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Effect of Parent Training on Parents' Level of Depression & Sense of Competence as Measured by the PSI

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G. Lamar

1988

EFFECT OF PARENT TRAINING ON PARENTS' LEVEL OF
DEPRESSION AND SENSE OF COMPETENCE AS
MEASURED BY THE PSI

A Thesis

Presented to

The Faculty of the Department of Psychology
Western Kentucky University
Bowling Green, Kentucky

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by

G. Lamar Roth

July, 1988

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EFFECT OF PARENT TRAINING ON PARENTS' LEVEL OF
DEPRESSION AND SENSE OF COMPETENCE AS
MEASURED BY THE PSI

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I dedicate this thesis to my wife Karla and my children Nicholas, Stephanie, and Ashley whose encouragement and support motivated me throughout my academic career.

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EFFECT OF PARENT TRAINING ON PARENTS' LEVEL OF DEPRESSION
AND SENSE OF COMPETENCE AS MEASURED BY THE PSI.

G. Lamar Roth July 1988 37 pages

Directed by: Harry Robe, Lynn Clark and Leroy Metze

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The purpose of this study was to investigate how parent training reduced the level of depression and increased the level of sense of competence experienced by parents who perceive their child to have at least one behavior problem. Twenty-five mothers participated in 3 training groups. Two of the groups served as experimental groups and the third group served as a control group. The materials presented to the experimental group were a combination of behavioral and humanistic/Adlerian approaches to parenting (Clark, 1985). The participants were administered the Parenting Stress Index (PSI) (Abidin, 1986) before and after treatment. The data for the experimental groups were combined and compared to the control group using the Student's t-Test for differences between means for correlated data and a t-Test for differences between means for independent groups. A significant difference did occur on sense of competence scores within the experimental group. However, when compared with the control group no significant differences were found. These results indicate that the change in parents' Sense of Competence scores are a trend and not a significant difference.

CHAPTER 1

Introduction

Our society is concerned about the plight of its children. Nineteen seventy-nine was the International Year of the Child. As a nation we encouraged greater understanding, compassion, and assistance to our young people. We have begun to recognize the rights of children. We are concerned about their education, health, moral development, and integration into and contribution to society. When a child lacks such opportunities and development, we wonder what the child's parents are doing wrong. Parents who have a child with behavior problems often blame themselves and are seen by others as responsible for the child's behavior even by the state. In the state of Kentucky, for example, if a child is found delinquent and placed on probation and if the court finds the parents have failed to exert reasonable parental control (undefined), then the parents could be required to post a \$500 security. If the child commits a second offense, the \$500 will be used to make restitution for damages.

If it is believed parents are primarily responsible for the behavior of their children, then how are parents to be prepared for such an undertaking? Most parents

have learned their parenting skills as children observing their own parents. They may choose similar or different parenting styles depending upon the satisfaction of their childhood experiences. How do they know which styles are going to work? Which response will be most effective when their child misbehaves? How can parents prevent their children from misbehaving? And most importantly, how can they predict what the long term effects of their behavioral management techniques are? It seems that everyone is a critic of the parent, from relatives to neighbors to the justice system. What help is there for parents who find their role overwhelming and have more questions than answers? It is for those who struggle with these questions that parent training programs have been developed.

Raising children has been a topic of concern for many centuries. Beekman (1977) compiled many samples of child rearing practices, some of which date back over 2000 years. For example, in 1429 a priest by the name of Von Louffenburg wrote a poem about child care stating:

Should teething hurt the child and give Him pains,
Rub his gums with chicken fat and hare's Brains...

Take honey and incense, salt and Liquorice,
Mix them well together, rub his tongue With this,
So that he will learn to speak the Sooner
And more easily.

Beekman (1977) found an amazing number (over 800) of manuals, pamphlets, and books on the subject of child rearing. Although this is not so surprising when looking through the parent section of book stores. The most popular books on parenting today are based more on personal experiences and religious values than on empirical research and information. The "It worked for me so it should work for you" approach to parenting may have good intentions but produces very few researched-based results.

