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Parent Evaluation of a Parent Training Program of Positive Behavior Interventions

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PARENT EVALUATION OF A PARENT TRAINING PROGRAM OF POSITIVE BEHAVIOR INTERVENTIONS

by

Jeana Washburn

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

of

MASTER OF EDUCATION

in

Special Education

Approved:

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Committee Member

UTAH STATE UNIVERSITY
Logan, Utah

2012

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ABSTRACT

Parent Evaluation of a Parent Training Program of

Positive Behavior Interventions

by

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Utah State University, 2012

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Department: Special Education

Parent training programs have been shown to be helpful to parents in regards to implementing behavior intervention strategies with their children. Parent satisfaction with a parent-training program is an important variable in that, if parents like a program, it is more likely to be successful. The purpose of this project was to provide a brief parent training program using Dr. Glenn I. Latham's website, *Parenting Prescriptions*, and examine parent evaluations of the program. The participants were four mothers of preschool age children. Each child had an educational classification of speech and language impairment. The project evaluated the parent training program using the following measures: (a) increase in parent knowledge of terms and strategies as measured by a pre and post assessment, (b) accuracy of parent application of the steps taught on a parent implementation plan, (c) successful implementation of the strategies at

home as measured by parent self-report, and (d) parent satisfaction of the training program as measured by a questionnaire using a Likert scale. Participants reported overall satisfaction with the training and behavior change in their children. Accuracy of implementation varied among the participants.

(55 pages)

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Parent Evaluation of a Parent Training Program of Positive Behavior Interventions

Training parents of children with special needs to implement or assist with interventions can have a significant positive impact on child outcomes (Callahan, Rademacher, & Hildreth, 1998; Chaabane, Alber-Morgan, & DeBar, 2009; Chang, Park, & Kim, 2009). Parents trained in behavioral interventions can decrease inappropriate behaviors in their children and also increase their confidence in parenting skills (Anastopoulos, Shelton, DuPaul, & Guevremont, 1993). The opportunity for parent involvement in a child's Individualized Education Program (IEP) is required by law (United States Department of Education, 2006). Clearly, parents are an important part of the education and treatment of children with disabilities. Educational and behavioral treatment of children with disabilities can be significantly enhanced when parents take an active role in treatment. Studies have shown these effects in many areas, for example, in providing communication skills training (Chaabane et al., 2009; Frankel et al., 2010; Ingersoll & Dvortcsak, 2006), cognitive development (Chang et al., 2009), language support (Hancock, Kaiser, & Delaney, 2002), life skills (DiPipi-Hoy & Jitendra, 2004), social skills (Frankel et al., 2010), and behavior concerns (Anastopoulos et al., 1993). Parent training on positive behavior interventions through the school the child is attending could provide support to parents in a meaningful way.

One parent training program that has been popular is *The Power of Positive Parenting*, by Latham (1990). Latham published a book called *The Power of Positive Parenting*. In this book, he uses examples and experiences to describe a positive way to parent children. Latham uses positive interventions; that is, paying attention to desired

behavior through praise and other means, and ignoring problem behavior. A website, *Parenting Prescriptions*, was also created (Latham, 2001-2004). Part of the website summarizes the information found in the first three chapters of *The Power of Positive Parenting*. *Parenting Prescriptions* provides, among other things, four principles on how behavior develops and five strategies to apply the principles. The principles are:

1. Behavior is weakened or strengthened by its consequences.
2. Behavior ultimately responds better to positive consequences.
3. Whether a behavior has been punished or reinforced is known only by the course of that behavior in the future.
4. Behavior is largely a product of its immediate environment.

The strategies are:

1. Clearly communicate your expectations to your children.
2. Ignore inconsequential behaviors.
3. Selectively reinforce appropriate behaviors.
4. Stop, and then redirect inappropriate behaviors.
5. Stay close to your children.

Searching for research on *The Power of Positive Parenting* or Glenn I. Latham in ERIC and EBSCO Host databases yielded no studies on the efficacy of the program. However, the research-based components and the user-friendly format makes this program tailor made for a parent training program. Although no research was found on the program itself, Latham has drawn from procedures that are empirically based. For example, the program draws on research relating to using positive statements to increase appropriate behavior, ignoring inappropriate behavior, and setting up consequences for appropriate

and inappropriate behavior (Anastopoulos et al., 1993; Bernal, Klinnert, & Schultz, 1980; Stewart & Carlson, 2010). Although Latham's program is parent-friendly, its relationship to empirical research needs to be demonstrated. I conducted a literature review to identify the effects of parent training on child behavior and parent satisfaction to identify the empirical basis of some parent training procedures described by Latham.

Literature Review

I searched for articles and programs relating to parent training for children in special education and positive behavior interventions through the ERIC via EBSCO Host database, Google Scholar, articles and sites recommended by my chairperson, and college textbooks. The keywords I used in these searches included parent training, special education, children, effects, behavior, differential reinforcement, and positive behavior interventions. Based on these searches I found 119 articles. I narrowed this down by reading the titles and choosing those that seemed most pertinent to the current study. This number was further reduced by the lack of availability of the articles in full text. I then chose 11 articles to use in this literature review after reading the studies and selecting those that included research related to aspects of the current study.

Anastopoulos, Shelton, DuPaul and Guevremont (1993) conducted a study to see how training parents of children with attention-deficit hyperactivity disorder (ADHD) could affect parent functioning as well as child outcomes. The study included 34 children aged 6 to 10 years and their parents. All of the children, 25 boys and 9 girls, met the criteria for a diagnosis of ADHD according to the Diagnostic and Statistical Manual of Mental Disorders (DSM III-R). The participants were selected from referrals to a university medical center clinic that specialized in the assessment and treatment of

ADHD. Parents were predominately Caucasian and middle class. The parent(s) of the participants completed several assessments to be considered for entry into the clinic and those that chose to participate in this study completed several additional assessments pertaining to the study. Approximately half of the participants were assigned to the parent training condition and the 15 remaining participants were assigned to a 2-month waiting list. Parent training consisted of nine sessions in which the parents were given information on ADHD, taught to use positive reinforcement, taught to implement punishment strategies, taught how to modify this training to fit other environments, and instructed on ways to work with school staff. Homework for the parents was assigned after the second session and reviewed at the beginning of the next session. The assessments pertaining to this study were collected again from the parent training group after the nine sessions were completed and then again, as a follow-up probe, 2 months later. The participants in the wait list condition completed the assessments at the end of the 2-month waiting period and then began the parent-training program as soon as possible. The assessments showed that those who participated in the parent training condition had significant improvement in their mean scores as compared to those in the wait list condition. For example, on the ADHD Rating Scale-Inattention, which was based on rating 14 items on a 4-point scale "from 0 (not at all descriptive of the child) to 3 (very much descriptive of the child)", the pretreatment mean score of the parent-training group was 20.1 (p. 585). On this scale, a higher number meant the ADHD symptoms were rated as more severe. The pretreatment score for the participants in the wait list condition was 19.3. Post treatment mean scores improved to 15.9 for the parent-

training group, while the wait list mean score became slightly worse at 19.5. The 2-month follow-up mean score for the parent training group slightly improved to 15.4.

