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The effectiveness of systematic training for effective parenting at Family and Child Treatment of southern Nevada

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University of Nevada, Las Vegas

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THE EFFECTIVENESS OF SYSTEMATIC TRAINING
FOR EFFECTIVE PARENTING AT FAMILY
AND CHILD TREATMENT OF
SOUTHERN NEVADA

by

Melody J. Thompson

A thesis submitted in partial fulfillment
of the requirements for the degree of

Master of Arts

in

Psychology

Department of Psychology
University of Nevada, Las Vegas
May 1997
The Thesis of Melody J. Thompson for the degree of Master of Arts in Psychology is approved.

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University of Nevada, Las Vegas
May 1997
Abstract

This study evaluated the effectiveness of the Systematic Training for Effective Parenting (STEP) program in its application at Family and Child Treatment (FACT) in Las Vegas, Nevada. There were five STEP sessions offered between July 1996 and February 1997. Twenty-four parents completed the program. At the beginning of each six-week session, volunteers completed a set of pretest questionnaires including the Self-Report Family Inventory (SFI), a set of four problem scenarios, and a demographics profile. After participation, posttests were collected on the SFI, the problem scenarios, and a Client Rating Counseling Outcome (CRCO) scale. Results showed that the STEP program is effective in helping parents increase their knowledge about parenting skills as judged by clinical ratings. However, there was no evidence that those skills affected changes in the family functioning. Findings on the CRCO indicated that parents were generally satisfied with their behavior change, increased self-understanding, and overall improvement.
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For all of his support and more, this work is dedicated to my husband Ron.
CHAPTER 1

Children, Parenting Roles, and Parenting Skills

Children in Crisis

Raising "children is probably the most difficult life task people undertake, yet society offers less preparation for it than for any other [task]" (Leach, 1994, p. 240). How does this lack of preparation affect children and their parents today? Sommerville (1982) suggested that parents are disillusioned with child rearing and that problems in American society reveal an increasing neglect of children. In the last decade, there has been a sharp increase in youth suicides (Sommerville, 1982), teenage pregnancies (Huff, 1996), school vandalism (Polster & Dangel, 1984), and especially child neglect or abuse and juvenile crimes.

American children from all types of families are suffering increasing amounts of neglect and abuse (Sommerville, 1982). Approximately 48.8% of reported child abuse cases involve neglect (U.S. Bureau of the Census, 1995). Around 23.0% of reports are of physical abuse and 13.8% are of sexual abuse.
Statistics in Nevada indicated that there were 12,568 cases of reported abuse or neglect during 1993. Based on state law 7,085 of those cases were ruled as maltreatment of children or that children were at appreciable risk for future abuse.

There has also been a dramatic increase in delinquency cases disposed by juvenile courts in the United States. The U.S. Bureau of the Census (1995) report on the frequency of juvenile crimes is presented in Table 1. Violent assaults perpetrated by young people increased 188.9% in ten years. There were 132.4% more car thefts, and vandalism almost doubled with a 90.6% increase. Paradoxically, Sommerville (1982) reported that four out of five parents appeared unconcerned when they found out that their children had committed such crimes. What is happening to these children and in their families?

New Parenting Roles and Problems

The traditional dad-mom-children unit is disappearing (Walsh, 1993). Each individual family evolves in its own unique structure and ideology. These new, "postmodern" (Skolnick, 1991) families have been shaped by numerous factors such as increasing divorce rates, greater numbers of single-
# Table 1

**Frequency of Reported Crimes in 1982 and 1992 for Children Between the Ages of 10 and 17**

<table>
<thead>
<tr>
<th></th>
<th>1982 (thousand)</th>
<th>1992 (thousand)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Crimes</strong></td>
<td>1,073</td>
<td>1,471</td>
<td>37.1%</td>
</tr>
<tr>
<td><strong>All Violent Crimes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td>2</td>
<td>3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Rape</td>
<td>3</td>
<td>5</td>
<td>66.7%</td>
</tr>
<tr>
<td>Rape</td>
<td>26</td>
<td>33</td>
<td>26.9%</td>
</tr>
<tr>
<td>Assault</td>
<td>27</td>
<td>78</td>
<td>188.9%</td>
</tr>
<tr>
<td><strong>All Property Crimes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burglary</td>
<td>158</td>
<td>156</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Larceny</td>
<td>278</td>
<td>362</td>
<td>30.2%</td>
</tr>
<tr>
<td>Vehicle Theft</td>
<td>34</td>
<td>79</td>
<td>132.4%</td>
</tr>
<tr>
<td>Arson</td>
<td>5</td>
<td>8</td>
<td>60.0%</td>
</tr>
<tr>
<td><strong>Delinquency Offenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vandalism</td>
<td>64</td>
<td>122</td>
<td>90.6%</td>
</tr>
<tr>
<td>Simple Assault</td>
<td>86</td>
<td>153</td>
<td>77.9%</td>
</tr>
<tr>
<td>Drug violations</td>
<td>62</td>
<td>72</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Note: The source of this information is the U.S. Bureau of the Census (1995).
parent homes, an increase in step-families, and two full-time working parents.

Hetherington, Law, and O'Connor (1993) discussed the impact of divorce on families. They found that for the first two years after a divorce, the quality of parenting suffers. Newly-single mothers are often ill-tempered. They may be highly distracted and lack empathy for their children's situations. Their parenting styles may be more authoritarian and include indiscriminate punishments. Also after a divorce, parents' monitoring levels of their children's whereabouts, activities, and friends tend to decrease (Hetherington, Cox, & Cox, 1982). In an important, related finding, a divorce provokes a shift in the power structure of the family (Weiss, 1979). Responsibilities are pressed upon children and, by default, children gain more independence.

Hetherington and colleagues (1993) did note that most divorced families eventually adjust and may even function better in a family environment with less conflict and stress. However, they also pointed out that there exists a large number of families in which inadequate parenting skills, perhaps continuing from the pre-divorce situation, postpone the adjustment of the children and perhaps increase emotional and psychological problems.

Divorces can set the stage for two other dimensions in postmodern families, single-parent families and step families. The U.S. Bureau of the
Census (1995), reported unprecedented changes in these dimensions between 1970 and 1990. These statistics are shown in Table 2. In the table, the figures to the right of the percent increase figures are the percentages that these categories of families represent in the total number of U.S. households with families in 1990. For example, single mothers living with their biological children represent 16.5% of all households with families.

Currently, women and children, mostly in single-parent homes, constitute about 75% of people living at the poverty level (McGoldrick, Heiman, & Carter, 1993). To make matters worse, one out of every four babies today is born to an unwed mother and one out of every four adolescent girls will become pregnant. Studies show that individuals in such situations are at a high risk for long-term poverty, health problems, and poor quality parenting (Walsh, 1993).

Another circumstance of the postmodern family is addressed by Piotrkowski and Hughes (1993). They argued that society should stop focusing its energies on analyzing whether or not the dual-earner family is harmful to children. Not only is the double-income home a reality with which Americans now live, but it also appears to produce children who exhibit relatively secure attachments. They suggested rather, that society should focus
Table 2


<table>
<thead>
<tr>
<th>Family Types</th>
<th>Percent Increase</th>
<th>Percent of 1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-dad, biologically related</td>
<td>134.9%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Single-mom, biologically related</td>
<td>98.0%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Two parents, step relationships</td>
<td>45.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Single-dad, step relationships</td>
<td>247.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Single-mom, step relationships</td>
<td>212.9%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

Note. Source of the above information is the U.S. Bureau of the Census (1995).
its energies toward supporting and enabling this new family structure. Finally, they indicated that "to successfully maintain their stability, families need to balance cohesion and conflict, maintain attachments and bonds, and arrive at consensus about family values and roles" (p. 195).