The concept of parent training seems to have progressed vigorously since 1950. Christine Beasley's Democracy in the Home (1954) emphasized the unity or togetherness of the family. The "good life" was defined by a house with a lawn, two cars, and a family. According to Beasley, the house is the location of the home and the goal is to develop a "group spirit" (p. 206).

Later, Thomas Gordon (1970) presented a structural analysis of the parent-child conflict. He emphasized an attitude change in the parents toward their children when trying to resolve difficulties. Communication is the key, according to Gordon, to resolving parent-child conflict. He attempts to teach parents how their children transmit information and how the parents receive that information. Less conflict should take place by better understanding the child.

In the '60s and '70s a host of other parent training theories were developed. Most often they reflected society's attitudes at the time. Self-esteem was a buzz word. Theories were developed and picked up by those in parent training such as Dorothy Briggs (1970), Your Child's Self-Esteem, and Fitzhugh Dodson (1970), How to Parent. With regard to physical punishment a study by Dangel, Polster, and Ross (1982) discovered that "From 1964 to 1967, 67% of the authors recommended using physical punishment; from 1968 to 1971, 72%; from 1972 to 1975, 52%; and from 1976 to 1979, 87%" (p. 3). These changes in recommendations may be explained by the changing view of society's use of physical punishment and attitudes toward child rearing.

Behavioral parent training was also developing in the '60s, '70s and '80s. "Behavioral parent training involves systematically teaching parents to implement specific child management techniques. The effects of the training procedures are assessed through data collected on parent and child behaviors" (Polster and Dangel, 1984, pp. 6-7). Training programs such as Patterson's Living With Children (1976), Forehand and McMahon's Helping the Noncompliant Child (1981), and Clark's SOS! Help For Parents (1985) are quite popular in clinical settings because of the continued research supporting behavioral techniques.

The family of the 1980's is different from the 1950's. More families are living in stressful urban settings than in the past. A higher rate of divorce has increased the percentage of single parent households. A higher cost of living has forced both parents, in many situations, to work outside the home. With the stresses of such a society the questions about parenting become more urgent and pertinent. We should not only consider how to help the child change his or her behavior, or how to strengthen the parent child relationship, but also we must ask what are the parent's needs and how can we best meet those needs.

The purpose of this research project is to investigate how parent training may reduce the level of stress many parents experience. The specific variables of interest in this study are depression of the parent and his or her sense of competence. One would assume that parents who perceive their children to have behavioral problems would be somewhat depressed. They would tend to blame themselves for their child's behavior and develop a negative cognitive set leading to depression. If they blame themselves and feel helpless about changing their child's behavior, their sense of competence as a parent would be low. By helping parents learn techniques that may change their child's behavior one would hypothesize their sense of competence would increase and their level of depression would decrease.

CHAPTER 2

Review of the Literature

In 1969 Walder, Cohen, Breiter, Daston, Hirsch, and Leibowitz proposed that there are three basic approaches to training parents. "These are (a) educational groups, (b) individual consultations, and (c) controlled learning environments" (O'Dell, 1974, p. 422). Educational groups consist of small groups of parents who are presented with child management skills information. The purpose is to teach parents skills that may be later applied to prevent or solve problems.

Individual consultations consists of a parent or parent couple who consult a therapist for help in dealing with a child they believe to have problem behaviors. Usually the therapist in this case would not see the child.

The third approach is the development of a learning environment such as classroom, home, or laboratory. The parents are in direct contact with the child and the therapist directs the behavior of the parents. Even though these three approaches were categorized in 1969 they seem to reflect approaches used today.

