do one duty each day according to your needs for that particular day. This is called an OPEN DUTY, and should be limited to a certain hour of the day.

Using a Blank Card again, you write "Open Duty, See Mom/Dad" on the card and a specific time, such as 4:00 p.m. Again, you may wish to add a picture

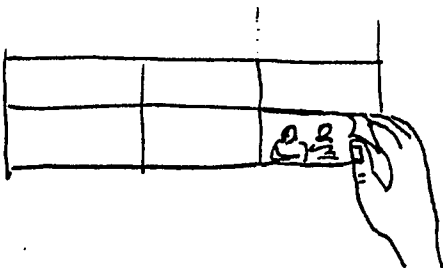
FIRST DUTY OR BEHAVIOR
DURING THE DAY

SECOND

THIRD

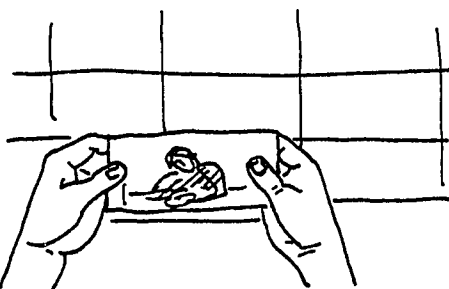
NAME:		WEEK:							
DUTY	POINTS	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	
	Wake up when called and get out of bed.								
	Make your bed: Beds spread neat and unwrinkled.								
	Put pajamas away. Put underwear, shirt, pants, belt, socks, & shoes on.								
	Wash face & hands, clean nails, comb hair.								
	Vacuum floor, dust furniture, empty trash in your room.								
	Be on time to breakfast and eat all your meal.								
	Finish breakfast on time.								
	Rinse dishes in soapy water and stack on counter neatly.								
	Brush your teeth before school.								
	Be ready for school on time.								
	Accepting points marked on Mak-It today without arguing with parents.								
	Accepting yesterday's privileges without arguing.								
PRIVILEGES	TOTAL	30							
	Go kite flying with Dad	POINTS	MON	TUES	WED	THURS	FRI	SAT	SUN
	Use roller skates								
	Have friend over for snack								
	Take cake in lunch to school								
HOME PRIVILEGES	TV, playing outside, regular bedtime								

or colored ink for your child's interest. Using these FLOATING and/or OPEN DUTY options may help you meet your special family needs.



After you and your child have chosen the 12 most important duties for him/her, locate those duty cards and remove from the duty stack. Arrange them in a time schedule from first at the top to last duty of the day at the bottom. Put the cards in their time position on the chart.

If you have several children, you should try to arrange the order of all your children's duties so that they don't overlap. That is, don't schedule several children to brush their teeth at the same time because the bathroom will be too crowded and make more chances of conflict.



Fill in the 12 duty cards from top to bottom by pulling off the paper backing and sticking them on the chart in order.

How to Keep Score

Once you have chosen the 12 most important duties for your child, you need to decide what each duty is worth.

The number values for each job will be based on these two rules:

- 1) How important you feel the duty is for your child.
- 2) How difficult you feel the duty is for your child.

- For the three behaviors you feel are most important and most difficult, give 5 points each.
 - For the three duties you feel are the next most important and next in difficulty, give 3 points each.
 - For the other six behaviors you feel are least important and least difficult, give 1 point each.
- You should have a total of 30 points when you are finished.

When you have decided the point value for a behavior, write that number in the space marked "points" next to the duty card.

Now, explain to your child that the duties must be done satisfactorily in order to get the points. If not done or sloppily done, no points will be given for that duty.

5 POINTS EACH

1. PLAYING COOPERATIVELY
2. TO SCHOOL ON TIME
3. _____

3 POINTS EACH

1. MAKING BED
2. HOMEWORK
3. _____

1 POINT EACH











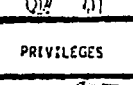



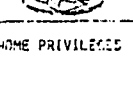

1. GARBAGE
2. BRUSHING TEETH
3. _____
4. _____
5. _____
6. _____

Make sure that you and your child understand⁹⁷
exactly what needs to be done to earn points for
each duty.

3 BEHAVIORS = 5 points

3 BEHAVIORS = 3 points

6 BEHAVIORS = 1 point

NAME:		WEEK:						
DUTY	POINTS	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
 Make up when called and get out of bed.	1							
 Make your bed: Bedsprad neat and unwrinkled	5							
 Put pajamas away. Put underwear, shirt, pants, belt, socks & shoes on.	3							
 Wash face & hands, clean nails, comb hair.	5							
 Vacuum floor, dust furniture, empty trash in your room	5							
 Be on time to breakfast and eat all your meal.	1							
 Finish breakfast on time	1							
 Rinse dishes in soapy water and stack on counter neatly.	3							
 Brush your teeth before school.	1							
 Be ready for school on time.	3							
 Accepting points marked on mak-it today without arguing with parents	1							
 Accepting yesterday's privileges without arguing.	1							
PRIVILEGES	TOTAL							
	30							
 Go kite flying with Dad	POINTS							
 Use roller skates								
 Have friend over for snack								
 Take cake in lunch to school								
HOME PRIVILEGES	TV, Playing outside, regular bedtime							

HOME PRIVILEGES

You have just seen how the CAP chart can help you remind and reward your child for his behavior as you listed his duties and assigned points for each.

THREE TYPES OF PRIVILEGES:

1. HOME PRIVILEGES
2. SPECIAL PRIVILEGES
3. BONUS PRIVILEGES

Giving your child privileges is another way to reward your child for doing his duties satisfactorily. CAP uses three kinds of privileges--Home Privileges, Special Privileges, and Bonus Privileges.


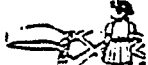





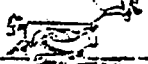



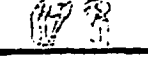

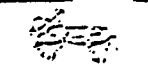


Home Privileges are your child's basic privileges.

They usually include: 1) staying up to the regular bedtime; 2) playing outside as usual; and 3) watching TV.

You should expect your child to earn a minimum number of points each day in order for the child to get these home privileges. This means he will have to do a certain number of behaviors to get the required number of points. If not, he/she will not be allowed his/her home privileges for that day.

The picture (indicate where) shows you that the Home Privileges card is already placed at the bottom of the chart.



NAME: _____		WEEK: _____						
DUTY	POINTS	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
	Wake up when called and get out of bed							
	Make your bed: Bedsprad neat and unwrinkled							
	Put pajamas away. Put underwear, shirt, pants, belt, socks, & shoes on.							
	Wash face & hands, clean nails, comb hair.							
	Vacuum floor, dust furniture, empty trash in your room							
	Be on time to breakfast and eat all your meal.							
	Finish breakfast on time							
	Rinse dishes in soapy water and stack on counter neatly.							
	Brush your teeth before school.							
	Be ready for school on time.							
	Accepting points marked on mak-it today without arguing with parents.							
	Accepting yesterday's privileges without arguing.							
PRIVILEGES	TOTAL 30							
	Go kite flying with Dad							
	Use roller skates							
	Have friend over for snack							
	Take cake in lunch to school							
HOME PRIVILEGES	TV, Playing outside, regular bedtime							



FOUR SPECIAL PRIVILEGES

So far you have helped your child choose 12 important duties and explained his/her Home Privileges. Now you and your child are ready to choose four Special Privileges which can be earned and enjoyed daily.

You may choose four privileges from the Special Privileges list and then locate the reward cards, or choose the privileges right from the stack of reward cards--whichever you and your child prefer.

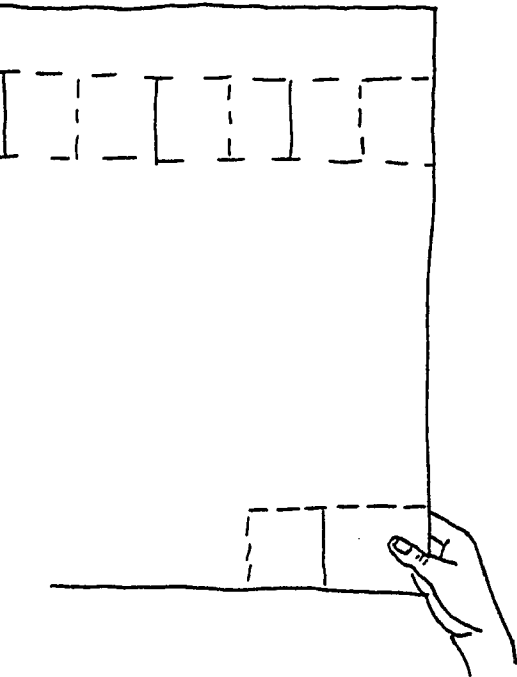
Two rules will help you to choose rewards wisely:

1) Choose rewards your child would really like.