Anastopoulos et al. (1993) also investigated the effects that parent training had on parent confidence in parenting and parent stress. The parent-training group scored 59.0 on the Parenting Sense of Competence Scale at pretreatment and improved to a score of 71.1 at post treatment. Higher scores on this scale were related to greater feelings of competence. The follow-up score slightly decreased to 69.3. In comparison, the wait list group scored 60.0 at pretreatment and 59.2 after 2 months of waiting. The Parenting Stress Index revealed similar results. Higher scores on this scale were related to greater intensity of parent stress. The parent-training group scored 289.6 at pretreatment and improved to 257.6 at post treatment. The follow-up score was 264.7. The wait list group scored 277.6 at pretreatment and became worse at 283.9 after the 2-month waiting period. Anastopoulos et al. reported that not only could parent training positively affect child behavior; it could be beneficial to the parents as well. Anastopoulos et al. showed that, after participating in a parent-training program, parents viewed themselves as more confident in parenting and reported their child's ADHD symptoms as less severe.

Bernal, Klinnert and Schultz (1980) compared a behavioral parent-training group with a client-centered parent counseling group to determine which would reduce child behavior problems more effectively. Consistent with findings in the previous study, Bernal et al. found parents who received training rated their children's behaviors as less severe. The children who participated in this study had a variety of conduct problems as reported by the parents, such as fighting, arguing and noncompliance. The behavioral parent-training group was trained to use behavioral skills, such as identifying appropriate

and inappropriate behaviors in the child and parent, identifying appropriate alternate behaviors for inappropriate behavior, identifying and putting into place a reinforcement system, and setting up consequences for appropriate and inappropriate behaviors. The client-centered parent counseling group focused on identifying and exploring feelings, how the family communicated with one another, and how the parents viewed themselves as parents and disciplinarians. After an 8-week treatment period, the behavioral parent-training group showed better results on a Tailored Checklist, the Becker Adjective Checklist, and Overall Deviant score than the client-centered parent counseling group. Parents from the behavioral group had higher ratings of the helpfulness of their therapists than the client-centered group. The results of the study also indicated that the mothers of the behavioral parent training group reported their children had improved more than mothers from the clinical-centered group. Although the mother's rating showed their children as more improved, home observations by researchers of both behavior group and client-centered group children showed no difference in the improvement of the children between the two groups. Bernal et al. suggested parents in the behavior group worked directly on the problems each group was questioned about, whereas parents in the client-centered group did not. "Whether or not true behavior change occurred, the improved parental perceptions of the child, both for specific behaviors and global attributes, may be considered a meaningful and valuable treatment effect" (p. 688).

As discussed above, parent satisfaction with the program they are implementing is important. "If a treatment is deemed acceptable, the probability of treatment use and treatment integrity will be high. Also, high treatment integrity increases the probability

of effecting behavioral change, which will in turn improve [treatment acceptability]" (Stewart & Carlson, 2010, p. 165).

Stewart and Carlson (2010) trained 30 parents of children between 5 and 12 years old with behavior problems in the Incredible Years Self-Administered Parent Training Program (IY-SAPT). The purpose of the study was to measure the acceptability of IY-SAPT through parent ratings. Parents watched videos, 215 min in all, and used workbooks to complete training. The parents completed training and worked with their children using IY-SAPT for 8 weeks. Table 1 shows the outline for the videos.

Table 1

Overview of the Incredible Years Self-Administered Parent Training Series

Promoting Positive Behaviors in School-Aged Children Program (36 min)	
	Part 1: The Importance of Parental Attention and Special Time
	Part 2: Effective Praise
	Part 3: Tangible Rewards
Reducing Inappropriate Behaviors in School-Aged Children Program (99 min)	
	Part 1: Clear Limit Setting
	Part 2: Ignoring Misbehavior
	Part 3: Time-Out Consequences
	Part 4: Logical Consequences
	Part 5: Problem Solving With Children
	Part 6: Special Problems: Lying, Stealing, and Hitting
Supporting Your Child's Education Program (80 min)	
	Part 1: Promoting Children's Self-Confidence
	Part 2: Fostering Good Learning Habits
	Part 3: Dealing With Children's Discouragement
	Part 4: Participating in Children's Homework
	Part 5: Using Parent-Teacher Conferences to Advocate for Your Child
	Part6: Discussing a School Problem With Your Child

See Stewart and Carlson, 2010, p. 164.

The study by Stewart and Carlson (2010) found IY-SAPT to be acceptable to the parents who participated. According to the Treatment Evaluation Questionnaire-Parent Form (TEQ-P), moderate acceptability yields a total score of 73.5 or higher. The parents in this study rated the IY-SAPT at a mean of 100.73 with a range from 73 to 120. The three video series listed in Table 1 were also rated separately using the Incredible Years Parent Program Video Evaluation Form. On this measure, a moderate acceptability rating would yield a total score of 12 or higher. Parents rated the first video series with a mean of 15.17, the second video series with 15.73 and the third video series with 14.44. Stewart and Carlson suggested that the slightly higher rating of the second video and overall acceptability of the program might be due to the use of positive and negative strategies. The second video was the only one that used both positive and negative (e.g., time out) parenting strategies. The program emphasizes positive strategies, but allows for the use of negative strategies as well (e.g., time out, consequences), much like Latham (1990).