The Importance of Parenting Skills

It is probable that children initiate and maintain problematic behaviors to receive rewards from their environments (Patterson, McNeal, Hawkins, & Phelps, 1967). Furthermore, "parents are the primary determiners of children's behaviors and psychological adjustment, and are in the best position to teach children and arrange their lives in order to minimize the development of child problems and to promote mental health" (Bernal, 1984, pp. 499-500). Researchers have agreed that the solution to the increasing number of children with behavioral problems must begin by training parents to manage consequences for their children's behavior effectively (Hall, 1984). Moreover, Blechman (1984) suggested that most adults need some form of parent training because almost all lack adequate child-rearing skills in some area.

There are at least seven areas of interactions between parents and children in which parenting skills affect children's behaviors (Martin, 1972).
These interactions include "enforcing rules consistently, discussing rules with children, using reinforcement for appropriate behavior more often than punishment for inappropriate behavior, accepting and nurturing, assigning responsibility, and modeling the behaviors the parents expect their children to perform" (Polster & Dangel, 1984, p. 5).

Studies have shown that certain aspects of parent training are generally effective (Bernal, 1984). Parents can help children change their behaviors if the reinforcers that maintain the behaviors can be identified easily and if the parents can control the reinforcers. Other factors in effective parental interventions include soliciting behaviors that are appropriate for children's developmental levels, working on changing recurrent behaviors, and working on behaviors that occur in the presence of monitoring adults.

Bernal (1984) pointed out that with the myriad of childhood problems, the heterogeneity of family environments, and the profusion of parent training programs, it would be implausible to claim that all parent training is effective. She did, however, predict that parent training will probably be a future trend in meeting the needs of society's parents. She also called for more research to empirically determine the effectiveness of parent training programs.
CHAPTER 2

Parent Training Programs

Parent training was created on the premise that children's behavioral problems occur partly because parents lack certain skills (McMahon & Wells, 1989). Most parent training programs teach behavioral techniques so that children's negative behaviors will decrease and shaping techniques so that positive behaviors will increase. Since the 1950s and 1960s, when parent training techniques were moved from labs to natural environments (Polster & Dangel, 1984), projects and programs have proliferated.

Many programs were developed to target specific parent populations or problems, such as communication skills (Dubey, O'Leary, & Kaufman, 1983; Klenowski, 1986), listening skills (Graybill, 1986), skills in working with premature babies (Nurcombe, Howell, Rauh, Ruoff, & Brennan, 1984), play therapy skills (Guerney & Guerney, 1989), etc. Other programs are more general, teaching reinforcement and behavioral management techniques that can be applied to a variety of parent-child problems.
A few programs are highly individualized and intense. One such program is Forehand and McMahon's (1981) parent training in which therapists work with individual parent-child dyads. Initially, parents learn verbal reward techniques and time-out procedures. Throughout latter sessions, therapists coach parents with the use of a bug-in-the-ear device that parents wear while they practice giving commands to their children. Compliance is verbally rewarded. If noncompliance occurs, then parents practice placing their children in time-out.

Other programs are fairly unobtrusive, such as Webster-Stratton's (1981) videotape modeling / group discussion (VMGD) program. The VMGD program contains ten sets of videotapes with a total of 250 vignettes modeling a wide range of parent-child interactions. After viewing each scenario, parent groups discuss their thoughts and opinions. Each week at home, parents practice some of the skills that they have viewed on the videotapes. Researchers have found that both the VMGD program and the bug-in-the-ear approach are effective in changing parental behaviors (McMahon & Wells, 1989).

Most other programs seem to fall somewhere in the middle with regards to obtrusiveness. Some examples include: Responsive Parenting (Hall, 1984),
Winning! (Dangel & Polster, 1984), the Parent Education Program (Pinkston, 1984), Project 12-Ways' Parent-Child Training (Lutzker, 1984), the Parenting Skills Training Program (Guerney & Guerney, 1989), the Parents Are Teachers course (Dubey et al., 1983), and Systematic Training for Effective Parenting (Dinkmeyer & McKay, 1989). A brief description of each follows.

Responsive Parenting, by Hall (1984), was "designed to teach parents to observe and measure behavior and to apply social learning theory principles to teaching new behavior in the home setting" (p. 69). The program uses reinforcers, tokens, contracts, overcorrection, and time-out consequences. Group leaders teach parents to define behaviors that are problematic, missing, or that need to be altered. Parents learn to measure the frequency and duration of behaviors. They then give their children consequences for behaviors and evaluate if the consequences were effective.

Winning! (Dangel & Polster, 1984) begins by teaching parents general skills such as praise for good behaviors and positive attention. Parents learn time-out procedures in the second half of the program. Winning! encourages the use of more praise and fewer time-outs to shape children's behavior. If parents are at first unable to generalize their new skills, the program offers 14 advanced lessons on specific childhood problems (e.g. fighting, school
problems, bedtime, chores).

The Parent Education Program (Pinkston, 1984) is based on the social reinforcement model. Family members learn to increase the number of positive reinforcements that they use in interactions, especially concerning chores, school, and communication. Contingency contracting is one of the main techniques emphasized. Parents positively reinforce children's compliance to contracts with praise and tokens. When they do not comply, children participate in overcorrection or time-outs.

Project 12-Ways' Parent-Child Training (Lutzker, 1984) is one component in a set of services ranging from home safety and nutrition training to marital counseling and alcoholism treatment. Parents first learn to praise appropriate behavior. They then learn how to give their children explicit "alpha" (p. 269) commands so that children understand clearly which behaviors are expected. Lastly, parents learn to initiate time-outs for noncompliance.

The Parenting Skills Training Program (PSTP; Guemey & Guemey, 1989) is based strongly on positive reinforcement and encouragement. PSTP begins with instruction on children's developmental levels. Then parents learn to reinforce age-appropriate behaviors. If all strategies of reinforcement fail
to modify a particular behavior, parents may then enforce limits and consequences.

Parents Are Teachers (PAT; Dubey et al., 1983) is a behavior modification program. Parents first learn to record frequencies of specific behaviors in their children and also of their own praise and criticism. Parents then apply learning principles so that positive behaviors will increase and negative behaviors will decrease.

Systematic Training for Effective Parenting (STEP; Dinkmeyer & McKay, 1989) is designed to teach Adlerian and Rogerian-type interaction techniques (Nystul, 1982) to parents so that they may increase their effectiveness in parent-child relationships. STEP focuses on creating a more democratic and responsible style of family interactions that is adaptable in resolving a variety of family problems. Because STEP is the focus of this study, it is described in detail in chapter three.
CHAPTER 3

Systematic Training for Effective Parenting (STEP)

Description of STEP

The STEP program is based on a democratic philosophy of child-rearing. The Parent's Handbook (Dinkmeyer & McKay, 1989) provides Adlerian-type (Corey, 1996) information on such topics as understanding children and their goals for misbehavior, encouragement, communication, natural and logical consequences of behavior, and family meetings.