2) Choose rewards you as a parent can provide.

Susan choosed "playing on the swings" as a reward, but you know she usually becomes bored and whiny after only five minutes on the swings. This is an example of choosing a reward unwisely, because Susan doesn't really like the activity.

John chooses "riding bicycle" as a reward, but John doesn't have a bicycle and you can't buy him one right now. This is an example of choosing a reward unwisely because it is impossible for you as the parent to deliver the reward.

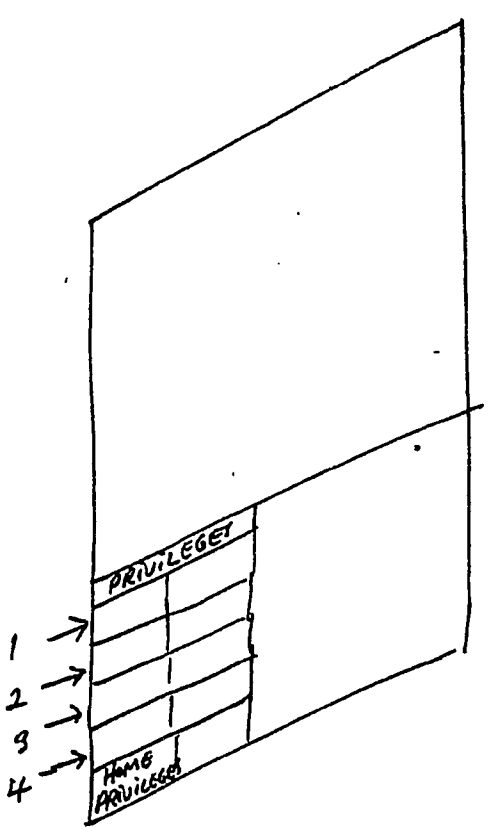


Mary chooses "coloring in her coloring book" as a privilege. She has a new box of crayons and several coloring books. You know that she loves to color and will spend hours absorbed in this activity. This is an example of choosing a reward wisely because it is something Mary really likes and somethings you can easily provide.



Remember these four Special Privileges are to be earned and enjoyed daily by your child. They should be chosen because the child likes them and because you can provide them.

When you and your child have chosen his/her Special Privileges, place the four privilege cards between the Duties Cards at the top of the chart and the Home Privileges Card at the very bottom of the chart. The cards should be placed on the chart in the order of importance to the child, with the top card in this area being the reward the child wants most.



The picture (specify where) illustrates how to put the cards on the chart.

	M	V.L.M.
	V.M.	V.L.M.

Every day, your child will put a checkmark on his/her chart after completing each behavior. Then you will look at his work and write your initials under the child's checkmark if the behavior has been completed correctly. Praise your child for completing his behavior correctly. In your praise describe what has been done, such as "You did very well today. You picked up all of your clothes and put them away." or "Your bed is very neat and unwrinkled. You did a good job."

EXAMPLE: MIDDAY



At midday or when your child comes home from school, add up the points he/she has earned so far for the day. You can record these points for part of the day by blacking in the day's privilege thermometer up to the right level. Later, when all behaviors have been completed, you can fill in the rest of the thermometer. The picture (indicate where) shows how the thermometer might look after your first tally of points.

EXAMPLE: EVENING



This will help you determine whether your child can begin to buy his/her Home or Special Privileges. It will also tell you whether you need to encourage your child to do his/her duties.

EXAMPLE:
BEDTIME

103

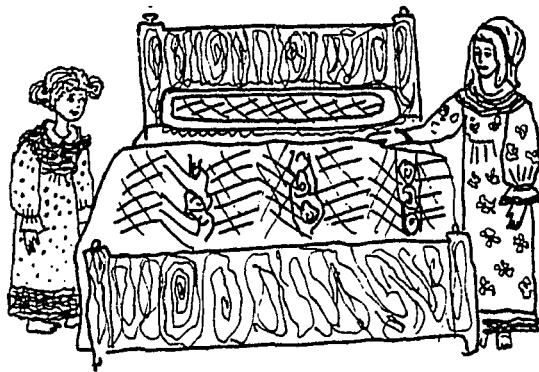
Again at bedtime, add up the total points for each child for the day. Enter his grand total for the day by the word TOTAL, and continue blacking in the day's thermometer up to the final correct level.

Remember, the Home and Special Privileges are to be given on the day that points are earned. Also, each behavior must be done correctly and completely in order for your child to earn points for that behavior.



Special Situations


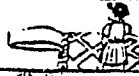









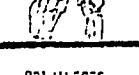
Maybe the specific descriptions for some behaviors do not fit your family situation. For example, if you have two children who share the same bed, put the Duty Card picture on each child's chart. Then teach those children to make the bed together and explain to them that both will earn their points when the bed is made properly. If not, neither will earn points for that behavior.


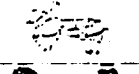


SHARED DUTY:

Look at the privilege section of the chart. During this first week, your child must earn 10 of the possible 30 points per day to have Home Privileges. With extra points, he/she can buy Special Privileges, beginning with the first one above Home Privilege.

By looking at the sample chart (where), you can see exactly how many points your child needs to buy each privilege. For example, if your son earned 14 points, he could buy the "take cake in lunch to school" privilege only. If your daughter earned 23 points, she could buy the "use of roller skates" privilege and both privileges below it.

NOTE: If a day occurs when your child does not earn the points necessary to buy Home Privileges, he or she will not be able to play outside or watch TV, and will have to go to bed 15 minutes earlier than usual.

NAME:		WEEK:	
DUTY	POINTS	MON.	TUE.
	Wake up when called and get out of bed		
	Make your bed: Bedspreed neat and unwrinkled		
	Put pajamas away. Put underwear, shirt, pants, belt, socks & shoes on.		
	Wash face & hands, clean nails, comb hair.		
	Vacuum floor, dust furniture, empty trash in your room		
	Be on time to breakfast and eat all your meal.		
	Finish breakfast on time		
	Rinse dishes in soapy water and stack on counter neatly.		
	Brush your teeth before school.		
	Be ready for school on time.		
	Accepting points marked on mak-it today without arguing with parents.		
	Accepting yesterday's privileges without arguing.		
PRIVILEGES		TOTAL	30

	POINTS	MON.	TUES.
	Go kite flying with Dad 26-30		
	Use roller skates 21-25		
	Have friend over for snack 16-20		
	Take cake in lunch to school 11-15		
HOME PRIVILEGES	TV, playing outside, regular bedtime 10		

YOU ARE NOW READY TO START USING THE CHILDREN'S ACTIVITY PLANNER.

THE FIRST MORNING

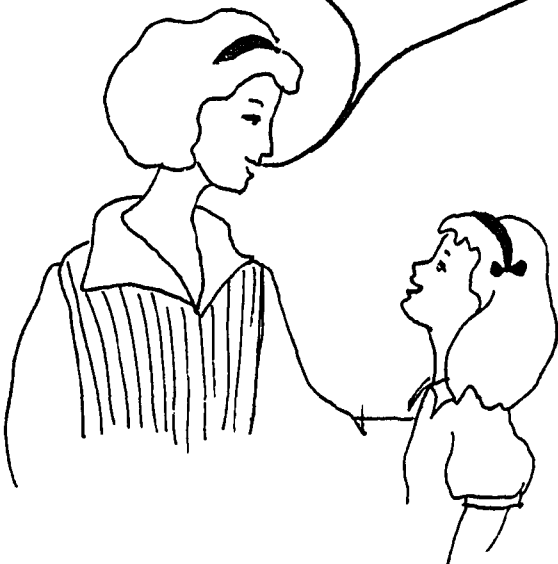
FIRST ON YOUR CHART MAKE
YOUR BED: PULL THE SHEETS UP,
PULL THE BLANKET UP,
SMOOTH THEM, ETC.



Try to walk through all the duties with each of your children. This will show each child what he/she must do to earn points for each behavior. Each behavior or duty has several parts. Explain and demonstrate each part of a behavior in detail. Then check to see if your child understands what each duty is.

One good way to check your child's understanding is to ask him to repeat back your instructions. Another way to make sure he/she understands is to ask the child to explain each part of a behavior as he is doing it.