The previous studies used various validated assessments to measure the effectiveness of parent conducted interventions. The following studies used satisfaction ratings. A Likert-type rating scale was used in the reviewed studies that measured parent satisfaction or social validity (DiPipi-Hoy & Jitendra, 2004; Hancock et al., 2002; Ingersoll & Dvortcsak, 2006; Stewart & Carlson, 2010). Social validity refers to the appropriateness of the intervention or training to produce significant changes in behavior (Wolf, 1978). The Likert-type scale provides a way to assign a numerical value to the

degree in which a person disagrees or agrees with a statement. The studies covered a range of topics, such as: perceived effectiveness of the program (DiPipi-Hoy & Jitendra, 2004; Hancock et al., 2002; Ingersoll & Dvortcsak, 2006; Stewart & Carlson, 2010), length of time involved for training or improvement (DiPipi-Hoy & Jitendra, 2004; Hancock et al., 2002; Stewart & Carlson, 2010), clarity and helpfulness of materials and information presented (Hancock et al., 2002; Ingersoll & Dvortcsak, 2006), recommending the program to others (DiPipi-Hoy & Jitendra, 2004; Hancock et al., 2002), and degree of home implementation (Hancock et al., 2002).

All reviewed studies reported high satisfaction ratings. DiPipi-Hoy and Jitendra (2004) used a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The three parents involved in this study rated most items as 5 with a range of 4-5. Hancock, Kaiser, and Delaney (2002) used the same 5-point scale with similar results. The mean rating range of the five participating parents was 3.8 to 5.0 with eight of the eleven items receiving a mean rating of 4.7 or higher. Ingersoll and Dvortcsak (2006) used a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). The mean rating range on the parent satisfaction survey was 5.3 to 6.7 with eight of the thirteen items rated 6.1 or higher. Open-ended questions were used in two studies to provide specific information to the researchers (DiPipi-Hoy & Jitendra, 2004; Hancock et al., 2002). Although mean rating data carry inherent limitations and these studies provided no comparison measures, the research begins to make a case that parents who participate in behaviorally based training are satisfied consumers.

Positive interaction between parents and children showed improvement in several studies (Chang et al., 2009; DiPipi-Hoy & Jitendra, 2004; Hancock et al., 2002). In a

study by Chang et al. (2009) parent-child activities and other factors were examined. The study compared the impact of parenting classes on parent-child activities with those who had not attended parenting classes. The five parent-child activities examined for this study were "parent-child play, parent-child outside activities, reading once or more per day, reading bedtime routine, and reading frequency at 36 months of age" (p. 163). When compared with parent-child activities for parents who did not attend parenting classes, those who did attend parenting classes showed significantly more improvement on the multivariate analyses in all of the five activities except for parent-child outside activities. Parent-child outside activities showed slight improvement for those who attended parenting classes.

In a study by Hancock et al. (2002), five mothers and their three-year-old children worked on communication skills and managing behavior. The authors stated, "research developing effective early intervention strategies to support parents in their interactions with their children is timely and important" (p. 192). Parents were trained to be responsive to their child's utterances, among other strategies. At baseline, parents responded to an average of 59% of their children's utterances. At the end of the intervention, parents responded to an average of 84% of their children's utterances, thus increasing interactions between child and parent. Hancock et al. also measured the number of praise statements before and after the intervention. Parents were trained to increase praise statements and decrease negative statements. Baseline data showed that parents praised their children a mean of 3.6 times per observed session with a range of 12 to 0. Parent praise statements increased for all parents; the mean per observed session was 12 with a range of 22 to 5. The researchers also conducted follow-up observations

once a month for 6 months following the intervention. Three of the parent's number of praise statements decreased slightly, one parent showed a moderate decrease, and one parent showed a slight increase of praise statements. All parents maintained a significant increase of praise statements from baseline data.

Parent training varies greatly in the amount of time and in the locations chosen to complete it. The amount of time involved can prove difficult for some parents to complete. One study took on average 8 months to complete with a range of 6 to 10 months (Hancock et al., 2002). Several studies required 2 to 4 months to complete parent training (Anastopoulos et al., 1993; DiPipi-Hoy & Jitendra, 2004; Frankel et al., 2010; Ingersoll & Dvortcsak, 2006; Stewart & Carlson, 2010). Hancock et al. (2002) overcame the difficulties of conducting a long study by providing training on an individual basis, continuously calling to reschedule missed appointments, and accommodating needs such as providing transportation, babysitting and meeting with the family at home. Ingersoll and Dvortcsak (2006) used six group sessions and three individual sessions to complete training over approximately two months. Only 56% of the families who participated completed this study. The authors suggested that offering childcare might have increased the number of participants who completed the study.

In the study by Ingersoll and Dvortcsak (2006), parents of preschool aged children with autism attended six group sessions at the school. In the group sessions, the parents were trained by the researchers and teachers to increase interaction with their children and to arrange the home environment to encourage interaction. Some of the strategies used included, "prompting, shaping, and reinforcement within natural contexts to teach specific social-communication skills" (p. 81). The parents also attended three

individual coaching sessions at the school to receive practice and feedback on implementing the strategies taught in the group sessions. As reported above, many parents had difficulty attending the trainings and those that did indicated coaching in the school did not give them ideal support.

The time required of teachers to implement parent training is an important consideration. One purpose of the study conducted by Ingersoll and Dvortcsak (2006) was to train teachers to use this model to provide parent training as part of the early childhood curriculum. The initial training for teachers and participation in the program required approximately 50 hours. After completing the training, the teachers were expected to train other teachers at different schools to implement this model. The teachers expressed concern about the time this would require, but were positive about the model as a whole. The time required was reduced to 36 hours, of which 15 were after the regular workday, when the teacher was already trained.

The Power of Positive Parenting approach deserved a closer inspection as a potentially effective and acceptable procedure to parents. The current project used parts of *Parenting Prescriptions* to present a brief parent training program for parents of preschool children. This project focused on the following questions:

1. Given parents of preschool-aged children with special needs and training in a brief parent training program on positive behavior interventions, will parent knowledge of terms and strategies associated with positive interventions increase as measured by a pre and post assessment?
2. How accurately will parents apply the steps taught in the brief parent training program on the parent implementation plan?

3. According to parent self-reporting, will a brief parent training program provide enough support to allow parents to implement the strategies at home with success?
4. To what extent will a brief parent training program on positive behavior interventions be acceptable to parents given measures based on Likert-scale ratings?

The acceptability and effectiveness of the parent training program were assessed using the following measures: (a) pre and post assessment of parent knowledge of terms and strategies, (b) a checklist for assessing parent implementation plan, (c) parent evaluation of intervention ease and child behavior changes, and (d) parent satisfaction questionnaire.