Behavioral Management Techniques

Cross, Calvert, and McMahon (1987) investigated the degree to which parents like behaviorally oriented parent training techniques. Their subjects were 90 nonreferred mothers with children aged 3 to 8. Most of the mothers were Caucasian and between the ages of 21 and 54. Eighty-four percent were either married or in long term relationships. The remaining mothers were either single, divorced, or separated. Each parent was given a packet of information describing each of the emphasized areas. An evaluation was completed by each mother after the overview. The mothers were randomly assigned to either a parent training only group or a parent training plus verbal rationale group where an overview of the program was briefly summarized. They reported that mothers respond positively to a behaviorally oriented parent training approach that emphasizes parental attending, rewarding, ignoring, commands, and time out. The use of rewards, commands, and attention were rated more acceptable than the use of time out and ignoring. This information suggests that a behavioral approach to parent training would be well accepted by parents.

Do behavioral management techniques change a child's behavior? Prior to 1969 almost all reported studies lacked good experimental design. Most were one person

studies that could not be generalized. However, since 1969 many well designed group studies have been executed with optimistic results. In 1973 Patterson, Cobb, and Ray treated 13 referrals of conduct-disorder boys using behavioral management techniques. The parents were taught the basic concepts of social learning theory. They were taught to track behavior and to use positive reinforcement. Using trained observers the researchers observed the boys behavior in the home before and during treatment. The results indicated 9 out of 13 families showed 30% or more reduction from the base line in scored deviant behavior. Patterson replicated the study again in 1973 and then in 1974 finding similar results.

In a review of behavioral research on parent training, Wells and Forehand (1981) provide research data quite clearly demonstrating the short-term effects of behavioral parent training. The question remains as to the long-term effects of parent training.

Parent Training and Depression

One would hypothesize that a parent who believes he or she has a child with a behavior problem and seeks help would be experiencing a certain amount of depression. In a study by Patterson (1980) 150 children and their mothers were observed. Among other things the mothers were

administered the Minnesota Multiphasic Personality Inventory (MMPI). It was discovered that mothers of socially aggressive children had significantly higher scores on the depression scale of the MMPI than did the mothers of normal children. The mothers then attended parent training sessions where they learned parent management skills. They were readministered the MMPI and the Depression scale scores of the mothers of socially aggressive children dropped significantly. While mothers of socially aggressive children may have lower Depression scores after parent training, the results cannot be generalized to other types of behavior problems. It would seem that the nature of the behavior elicited by the children in this group would be more stressful than other types of behavior problems. More research is needed to explore the relationship between depression and parent training.

Parent Training and Sense of Competence

It could be hypothesized that parents who have problems with behavioral management of their children would have a low sense of competence. With the acquisition of parenting skills their sense of competence would increase. In a study by Williams, Omizo, and Abrams (1984) just the opposite was found to be the case. The participants were 38 volunteer parents (32 mothers, 6 fathers) and their

children. One parent for each child was represented. The children were classified as learning disabled. Before treatment the parents were administered the Parent Attitude Survey (PAS) (Hereford, 1963). The researchers were interested in the subscales of Confidence, Causation, Acceptance, Understanding, and Trust. The Confidence subscale measures "the parent's feelings about his or her role as a parent" (Williams, p. 128).

Each parent-child pair was randomly assigned to either a treatment group or a nontreatment group. The STEP program (Dinkmeyer and McKay, 1976) was implemented with the treatment group. The nontreatment group was not provided with any instruction. After the treatment was over, the PAS was readministered to all parents. One of the two factors that was not significantly different was the Confidence scale. The researchers suggest that longer treatment may be required to have an effect on parents sense of confidence. It may also be that other programs may effect this variable differently.

Giannotti and Doyle (1982) report different results in their study of 92 parents of children with learning disabilities. The parents were randomly assigned to either an experimental group or a control group. All the participants were administered several instruments including the Parent Attitude Survey (PAS) (Hereford, 1963).

The parents then participated in the Parent Effectiveness Training (PET) program (Gordon, 1970). The sessions lasted for 3 hours, one night a week, for 8 consecutive weeks. A significant difference was found between the treatment and control groups on all the PAS scores. "Parents in the experimental group reported more confidence in themselves as parents..." (p. 133).