YOU EARN ALL OF
THE POINTS FOR
LEARNING THESE NEW
RESPONSIBILITIES



Have the child do each behavior, starting with the one at the top of the chart and going down each duty in order. When the child says he has finished a behavior, have him put a checkmark next to the duty under the proper day of the week. Then you should initial in the space beneath the child's checkmark after you have seen that the duty is complete.

Give your child the total number of possible points for each duty the first two days as long as he cooperates with you.



YOU WALK THROUGH
WITH JOHNNY + SUSIE
AND I'LL TAKE
MIKE + JENNIFER

If you have several children, you may not be able to do a complete walkthrough with each child on the first morning. You may consider doing a walkthrough with the older children the afternoon or evening before, since they probably will remember your instructions better than younger children.

You may choose the three most important behaviors for each child and walk through only those behaviors on the first morning. Or perhaps both parents could participate, thereby allowing a more complete walkthrough with each child on the first morning.

THE SECOND MORNING

Circulate around from child to child, checking to see how they are doing with their new behaviors. Praise them when they are doing their duties correctly. Tell your children when they are incorrect and give them a second chance so they can learn. Also, answer any questions your children may have about their duties.





During the second week, your child will use a Form 2 chart. The main difference between Form 1 and Form 2 is the number of points necessary for home privileges. Explain to your children that they now have to earn 15 points to get their home privileges. (The first week we expected less because they were learning the behaviors, but now they should know how to do them.)














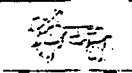


Changing Point Values

You may need to reassign or change the number of points given for some duty. Maybe the child is not doing the duty because of the low number of points assigned to it. Therefore, the points may need to be increased.

If you need to change the point value for a duty or behavior--brushing teeth from 1 point to 3 points--explain to your child that he/she can make more points for brushing teeth now than before. If it continues to be a weak area, the value can be increased to 5 points the next week.

Remember that when you raise the points of one duty from 1 to 3, you will need to lower the points of some other duty from 3 to 1. Likewise, if you raise points from 3 to 5, the points will have to be lowered from 5 to 3 on some other duty. When you have finished making the needed point changes you will still have a total of 30 points.

During the second week, your child will use a Form 2 chart. The main difference between Form 1 and Form 2 is the number of points necessary for home privileges. Explain to your children that they now have to earn 15 points to get their home privileges.

NAME:		WEEK:						
OUTY	POINTS	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
	Wake up when called and get out of bed.							
	Make your bed: Bedsprad neat and unwrinkled							
	Put pajamas away. Put underwear, shirt, pants, belt, socks, & shoes on.							
	Wash face & hands, clean nails, comb hair.							
	Vacuum floor, dust furniture, empty trash in your room							
	Be on time to breakfast and eat all your meal.							
	Finish breakfast on time							
	Rinse dishes in soapy water and stack on counter neatly.							
	Brush your teeth before school.							
	Be ready for school on time.							
	Accepting points marked on mak-it today without arguing with parents.							
	Accepting yesterday's privileges without arguing.							
PRIVILEGES TOTAL 30								
	Go kite fly- ing with Dad	POINTS 28-30						
	Use roller skates	POINTS 24-27						
	Have friend over for snack	POINTS 20-23						
	Take cake in lunch to school	POINTS 16-19						
HOME PRIVILEGES	TV, playing outside, regular bedtime	POINTS 15						

↑
HOME PRIVILEGES
NOW 15 points

Third Week

After the second week, Form 3 is used. Explain to your children that Home Privileges are earned for 20 points at this time. Your child should be able to accomplish his tasks more easily by now.

NAME:		WEEK:						
DUTY	POINTS	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
	Wake up when called and get out of bed							
	Make your bed: Bedsprad neat and unwrinkled							
	Put pajamas away. Put underwear, shirt, pants, belt, socks & shoes on.							
	Wash face & hands, clean nails, comb hair.							
	Vacuum floor, dust furniture, empty trash in your room							
	Be on time to breakfast and eat all your meal.							
	Finish breakfast on time							
	Rinse dishes in soapy water and stack on counter neatly.							
	Brush your teeth before school.							
	Be ready for school on time.							
	Accepting points marked on mak-it today without arguing with parents.							
	Accepting yesterday's privileges without arguing.							
PRIVILEGES	TOTAL 30							
	Go kite fly ing with Dad							
	Use roller skates							
	Have friend over for snack							
	Take cake in lunch to school							
HOME PRIVILEGES	TV, Playing outside, regular bedtime							

HOME PRIVILEGES
20 points

BONUS PRIVILEGES

A Perfect Day refers to a day when your child earns the top Special Privileges. As a parent, you will want to see a lot of perfect days. To encourage such days, you may wish to make a special contract with your child for a Bonus Privilege, such as a weekend camping trip, a month of musica lessons, or a weekend vacation from duties. For example, if John has three perfect days out of five during the week, he will earn a weekend camping trip. Or if Mary has four perfect days out of five, she will earn a month of music lessons.

The conditions of the contract you make with your child are up to you, but we recommend that you follow these basic rules:

- 1) Do not offer a Bonus Privilege until your child has completed the first three weeks of Children's Activity Planner to your satisfaction. If you feel your child is not cooperating or is not performing his duties as well as you would like, postpone offering the Bonus Privilege.
- 2) When you feel your child is ready, explain the Bonus Privilege.
- 3) Together with the child, choose the Bonus Privilege. Remember, it should be something your child really likes and something you can provide.
- 4) With your child, decide how many perfect days he/she needs to earn the Bonus.
- 5) Write the contract terms in the certificate provided for your use and hang it next to the chart. The sample certificate below shows you how to do this.

Example:

<p><i>BONUS CERTIFICATE</i></p> <p><i>IF I _____ EARN _____</i></p> <p><i>PERFECT DAYS IN ONE WEEK ON</i></p> <p><i>MY CAP CHART — THEN I WILL</i></p> <p><i>BE ABLE TO: _____</i></p> <p>_____</p>

PRIVILEGES

BONUS PRIVILEGES:

Making a Garment:

shop for pattern and fabric. May spend _____ hours per day for _____ days.

Lessons on Musical Instrument:

pay for _____ lessons on _____.

Horseback Riding:

_____ hours of riding time.

Camping Trip:

Weekend at _____ with family.

Weekend at _____ with friend's family.

Weekend at _____ with organized group.

Fair:

_____ hours at fair with family or friends.

Birthday Party:

party for _____ other children.

Magazine Subscription:

1 year subscription to _____.

Savings Account:

\$ _____ deposited in savings account each bonus week.

Sleep Over: (perhaps should be "special")

Can spend one school night/weekend night at friend's home. Get parent's permission or consent.

Circuses:

Mom/Dad pay for circus admission and provide transportation.

Going to Friend's House/Having a Friend Over: ("Special?")

spend _____ hours playing with friend.

Trip to museum, zoo:

spend day at _____ with family or friend.

New Pet:

get to choose and name new pet.

Driving Family Car:

get to use car for _____ hours on _____.

Sports Activities:

get to join _____ (e.g. Little League).

Organization Membership:

get to join _____ for _____ (6 months, year, etc.).

BONUS CERTIFICATE

Date: _____

If I _____ earn _____
perfect days in one week
on my C. A. P. chart.....
then I will be able to:



my name: _____

parent's signature: _____

BONUS CERTIFICATE

Date: _____

If I _____ earn _____
perfect days in one week
on my C. A. P. chart.....
then I will be able to:



my name: _____

parent's signature: _____

QUESTIONS AND ANSWERS

Question: Do you wonder how specific your instructions for duties to your children need to be?

Answer: A section at the end of this booklet entitled "Duties-Descriptions" has been provided to illustrate how much detail you need to give your children. In general, the younger the child the more detail he/she needs.

The descriptions provided are examples only; they are not intended to mean that there is only one correct way to perform these duties. You should instruct your children as you prefer a duty to be done.

Question: You may not get immediate results with your children. Then what should you do?

Answer: We suggest that you try the CAP system for at least three or four weeks. This will allow you and your children to get used to all the changes.

Question: What if the system doesn't work after 3-4 weeks?

Answer: We suggest then that you consult a child specialist for assistance. He may be able to spot your problem with implementing the system very quickly.