Method

Participants and Settings

Participants in this study were four mothers of preschool children attending special education preschool in a school district in the southwestern United States. The preschool children ranged in age from 3 to 5 years and were all classified as having speech and language impairment. Parents were invited to participate in this study at a parent meeting. The four participants had concerns about the behavior of their children. At the parent meeting I briefly introduced the main points of the study and the informed consent paper. One mother had some college and three of the mothers had a four year college degree. None of the participants had previously attended any training on the management of child behavior.

Each parent who attended the first session was given an informed consent form, which had been approved by the USU's institutional research review board. The form

indicated that (a) the training sessions were developed to partially fulfill the requirements of a master's degree, (b) the training sessions included questionnaires requiring parent responses on the use of and satisfaction with the techniques to be taught at the sessions, (c) the parents were not required to participate, and, (d) if they did participate, they could withdraw from the training at any time without penalty.

The setting for the parent training sessions was in a school classroom in the late afternoon using a group presentation arrangement. The training sessions included the presenter and the parents. Parents were expected to use the techniques taught in the sessions with their children at home.

Procedures

Training took place over four sessions. The sessions were held once a week over 4 weeks. Each session was 45 min to 1 hour in length. I presented the information to the parents using power point slides and access to the *Parenting Prescriptions* (Latham, 2001-2004) website.

Pre-session procedures. The informed consent form was available at the parent meeting and at the first session for parents to read and sign. The demographic questionnaire was completed at the first session or the first session the participant attended. The demographic questionnaire included questions about race and/or ethnicity, previous behavior management training, level of parent education, educational classification of their child, and contact information.

Session procedures. Session one provided an overview of expectations for the training and introduced terms to the parents, such as: reinforcement, consequence, and punishment. The session began with the pre assessment described below (see Appendix

A). I described the four principles on the *Parenting Prescriptions* (Latham, 2001-2004) website and reviewed the terms with the parents. Participants developed a plan to positively reinforce appropriate child behavior at home and shared the plan with the group. I answered questions and provided help if needed while taking data using the checklist for assessing parent implementation plan (see Appendix B). The parents and I received a copy of the plan. I provided homework pages to parents (see Appendix C). Parents were asked to go to the *Parenting Prescriptions* website and read through the five strategies in the strategies section of the website.

Session two began with collecting the homework pages from the participants. The parents then completed the parent evaluation on positive reinforcement (see Appendix D) and questions were discussed. I went over the five strategies on the *Parenting Prescriptions* (Latham, 2001-2004) website. I provided an example of clearly communicating expectations and asked parents to develop a plan to clearly communicate an expectation at home (see Appendix C). The communicating expectations plan consisted of two parts. The first part involved the parent stating the expectation and the child repeating the expectation. The second part involved determining a consequence and the child repeating what will happen if they do not meet the expectation. The parents did not participate in role-play using their plans due to time constraints. I interviewed parents about how they used the strategy during session three. The parents and I received a copy of the plan. Parents were asked to review the strategies on the website and implement their plan at home all week, being sure to follow through with the privileges and consequences.

Session three began with the parent evaluation on communicating expectations (see Appendix D) and questions were discussed. This session reviewed and expanded the strategy of using positive reinforcement of appropriate child behavior in the home. I gave examples of using positive reinforcement with modeling and prompting and asked parents to develop plans to use at home (see Appendix C). The checklist for assessing parent implementation plan-positive reinforcement (see Appendix B) was used while questions were answered and help provided. The parents and I received a copy of the plan. Parents described their plan with another parent at the session. I asked parents to describe how they used communicating expectations using the questions on the checklist for assessing parent implementation plan-positive reinforcement (see Appendix B). Parents were asked to implement their plan to use prompting and modeling with positive reinforcement at home.

Session four began with the parent evaluation on positive reinforcement (see Appendix D) and any questions were discussed. Parents filled out the parent satisfaction survey (see Appendix E). The parents completed the post assessment of terms and strategies. I presented information on staying close to your children, from *Parenting Prescriptions,* because the parents requested more information at the previous session. The remainder of this session was spent discussing questions, concerns and experiences the parents had during the four weeks of training.

The paperwork and information from a given session was sent home to any participant that was not present at that session. The evaluations, plans, and homework were then collected at future sessions. P3 was absent for session one and P4 was absent

for session two. P3 did not complete the homework assignment for session one. P4 did not complete the homework assignment for session two.

Measurement

Pre and post assessment of parent knowledge of terms and strategies. Parent knowledge of terms and strategies was measured by a pre assessment at the beginning of session one and a post assessment at the end of session four (see Appendix A). The pre and post assessment consisted of matching terms to definitions and three multiple-choice questions about the two strategies. Terms assessed were: reinforcement, consequence, and punishment.

Checklist for assessing parent implementation plan. Accuracy of implementation of the strategy taught was measured with a checklist with each question assessing component parts of the implementation plan (see Appendix B). The checklists were used in the first three sessions after parents filled out the parent implementation plan sheet. I either moved around the group and checked individual plans while watching a role-play with another parent or asked the questions on this form in a parent interview after they had used the technique. Each question on the checklist was answered with a yes or no along with any comments. The questions covered the steps described during training.

Parent evaluation of intervention ease and child changes. Parent perception of the ease of intervention use and child changes was measured by a questionnaire filled out at the beginning of the second, third, and fourth sessions (see Appendix C). The questionnaire covered the strategy taught at the previous session. Each questionnaire

included questions about the difficulty of use, change in the child's behavior, continued use in the future, and experiences or questions the parents wanted to share.

Parent satisfaction. Parent satisfaction with the training was be measured by a questionnaire using a Likert scale (see Appendix E). One question asked if the strategies helped the parent to better interact with his or her child. One question asked if the parent felt the program was easy to understand. Three questions addressed reinforcing appropriate behavior. Three questions addressed stating expectations, and two questions asked about the length of the training. Each of these questions was rated on a scale from 1 (disagree strongly) to 4 (agree strongly). Four open-ended questions were included on the questionnaire asking about what the parents felt should be added or taken away from the training, what would help them to continue using the strategies, and any further comments the parents may have.

Parent attendance. I compiled data on parent attendance at sessions.

Homework completion. I compiled data on homework completion.

Data Analysis

I compiled data on (a) parent knowledge of terms and strategies, (b) accuracy of implementation, (c) evaluations of intervention ease and child changes, (d) satisfaction, (e) parent attendance, and (f) homework completion.