Family and Child Treatment (FACT) of Southern Nevada offers ongoing STEP classes to parents in the Las Vegas community. Classes are held once a week and the entire STEP program takes six weeks to complete. Facilitators conduct classes directly from The Parent's Handbook covering one to two chapters per class session.

In the first class, facilitators focus on Chapter One and begin to teach parents how to understand themselves and their children better. Parents learn
the four goals of children’s misbehavior: attention, power, revenge, and display of inadequacy. Parents also learn how to recognize these goals along with their own emotional reactions. For homework, they practice identifying these goals in their children’s behavior.

In the second class, a regular meeting format is established. Parents begin by talking about their homework and how they practiced applying their new skills to interactions with their children. Group members provide feedback and helpful hints. Then after discussing homework and its application each week, the class begins learning the next section of material.

From Chapter Two, STEP facilitators talk about family environments, emotions, values, the effects of birth order, and sex roles. Parents examine these conditions and try to understand the effects on their children. From Chapter Three, facilitators delve heavily into the need for parents to encourage children's efforts. Correspondingly, the entire chapter focuses on techniques for building children's confidence and self-worth. Parents begin to have fun with their kids, to demonstrate love, and to encourage effort.

In the third session, facilitators begin teaching basic communication skills from Chapters Four and Five: listening, reflecting meanings, clarifying feelings, open versus closed responses, exploring alternatives, problem
ownership, and I-messages. Once again facilitators give parents assignments not only to practice what to say or do in sample situations, but also to practice these skills with their children at home.

One of the interesting concepts in Chapter Five is problem ownership. Facilitators explain that when children behave in a way that is dangerous or life-threatening, or if they have been abused, or if they are doing something that interferes with the rights of the parents, then the parents own the problem; otherwise, the problem belongs to the children. Parents learn that they do not have to take responsibility for their children's problems one hundred percent of the time, but rather that they need to allow their children to learn how to solve their own problems.

In the fourth class meeting, facilitators explain how punishment differs from natural and logical consequences. They present the basic principals for providing choices of behaviors that lead to consequences (from Chapter Six). The class then discusses examples from Chapter Seven of parenting scenarios in which natural and logical consequences can be applied.

By using what they have learned up to this point, parents begin to practice giving their children choices of behavior at home. Their children choose the behaviors in which to engage and then the parents follow through
with whatever positive or negative consequences were established for those behaviors. For example, if a child decides not to wear his gloves, a natural consequence would be that his hands become cold. A logical consequence would occur when a child agrees to finish his chores prior to an appointed movie time. If the chores are not done by that time, then his choice not to honor the agreement also meant that he chose the consequence of not going to the movie.

Parents spend most of the fifth class meeting reviewing natural and logical consequences and discussing their attempts at applying consequences to their children’s behavior at home. FACT facilitators then introduce the concept of family meetings from Chapter Eight. They teach parents how to conduct a family meeting. The basic ideas behind the family meeting are to facilitate communication between family members, to provide encouragement in a mutually respectful environment, and to discuss family business such as activities, chores, meals, vacations, members' accomplishments, and so forth. For homework, parents are to have a family meeting with their children sometime prior to the last class.

In the final class, parents talk about how their family meeting went. Also, if any parents are continuing to have problems with their children’s
behaviors at home, possibilities for natural and logical consequences are discussed among class members. The program closes with parents receiving certificates of accomplishment if they completed all six STEP classes.

Why STEP is Different from other Parent Training Classes

STEP is different from most behaviorally-based parent training programs for three reasons. First, it does not advocate tokens nor praise as extrinsic rewards. Rather, the first half of STEP classes focuses on developing children's intrinsic rewards through encouragement of effort, understanding of children's perceptions, and good communication skills (Dinkmeyer & McKay, 1989).

Second, STEP does not advocate time-outs or punishment per se. The program is based on the Adlerian principles of choices and responsibility (Corey, 1996). By allowing children to choose behaviors that lead to logical consequences, parents help their children to develop personal responsibility. This is slightly different from the concept of mere punishment because prior to enforcing a consequence for a behavior, parents tell their children what their choices are and what the consequences will be for each choice. Parents
encourage good choices and follow through with consequences for poor choices. Furthermore, behavioral punishments are often delivered in anger. Logical consequences occur not when parents are angry, but rather after children have chosen poor behaviors.

Third, STEP provides parents with their own handbooks. Not only do they use their handbooks during the six weeks of class, but they may refer back to the manuals months or years later for future support.

Research Background on STEP

Most research indicates that the STEP program appears to demonstrate positive results with significant changes in parental functioning after completion of the class (e.g., Brand & Ellis, 1991; Brooks et al., 1988; Campbell & Sutton, 1983; Jackson & Brown, 1986; McKay & Hillman, 1979; Meredith & Benninga, 1979; Sharpley & Poiner, 1980; Williams, Omizo, & Abrams, 1984). With regards to the outcome effects of STEP for children, only one study revealed significant results (Hammett et al., 1981), whereas most other studies found no changes (e.g., Brooks et al., 1988; Campbell & Sutton, 1983; Meredith & Benninga, 1979). Finally, the examination of these previous studies, with a focus on their measures, raised three problems for
discussion.

**Positive Outcomes.** Many studies have indicated significant differences within parent groups from pretest to posttest scores. Of the three STEP programs surveyed by Brand and Ellis (1991), all three studies found significant change on the Hereford Parent Attitude Survey (PAS) Trust Subscale and two indicated significant change on the PAS Causation Subscale (see also Jackson & Brown, 1986; Williams, Omizo, & Abrams, 1984). In a study by Campbell and Sutton (1983), significant differences were found between the pretests and posttests of 41 subjects on the Attitudes Toward Child Rearing Scale (ATCRS); significant differences within groups were also found for the Independence and Control Subscales of the Family Environment Scale (FES). Meredith and Benninga (1979) found that scores on the F-Scale (which measures authoritarian tendencies) decreased significantly after parental participation in the STEP program.

In another study, Sharpley and Poiner (1980) used their own 20-item questionnaire to determine the effectiveness of STEP with 56 parents. A t test determined that the parents were successful at learning STEP-responses to typical child-rearing situations. A multiple discriminant analysis revealed good discrimination between pretest and posttest scores.
Other studies have shown positive results in the form of significant differences between treatment and control groups. Brooks and his colleagues (1988) used the PAS to analyze STEP program effectiveness within a Canadian volunteer population. They found that there was significantly more positive change in an experimental group than in a waiting-list control group. In a further analysis of the individual PAS subscales, they found a significant difference on the Trust Subscale for the experimental group over the control group. Hammett, Omizo, and Loffredo (1981) also found significant differences between an experimental STEP group and a control group on total PAS scores, and on the PAS Trust and Acceptance Subscales.

Campbell and Sutton (1983) analyzed the STEP program and found significant differences between experimental and control groups on the ATCRS and the FES Cohesion Subscale. Nystul (1982) studied 28 Brisbane Australian mothers who participated in the STEP program and 14 waiting-list controls. His findings indicated that mothers who had participated in STEP were significantly more democratic in their child-rearing, more encouraging of their children, and less strict in their attitudes than mothers in the control group.