Bedroom

Getting up first time called
 Having a dry bed
 Making bed
 Tying shoes
 Buttoning shirt/dress
 Picking up dirty clothes
 Picking up toys

Bathroom

Washing face & hands
 Straightening towel
 Brushing teeth
 Brushing hair
 Cleaning sink
 Cleaning toilet
 Cleaning bathtub
 Cleaning counter
 Bathing, showering & shampooing hair
 Cleaning tub after use

Courtesies

Sharing toys
 Saying Please, Thank you, Excuse me
 Turning off lights
 Letting Mom/Dad sleep
 No running indoors

Kitchen

Coming to table well-groomed
 Setting table
 Pouring milk, juice
 Cleaning plate at table
 Cooking
 Clearing table
 Scraping dishes
 Rinsing dishes
 Washing cooking utensils/dishes
 Putting away place mats
 Wiping table
 Washing out sink
 1 V Wiping counter tops
 Unloading dishwasher or dish rack

General

Taking out trash
 Mowing lawn
 Yard work for _____ hours
 Watering plants
 Washing car
 Feeding dog/cat/other pet
 Emptying kitty litter
 Sweeping/mopping _____ room
 Vacuuming _____ room
 Dusting _____ room
 Straightening up _____ room
 Cleaning mirror
 Cleaning sliding door
 Folding/Putting away clothes
 Ironing for _____ hour
 Changing baby
 Babysitting for _____ hours
 Bringing in newspaper
 Running an errand
 Taking medicine

Bedroom

Getting dressed
Being on time
Picking up personal clutter

Bathroom

Maintaining Personal Hygiene
Leaving bathroom neat and clean
after use

Courtesies

Show good manners
Be considerate of others
Obey rules of the house

Kitchen

Coming to table well-groomed
Preparing complete meal
Cleaning up kitchen

General

Maintaining certain portion of
yard
Fixing sprinkler system
Washing car
Responsible for pet
Cleaning _____rooms
Cleaning windows
Cleaning mirrors
Doing laundry
Caring for younger child
Doing errands

PRIVILEGES

HOME PRIVILEGES:

1. staying up to regular bedtime
2. playing outside as usual
3. watching TV
4. playing with toys or reading as usual

SPECIAL PRIVILEGES (Immediate or Same Day)

Eating Snacks:

ice cream, candy, cookies, soda, fruit, cake, hot chocolate

Making Snacks:

popcorn, punch, cookies

Receiving Allowances:

_____ per week

Using Parents' Stereo:

Play _____ records, or Play _____ hours.

"Dressing up" in mom's or dad's clothes:

can use Mom's/Dad's _____ for _____ hours.

Phone Calls:

talk for 15 minutes.

Special TV:

can watch extra _____ hours.

Story Time:

Mom/Dad reads or tells stories _____ minutes.

Playing cards, games:

play _____ for _____ hours.

Painting or Drawing:

paint or draw _____.

Special outside play:

after dark _____ minutes.

after supper _____ minutes.

Using Dad's tools:

Dad instructs how to use _____, _____, _____.

Riding bicycle or tricycle

ride _____ minutes or ride to and from _____.

Flying a kite:

Put kite together, take out and fly.

Trip to library:

can go to library and check out _____ books.

Go skating:

_____ hours at skating rink.

Fishing:

one afternoon of fishing with dad or friend.

SHORT DESCRIPTIONS FOR CHART LABELS

TAKING OUT TRASH:

Empty baskets into one; take to garbage can.

MOWING LAWN:

Shoes on, mow, clean mower, put away.

YARD WORK FOR _____ HOURS:

Edging: Edge, clean tool, put away. Sweep walks. Dirt to garbage can.

Weeding: Pull weeds. Take to garbage can.

Pool Maintenance: Add water if needed. Brush sides of pool.

WATERING PLANTS:

Get water. Sprinkle plants.

WASHING CAR:

Get supplies, wash car and windows.

FEEDING DOG/CAT/OTHER PET:

Dog: Feed _____(time). Give water. Put dish in feeding area.

Cat: Feed at _____(time). Give water. Put dish in feeding area.

Other Pets: ? _____

EMPTYING KITTY LITTER:

Empty box. Clean and dry. New litter and baking soda.

SWEEPING, MOPPING, WAXING _____(Room)

Sweeping : From back to door of room. Dustpan. Wastebasket.

Mopping: (after sweeping) From back to door of room. Put away mop and bucket.

Waxing (after mopping): From back to door of room. Put away wax and waxer.

VACUUMING _____(Room)

Pick up loose things. Vacuum.

DUSTING (After vacuuming) _____(Room)

Light dusting (daily); Feather duster. Brush gently over all items.

Heavy dusting (weekly) Dust cloth. Move small items. Dust tables, shelves.

Polishing furniture (how often): Polish rags and polish. Remove small items.

Polish. Wait _____minutes to replace items.

STRAIGHTENING UP _____(Room)

Pick up items not in right place. Empty ash trays.

CLEANING MIRRORS/WINDOWS:

Window cleaner, rags, wash, shine. No spots or marks.

FOLDING/PUTTING AWAY CLOTHES:

Clean, dry clothes. Fold all. Stack by person. Lay on person's bed.

IRONING FOR _____ HOUR:

Ironing board, iron, water.

RUNNING AN ERRAND:

Repeat instructions. Money in purse. Be exact. Home promptly. Bring back change and receipt.

BRINGING IN NEWSPAPER:

Pick up _____(time). Put on _____(where).

TAKING MEDICINE:

(for child regularly on medication such as insulin)
 when to take _____
 how to take _____
 where stored _____

GETTING UP FIRST TIME CALLED:

Standing by bed.

CONTROLLING BED WETTING:

Dry bed, dry pajamas

MAKING BED:

Bed smooth, no sheets showing.

GETTING DRESSED:

Select clothes. Put on correctly, buttoned, tied and zipped.

PUTTING AWAY DIRTY CLOTHES:

Dry clothes in hamper. Hang wet clothes.

PICKING UP TOYS:

Pick up, put away

BATHROOM:

Washing face & hands

No dirt or soap on face or hands. Hang up washcloth.

Brushing teeth

toothbrush, toothpaste, brushing

Cleaning sink & bathtub

scrub with cleanser, no dirt or spots left

Cleaning Toilet

swab with cleanser, scrub all surfaces

Bathing, showering, & shampooing hair

take necessary supplies to shower, dry hair & body, dirty clothes in hamper

Cleaning tub after use

rinse, no ring in tub

EVERYDAY COURTESIES:

Sharing toys

take turns, play together

Using good manners

please, thank you, excuse me

Letting Mom/Dad sleep

quiet, away from bedroom door

Turning off the lights

last in room, going to bed

KITCHEN:

Coming to table well-groomed
neat and clean

Setting table
plates, silver, napkins, glasses neatly arranged on table

Cleaning plate at table
take small amounts, clean plate before seconds

Clearing table
scraps on one plate, stack and carry to sink until table is clear

Rinsing dishes
hold under running water

Washing cooking utensils/dishes
sink half full; wash, rinse, place in drain

Putting away place mats
wipe, stack, put away

Wiping tables or counter tops
wash, dry with towel

Washing out sink
scrub and rinse

DUTIES - DESCRIPTIONS

General - Daily or Weekend

TAKING OUT TRASH

Collect kitchen and bathroom baskets daily at _____ (specify time). Empty bathroom baskets into kitchen basket. Take kitchen basket out to garbage can and empty. Be sure to replace garbage can lid. Return to kitchen and reline basket with new bag. Put basket back in proper place.

YARD WORK FOR _____ HOUR(S)

EDGING: Get edging tool from storage area. Edge around front sidewalks, back sidewalks, drive, patio, _____ (other areas). Clean edging tool. Return tool to storage. Sweep up dirt and clods from edged areas and put in leaf bag. Take leaf bag to garbage can.

WEEDING: Pull weeds from flower bed, shrubs, _____ (other areas). Put weeds in leaf bag. Place leaf bag in garbage area.

MOWING LAWN: Have shoes on. Get mower from shed/garage. Add gas, if needed. Start mower. Mow _____ section first. Then mow _____. Clean mower. Return mower to storage area. Check gas supply. Tell Dad if more gas is needed or get more gas if needed.

POOL MAINTENANCE

Check water level each day. If below _____ (specify mark), add water by turning on valve or by running garden hose into pool. Turn off water after _____ (specify) minutes. Get pool brush from storage. Brush down sides of pool while water is filling. Put brush away.

WATERING PLANTS

Fill can or pitcher with water from _____ (specify which faucet). (List areas to be watered and how often). Empty extra water from container. Dry container and put away.