The apparent conflicting data would suggest that more research should be done concerning parent training and sense of confidence or competence.

CHAPTER 3

Methods

The purpose of this study was to explore the relationship between parent training and parents' level of depression and sense of competence.

Participants

The population for the study was comprised of parents who had children enrolled in the Head Start program within a nine county area around Bowling Green, Kentucky. Approximately 400 children were enrolled in Head Start representing about 300 parents.

A total of 25 mothers participated in 3 parent training groups. Two of the groups served as experimental groups. The third group served as a control group. Sixteen mothers attended the experimental groups and 9 mothers attended the control group.

Materials

The Parenting Stress Index (PSI) (Abidin, 1986) was used to measure the level of depression and the level of sense of competence. It was administered both before training and after training.

The PSI is designed to assess three facets of the parent child relationship which are (a) Child Characteristics, (b) Mother Characteristics, and (c) Life Stress events. The Child Domain and the Parent Domain are combined to produce a Total Stress score. The Child Domain measures the parent's appraisal of the child's characteristics, adaptability and adjustment to changes, acceptability to parent, demandingness of parent, mood, distractibility/hyperactivity, and reinforcement of parent.

The Parent Domain measures the parent's assessment of his or her own characteristics and the impact he or she has on the ability to function as a competent care-giver to the child. The parent appraises his or her level of depression, attachment to the child, feelings of restrictions imposed by parental role, sense of competence, social isolation, relationship with spouse, and health.

The score for each subscale is obtained by adding the weights of the numbers above the answers selected. The domain score is obtained by adding the scores of the subscales in a particular domain. The total score is obtained by adding together the domain scores. The raw scores for each subscale, domain, and the Total Stress Score are converted to percentiles.

Ninety-five percent of the items on the PSI and the two domains were developed from an extensive literature

review. An item pool was developed and a team of "6 professionals with prominent reputations as researchers and clinicians in child development and clinical child psychology" (Abidin, p. 4). The team members then rated the items as to relevance of content and adequacy of construction (p. 4). The items were field tested with a sample of mothers who varied in education levels. These procedures resulted in the original PSI questionnaire. Presently the PSI is in its sixth form.

Satisfactory alpha reliability coefficients are reported in the PSI manual (Abidin, 1986). A range in magnitude from .62 to .70 for the subscales of the Child Domain and from .55 to .80 for the subscales of the Parent Domain was reported. The Child Domain had a reliability coefficient of .89 and the Parent Domain of .93. The reliability coefficient for the Total Stress Score is .95. Test-retest scores of .63, .91, and .96 are reported in the manual for the Child Domain, Parent Domain, and Total Stress Score respectively.

A demographic questionnaire was developed by the researchers to gather information from the participants about their household (see Appendix A). The questionnaire included items such as family income, marital status, and education level. The questionnaire was administered to all parents at the beginning of the training sessions.

SOS! Help For Parents (Clark, 1985), SOS! Help For Professionals (Clark, 1985), and Behavioral Principles For Parents (video cassette) (Forehand, 1979) was used as the method of parent training with the experimental groups. Clark's program was chosen for several reasons. It is a combination of two major theoretical systems in parent training; the behavioral and the humanistic/Adlerian approach (p. 308). The parenting program materials include a parenting handbook used by the researchers, flip cards, parent handouts, and video and audio cassette tapes with examples of child behavior problems and management techniques. The researchers were familiar with this program and had access to all the needed materials.

Procedure

The parents received a brochure about a Parent Stress Management workshop sponsored by Southern Kentucky Head Start (see Appendix B). The brochure contained an application form to be returned by the parent. A grand total of 81 "yes" responses were received.

All Head Start parents who are interested in participating in the parent training study were bussed to one of three Kentucky Head Start Centers for the training sessions. Each county was assigned to the Head Start Center nearest them. The three centers were Warren County Head Start Center, Edmonson County Head Start Center, and Logan County Head Start Center.

