This study tested the effectiveness of parent training (PT) as a health promotion/prevention intervention. Participants were parents of toddlers enrolled in 11 urban day care centers serving low-income families of color. The 12-week intervention consisted of a video-based PT program with group discussion. Eleven centers were matched and assigned to one of four conditions: PT for parents only, PT for day care teachers only, PT for parents and teachers, and no intervention. Data were obtained pre-intervention, post-intervention, and at 6- and 12-month post-intervention intervals by means of parent and teacher reports, parent-child observations, and classroom observations. Dependent variables included parent and teacher self-efficacy, child behavior problems at home and in day care, parent discipline strategies, parent stress, teacher behavior, and quality of parent-toddler interactions. Preliminary findings included data from pre- to post-intervention for 158 study parents and 92 day care teachers. Findings indicated that PT parents reported less reliance on coercive discipline and gave fewer negative, indirect, and direct commands to toddlers during play than comparison parents. Children of PT parents used fewer aversive behaviors with their parents and demonstrated fewer classroom behavior problems than comparison children. Of children who exceeded cut-off scores on classroom behavior problems at pre-intervention, 80 percent of PT children fell below cut-off at post-intervention, compared to 40 percent of comparison children. Of children who exceeded cut-offs on observed child deviance during observed parent-child play, 100 percent of PT children fell below cut-off at post-intervention, compared to 50 percent of comparison children. PT teachers reported improvements in child care self-efficacy. (Contains 16 references.)
Parent Training with Low-Income Multi-ethnic Parents of Toddlers
Deborah Gross, DNSc, RN; Louis Fogg, PhD; Carolyn Webster-Stratton, PhD, RN and Jane Grady, PhD

Abstract

The purpose of this study is to test the effectiveness of parent training (PT) as a health promotion/prevention intervention with parents of toddlers (2-3 years old) enrolled in 11 urban day care centers serving low-income families of color. The intervention used was a 12-week video-based PT program with group discussion developed by Webster-Stratton.

The 11 centers were matched and assigned to one of 4 conditions: (1) PT for parents only, (2) PT for day care teachers only, (3) PT for parents and teachers, and (4) no intervention. Data were obtained pre-intervention, post-intervention, and at 6- and 12-months post-intervention using parent and teacher report, parent-child observations, and classroom observations. Dependent variables include parent and teacher self-efficacy, child behavior problems at home and in day care, parent discipline strategies, parent stress, teacher behavior, and quality of parent-toddler interactions.

Preliminary findings include data from pre- to post-intervention for 158 study parents (91% mothers) and 92 day care teachers. Data were analyzed using repeated measures MANOVA and chi-square. Parents who received PT reported less reliance on coercive discipline strategies (p<.02) and gave fewer negative (p<.01), indirect (p<.01) and direct commands (p<.001) to their toddlers during play than parents in the comparison groups. Children of parents who received PT also used fewer aversive behaviors with their parents (p<.05) and demonstrated fewer behavior problems in the classroom than comparison children (p<.07).

Of children who exceeded cut-off scores on classroom behavior problems at pre-intervention (n=21), 80% of the PT children fell below cut-off at post-intervention compared to 40% of comparison children. Of children who exceeded cut-offs on observed child deviance during observed parent-child play (> 20 aversive + non-compliant behaviors in 15 minutes), 100% of PT children fell below cut-off at post-intervention compared to 50% of comparison children.

Teachers who received the PT intervention reported improvements in child care self-efficacy (p<.02). However, no changes were found in teachers’ or children’s behaviors following teacher intervention. Consumer satisfaction ratings were high; 100% of parents and teachers would “recommend” or “highly recommend” the program to others.

Preliminary results suggest that following PT, parents were less coercive and directive with their toddlers during play. The toddlers, in turn, used fewer aversive behaviors with their parents. The data also suggest that PT effects generalize to the day care classroom.

Presented at the Biennial Meeting of the Society for Research in Child Development, Albuquerque, NM, April 16, 1999. This research is supported by a grant from the National Institute for Nursing Research, #RO1 NRO4085
Parent Training with Low-Income Multi-ethnic Parents of Toddlers

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Parent Training with Low-Income Multi-ethnic Parents of Toddlers

Parent training is a widely used, cost-effective method for increasing positive parenting behaviors and reducing children's negative behaviors (Kazdin, 1997; Briesmeister & Schaefer, 1998). However, previous studies on parent training effectiveness have largely focused on European-American parents of children over 3 years of age with antisocial behavior (Forehand & Kotchnick, 1996). The purpose of this study is to test the effectiveness of parent training as a health promotion/prevention intervention with parents of toddlers (2-3 years old) enrolled in 11 urban day care centers serving low-income families of color. The intervention used was a 12-week video-based parent training program with group discussion developed by Webster-Stratton (Gross, Fogg, & Tucker, 1995; Tucker, et al., 1998; Webster-Stratton, 1990). The data presented below are preliminary findings on 158 families enrolled from 1997-1998.