WASHING CAR:

Put on work clothes. Collect cleaning supplies, rags, soap, bucket, hose, window cleaner, paper towels, etc. Empty ash trays. Vacuum inside of car. Close all car windows. Spot scrub heavily dirty areas--fenders, white wall tires, hub caps. Hose down car. Wash, rinse, and dry car by small areas at a time. Clean windows inside and out. Pick up all supplies and put them away.

FEEDING DOG/CAT/OTHER PETS:

Dog: specify time of day _____. Pick up dog dish and rinse. Put _____ (amount) cans, cups, or scoops of dog food in the dish. Put the dish in the feeding area. Fill water container if low.

Cat: specify time of day _____. Pick up cat dish and rinse. Put _____ (amount) cans, cups, or scoops of cat food in dish. Put dish in feeding area. Fill water container if low.

Other pets:

EMPTYING KITTY LITTER:

Get large paper bag, baking soda, and fresh kitty litter. Empty kitty box into paper bag. Take box to outside faucet and rinse well. Dry with paper towels and bring back inside. Sprinkle baking soda over bottom of kitty box (about $\frac{1}{4}$ "). Put fresh kitty litter in the clean kitty box. Take bag of used kitty litter to garbage can.

SWEEPING/MOPPING: _____ (Room).

SWEEPING: Get broom and dustpan from _____. Start at back of room and move from side-to-side across room toward door. Sweep with easy motions so as not to stir up dirt. Collect dirt in one pile at door of room. Sweep into dustpan. Empty dustpan in _____ wastebasket. Put broom and dustpan away.

MOPPING: (only after floor has been swept). Get mop, bucket, and cleanser. Fill bucket half full with warm water and add _____ (amount) of cleanser. Begin at back of room and move side-to-side toward floor. Dip mop into bucket and squeeze out water. Push mop over _____ (size) section of floor. Repeat until entire floor has been covered. Empty bucket in _____ (where). Rinse bucket and fill again with clear water. Dip, squeeze, and apply mop to floor, repeating until area has been covered. Empty bucket in _____ (where). Put mop and bucket away.

WAXING: (only after floor has been mopped). Get wax and waxer. Begin at back of room and work side-to-side toward door. Pour small amount of wax on floor and spread evenly over _____ area of floor. Repeat until entire floor has been covered. Rinse waxer well. Squeeze out extra water. Put waxer and wax away. Wait _____ minutes before walking on floor.

VACUUMING: _____ (Room)

Get vacuum from _____ (where) and bring it to _____ (room). Empty or change bag if necessary. Pick up loose items (toys, papers, books, etc.) from floor and place them _____ (where). Plug sweeper into _____ outlet. (Specify furniture to be moved and how to be moved, i.e., turn end tables upside down on sofa, etc.). Turn on vacuum and adjust carpet height lever. Begin vacuuming, moving from back of room, side-to-side toward door. When finished, turn off sweeper, reset carpet height lever, and unplug sweeper.

- A. Rewind cord nearly. Return sweeper to storage area, or
- B. If vacuuming another room, repeat procedure from "pick up loose items" in the next room.

DUSTING: (after vacuuming) _____ (room)

Light dusting: Daily get feather duster from _____ (room). Without removing small items, gently brush duster over tables, shelves, chairs, lamps, and other items in _____ (room).

- A. Put feather duster away, or
- B. Repeat in next room.

Heavy dusting: Weekly. Get clean dust cloth from _____ (room). Spray both sides of cloth with Endust. Remove all items from each table or shelf. Work on one table or shelf at a time, remove all items, dusting each as you remove it, and lay on nearest chair or sofa. Dust shelf top or table, sides and legs. Replace small items as they were. Repeat procedure until all items (except overstuffed furniture) is dusted.

to polish and dry table top. Rub small damp rag over table edges and legs. Repeat for each item which needs to be polished. Replace small items on polished surfaces after _____. No wet spots of polish, no dust, everything in place. Put polish rag _____(where). Return polish to storage.

STRAIGHTENING UP _____(Room):

Pick up toys, paper, books, etc., and put away. Empty ash trays (be sure all ashes are cold) and wipe out with damp towel. No trash or papers in sight, everything where it belongs.

CLEANING MIRROR OR WINDOW:

Get window cleaner and rags or paper towels from _____. Spray small section of window or mirror _____(size). Wipe dry with one rag/towel. Finish drying with fresh rag or towel. Repeat until entire mirror has been cleaned. No streaks or spots on mirror or windows. Put rags or towels _____and put window cleaner away.

FOLDING/PUTTING AWAY CLOTHES:

Take basket of clean, dry clothes to _____(where). Fold socks, underwear, teeshirts, towels, sheets, pillowcases, etc. (as shown previously). Put items for each individual in separate pile. When finished, take each person's stack to his/her room and lay on his/her bed. Put clothes to be ironed in ironing basket in _____(where).

IRONING FOR _____HOURS:

Get ironing board from _____. Get iron from _____. Fill iron with distilled water _____(up to where) and plug in. Set heat indicator to _____(what). Bring basket of clothes to ironing area while iron is heating. Insert priority for items to be ironed, e.g. pants, then shirts, then dresses, etc. Insert possible quota for each hour. Insert specific instructions for how to iron each type of item. No wrinkles or wet spots.

CHANGING BABY:

Take baby to changing area. Make sure all necessary supplies are reachable -- wet cloth or tissues, powder, salve, lotion, fresh diapers. Strap baby to changing surface. Remove wet diaper and put to side. Put pins out of baby's reach. Wash baby's bottom. Apply lotion, salve, and/or powder. Put clean diaper on baby. Keep hand between baby and diaper so as not to stick with pin. Release baby to floor or crib. Take soiled diaper and wash cloth to bathroom and rinse. Put in diaper pail. Hang cloth near diapering area.

BABYSITTING FOR _____HOURS:

Take care of _____for _____hours. Stay in bounds. Give meal or snack. Answer phone and take messages.

BRINGING IN NEWSPAPER (specify time of day):

Check front lawn and drive for paper. If there, bring into house. Lay on _____ (where). If paper not here yet, wait _____ (minutes) and check again.

TAKING MEDICINE:

When to take, how to take (with glass of water or in spoon), where is medicine stored.

BEDROOMGETTING UP FIRST TIME CALLED:

Sit up. Turn and put feet on floor. Stand.

CONTROLLING BED WETTING:

Dry bed, Dry pajamas.

CLEANING UP AFTER BED WETTING:

Take sheets to laundry, remake the bed.

MAKING BED:

Remove pillow. Smooth bottom sheet by pulling at sides and tucking under mattress. Pull up top sheet and/or blanket, smooth and straighten. Replace pillow. Pull up bedspread and smooth and straighten. Bed is smooth, no sheets showing.

GETTING DRESSED:

Boys: Get shorts and socks from _____ drawer. Put on shorts and socks. Select shirt and pants. Put on shirt, button all buttons or pull over head. Pull on pants, tuck in shirt. Button and zip pants. Insert belt through loops. Buckle comfortably. Slip shoes on. Tie shoe laces in bowknot.

Girls: Get panties and socks from _____ drawer. Put on panties and socks. Select outfit (dress, slacks & shirt). Put on outfit. Button and/or zip. Slip on shoes. Tie shoe laces in bowknot.

PUTTING AWAY DIRTY CLOTHES:

Take off dirty articles. Put in hamper if dry. Hang _____ if wet. Then put in hamper when item is dry.

PICKING UP TOYS:

Pick up toys when finished playing or when time runs out. Take back to toy storage area.

WASHING FACE & HANDS:

Get washcloth. Stop up sink and fill half full. Wet and wring out cloth. Put soap on cloth. Rub over face and hands, avoid eyes. Wash ears and around finger nails. Wet and wring cloth again, rub over face and hands to rinse. Wet and wring cloth a third time. Unstop sink. Fold and hand up wash cloth _____ (where).

Washing Hands: Get towel and lay beside sink. Lather and rinse hands. Dry with towel. Fold towel and hang on rack neatly.

Brushing Teeth: Get towel and lay beside sink. Take toothbrush and toothpaste from cabinet. Remove cap, squeeze toothpaste on to brush, replace cap. Brush teeth, front and back, upper and lower, with side to side motion at gum line. Rinse mouth when finished and dry face with towel. Rinse toothbrush and put away with toothpaste. Fold and hang towel neatly on towel rack.

BRUSHING HAIR: Get own hairbrush from _____ (where). Straighten part in hair (if hair is worn with part). Brush from scalp to ends of hair. Remove loose hair from brush and throw in wastebasket. Put brush away.