Edmonson County Head Start Center was randomly chosen to be the control group. This group received treatment different from that of the other two groups. In each session the group viewed a different film or video on child development and group problem solving techniques (see Appendix C for film titles). After each film, the parents engaged in group discussion. While the researchers initiated group discussion, they did not provide any specific training.

At the first meeting the parents in each of the groups were asked to complete the Eyeberg Child Behavior Inventory (Eyeberg, 1980). The purpose of this inventory was to identify those parents who believed they had a child or children with behavior problems. The sample for this study included all parents who indicated on the Eyeberg Behavior Inventory that they had a child with at least one behavior problem.

After the parents completed the Eyeberg Child Behavior Inventory and the demographic questionnaire, they completed the Parenting Stress Index (PSI) (Abidin, 1986). In the time left the researchers introduced the SOS! Help for Parents (Clark, 1985) materials and began the nonspecific group discussion. The sessions were approximately 1½ hours long. Sessions met once a week for 6 weeks. A make-up session was offered for parents who were unable to attend all the regular sessions. A free meal at one of several local restaurants was offered as an incentive for the

participants to attend at least 5 out of the 6 sessions. After the last session was completed, the PSI was readministered and the meal coupons were distributed.

After the data were compiled, the researchers provided the opportunity for individual debriefing.

Participants in the control group were offered the parent training sessions using material from SOS! Help For Parents (Clark, 1985) after completing 6 weeks of discussion sessions and one make-up session.

Analysis of Data

A test of homogeneity was conducted using the F-max statistic (Winer, 1971) to determine if the experimental groups could be combined. A Student's t-Test for differences between means for correlated data was calculated for each group (Craig and Metze, 1979). Finally, a t-Test for differences between means for independent groups (McCall, 1980) was calculated between the experimental group and the control group.

CHAPTER 4

Results

A test for homogeneity of variance was conducted by using the F-max statistic (Winer, 1971) to compare the two experimental groups' mean difference scores on Depression and Sense of Competence. The test did not reveal evidence of differences in variance between groups ($F_{\text{max}} = 1.545$, $p < .01$). The data were then combined to make one experimental group.

For each group the range and mean change in Depression and Sense of Competence between the first and second administrations of the Parenting Stress Index (PSI) are shown in Figure 1.

An analysis of mean changes in Depression scores and the Sense of Competence scores between the first administration of the PSI was completed for both the experimental group and the control group. To establish if the mean changes were significant for Depression and for Sense of Competence a Student's t-Test for differences between means for correlated data was calculated for each group (Craig and Metze, 1979). The results of these tests are shown in Table 1.

The differences between the mean changes in Depression scores for the experimental group was not significant at the $p < .05$ level ($t_{[15]} = 1.895$, $p > .10$). The differences