McKay and Hillman (1979) examined a multimedia STEP program via
the Adlerian Parental Assessment of Child Behavior Scale (APACBS). Twenty mothers participated in the program, ten in the experimental group and ten in the control group. An ANCOVA on posttest APACBS scores revealed that the experimental group scored significantly higher than the control group. In another multimedia approach, Meredith and Benninga (1979) found that their experimental group scored significantly lower on the F-Scale than their control group.

**Findings of STEP Effectiveness with Children.** Only one study revealed significant changes in the children of parents who had participated in the STEP program. Hammett and her colleagues (1981) found that children's self-reports on the Primary Self-Concept Inventory (PSCI) revealed significant differences between the experimental and control groups on the Social Self and the Personal Self Subscales. Because their study targeted mothers of children with learning disabilities, results indicated that STEP may readily influence parental attitudes that further affect the self-concepts of children with learning disabilities.

Other STEP studies have not found significant differences. In one article, differences between pretest and posttest scores on the Child Behavior Checklist (CBC) were not significant (Campbell & Sutton, 1983). Also, no
significant differences were found between the experimental and control groups using the Child and Adolescent Adjustment Profile (CAAP; Brooks et al., 1988). Lastly, Meredith and Benninga (1979) found no significant differences between the children's experimental and control groups on the I Feel, Me Feel (IFMF).

Authors suggested several reasons as to why these outcomes were not significant. Campbell and Sutton's (1983) findings suggested that children's problem behaviors actually intensified as parents attempted to make changes. However, they pointed out that they did find an insignificant positive change in children's behaviors at a three month follow-up. Likewise, Brooks and his colleagues (1988) stated that they were not surprised to find no significant change in children's current behavior because STEP works with the parents, not the children. They suggested that STEP is a preventative program and that changes would therefore be long-term.

Problems with Previous Research. Three problems exist regarding previous research. First, several of the studies on STEP used measures that are psychometrically questionable. For example, Brand and Ellis (1991) noted that there is no statistical data on PAS test-retest reliability nor construct validity. Furthermore, they based their position that PAS might have good
sensitivity on 21 studies, only two of which revealed significant change in total PAS scores. In McKay and Hillman's (1979) study, the APACBS lacked concurrent validity. Also, there was no data supporting the reliability nor validity for Sharpley and Poiner's (1980) STEP program questionnaire.

The second problem concerns the previous successes which were obtained on very specific indices. In several STEP studies, positive changes were found within groups on the Trust and Causation Subscales of the PAS (Brand & Ellis, 1991; Jackson & Brown, 1986; Williams, Omizo, & Abrams, 1984). Positive results were also found on the Independence and Control Subscales of the FES (Campbell & Sutton, 1983). The question of whether or not participation in STEP helps parents increase their overall competence level in family functioning has not been addressed.

Third, none of the previous studies used clinician ratings in determining the changes in parental functioning. As Tutty (1995) pointed out, self-reports generally are not highly correlated with observer-ratings; she therefore recommended that data should be gathered from multiple perspectives so that family assessments are comprehensive.

To summarize, many of the previous studies on the STEP program have either used poorly validated instruments or they have left broader questions
unanswered. In consideration of these problems with previous studies, STEP's effectiveness needs further examination.
CHAPTER 4

Measures

Three instruments were chosen to examine STEP's effectiveness at FACT. Prior to acceptance, their properties were researched to determine whether or not they are valid and reliable and were appropriate for use in this study. Information is presented below on the Self-Report Family Inventory, the Global Assessment of Relational Functioning scale, and the Client-Rated Counseling Outcome scale.

The Self-Report Family Inventory

The Self-Report Family Inventory (SFI; Beavers, Hampson, & Hulgus, 1985) is a 36-item questionnaire using a 5-point Likert-type response format. Beavers and his colleagues, developed the SFI questionnaire to measure the same variables as their family observational methods. It was designed to be a more efficient and easier-to-administer tool (Beavers & Hampson, 1990).

Several factor analyses of the SFI from a variety of sample populations
revealed five subscales (Beavers & Hampson, 1990). Competence is the principal subscale on the SFI, measuring topics such as "happiness, parental coalitions, problem-solving abilities, allowance for individuality, optimism, acceptance of individuals, and love in the home" (Hampson & Beavers, 1987, p. 26). The Competence Subscale is highly correlated with observer ratings of overall family competence. The second subscale, Conflict, takes into consideration family processes such as arguing, blaming, negotiation, and problem-solving. The final three subscales are Cohesion, Leadership, and Emotional Expressiveness. The Cohesion Subscale was designed to measure family closeness. The Leadership Subscale was set-up to determine whether the parents in a family share leadership or whether one parent is the primary leader. Emotional Expressiveness measures an individual's perceptions of the degree to which feelings of warmth and caring are expressed in the family.

**Reliability.** Hampson, Beavers, and Hulgus (1989) found the SFI to have an internal consistency of .86 (Cronbach's Alpha). In other research, Hampson, Hyman, and Beavers (1994) reported an internal consistency of .92 and Tutty (1995) found Cronbach Alphas to range between .84 and .88. Test-retest reliabilities were found to be .88 after one month and .80 after three months (Hampson et al., 1989). The subscales with the strongest average
reliabilities were Competence (.85) and Expressiveness (.81). The average retest reliability for the Conflict Subscale was somewhat low (.55).

Intrafamily scores were found to be highly reliable (Hampson et al., 1989). Correlations between father-mother subscales scores were .79 for Competence, .84 for Conflict, .78 for Cohesion, .57 for Leadership, and .79 for Expression.

**Validity.** Researchers have found the SFI to have good construct (Beavers, Hampson, and Hulgus, 1985; Green, 1989), concurrent (Beavers & Hampson, 1990; Dundas, 1994), and discriminant validity (Hampson, Beavers, & Hulgus, 1988). For example, Hampson et al. (1989) determined that scores on SFI subscales had fairly good construct validity in comparison with observational scores from the Beavers Model. They suggested that their findings indicated a stronger relationship between insider and outsider perceptions of family functioning on the SFI than most other self-rating measures. Furthermore, they proposed that because the SFI was developed based on clinical data rather than theory, it has higher relevance for clinical studies than theory-based measures.

Concurrent validity of the SFI has been evaluated against the Family Environment Scale, the Family Adaptability and Cohesion Scales II and III
(FACES; Dundas, 1994), and the Family Assessment Device (FAD; Beavers & Hampson, 1990). Various studies indicated that scores on SFI’s Competence and Conflict Subscales were highly correlated (ranging from .68 to .81) with related subscales on the FES, FACES, and FAD.

Discriminant validity was supported in a study assessing the functioning of families who admitted members to a psychiatric emergency room (Hampson et al., 1988). Hospital staff diagnosed patients using DSM-III criteria while family members completed the SFI. Average family scores on the competence and cohesion subscales were then plotted within the Beavers Model. It was concluded that plotted SFI scores are reasonably accurate in differentiating psychiatric diagnoses occurring in families.

In addition to the above evidence supporting good psychometric properties in the SFI, further information indicated that the SFI was an appropriate measure for this study. First, the social desirability of responding was found to be insignificant in an SFI correlation with the Marlowe-Crowne test (Green, 1987). Second, Beavers and his colleagues (1985) developed the SFI for use with all family members, even those with a limited amount of education. Third, the construct definitions of the five SFI subscales logically related to STEP program objectives. Because the psychometric data are
strongest for Competence and Conflict they are the only subscales used in this study.