CLEANING SINK AND BATHTUB:

Get cleanser and sponge from cleaning supply cabinet _____. Pour cleanser on sink or tub and scrub with sponge. Rinse sink or tub and sponge. No spots or dirt left on sink or tub. Faucet clean and shining. Put cleaning supplies away.

CLEANING TOILET:

Get bowl cleaner and toilet brush and sink cleanser and sponge. Pour bowl _____ (amount) cleaner into bowl and swab with brush. Flush, rinsing brush as toilet refills. Wash all surfaces of seat cover and stool with sponge and cleanser. No dirt or spots left on toilet. Put cleaning supplies away.

BATHING, SHOWERING & SHAMPOOING HAIR:

Get soap, towels, shampoo, clean clothes or pajamas, and take to shower. Remove all clothing, and set comfortable water temperature. Step into shower, wet hair, lather, rinse, lather again and rinse thoroughly. Wash body with soap and rinse. Turn off water, towel dry hair and dry body before stepping out of shower. Brush hair and blow dry. Put away soap, shampoo and towel. No water on floor, no mess left in bathroom. Put dirty clothes in hamper. Put shoes on or away.

CLEANING TUB AFTER USE:

Use bathroom sponge and small amount of water to rinse tub. No ring left in tub.

EVERYDAY COURTESIES

SHARING TOYS:

Includes taking turns, playing games together, loaning toys.

USING GOOD MANNERS:

Saying "Please, Thank you, Excuse me."

LETTING MOM/DAD SLEEP:

From _____ to _____. Do not make loud noises, do not open or knock on their door.

TURNING OFF THE LIGHTS:

If last in room, turn off light. Before getting into bed, turn off lights.

KITCHEN

COMING TO TABLE WELL-GROOMED:

Face and hands washed, hair combed, clothes neat.

SETTING TABLE:

Use place mats, silver, plates, glasses, napkins.

CLEANING PLATE AT TABLE:

Take only as much food as you will eat. Clean plate before taking more of anything.

CLEARING TABLE:

Scrape food scraps onto one plate. Stack plates, collect silver and glasses, and place on sink counter. Put away salt and pepper, sugar, etc.

RINSING DISHES:

Hold dishes and silver under running water. All loose food off dishes.

WASHING COOKING UTENSILS/DISHES:

Put stopper in sink and fill sink half full with warm water. Put in soap (how much) and get out drying rack. Wash glasses, then silver, then china, then cooking utensils. Rinse and put in drain. No food or soap left on washed items.

PUTTING AWAY PLACE MATS:

Wipe with damp cloth or towel. Stack. Put away.

WIPING TABLE OR COUNTER TOPS:









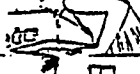



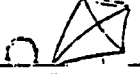



Wash and dry table or counter top using sponge and dish towel.

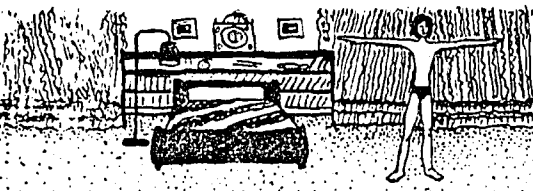
WASHING OUT SINK:

Pour in cleanser, scrub with sponge or dish rag. Rinse sink and sponge. Put cleanser and sponge away.

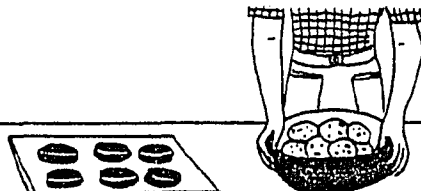
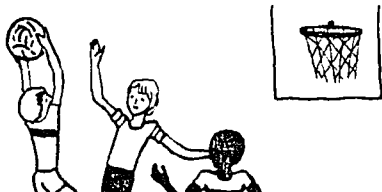
Appendix E

Progress Chart

NAME: _____		WEEK: _____						
CHITY	Points	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
	Wake up when called and get out of bed.							
	Make your bed: Bedspread neat and unwrinkled.							
	Put pajamas away. Put underwear, shirt, pants, belt, socks & shoes on.							
	Wash face & hands, clean nails, comb hair.							
	Vacuum floor, dust furniture, empty trash in your room.							
	Be on time to breakfast and eat all your meal.							
	Finish breakfast on time.							
	Rinse dishes in soapy water and stack on counter neatly.							
	Brush your teeth before school.							
	Be ready for school on time.							
	Accepting points marked on max-it today without arguing with parents.							
	Accepting yesterday's privileges without arguing.							
PRIVILEGES	TOTAL 30							
	Go kite flying with Dad.							
	Use roller skates.							
	Have friend over for snack.							
	Take cake in lunch to school.							
HOME PRIVILEGES	TV, Playing outside, regular bedtime.							

Home Privileges:

- 1) regular bedtime
- 2) playing outside
- 3) watching T.V.
- 4) playing with toys

Making Snacks: Popcorn, punch, cookies, etc.Story Time: Mom or Dad reads or tells stories.Home Privileges:

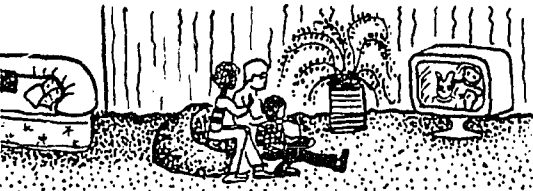
- 1) regular bedtime
- 2) playing outside
- 3) watching T.V.
- 4) playing with toys

Using Parent's Stereo:

Play _____ records
play _____ hours

Playing Cards or Games:

When _____
Game _____

Home Privileges:

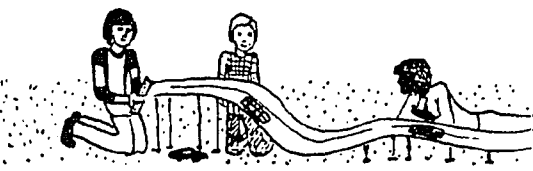
- 1) regular bedtime
- 2) playing outside
- 3) watching T.V.
- 4) playing with toys

Dressing up in Mom or Dad's clothes:

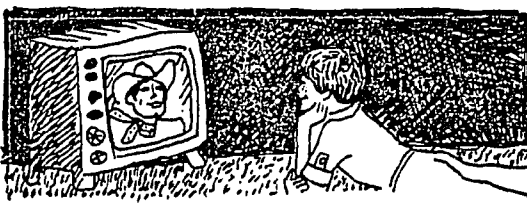
When _____

Painting or Drawing:

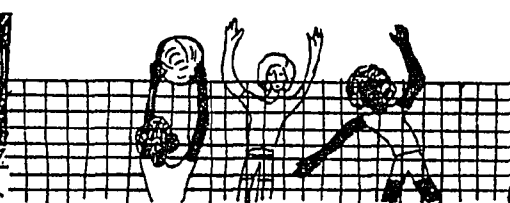
When _____
Where _____

Home Privileges:

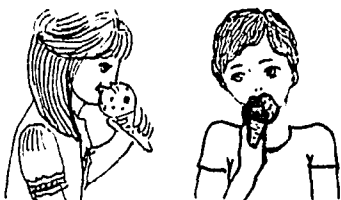
- 1) regular bedtime
- 2) playing outside
- 3) watching T.V.
- 4) playing with toys

Special T.V.:

Can watch _____ extra hours

Special Outside Play:

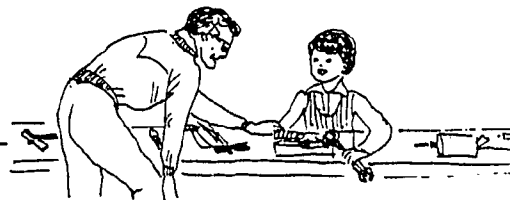
After dark _____ minutes
after supper _____ minutes
other _____

Eating Snacks:

Kind _____
when _____

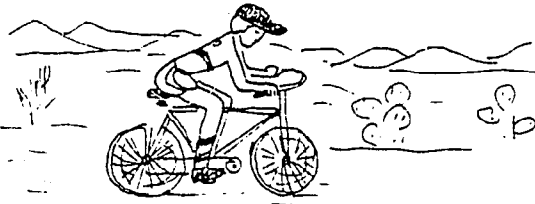
Extra Phone Time:

How much _____
when _____

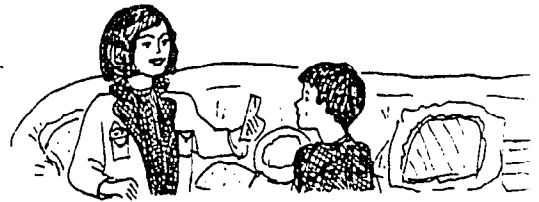
Using Dad's Tools:

When _____
where _____

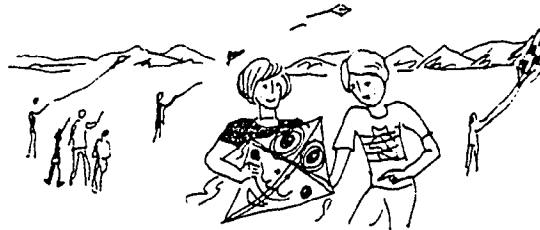
USE THESE BLANK
CARDS
TO CREATE NEW CARDS



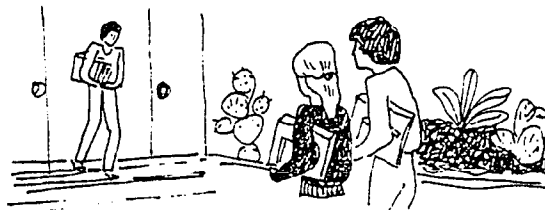
Riding Bicycle or Tricycle
Ride _____ minutes
ride to and from _____



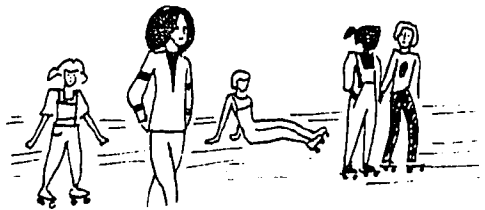
Receiving Allowances:
_____¢ per day



Flying a Kite: Put a kite
together, take out and fly



Trip to Library: Can go to
the library for
_____ time
_____ books



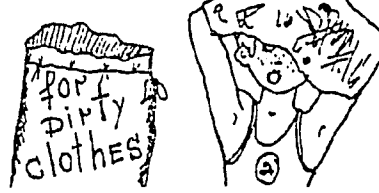
Go Roller Skating:
for _____ hours



Go Fishing:
When _____
where _____



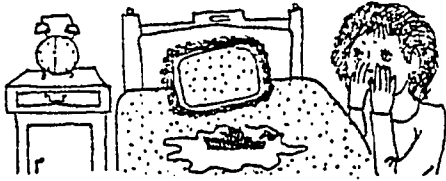
Getting Up First Time
Called: Standing by bed



Putting away Dirty Clothes:
 Dry clothes in hamper,
 hang wet clothes



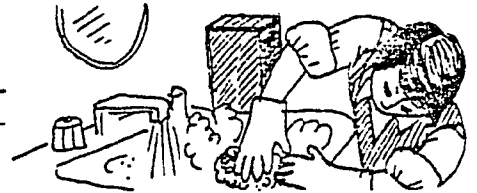
Brushing Hair: Brush
 hair--front, sides, back



Having a dry Bed:
 Dry bed and dry pajamas



Picking Up Toys: Pick up
 and put away neatly.



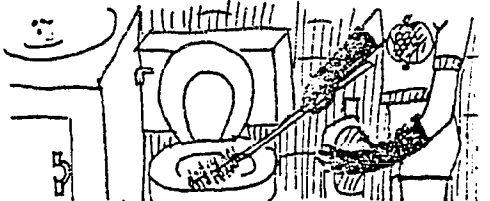
Cleaning Sink: Scrub with
 cleanser, no dirt or
 spots left, put away



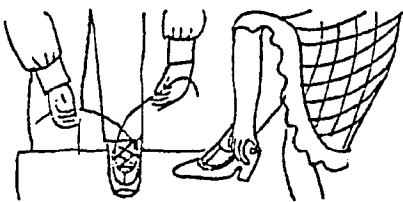
Making Bed: Bed smooth and
 no sheets showing



Wash Face and Hands: No
 dirt or soap on face or
 hands. Hang up towel



Cleaning Toilet: Scrub
 all surfaces with cleanser,
 wipe, put away



Tying Shoes: Put shoes on
 and tie them



Straightening Towels:
 Fold towel in half, put
 over rod and smooth



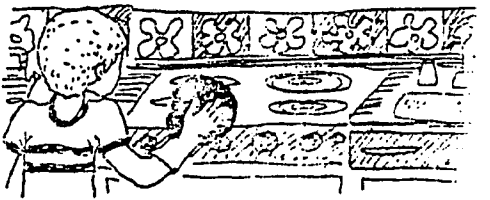
Cleaning Bathtub: Scrub
 with cleanser, no dirt
 or spots left, put away



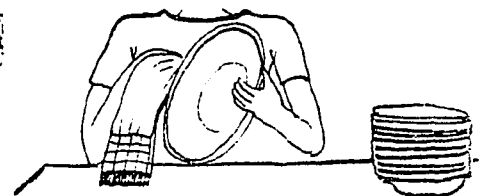
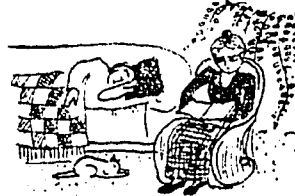
Getting Dressed: Select
 clothes, put on correctly,
 buttoned, tied, and
 zipped



Brushing Teeth: Toothbrush
 with toothpaste, brush,
 put away everything



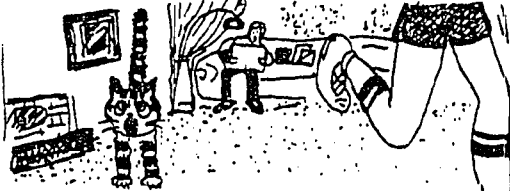
Cleaning Counter: Wipe
 off with damp rag, and
 dry



Bathing and Shampooing Hair: Shampoo hair, wash body with soap, dry hair and body and clean up

Letting Mom/Dad Sleep: quiet, away from bedroom door

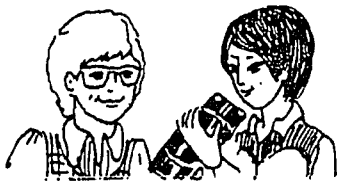
Drying The Dishes: Wipe each dish and silverware



Cleaning Tub after use: Let water out and wipe sides and bottom of tub.

Walking In The House: No running allowed

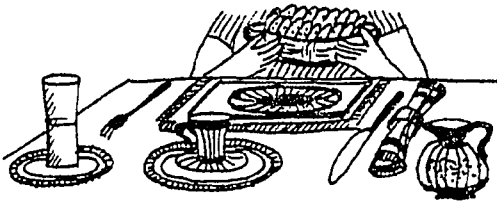
Cooking: Follow parents instructions



Sharing Toys: take turns, play together pleasantly

Coming to the Table On-Time and Clean:

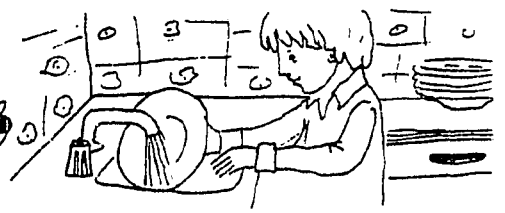
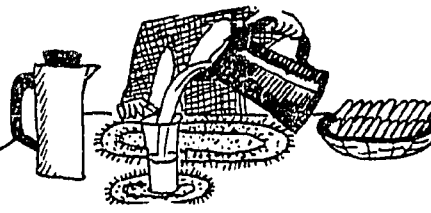
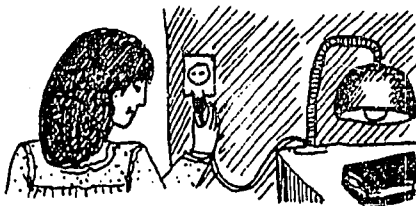
Clearing the Table: Stack and carry dishes, glasses and silver to kitchen



Using Good Manners: Saying please, thank you, excuse me, etc.