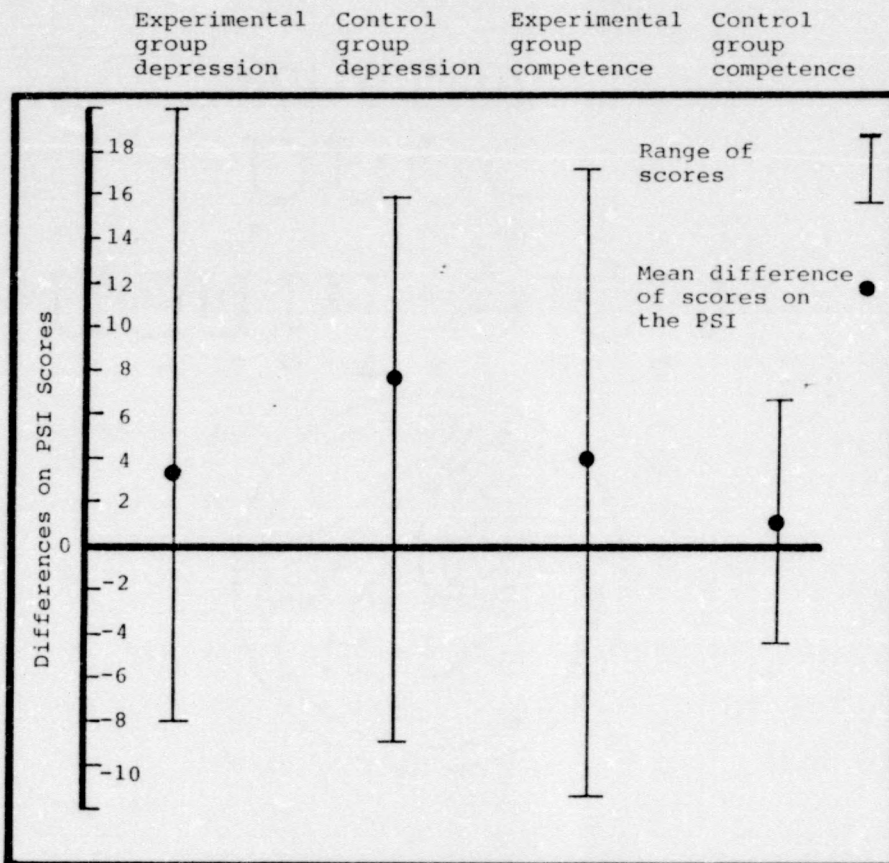


Figure 1. Range and mean differences in depression and sense of competence scores between the first and second administration of the PSI.

Table 1

Results of Student's T-Test for differences between
means for correlated data
changes in Depressions scores and
changes in Sense of Competence scores

Subjects	Mean Change in Depression scores from PSI-1 to PSI-2			Mean Change in Sense of Competence scores from PSI-1 to PSI-2		
		df	t value		df	t value
Experimental group	3.3125	(15)	1.895ns	3.875	(15)	2.462*
Control group	0.778	(8)	0.395ns	0.667	(8)	0.70ns

ns = Not statistically significant at the .05 level of confidence.

* = Statistically significant at the .05 level of confidence.

between the mean changes in Depression scores for the control group were also not significant at the $p < .05$ level ($t[8] = 0.395, p > .50$). This study failed to reject the null hypothesis which is that the difference between means of the parents' Depression scores after parent training is a function of experimental error.

The differences between the mean changes in Sense of Competence scores for the experimental group was significant at the $p < .05$ level ($t[15] = 2.462, p < .05$). The differences between the mean changes in Sense of Competence scores for the control group was not significant at the $p < .05$ level ($t[8] = 0.707, p > .50$). The null hypothesis, that the difference between means of the parents' Sense of Competence scores after parent training is a function of experimental error, is therefore rejected.

It was necessary to determine if a significant difference existed between the mean changes in the experimental group and the mean changes in the control group. A t-Test for differences between means for independent groups was calculated (McCall, 1980). The results of this test are shown in Table 2. The difference between the mean changes in Depression scores between the experimental and control group was not significant at the $p < .05$ level ($t[23] = 0.752, p > .10$). Similarly, the difference between the mean changes

Table 2

T-Test results of the difference between mean scores of Depression and Sense of Competence of the experimental group and the control group

PSI Scale	df	t value	significance level
Depression	23	0.752	$p > .10$ ns
Sense of Competence	23	1.438	$p > .10$ ns

ns = Not statistically significant at the .05 level of confidence.

in Sense of Competence scores between the two groups was not significant at the $p < .05$ level ($t_{[23]} = 1.438, p > .10$).

A t-Test was calculated between the means of the experimental group and the control group using the scores from the first administration of the PSI and then using the scores from the second administration of the PSI. The results of these tests are shown in Table 3. The difference between the means for Depression scores for the first administration was not significant at the $p < .05$ level ($t_{[23]} = 1.006, p > .20$). Similarly, the difference between the means for Depression scores for the second administration was not significant at the $p < .05$ level ($t_{[23]} = 0.05, p > .20$). The difference between the means for Sense of Competence scores for the first administration was not significant at the $p < .05$ level ($t_{[23]} = 0.113, p > .20$). Similarly, the difference between the means for Sense of Competence scores for the second administration was not significant at the $p < .05$ level ($t_{[23]} = 1.208, p > .20$). This study failed to reject both null hypotheses. The first is the difference between means of the parents' Depression scores of the experimental group and the control group after parent training is a function of experimental error. The second hypothesis is the difference between means of the parents' Sense of Competence scores of the experimental group and the control group after parent training is a function of experimental error.