**Global Assessment of Relational Functioning Scale**

The GARF scale (American Psychiatric Association, 1994) provides an Axis V-type rating of overall family functioning. Clinicians rate family members' abilities to meet family needs in the areas of problem solving, organization, and emotional climate.

Goldman, Skodol, and Lave (1992) reviewed the reliability and validity of Axis V ratings in the Diagnostic and Statistical Manual of Mental Disorders III (DSM III). While interrater reliability was fairly low (.49; Fernando, Mellsop, Nelson, Peace, & Wilson, 1986), test-retest reliability was found to be adequate (.69) for ratings of adult patients (Spitzer & Forman, 1979). Regarding construct validity, Skodol, Link, Shrout, and Horwath (1988) found that Axis V ratings were significantly correlated with social and occupational adaptive functioning. They also found evidence for discriminant validity with significant differences in Axis V ratings between different diagnoses.

The above studies were based on global assessments that used a 7-point Likert-type scale. Goldman and his colleagues (1992) suggested that although
no studies had been published regarding the Global Assessment of Functioning (GAF) Scale, their findings indicated that the GAF is currently the best measure for Axis V ratings. The GARF scale is an adaptation of the GAF and was designed to be used when rating family members. Use of the GARF scale in this study was supported by Goldman and his colleagues' findings that DSM Axis V ratings are fairly valid and reliable measures of functioning.

The STEP facilitators at FACT used GARF to rate parental abilities based on pretreatment and posttreatment answers to four problem scenarios (Appendix III). During the rating process, problem scenarios were coded and randomized so that clinicians were blind as to whether they were evaluating pretest or a posttest data. A Pearson product-moment correlation coefficient determined that there was an interrater reliability of $r = .64$ between the pretest ratings by the two facilitators and $r = .76$ between the posttest ratings.

**The Client-Rated Counseling Outcome (Measure III)**

The CRCO (Gelso & Johnson, 1983) solicits clients' perceptions of personal change during counseling on a 7-point Likert-type scale. It is a quick measure assessing four areas: feelings, behavior, self-understanding, and overall change (Adelstein, Gelso, Haws, Reed, & Spiegel, 1983). The measure
was adapted for use as a posttest of the STEP program. Questions included:
How did you feel at the end of STEP? To what extent was there a change in
your behavior at the end of STEP? To what extent did you seem to understand
yourself at the end of STEP? and Rate your overall change in STEP.

Adelstein and colleagues (1983) suggested that previous research
strongly supports the reliability of items on the CRCO. Wood (as cited in
Gelso, Spiegel, & Mills, 1983) determined that retest reliability, from 1 to 5
months, was acceptable for these types of items. Strong interitem reliability
was found in a study by Adelstein and colleagues (1983). They determined
that clients will perceive themselves as improving in all four areas of
functioning if they perceive themselves as improving overall.

Concurrent validity of the CRCO with clinician ratings was found to be
good in the two areas of behavior and feeling change (Adelstein et al., 1983).
However, therapists tended to rate clients lower on self-understanding and
overall change than did the clients themselves. Adelstein and colleagues
concluded that although therapist and client ratings will not exactly agree,
rating trends will occur in the same directions.
Chapter 5

Rationale and Hypotheses

After considering the need for parenting classes and reviewing the recent research findings on the STEP program, several topics arose for further investigation. In general, would measuring STEP program effectiveness with a reliable and valid instrument show positive results similar to previous research (Brand & Ellis, 1991; Jackson & Brown, 1986; Williams, Omizo, & Abrams, 1984; Campbell & Sutton, 1983; Meredith & Benninga, 1979)? Specifically, would parents rate STEP as helping their families function more competently and with less conflict? Additionally, would clinicians rate participants as higher functioning after completion of the STEP program?

To examine these questions, parents attending STEP classes at Family and Child Treatment (FACT) were offered the opportunity to participate in a research project. At the beginning of their involvement, volunteers completed a Self-Report Family Inventory (SFI), a set of four problem scenarios, and a demographic profile. At the end of each six-week class, volunteers then
completed another SFI, four problem scenarios, and a Client-Rated Counseling Outcome (CRCO) scale.

To examine if parents would rate their families as functioning more competently (e.g. happier, more optimistic, etc.), pretest/posttest data was gathered from the SFI's Competence Subscale. The SFI Conflict Subscale was used to examine change in conflict within the family. On a separate measure, clinicians rated participants' knowledge about parenting skills using the Global Assessment of Relational Functioning scale. The CRCO was employed to determine whether parents would rate the program as helpful.

**Hypotheses**

1. After participation in the STEP program, individuals will rate their families as functioning more competently.

2. After participation in the STEP program, individuals will rate the conflict in their families as lower.

3. Clinical ratings based on individuals' answers to problem scenarios will increase after participation in the STEP program.

4. Participants in the STEP program at will rate the program as beneficial.
CHAPTER 6

Method

Participants

All parents who attended the STEP classes at FACT between July 16, 1996 and February 24, 1997 were offered the opportunity to participate in this study. Volunteers were not paid for their involvement.

Of the 42 people who signed-up for STEP classes during that period, 24 completed five or six classes, 5 completed three or four classes, 7 completed only one or two classes, and 6 declined participation in the study. That allowed for a total of 36 participants in the study. The experimental group included the 24 people who completed five or six classes. The primary hypotheses will be evaluated using only these 24 people.

Originally, the seven participants who attended only one or two classes were to become a control group. The rationale for choosing this criteria for control group membership was based on the belief that dropouts would be more similar to the participants than any other constructed control group. The
control group, however, was discontinued after the repeated efforts to obtain posttests were unsuccessful.

With regards to demographics of the experimental group, 50% were male and 50% were female. The average age was 32.5, with a standard deviation of 2.04 years. The average number of children was 2.0, SD = .88. With reference to marital status, 33.3% of the participants were divorced; 29.2% were living with a significant other; 25.0% were married; 4.2% were remarried; 4.2% were single; and 4.2% were widowed.

There were no parents who reported that they were only step-parents. However, 17.5% of the experimental group reported that they were concurrently step and biological parents. There were 73.9% biological-only parents and 8.7% of the parents reported themselves as something different (e.g., adoptive parent, grandparent, relative-parent).

In answering a question as to how they had heard about the STEP class, 21.1% of participants reported that they were court-ordered to attend and another 5.3% reported that they were court-referred. An additional 21.0% had been referred to the STEP classes by a current or past therapist. The remainder of the sample, 52.6%, had heard about STEP from a friend or another source.
Measures

Three measures were used to analyze STEP program effectiveness. The first measure, the Self-Report Family Inventory (SFI; Beavers, Hampson, & Hulgus, 1985) was given to each of the 36 participants at the beginning of the STEP program (Time 1) and again to any class members available at the end of the six-week set of classes (Time 2). Only the two subscales with the strongest reliability and validity were used from the SFI: Competence and Conflict.

The Global Assessment of Relational Functioning Scale (GARF; American Psychiatric Association, 1994) was used by STEP facilitators to rate parents’ overall functioning based on their answers to four problem scenarios. Once again, data was collected from the 36 participants at Time 1 and repeated as above at Time 2.