Parent knowledge of terms and strategies. For knowledge of terms and strategies, I computed percent correct. These data was displayed in a column chart with the parents listed individually along the horizontal axis. The pre and post assessment score was grouped together in a column chart.

Accuracy of implementation. For accuracy of implementation, I computed percent correct separately for the three sessions. These data were displayed in a column chart with the parents listed individually along the horizontal axis. Each parent's scores were displayed as one group of columns. These data were divided into two charts, one for the parent responses on the written plan and one for parent responses during the role play, interview, or discussion.

Evaluation of intervention ease and child changes. For evaluations of intervention ease and child changes, I discussed trends in parent responses separately for (a) positive reinforcement, (b) communicating expectations, and, (c) positive reinforcement with modeling and/or prompting. I discussed ease of use, change in child behavior, and intent to use the strategy in the future for the above listed strategies according to trends in parent responses.

Satisfaction. For satisfaction I displayed the data in a table with each question listed in a column and the mean rating and range for each question listed in another column. Any trends in parent responses to the four open-ended questions were discussed.

Percent of parent attendance. I displayed the data in a column chart.

Percent of homework completion. I displayed the data in a column chart.

Results

Research Question 1: Parent Knowledge of Terms and Strategies

The first question guiding this project concerned the improvement of parent's scores on a pre and post assessment on terms and strategies. Figure 1 displays the pre and post assessment scores for each parent. Pre assessment scores were in the low to average range (17% to 67%) and the post assessment scores increased to the average to

high range (50% to 100%). P4 switched the definitions of consequence and punishment and answered incorrectly on a question about determining a meaningful consequence. P4 was in attendance at the session in which the terms were discussed, but she was not in attendance at the session discussing how to determine a meaningful consequence.

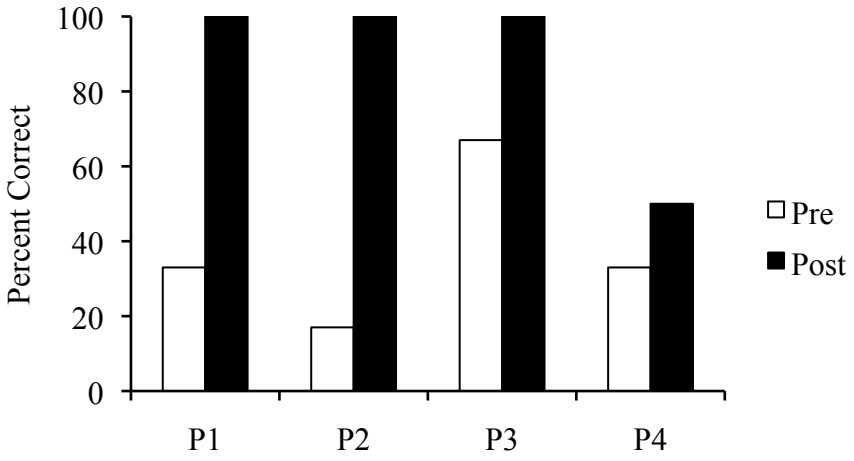

Figure 1. Percent correct by parents on pre and post assessment.

Research Question 2: Accuracy of Implementation

The second question concerned how accurately parents applied the steps taught during a brief training program on the implementation plan. Figure 2 displays the results for this measure. Scores varied greatly (0% to 100%). Scores of participants that completed the written implementation plan ranged from 33% to 100%. Scores of participants that completed the role play or discussion of what they did at home ranged from 0% to 100%.

Written plan. P3 did not attend the first session and did not complete a plan for the first positive reinforcement session. P3 also made two errors on the plan for positive

reinforcement 2. She did not select a behavior that her child repeated often and she listed only one example of a praise statement.

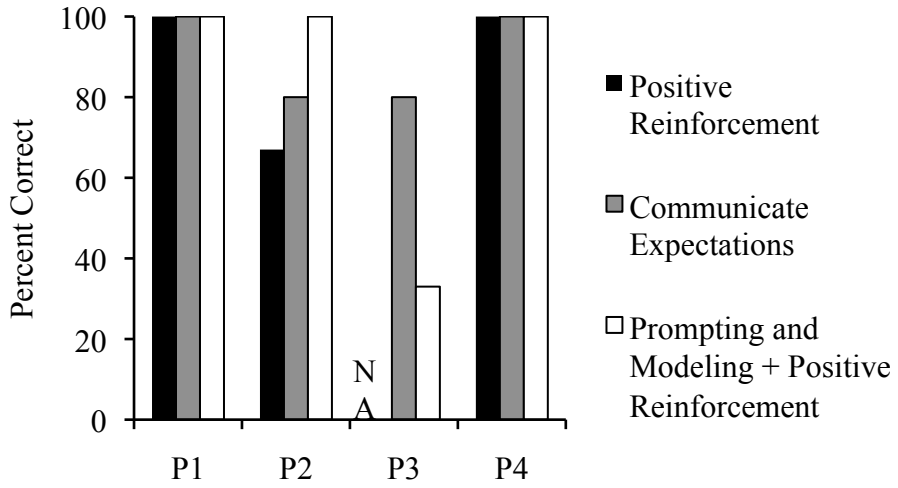

Figure 2. Percent correct by parents on written parent implementation plans. Parent who did not complete a written plan is labeled as (NA).

Role play, discussion, and interview. The role play for communicating expectations was not attempted because of lack of time. The data for the role play portion of stating expectations clearly was collected by parent interview in the third session. P2 reported that she stated what would happen if the expectation was not met when communicating an expectation. P2 did not use the other steps involved in the role play portion of the checklist for stating expectations clearly. P3 did not attend the first session and did not participate in the discussion of the role play section for the first positive reinforcement session. P3 reported she only stated her expectation and asked her children to repeat the expectation. She did not implement the steps listed in the role play

portion of stating expectations clearly.