Table 3

T-Test results between Means of Depression and Sense of Competence scores of the experimental group and the control group on the first administration of the Parenting Stress Index (PSI) and on the second administration of the PSI

PSI Scale	df	t value	significance level
		First Administration of PSI	
Depression	23	1.006	p > .20 ns
Sense of Competence	23	0.113	p > .20 ns
		Second Administration of PSI	
Depression	23	0.05	p > .20 ns
Sense of Competence	23	1.208	p > .20 ns

ns = Not statistically significant at the .05 level of confidence

CHAPTER 5

Discussion

Two hypotheses were proposed before the study was initiated. The first hypothesis was that parent training would significantly reduce parents' depression. The second hypothesis was that parent training would increase parents' sense of competence. The results of this study did not clearly support these hypotheses. A significant difference in Depression scores did not occur when pretreatment and posttreatment scores were compared within the experimental group or between the experimental and control group. These results appear to be in conflict with Patterson's (1980) results. The conflict between this study and Patterson's study is likely due to the differences of the participants treatment procedures, and the sensitivity of the instrument used to measure depression. Patterson used the MMPI to determine the level of depression that his participants were experiencing while the Parenting Stress Index (PSI) was used to determine the level of depression in the present study. His participants were mothers of socially aggressive children. The participants of this study were mothers who perceived their child to have general behavior problems.

The treatment procedures Patterson used included the study of a text, monitoring progress at home by telephone, and individual counseling sessions. The treatment procedures in the present study consisted of group training sessions.

A significant difference did exist when the experimental group's pretreatment Sense of Competence scores were compared with posttreatment Sense of Competence scores. The significance of this difference was reduced when the experimental group's scores were compared with the control group's scores. Therefore, the change in parents' Sense of Competence scores should be referred to as a trend and not as a significant difference. This trend may indicate that parents who believe that their child has a behavior problem feel more competent as a parent after a parent training course than before the course. The parent may feel this way because he or she perceives the child's behavior differently. The parent may also believe that he or she has more options after parent training when dealing with the son or daughter's behavior. Another possibility is that the parent realizes other parents in the group have similar problems and he or she can identify with them. Further research is needed to examine the issue of parental sense of competence.

The lack of statistical significance between the training condition and the controlled condition may have been attributable to a number of factors. Probably the most

important factor is the experimental design used in this study. The use of a control group experience or treatment with this type of experiment is questionable. Williams, Omizo, and Abrams (1984) had a control group in their parent study. Essentially participants in the control group were administered the pre and post test and were allowed to continue with their daily routines while the experimental groups were receiving treatment. Other studies failed to report what control group conditions were.

In this particular study the control group met the same number of times as the experimental groups. They viewed films and video tapes of child development. After viewing the films and tapes, the parents were encouraged to discuss whatever they were thinking about during the presentation. The researchers did not provide any information to the parents or direct the discussions. Their role was to facilitate discussion of the group. While the information discussed and the structure of the group was vastly different from the experimental groups it is quite possible that the control group experience had an effect on the participants' scores on the PSI. Several participants of the control group commented to the leaders that the sessions were very helpful and they were hoping that the sessions could continue beyond the six weeks.

When parents get together and talk about their children, one has to expect some learning to take place. Presented methods of reward or punishment may be reinforced by the responses of other parents. A person's perceptions of his or her competence as a parent may change when he or she realizes that other parents are having similar problems. This change in self perception may also influence feelings of depression.