The third measure was the Client-Rated Counseling Outcome Scale (CRCO; Gelso & Johnson, 1983). The CRCO consists of four questions for clients about personal change. Any of the 36 participant parents that continued to attend STEP classes near the end of the program were asked to complete a CRCO at Time 2 only.
Procedure

Five six-week sessions of STEP classes were held at Family and Child Treatment (FACT). For this study, volunteers were recruited from parents who had paid to attend FACT's STEP parenting classes. The total number of participants was 36 and the total number of experimental group members was 24.

At the beginning of each six-week set of STEP classes, facilitators offered class members an invitation to participate in a research study that would evaluate the effectiveness of the STEP program. They then explained informed consent and asked the volunteers to sign a consent form (Appendix II). Also, to insure confidentiality, the facilitators requested that subjects place their first names only on the last page of each set of questionnaires. These were later coded so that no names were used in the final data.

Class members who chose to participate then completed an SFI, a set of problem scenarios (Appendix III), and a demographics sheet. Most volunteers completed all of the material in about 20 minutes.

Facilitators at Family and Child Treatment used *The Parent's Handbook* by Dinkmeyer and McKay (1989) as the manual for the STEP parenting class. Each set of classes then proceeded for six weeks as previously described.
At the end of each six-week set of classes, participants completed another SFI, the set of problem scenarios, and a CRCO. Entire time to complete this set of instruments was about 20 minutes.
CHAPTER 7

Results

To determine treatment integrity and compliance with The Parent’s Handbook, a volunteer attended six randomly chosen class sessions and checked for the in-class presentation of 82 topics from the STEP manual. Of the 82 topics outlined (Appendix IV), the volunteer reported that 100% were mentioned, 77% were clearly covered, and 26 extra items were discussed that were not on the outline.

Prior to analyzing the main body of data, a series of t tests were run comparing those who completed the STEP program with those who did not using the primary Time 1 measures as well as demographic characteristics. Results, as shown in Table 3, demonstrated that there were no significant differences between the two groups based on SFI Competence pretest scores, SFI Conflict pretest scores, initial GARF ratings, age, and average number of children. Thus, there is no evidence for systematic attrition. Only data from parents who completed five or six STEP classes will be used in subsequent
Table 3

Comparison Between Parents who did and did not Complete the STEP Program

<table>
<thead>
<tr>
<th>Time 1 Measure</th>
<th>M</th>
<th>SD</th>
<th>n</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SFI Competence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not complete class</td>
<td>2.47</td>
<td>0.23</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Completed class</td>
<td>2.33</td>
<td>0.72</td>
<td>24</td>
<td>$t(34) = 1.56, p = .59$</td>
</tr>
<tr>
<td><strong>SFI Conflict</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not complete class</td>
<td>2.27</td>
<td>0.68</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Completed class</td>
<td>2.27</td>
<td>0.80</td>
<td>24</td>
<td>$t(34) = .02, p = .99$</td>
</tr>
<tr>
<td><strong>GARF Ratings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not complete class</td>
<td>33.33</td>
<td>16.93</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Completed class</td>
<td>32.40</td>
<td>15.15</td>
<td>24</td>
<td>$t(34) = .06, p = .87$</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not complete class</td>
<td>29.64</td>
<td>11.81</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Completed class</td>
<td>32.50</td>
<td>7.47</td>
<td>24</td>
<td>$t(33) = -.48, p = .32$</td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not complete class</td>
<td>2.25</td>
<td>1.29</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Completed class</td>
<td>2.04</td>
<td>0.95</td>
<td>23</td>
<td>$t(33) = .50, p = .58$</td>
</tr>
</tbody>
</table>

Note. Criteria for having completed the STEP program was attendance of at least five classes.
analyses.

For the SFI Competence and Conflict Subscales, lower scores indicate better functioning. Average ratings (on a 5-point Likert-type scale) and standard deviations are presented in Table 4. For the GARF scale, higher ratings indicate better functioning. Average GARF clinician ratings with standard deviations are also presented in Table 4.

The three primary hypotheses were evaluated using dependent sample \( t \) tests. This procedure was used in order to maximize the statistical power due to the small sample size. It should be noted, however, that there was a significant relationship between the Competence and Conflict Subscales with \( r (22) = 0.86 \) for pretest data and \( r (22) = 0.78 \) for posttest data.

To evaluate the first hypothesis, that STEP would lead to an increase in parents' perceived level of competence, a dependent sample \( t \) test was used to compare pretest and posttest SFI Competence scores. To limit the experimentwise alpha to .05, a Bonferroni-adjusted alpha level of .0167 was used for each of the three hypotheses evaluated. The \( t \) test on data from the Competence Subscale revealed no significant differences between pretest and posttest scores with \( t (23) = .94, ns. \)

To evaluate the second hypothesis, that parents would rate their families
Table 4

**Means and Standard Deviations of Pretest and Posttest Ratings on the SFI**

**Competence and Conflict Subscales and GARF**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Change</th>
<th>t(23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.33</td>
<td>2.17</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.72</td>
<td>0.50</td>
<td>0.83</td>
<td>0.94, ns</td>
</tr>
<tr>
<td>Conflict</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.27</td>
<td>2.19</td>
<td>0.08</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.80</td>
<td>0.60</td>
<td>0.75</td>
<td>0.52, ns</td>
</tr>
<tr>
<td>GARF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>34.75</td>
<td>59.13</td>
<td>24.38</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>15.15</td>
<td>21.28</td>
<td>16.49</td>
<td>7.24, p&lt;.001</td>
</tr>
</tbody>
</table>

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as functioning with less conflict after having completed STEP, a dependent sample t test was conducted with the SFI Conflict Subscale data. Again there were no significant differences between pretest and posttest scores with t(23) = .52, ns.

To evaluate the third hypothesis, that clinician ratings of parents' answers to four problem scenarios would increase, the average GARF scores from the two raters were investigated. The pretest and posttest GARF rating averages and standard deviations are presented in Table 4. On a dependent sample t test, a significant difference was found between pretest and posttest GARF ratings with t(23) = 7.24 and p < .001.

To examine the fourth hypothesis, that parents would rate the STEP program as beneficial, the mean responses to four questions addressing participants' perceptions were examined regarding the impact of the STEP program. The means and standard deviations for these questions are shown in Table 5. The means ranged from 6.26 to 6.57, indicating that clients rated their feelings, behavior, self-understanding, and overall change (Adelstein, Gelso, Haws, Reed, & Spiegel, 1983) as falling within the "moderate" to "much improved" range.

Two final analyses were conducted to explore the possibility that
### Table 5

**Summary of Client-Rated Counseling Outcome (CRCO)**

<table>
<thead>
<tr>
<th>Question</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you feel at the end of STEP?</td>
<td>6.35</td>
<td>0.78</td>
</tr>
<tr>
<td>To what extent was there a change in your behavior at the end of STEP?</td>
<td>6.26</td>
<td>0.62</td>
</tr>
<tr>
<td>To what extent did you seem to understand yourself at the end of STEP?</td>
<td>6.48</td>
<td>0.73</td>
</tr>
<tr>
<td>Rate your overall change in STEP:</td>
<td>6.57</td>
<td>0.51</td>
</tr>
</tbody>
</table>

**Response Scale**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Worse</td>
<td>Moderately Worse</td>
<td>Slightly Worse</td>
<td>About the Same</td>
<td>Slightly Improved</td>
<td>Moderately Improved</td>
<td>Much Improved</td>
</tr>
</tbody>
</table>
ratings on the CRCO were related to change on the SFI Competence and Conflict Subscales. The goal was to check for a correlation between the parents’ own ratings of their improvement and an increase in competence or a decrease in conflict at home.