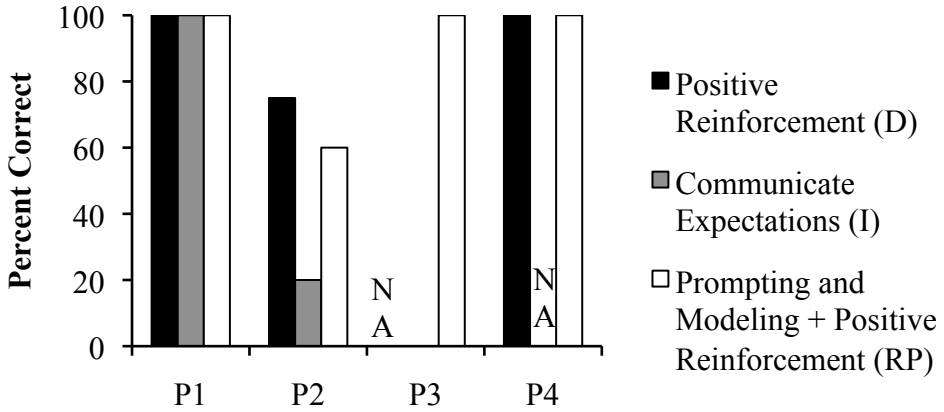

Figure 3. Percent correct by parents on role play (RP), discussion (D), or interview (I) responses for parent implementation plans. Parents who did not complete the role play, discussion or interview are labeled as (NA).

Research Question 3: Evaluation of Intervention Ease and Child Changes

To examine the third research question, parent responses were collected and examined separately for (a) positive reinforcement, (b) communicating expectations, and (c) positive reinforcement with modeling and/or prompting.

P1 and P2 responded on using the positive reinforcement strategy. Both reported using the strategy at least 11 times, and up to 50 times. P1 reported a moderate improvement in her child. P2 reported a slight improvement in behavior in her child. Both plan to use positive reinforcement for appropriate behavior in the future.

P1 and P2 were also the participants who responded to the communicating expectations evaluation. Both used the strategy with their children and report they felt very comfortable using this strategy. P2 reported later that she did not use the entire strategy; she explained the expectation, but did not ask for understanding from her child.

Neither participant reported difficulties using the strategy. P1 again reported seeing a moderate improvement in her child's behavior and P2 reported seeing a slight improvement at times.

P1, P2, P3, and P4 responded to using a prompt and/or model with positive reinforcement. They reported using this strategy from 5 to 31 times. P1 reported a moderate improvement in the behavior of her child, P2 reported a slight improvement, and P3 and P4 reported a major improvement. All of the participants reported they plan to continue using positive reinforcement with a prompt and/or model in the future. The participant's comments were very positive, most stated they saw an improvement in behavior and were happy to have a new strategy to use with their children.

Research Question 4: Parent Satisfaction

The fourth research question concerned the rating by parents of the acceptability of the parent-training program on a Likert scale. Table 2 lists the results of the questionnaire. All ratings except for two were in the acceptable range of 3 (agree) to 4 (agree strongly). The two ratings outside the acceptable range were rated as 2 (disagree) and were on question 9 about the length of the sessions and, question 10 about the number of sessions.

Table 2

Average Ratings on the Parent Satisfaction Survey

Statement	M (range)

1.	The strategies I learned about in this program helped me to interact better with my child.	3.5 (3 – 4)
2.	The presentation of this program was easy to understand.	3.3 (3 – 4)
3.	Reinforcement of appropriate behavior was easy to use at home with my child.	3.5 (3 – 4)
4.	I feel using reinforcement of appropriate behavior had a positive impact on my child's behavior.	3.8 (3 – 4)
5.	I will continue to use reinforcement of appropriate behavior with my child.	3.8 (3 – 4)
6.	The stating expectations strategy was easy to use at home with my child.	3.5 (3 – 4)
7.	I feel using the stating expectations strategy had a positive impact on my child's behavior.	3.5 (3 – 4)
8.	I will continue to use the stating expectations strategy with my child.	3.5 (3 – 4)
9.	I feel the length of the sessions (1 hour) was enough to learn about and practice the strategies.	3.3 (2 – 4)
10.	Four sessions were enough to learn about, practice, and receive feedback on the use of the strategies.	3.3 (2 – 4)

11. Should anything be added to this training? If yes, what?

    P4 suggested, "more examples of what we could do." P1, P2, and P3 either said no or left this question blank.

12. Should anything be removed from this training? If yes, what?

Participants either said no or left this question blank.

13. What do you feel would most help you to continue to use the strategies presented in the training?

    P1 answered she would keep her homework sheets to help her remember the concepts. P2 answered that as long as the strategies continue working, she will continue to use them. P3 left this question blank. P4 answered that reviewing the strategies would help her to continue to use them.

14. Please list any further comments or explanations you have here.

    P1 commented, "Loved this!" P2 commented, "I think the training was well put together, it worked out well for me to work on one strategy each week and incorporate them one at a time." P3 left this question blank. P4 commented, "Loved the new strategies to use (tools under my belt). Good to re-focus, thank you!"

Note. 1=disagree strongly, 2=disagree, 3=agree, 4=agree strongly

Parent Attendance and Homework Completion

All participants who attended at least one session completed the pre and post assessment. P3 was absent for session one and P4 was absent for session two. P3 did not complete the homework assignment for session one. P4 did not complete the homework assignment for session two. Figure 4 displays the results of parent attendance. Figure 5 displays the results of homework completion.

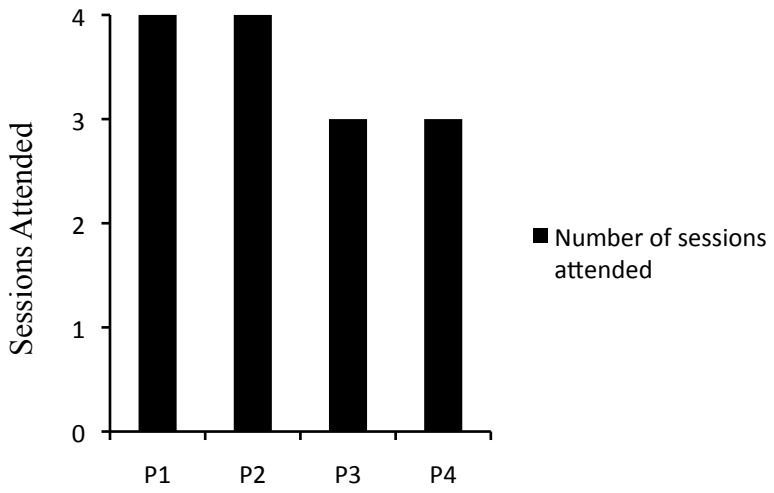

Figure 4. Number of sessions parents attended.