Setting The Table: Plates, silver, napkins, glasses neatly arranged on table

Scraping the Dishes: Scrape all food and napkins into garbage



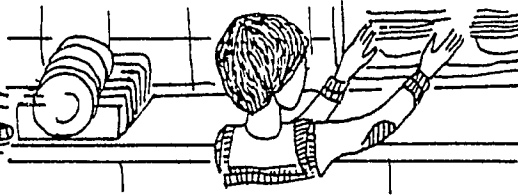
Conserving Energy: Turn off lights, close doors and windows

Pouring Milk or Juice: Don't pour too high, clean spills

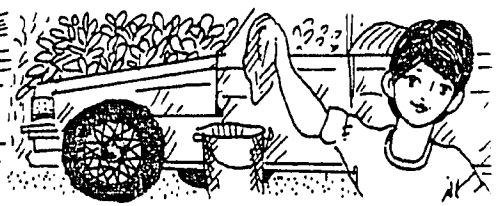
Rinsing Dishes: Hold under running water



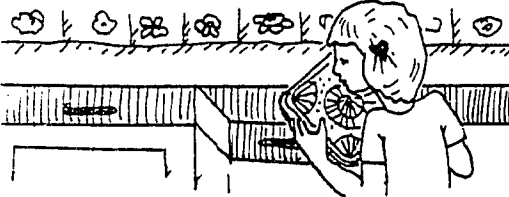
Washing Dishes and Utensils:
Wash in soapy water, rinse,
place in drain



Unloading Dishwasher or
Dish rack: Put in the
right places



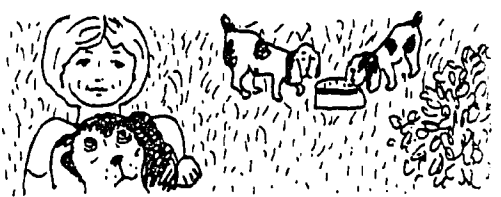
Washing the Car: Get
supplies, wash car and
windows



Putting Away Place Mats:
Wipe, stack, and put away



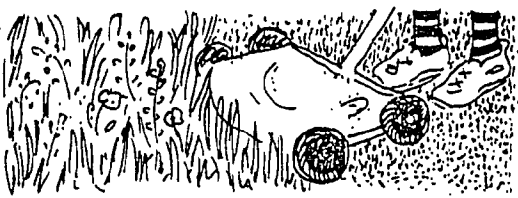
Taking out Trash: Empty
baskets into one; take
to garbage can



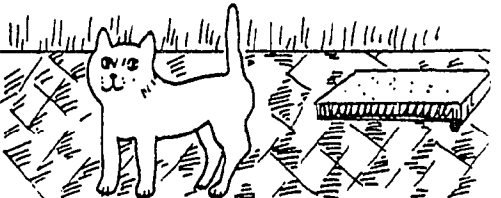
Feeding Pets: Feed at
_____ time, fill water
dish, put in place



Wiping the Table: Wash with
wet rag, dry with towel



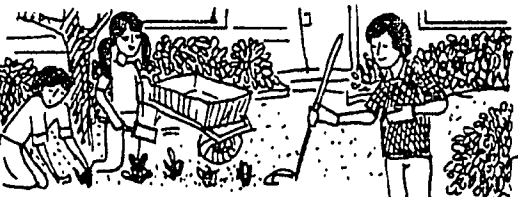
Mowing the Lawn: Shoes
on, mow, clean mower,
put away



Emptying Kitty Litter:
Empty box, clean and
dry, add new litter



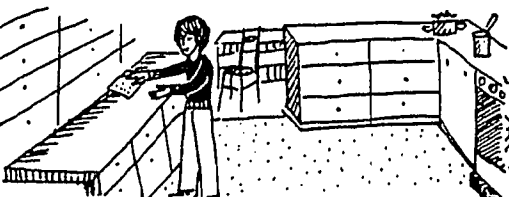
Washing Out the Sink:
Scrub and rinse



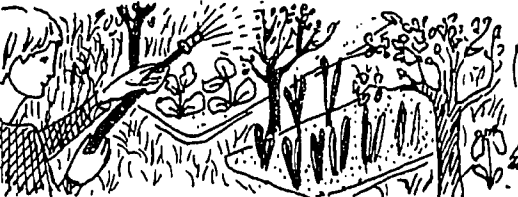
Yard Work for _____ Hrs.



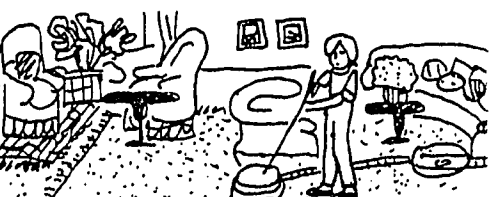
Sweeping the Floor: Sweep
from back to door of room;
use dustpan and empty



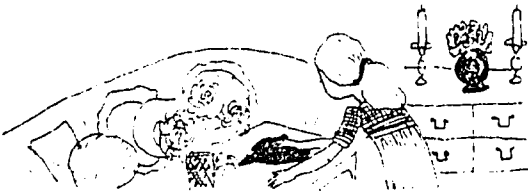
Wiping Counter Tops:
Wash, dry with towel



Watering Plants: Get
water, sprinkle plants



Vacuuming _____ Room:
Pick up loose items,
vacuum, return vacuum



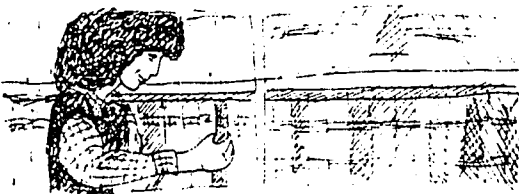
Dusting Room:
Use dust cloth, move small items, dust tables and shelves



Ironing for _____ minutes:
Ironing board, iron, water, put away



Taking Medicine:
when to take _____
how to take _____
where to store _____

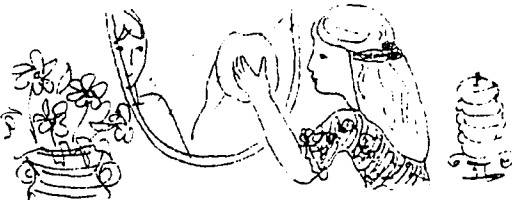


Straightening Up _____ room:
Pick up and put items in the right place, empty ashtrays



Changing the Baby: Baby secure, change and rinse diaper in bathroom or throw in garbage

USE THESE BLANK CARDS TO CREATE NEW CARDS



Cleaning Mirrors/Windows:
Window cleaner, rags, wash, shine. No spots or marks



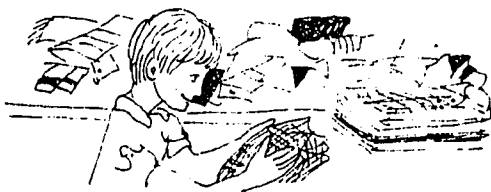
Babysitting for _____ hours:
Follow parents instruction



Cleaning Sliding Door:
Window cleaner, rags, wash, shine. No spots or marks



Bringing in the Newspaper:
Pick up _____ (time)
Put on _____ (where)



Folding/Putting away Clothes: Fold dry clothes, stack, put on each person's bed



Running an Errand:
Repeat instructions, be prompt

Family: _____ Child: _____

[illegible][illegible]

Appendix H

Parent Survey

Please use the following scale to rate each question for each of your children in this study:

1) never, 2) seldom, 3) sometime, 4) often, 5) always

School:

1. My child studies when necessary. _____
2. Does well in school. _____
3. Enjoys working on projects. _____
4. Shows imagination. _____
5. Talks pleasantly about school. _____

Home:

1. My child volunteers when I need help. _____
2. Does his/her responsibilities without reminders. _____
3. Keeps occupied in activities. _____
4. Does his/her job well. _____
5. Follows my instructions. _____

Social:

1. My child is pleasant to be around. _____
2. Cooperates with brothers and sisters. _____
3. Plays independently. _____
4. Cooperates in groups. _____
5. Is unselfish. _____

Your Name:

Please respond for each child
in the study.

PLEASE NOTE:

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These consist of pages:

137-138, Louisville Behavior Checklist.

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Appendix J

PROGRAM EVALUATION FORM

Please rate your satisfaction with the C.A.P. Program using the following scale:

- | | |
|---------------------------------------|----------------------------|
| 1) completely satisfied | 5) slightly dissatisfied |
| 2) satisfied | 6) dissatisfied |
| 3) slightly satisfied | 7) completely dissatisfied |
| 4) neither satisfied nor dissatisfied | |

1. Please rate how satisfied you were with the effectiveness of the C.A.P. Program. score _____

comments: _____

2. Please rate how satisfied you were with the materials used in the C.A.P. Program. score _____

comments: _____

3. Please rate how satisfied you were with the effect upon your child of the C.A.P. Program. score _____

comments: _____

4. Please rate the effectiveness with which parents can use the C.A.P. system without any outside help. score _____

comments: _____

5. Please rate how satisfied you are that the program has made teaching responsibilities to your child easier. score _____

comments: _____

6. Please rate how satisfied you are that the program has made your home a more pleasant place to live. score _____

comments: _____

General comments: _____