For the first analyses, the individual scores from the Competence posttests were subtracted from the corresponding scores on the pretests to obtain a number representing the amount of change per subject. Thus, positive change scores represented improvement over time. Also, the four ratings on the CRCO were averaged for each individual. A correlation between the Competence change scores and CRCO average ratings yielded the insignificant finding of $r (22) = 0.28$, ns. Following the same procedure, comparing the SFI Conflict Subscale change scores to average CRCO ratings, yielded similar results with $r (22) = 0.23$, ns.

The second set of analyses to explore the relationship between CRCO scores and change on the Competence and Conflict Subscales began by ranking the CRCO scores. A median split divided the CRCO average scores into two groups, high and low. An independent sample $t$ test was then used to compare the change in Competence scores of the high CRCO group with those of the low CRCO group. Findings from this analysis were insignificant with
$t(11) = -0.43, \text{ ns.}$ The same procedure was followed to compare the two groups on the SFI Conflict Subscale with similar results: $t(11) = -0.62, \text{ ns.}$
CHAPTER 8

Discussion

Systematic Training for Effective Parenting (STEP) offers parents information and skills that they can apply to family interactions, helping them to manage the consequences of their children's behavior more effectively. Results from this study indicated that STEP participants learned better responses to typical parenting problems and were generally satisfied with their overall improvement; however, results did not support the premise that participation in STEP affected change at home.

Previous studies on the STEP program have found significant differences between pretest and posttest self-ratings on such subscales as Trust (Brand & Ellis, 1991), Independence, and Control (Campbell & Sutton, 1983). However, unlike past findings, results from this study revealed that there were no significant differences between pretest and posttest ratings on the SFI Competence and Conflict Subscales. There are two possible explanations for these divergent findings. Either participation in this particular STEP program
did not on average affect family competence and conflict or this study failed to detect real improvements in family competence and conflict resolution. Future studies might provide answers to several questions that could further clarify why no pretest / posttest differences were found on these two subscales.

For example, could time in the class or the number of class sessions have influenced outcome? In this study, parents attended only six one and one-half hour sessions; whereas in previous studies (i.e., Brand & Ellis, 1991; Campbell & Sutton, 1983; Jackson & Brown, 1986; Williams, Omizo, & Abrams, 1984), parents attended at least eight and up to ten sessions some of which were two hours in duration.

Would a larger sample size have given the data enough power to detect significance? With N=24, the effect size for Competence was $d = .19$ and for Conflict $d = .11$. Both of these effect sizes place power at less than .17. Based on Cohen's definition of "high" power = .80 (Howell, 1992), an effect size of at least $d = .56$ would need to be achieved for a sample size of 24.

Also, with regards to the SFI Competence Subscale, did STEP's targeting of parents negate immediate effects on family functioning (e.g., happiness, problem-solving abilities, optimism, acceptance of members, and love in the home)? As mentioned previously, Brooks and his colleagues
(1988) indicated that because STEP works only with parents and is a preventative program, changes tend to occur over time. Perhaps a six-month or one-year follow-up would determine that family competence increases with continued application of STEP principals at home.

Another question concerns the lack of differences between pretest and posttest results on the SFI Conflict Subscale. Could conflict during the six weeks of this class have actually increased in some families as parents attempted to enforce behavioral changes in their children at home? As Feldman (1988) pointed out, "behavior under extinction frequently gets worse before it gets better" (p. 1120). Results from a later follow-up might determine whether or not there is a decrease in conflict over time.

In contrast to these nonsignificant results, clinicians rated parents as functioning higher in their abilities to meet family needs after participating in the STEP class. The good interrater reliability of this result with the GARF scale lends credence to this conclusion. Furthermore, this outcome compares favorably with Sharpley and Poiner's (1980) determination that STEP participants are successful at learning practical responses to typical child rearing situations.

Although results were significant, the findings with the GARF scale are
limited because the ratings were based on participants' knowledge and not their performance. This does meet STEP's primary goal of helping parents increase their knowledge about parenting skills. However, GARF was not used to determine whether or not parents put into practice their knowledge over time. Also, if parents used fewer words in their pretest answers to problem scenarios versus posttest answers, the quality of GARF ratings may have been confounded.

Other positive findings included CRCO results that parents were generally satisfied with their behavior change, increased self-understanding, and overall improvement. There are several possible alternative explanations for these findings. For example, demand characteristics such as parents' relationships with the facilitators may have influenced their choices in a positive direction. Also, after paying for the class, participating in the class for six weeks, and doing homework, parents may have rated their change more highly due to a cognitive dissonance factor. Finally, 21% of the experimental group were court-ordered to attend the parenting classes and may have wanted to rate their change at a high level in hopes of somehow assisting their court cases; although the confidential nature of the study results precluded this possibility.
In addition, there were several other weaknesses inherent in the study. There was no control group, no long-term follow-up, and the experimental group was not representative of the general population. Also, results could not be compared between those who completed the class and those who dropped-out or declined participation in the study.

Considerations for future studies might include adding other components. Treatment integrity could be more intensely evaluated by using several raters, training raters, reviewing all of the sessions, and using video or audio equipment. Presenter effects could be evaluated by having two or more facilitators individually teach sets of STEP classes and then comparing the individual teaching of each FACT facilitator to other STEP facilitators. Factors such as age, sex, race, qualifications, and client rapport might all be variables affecting outcome. Finally, independent ratings of behaviors could be added to help determine whether or not STEP program skills were being applied at home.

In conclusion, it appears that although the STEP program at FACT is effective in helping parents increase their knowledge about parenting skills, the application of those skills to affect change in the family environment at home remains unclear. A long-term follow-up might determine whether or not
parents are applying STEP principles at home. Other options considered by the STEP facilitators for increasing program effectiveness have included adding booster sessions or advanced parenting classes to FACT's array of services. Such initiatives could provide avenues for research follow-up, and more importantly, could instigate direct application of STEP principles to idiosyncratic child-rearing problems over a longer period of time.
References


and psychotherapy. NY: Teachers College Press.


APPENDIX I

INSTITUTIONAL REVIEW BOARD APPROVAL
DATE: June 21, 1996

TO: Melody J. Thompson (PSY)
M/S 5030

FROM: Dr. William E. Schulze, Director
Office of Sponsored Programs (X1357)

RE: Status of Human Subject Protocol Entitled:
"The Effectiveness of STEP at Family and Child Treatment in Las Vegas, Nevada"

OSP #113s0696-045e

The protocol for the project referenced above has been reviewed by the Office of Sponsored Programs and it has been determined that it meets the criteria for exemption from full review by the UNLV human subjects Institutional Review Board. Except for any required conditions or modifications noted below, this protocol is approved for a period of one year from the date of this notification, and work on the project may proceed.