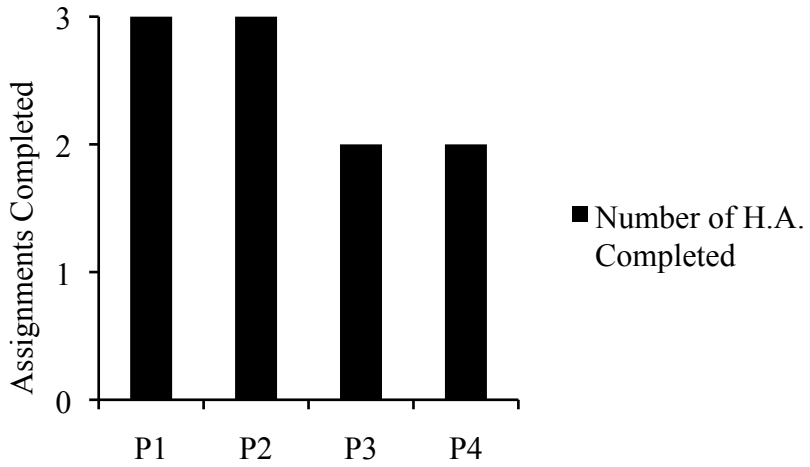

Figure 5. Number of assignments parents completed.

Discussion

The purpose of this project was to determine the usefulness of a brief parent-training program of positive behavior interventions based on the following questions:

1. Given parents of preschool-aged children with special needs and training in a brief parent training program on positive behavior interventions, will parent

knowledge of terms and strategies associated with positive interventions increase as measured by a pre and post assessment?

2. How accurately will parents apply the steps taught in the brief parent-training program on the parent implementation plan?
3. According to parent self-reporting, will a brief parent-training program provide enough support to allow parents to implement the strategies with success at home?
4. To what extent will a brief parent-training program on positive behavior interventions be acceptable to parents given measures based on Likert-scale ratings?

The results from this project inform teachers of parent opinion of a training program requiring minimal time of the teacher for implementation.

Given these results of increasing parent knowledge of terms and strategies, I conclude that a brief parent-training program on positive behavior interventions can increase parent knowledge of terms and strategies. All participants improved from their pre assessment scores. P1, P2, and P3 scored 100% on the post assessment. P4 answered incorrectly on the definitions for consequence and punishment. She also answered incorrectly on a question about determining a meaningful consequence. P4 was absent for the session in which instruction on determining meaningful consequences was given. The scores from P4 indicate she would benefit from a review of the term definitions and attending all sessions.

Given the results of accuracy in parent implementation plans, this parent-training program was partially effective in helping parents to correctly use the steps taught during

training. Some further instruction was necessary; especially with the stating expectations clearly strategy. Two participants needed help to write appropriate questions to check for understanding. I asked participants the role play questions on the checklist after they had implemented the stating expectations clearly strategy. P4 had not yet attempted to implement this strategy at home and so scored 0%. P1 reported using all the steps for this strategy. P2 and P3 reported they did not use the steps outlined in the role play portion of the checklist, with the exception that P2 reported stating what would happen if the expectation was not met. The results show that this training was not sufficient to teach participants to implement all strategies with accuracy. In other studies, parents reached a set criterion level in performance in a short amount of time (Chaabane, et al., 2009; DiPipi-Hoy & Jitendra, 2004). The participants in this study did not all perform with 100% accuracy, but all parents that attempted a given strategy were able to implement at least parts of the strategy with some success. A brief parent-training program can teach intervention strategies to parents. More examples and individual help on parent implementation plans were necessary in this training if complete accuracy of implementation was the desired result.

Given the results of providing enough support for parents to implement the strategies with success at home, I would conclude that a brief training in positive behavior interventions provides enough support for parents to experience some success with all the strategies. Many of the reviewed studies had longer, more intense training sessions that usually resulted in high success rates of child behavior change (Anastopoulos et al., 1993; Chang et al., 2009; Callahan et al., 1998). Ingersoll and Dvortcsak (2006) found that after a 9-week program that consisted of six group sessions

and three individual sessions, parents felt dissatisfied with their ability to use the techniques at home. Ingersoll and Dvortcsak stated that further coaching in the home could resolve this problem. In this project, the amount of teacher time required to implement the training program was, by design, very brief. Parents had difficulty with accuracy of implementation, but they reported at least some success at home in terms of child behavior.

Given the anticipated results of the parent satisfaction questionnaire, I conclude that a brief parent-training program can overall, be considered satisfactory to parents. This result was similar to several studies (Anastopoulos et al., 1993; DiPipi-Hoy & Jitendra, 2004; Hancock et al., 2002; Ingersoll & Dvortcsak, 2006; Stewart & Carlson, 2010). Parents find most training programs to be worthwhile and appreciate the opportunity to receive further training. P4 made the comment that more days of training would help her to use the strategies. She also felt that more examples should be added to the training.

This project has several limitations that should be discussed. First, the small sample size of 4 participants is not sufficient to draw generalizations to the population of parents as a whole. Future research could examine the satisfaction and success rate of larger groups of parents to ensure the results found in this project are typical.

Second, most of the data evaluated is based on parent responses. No in-home data on child behavior or parent implementation was collected. Future research could collect data from parents as well as data taken at home to verify the fidelity of parent implementation as the parents work with a child.

Third, parents demonstrated partial accuracy in implementing the strategies. Future researchers could add a home coaching element or a telephone support option to determine how much support is needed to increase parent satisfaction and accuracy of implementation. In fact, video teleconferencing might be a useful technology for this purpose. Future researchers could also experiment with the number of sessions and length of the sessions needed to provide the greatest benefit to parents while keeping the time needed of the presenter to a minimum.

Despite these limitations, the current project examined multiple measures related to parent implementation of two of the strategies from *The Power of Positive Parenting* program and provided data on the extent to which parents were satisfied with the results. In this regard, the project provided data that the training was satisfactory to the participants to facilitate a positive behavior change in their children. This project could serve as a pilot project for potential research of larger scale and closer inspection of child behavior change.

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APPENDICES

Appendix A

Pre and Post Assessment

Positive Behavior Interventions – Pre and Post Test

Name: Date:

1. Match each word to the correct definition: (Write the letter next to the word.)
   Reinforcement
   Consequence
   Punishment

   (a) Something that happens after a behavior. Some _____ effect the frequency of behavior in the future, other _____ do not.
   (b) Something that happens immediately after a behavior that makes the behavior more likely to occur in the future.
   (c) Something that happens immediately after a behavior that makes the behavior less likely to occur in the future or stop altogether.