It may be better not to use a control group for a study of the effects of parent training. A comparison of two or more types of parent training methods without the use of a control group may be a better indicator of the effects of parent training than using a control group.

Another factor to consider in this study is the instrument used to measure sense of competence and depression. It may have been more appropriate to develop an instrument to measure these two factors. The PSI was developed to measure parent stress. Only 9 items out of 101 are used to indicate level of depression. Only 13 items out of 101 are used to indicate a parent's sense of competence.

The future research implications seem to be more significant than the actual results obtained from this study. It appears that the first step is to develop an improved instrument to assess levels of depression and levels of sense of competence of parents. The second step

is to design an experiment to measure the effects of parent training using different types of training. Also, the design should exclude the use of a control group or carefully design control group experience.

APPENDICES

Appendix A

PARENT STRESS MANAGEMENT QUESTIONNAIRE

Answer the following questions by circling the letter of the response that best describes you and your family. If there is no father living in the household then disregard questions about fathers.

1. Total family income:

- A. less than \$5,000 B. \$5,000 to \$10,000 C. \$10,000 to \$15,000 D. \$15,000 to \$20,000 E. More than \$20,000

2. List the approximate ages of the people in your home and their relationship to each other.

3. Marital status of mother in present household:

- A. Married B. Separated C. Widowed D. Divorced E. Never married

4. Marital status of father in present household:

- A. Married B. Separated C. Widowed D. Divorced E. Never Married

5. Education level of mother in present household:

- A. 8th grade or less B. 9th to 12th grade C. vocational D. college graduate E. graduate school +

6. Education level of father in present household:

- A. 8th grade or less B. 9th to 12th grade C. vocational D. college graduate E. graduate school +

7. Employment status of mother in present household:

- A. Not employed B. part-time C. full-time

8. Employment status of father in present household:

- A. Not employed B. part-time C. full-time

9. Race of mother in present household:

- A. Black B. Hispanic C. White D. Asian E. American Indian F. Other

10. Race of father in present household:

- A. Black B. Hispanic C. White D. Asian
E. American Indian F. Other

11. Age of mother in present household:

- A. Less than 18 B. 18 to 25 C. 26 to 35 D. 36 to 45
E. 46 or more

12. Age of father in present household:

- A. Less than 18 B. 18 to 25 C. 26 to 35 D. 36 to 45
E. 46 or more

13. Have you ever participated in a parent training program before?

(such as Parent Effectiveness Training or STEP)

- A. YES B. NO

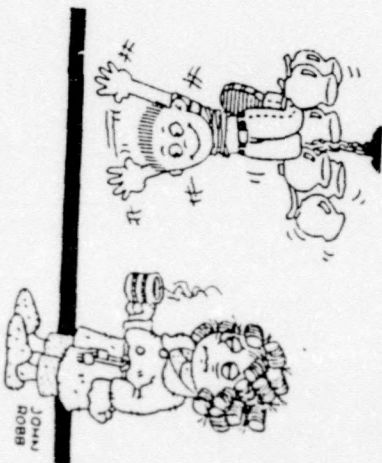
Appendix B

For additional information
call your Head Start Center
Manager.

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PARENT STRESS
MANAGEMENT

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Appendix C

Film Titles

- Badiyan Productions (Producer). (1987). The next step [Film]. Circle Pines, MN: American Guidance Services, Inc.
- Berman, Richard L. (Producer), & Howard, Glenn (Director). (1972). Development of the child: Infancy [Film]. New York, NY: Harper & Row.
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- McOlt Films & Coast Community College (Directors). (1978). Personality: Early childhood [Film]. Delmar, CA: McGraw-Hill.
- Thomas, Marlo, & Hart, Carol (Producers). Davis, Bill (Director). (1974). Free to be you and me [Film]. Delmar, CA: McGraw-Hill.
- Winkler, Henry (Producer), & Hauser, Rick (Director). (1984). Strong kids, safe kids: A family guide [Film]. Hollywood, CA: Paramount Pictures Corp.

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