Should the use of human subjects described in this protocol continue beyond a year from the date of this notification, it will be necessary to request an extension.

cc: C. Heavey (PSY-5030)
OSP File
APPENDIX II

CONSENT FOR PARTICIPATION

My name is Melody J. Thompson. As a graduate student at the University of Nevada, Las Vegas, I would like to invite you to participate in a study that is part of a thesis research project.

Your participation would include about 15 to 20 minutes today to fill-out three questionnaires and another 15 to 20 minutes to do the same after your participation in this class.

This study is being conducted to determine the effectiveness of FACT’s parenting class. Your participation may benefit future classes.

Although your first name is requested, all documents will remain CONFIDENTIAL.

Your participation is voluntary and you may withdraw from participation at any time.

If you have any questions, please contact Melody Thompson or Ruth Koenig at 258-5855, or Dr. Christopher Heavey at 895-3305.

I, __________________________, have read this informed consent form on (print your name here)

____________________ and fully understand the above information.

(today’s date)

____________________

(your signature)
APPENDIX III

Problem Scenarios

1. Shawn (age 5) is your youngest child and he constantly follows you around the house asking questions and demanding attention. You try to show him some attention, but it seems that it's never enough and he just gets worse. What do you do?

2. Maryann is 12 years old. You look into her room and it looks like a scene from the "Chaotic Alien World." Things are strewn all about. Your guideline in the house is NOT to close the door in her room when her room is messy. What do you do?

3. Ursula (age 7) tells you on the night which you are going to go out, that she does not like Uncle Paul babysitting her. When you ask why not, she states that she "just doesn't like him." What do you do?

4. Jake (age 8) comes home from school and tells you: "I hate that teacher! I hate that teacher! I never want to go back! I hate school!" What do you do?
## CHECKLIST - SESSION #1

<table>
<thead>
<tr>
<th>Item to be Covered:</th>
<th>Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>What &quot;S.T.E.P.&quot; is.</td>
<td></td>
</tr>
<tr>
<td>Differences between authoritarian, passive, and democratic families.</td>
<td></td>
</tr>
<tr>
<td>Discussion of how clients' parents raised them.</td>
<td></td>
</tr>
<tr>
<td>Children are humans with dignity and worth.</td>
<td></td>
</tr>
<tr>
<td>Four goals of misbehavior:</td>
<td></td>
</tr>
<tr>
<td>Attention</td>
<td></td>
</tr>
<tr>
<td>Power</td>
<td></td>
</tr>
<tr>
<td>Revenge</td>
<td></td>
</tr>
<tr>
<td>Display of Inadequacy</td>
<td></td>
</tr>
<tr>
<td>Three extra goals of misbehavior by teenagers:</td>
<td></td>
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<tr>
<td>Superiority/Inferiority</td>
<td></td>
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<tr>
<td>Peer Acceptance</td>
<td></td>
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<tr>
<td>Excitement</td>
<td></td>
</tr>
<tr>
<td>Choices of behaviors lead to consequences.</td>
<td></td>
</tr>
<tr>
<td>Encouragement</td>
<td></td>
</tr>
<tr>
<td>Communicating Love (words, hugs, etc.)</td>
<td></td>
</tr>
<tr>
<td>Homework assignment</td>
<td></td>
</tr>
</tbody>
</table>

**Extra items that were covered (not above):**
# CHECKLIST - SESSION #2

<table>
<thead>
<tr>
<th>Item to be Covered:</th>
<th>Covered</th>
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<tbody>
<tr>
<td>Ability to control/own one's emotions.</td>
<td></td>
</tr>
<tr>
<td>Children are social beings with the goal to belong to the family.</td>
<td></td>
</tr>
<tr>
<td>Children either accept or reject family values.</td>
<td></td>
</tr>
<tr>
<td>The &quot;Good&quot; Parent vs. the Responsible Parent</td>
<td></td>
</tr>
<tr>
<td>Birth Order differences among children:</td>
<td></td>
</tr>
<tr>
<td>First Born</td>
<td></td>
</tr>
<tr>
<td>Second Born</td>
<td></td>
</tr>
<tr>
<td>Middle Child</td>
<td></td>
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<tr>
<td>Youngest Child</td>
<td></td>
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<tr>
<td>Only Child</td>
<td></td>
</tr>
<tr>
<td>Encouragement vs. praise</td>
<td></td>
</tr>
<tr>
<td>Give attention for positive behavior/ignore negative behavior</td>
<td></td>
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<tr>
<td>Attitudes and Behaviors to Eliminate</td>
<td></td>
</tr>
<tr>
<td>Negative expectations</td>
<td></td>
</tr>
<tr>
<td>Unreasonably high standards / overambition</td>
<td></td>
</tr>
<tr>
<td>Promoting competition between siblings</td>
<td></td>
</tr>
<tr>
<td>Double standards</td>
<td></td>
</tr>
<tr>
<td>Ignore tattling</td>
<td></td>
</tr>
<tr>
<td>Homework assignment (x2)</td>
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</tr>
<tr>
<td>Extra items that were covered (not above):</td>
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### Checklist - Session #3

<table>
<thead>
<tr>
<th>Item to be Covered:</th>
<th>Covered</th>
</tr>
</thead>
</table>

**Roles we Play with Our Children:**
- Commander in Chief
- Moralist
- Know-It-All
- Judge
- Critic
- Psychologist
- Consoler

**Reflective Listening**

**Open vs. Closed Responses**

**Exploring Alternatives / Problem Solving**

**Problem Ownership**
- Parents own the problem in issues of safety or parents' rights

**I-Messages**

**Communicating respect to their children**

**Developing the courage to be imperfect**

**Homework assignment (x2)**

**Extra items that were covered (not above):**

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CHECKLIST - SESSION #4

<table>
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<tr>
<th>Item to be Covered:</th>
<th>Covered</th>
</tr>
</thead>
</table>

Differences between punishment and Natural/Logical Consequences:
- punishment expresses personal power, authority
- punishment is often illogical
- punishment is often given in anger
- punishment doesn't allow choice.

Difference between Natural and Logical Consequences

Steps of N/L Consequences:
- Decide if parent owns the problem
- Provide choices
- Be Firm and Kind with N/L Consequences
- Talk less, act more
- Refuse to fight
- Follow Through
- If misbehavior is repeated, increase the consequence

Example with Cliff and the movie

Homework assignment (x2)

Extra items that were covered (not above):

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## CHECKLIST - SESSION #5

<table>
<thead>
<tr>
<th>Item to be Covered:</th>
<th>Covered</th>
</tr>
</thead>
</table>

- Review of difference between natural and logical consequences
- Examples of homework from clients.
- Selecting the Appropriate Approach:
  - (I-message, consequences, reflective listening, etc.)

### Family Meeting:
- Chores
- Planning Meals
- Activities/Vacations
- Encouragement
- Discussing family business, finances

### Homework assignment (x2)

### Extra items that were covered (not above):

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CHECKLIST - SESSION #6

Item to be Covered: Covered

Review:

Authoritarian, Democratic, Passive family environments
Choices of Behaviors lead to consequences
I-Feel messages
Open vs. Closed responses.
Problem Ownership
Encouragement
Difference between Natural and Logical consequences

Discuss how family meetings went

Discuss sexual abuse of children

Handout certificates

Homework assignment

Extra items that were covered (not above):