2. Reinforcing positive behavior includes all of these steps:
   (a) Telling child to behave, praising child for listening, correcting inappropriate behavior.
   (b) Noticing child behavior, praising appropriate behavior, continuing with current task.
   (c) Noticing child behavior, correcting inappropriate behavior, praising child for listening.
   (d) Correcting inappropriate behavior, praising child for listening, continuing with current task.

3. A parent can determine a meaningful consequence for a child by:
   (a) Asking what the child wants taken away.
   (b) Having the child choose a consequence from a parent-created list.
   (c) Asking what privileges the child enjoys at home.
   (d) Choosing to take away what the child does most of the time.

4. When communicating expectations for a child and the child begins to talk back or complain you are not being fair, one strategy that works often is to:
   (a) ignore the talking back/ complaints and repeat what you just said or asked.
   (b) give an immediate consequence for the talking back and continue with what you were saying.
   (c) talk about the child's concerns and come to an agreement that is acceptable to both the child and you.

(d) give a warning to the child not to talk back to you and continue with what you were saying.

Appendix B

Checklists for Assessing Accuracy of Implementation

Checklists:
Reinforcing Positive Behavior
Written

1. Is a behavior selected to strengthen?
2. Does the child repeat the desired behavior often?
3. Does the praise statement vary between the two examples?

Role Play

4. Is the praise statement specific?
5. Is the praise statement brief?
6. Is the praise statement sincere?
7. Does the praise statement contain only positive statements?

Stating Expectations Clearly
Written

1. Is an area chosen to communicate expectations?
2. Is the expectation appropriate? (Not too much for the scope of this assignment.)
3. Is the expectation stated clearly?
4. Are the questions stated correctly? (Check child for understanding.)
5. Is there a possible consequence listed?

Role Play

6. Did the parent correctly state what will happen if the expectation is met?
7. Did the parent ask partner to repeat what will happen if the expectation is met?
8. Did the parent correctly state what will happen if the expectation is not met?
9. Did the parent ask partner to repeat what will happen if the expectation is not met?
10. Did the parent stay calm and thank the partner for showing he/she understands?

Appendix C

Homework Sheets

Positively Reinforce Appropriate Behavior

Name: Week of:

1. List a behavior you would like to strengthen.

2. Does your child repeat this behavior often?

3. Write down two different statements to praise the behavior you want to strengthen. (Statement needs to be specific, brief, sincere, contain only positive statements, and be different from each other.)
   a.

   b.

Positively Reinforce Appropriate Behavior

Name:

Date:

What behavior did you target?	What did you do/say?	How did it work?

Date:

What behavior did you target?	What did you do/say?	How did it work?

Name:

Communicate Expectations

- Choose one area in which you will communicate your expectations to your child.

  Expectation:

- Decide how you will state your expectation.

- Ask more than yes/no answer questions (to one child at a time) to be sure you are understood.

  Questions I will ask:

- Restate expectation if needed and ignore talking back, or other behaviors you do not want repeated.
- Ask child(ren) what privileges they enjoy. (To find consequence.)
- Consequence:

- When you find consequence, say they will earn those privileges and ask what they will earn when they meet the expectation.
- Then state what will happen if they do not meet the expectation.
- Ask child(ren) one at a time what will happen if they do not meet the expectation.
- Stay calm throughout the conversation and thank the child(ren) for appropriate responses. For example: "Thank you, ____. Now I know that you understand exactly what I expect. Thank you for listening carefully and answering correctly."

Appendix D

Parent Evaluations

Parent Evaluation – Positive Reinforcement

Name: Date:

1. How often have you used positive reinforcement for appropriate behavior this week?

a) 0-10 b) 11 to 30 c) 31 to 50 d) 51 to 70 e) 71 or more

2. If you did not use positive reinforcement this week, what prevented you from doing so?

a) It took too much time. b) Forgot to use it. c) I wasn't sure how to use it.

d) Other:

3. If you did use positive reinforcement for appropriate behavior, did you see a change in your child's behavior?

a) No change. b) A slight improvement. c) A moderate improvement.
d) A major improvement. e) It was worse.

4. Will you continue to use positive reinforcement for appropriate behavior in the future?

5. Please write about how you felt when using this strategy, any experience you would like to share, or any comments or questions you have.

Parent Evaluation – Communicating Expectations

Name: Date:

1. List the situation in which you communicated expectations to your child(ren).

2. If you did not use this strategy, what stopped you from doing so?
   a. I thought it would take too much time. b. I didn't really know how to use it.
   c. I didn't feel it would work with my child. d. I forgot to use it.
   e. Other
3. How comfortable did you feel using this strategy?
   a. very comfortable b. somewhat comfortable c. neutral
   d. somewhat uncomfortable e. very uncomfortable
4. Is there any part of communicating expectations that you had difficulty with? If yes, which part(s)?

5. Did you see any change in your child's behavior after using this strategy?
   a. no change b. a slight improvement c. a moderate improvement
   d. a major improvement e. it was worse
6. Please write about how you felt when using this strategy, any experience you would like to share, or any comments or questions you have.

Appendix E

Parent Satisfaction Survey

Parent Satisfaction Survey

Name: Date:

1. The strategies I learned about in this program helped me to interact better with my child.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
2. The presentation of this program was easy to understand.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
3. Reinforcement of appropriate behavior was easy to use at home with my child.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
4. I feel using reinforcement of appropriate behavior had a positive impact on my child's behavior.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
5. I will continue to use reinforcement of appropriate behavior with my child.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
6. The stating expectations strategy was easy to use at home with my child.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
7. I feel using the stating expectations strategy had a positive impact on my child's behavior.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
8. I will continue to use the stating expectations strategy with my child.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
9. I feel the length of the sessions (1 hour) was enough to learn about and practice the strategies.
   Disagree Strongly Disagree Agree Agree Strongly
   1 2 3 4
10. Four sessions were enough to learn about, practice, and receive feedback on the use of the strategies.
    Disagree Strongly Disagree Agree Agree Strongly

1 2 3 4

11. Should anything be added to this training? If yes, what?

12. Should anything be removed from this training? If yes, what?

13. What do you feel would most help you to continue to use the strategies presented in the training?

14. Please list any further comments or explanations you have here.