Participants and Settings. The 11 centers were matched on size, quality, racial/ethnic composition, and family income and assigned to one of four conditions: (1) parent training for parents only, (2) parent training for day care teachers only who were then instructed to teach the parents what they had learned, (3) parent training for parents and teachers in separate groups, and (4) no intervention. Based on ratings of environmental quality using the Early Childhood Environment Rating Scale (Harms & Clifford, 1980), all centers fell into the "adequate" to "good" range.

A purposive sample of 158 parents of 2 and 3 year old children and their children's day care teachers participated in the study. Most (91%) of the
participating parents were mothers. Mean parental age was 27.7 years. Mean parity was 2.29. Ninety-six percent of the parents were from minority racial/ethnic groups, primarily self-identified as African-American (56%) or Latino (32%). Description of the sample is presented in Table 1.

Methods. Data were obtained pre-intervention, post-intervention, and at 6- and 12- months post-intervention. Outcome data included parent-report, teacher-report, parent-child observations, and classroom observations. Dependent variables included parent and teacher self-efficacy, child behavior problems at home and in day care, parent discipline strategies, parent stress, parent depression, teacher behavior, and quality of parent-toddler interactions. Parent questionnaires were administered by interview and offered in English or Spanish. A list of the variables and corresponding measures is presented in Table 2.

A number of incentives were used to encourage participation in the study. All parents were paid $30 for completing each set of assessments. If they completed all four phases of data collection, parents also received a free copy of their videotaped parent-child play sessions. Assessments were conducted at the day care center or their home, whichever was more convenient for the parent. Additional incentives were offered in parent training centers to encourage active participation. Parent groups were conducted at their children's day care center in the evenings. Free childcare for the target child and siblings and dinner was provided during parent groups. Reimbursement for cab fare was offered for
those families who did not wish to take public transportation home after dark
following the parent group.

The Intervention. Based on the principles of Patterson's Coercive
Family Process Model (Patterson, 1982), the parent training program is designed
to promote positive parent-child communication, reduce parental reliance on
harsh discipline strategies, and reduce child behavior problems. Approximately
10-12 parents meet weekly over 12 weeks in groups led by trained group
leaders. The topics covered during the group sessions include (1) how to play
with your child, (2) how to help your child learn, (3) encouraging positive behavior
in young children, (4) setting effective limits, (5) handling misbehavior, (6)
problem-solving with adults and children, and (7) reducing stress.

During each session, videotaped vignettes are shown of parent and child
"models" engaged in situations typical of many families with young children.
These vignettes are used to trigger discussion and problem-solving among
parents in the groups. For each vignette, one or more parenting principles are
identified for discussion. Group leaders are trained to facilitate the discussion
and help parents apply the program principles to their particular child and/or
family. A leader manual and group leader checklist are used to standardize
program content and implementation across groups. Weekly homework
assignments are also used to help parents generalize what they have learned in
the parent group to the home setting (for more information about the program,
see Webster-Stratton & Hancock, 1998).
Results. Preliminary findings include data from pre- to post-intervention for 158 study parents and 92 day care teachers and 130 coded parent-child observations. Data were analyzed using repeated measures MANOVA and chi-square.

The data suggest that the parent training program was more effective for parents than for teachers. Teachers who received the program had higher childcare self-efficacy ($X^2 (2, N=92) = 7.49, p<.02$). However, there were no significant improvements in observed teacher behavior, parent outcomes, or child outcomes as a result of teacher training. These findings suggest that teacher training had limited efficacy for increasing positive teacher-child interactions and reducing child behavior problems.

Parents who received parent training reported significantly less reliance on coercive discipline strategies, $F(1, 158) = 5.51, p<.02$, and gave fewer negative, $F(1, 130) = 6.98, p<.01$, indirect $F(1,130) = 6.53, p<.01$, and direct commands, $F(1,130) = 22.9, p<.001$ to their toddlers during play than parents in the comparison groups. Children of parents who received parent training also used fewer aversive behaviors with their parents, $F(1,130) = 4.18, p<.05$ and demonstrated fewer behavior problems in the classroom than comparison children, $F(1,158) = 3.27, p<.07$.

On average, parents attended approximately half ($n=6$) of the scheduled parent group sessions. The amount of intervention received was examined for its relationship to improvements in outcome variables. Dosage (i.e., number of
parent groups sessions attended) was associated with improvements in parent stress from pre- to post-intervention \((r=.26, \ p<.02)\).

To evaluate whether there were clinically significant improvements from parent training, cut-off scores were used to identify children at elevated risk for behavior disorder. Of the 21 children who exceeded the cut-off score on classroom behavior problems at pre-intervention (as defined by 1 standard deviation above the mean), 80\% of the children from the parent training conditions fell below cut-off at post-intervention compared to 25\% of comparison group children. In addition, the classroom behavior of 10\% of comparison children got worse from pre- to post-intervention (moving from below cut-off scores at baseline to exceeding the cut-off score at post-intervention) while the classroom behaviors of only 2\% of the intervention children got worse.

Of children who exceeded cut-offs on observed child deviance during observed parent-child play (as defined by >20 aversive + non-compliant behaviors in 15 minutes), 100\% of the children from the parent training conditions fell below cut-off at post-intervention compared to 50\% of comparison children. Despite the changes in child behavior observed by teachers and coders, parents who received training did not report a significant improvement in their children's behavior.

Nonetheless, consumer satisfaction ratings were high. Of parents and teachers who completed the program, 100\% would "recommend" or "highly recommend" the program to others.
**Discussion.** The results suggest that following parent training, parents used less coercive discipline strategies with their toddlers and were less negative and directive during play. The toddlers, in turn, used fewer aversive behaviors with their parents. Consistent with the coercive family process model, these data suggest that aversive child behavior can be reduced through modification of parent behaviors.

The data also suggest that parent training effects generalized to the day care classroom. Children whose parents participated in the training program demonstrated significantly fewer behavior problems in the classroom than children of parents who did not receive parent training. This improvement was particularly apparent when data were analyzed by cut-off scores and when intervention effects could be observed for children who are a greatest risk for antisocial behavior. When classroom behavior data were analyzed by cut-off scores, 80% of the intervention children improved compared to only 25% of comparison children.

It was interesting to note that children's behavior problems only improved when parents received training. Teacher training appeared to have little affect on teachers, parents, or children. Given the lack of observed changes in teacher behavior following the training program, it is reasonable to speculate that teachers did not use the program principles with the children and, therefore, children's behavior did not change. A training program using teacher models in classroom situations may be more effective for promoting changes in teacher
behavior than a program that depicts parents with one or two children in a home environment.

These preliminary results suggest that this parent training program leads to short-term improvements in parent and toddler behavior in a community sample of low-income families of color. Future research will continue to evaluate the effectiveness of parent training with a large sample up to one year post-intervention.
Table 1. Description of the Sample

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
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<tr>
<td>Other</td>
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Table 2. List of Variables and Measures

<table>
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<tr>
<th>Variable</th>
<th>Measure</th>
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<tbody>
<tr>
<td>Parenting Self-Efficacy</td>
<td>Toddler Care Questionnaire (Gross, &amp; Rocissano, 1988)</td>
</tr>
<tr>
<td>Child Behavior Problems (Parent report)</td>
<td>Eyberg Child Behavior Inventory (Robinson, Eyberg, &amp; Ross, 1980)</td>
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<td>Discipline Strategies</td>
<td>Parenting Scale (Arnold, et al., 1993)</td>
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<td>Parent Stress</td>
<td>Everyday Stressor Index (Hall et al., 1991)</td>
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<td>Parental depression</td>
<td>Center for Epidemiologic Studies Depression Scale (Radloff, 1977)</td>
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<tr>
<td>Child Behavior Problems (Teacher report)</td>
<td>Kohn Symptom Checklist (Kohn, 1977)</td>
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<td>Parent-Child Interactions</td>
<td>Dyadic Parent-Child Interaction Coding System (Eyberg &amp; Robinson, 1992)</td>
</tr>
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<td>Teacher Self-Efficacy</td>
<td>Childcare Self-Efficacy Questionnaire</td>
</tr>
<tr>
<td>Teacher Classroom Behavior</td>
<td>Select items from the Dyadic Parent-Child Interaction Coding System</td>
</tr>
<tr>
<td>Quality of Day Care Environment</td>
<td>Early Childhood Environment Rating Scale (Harms &amp; Clifford, 1980)</td>
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</tbody>
</table>
References


Title: Parent Training with Low-Income Multietnic Parents of Toddlers

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Corporate Source: Rush Presbyterian - St. Luke's Medical Center

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