

Outcomes of Parent Education Programs Based on Reevaluation Counseling

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We report two studies in which a parent education program based on Reevaluation Counseling was field-tested on mothers randomly assigned to treatment groups or equivalent, no-treatment comparison groups. The goal was to evaluate the program's viability, whether there were measurable effects, whether those effects were sustained over time, and whether the program was effective among diverse populations. The first study involved middle income, married mothers (n = 25) with at least one child younger than age five. Eleven members of the no-treatment group participated in the program three months later. Pretest, posttest, and follow-up measures included a parental attitude survey and a parenting stress index. The second study involved 18 black mothers with children enrolled in Head Start. Six members of the no-treatment group participated in the program two months later. Added to the pretest, posttest, and follow-up measures were a parent attitude research instrument and a parenting practices questionnaire. Results were replicated within and across studies. Significant effects suggest that the program can reduce parenting-related stress, improve parental attitudes, and encourage authoritative parenting practices, although some effects tend to diminish somewhat over time. The program appears viable with mothers of various social status groups.

KEY WORDS: parent education; PSI; Reevaluation Counseling.

Providing parents with skills and support necessary to enhance their effectiveness is an important endeavor with far-reaching social implications. Research on the process and outcome of parent education or training programs over the past 20 years suggests that compared to other kinds of psychotherapeutic interventions,

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the former produces more consistently positive outcomes and is more economical of professional time and consumer cost (Wright, Stroud, & Keenan, 1993).

Parent education and parent training differ in a number of respects from parent therapy. Parent educators tend to be more agenda-driven than therapists, interested in sharing particular skills and information but not willing to dwell on a particular parent's situation. Parent education programs are typically limited in duration, while family therapy can continue indefinitely. Within the group setting, parent educators generally limit the scope of interpersonal communication among members, while therapists often encourage group members to interact, advise, and support one another. Listening to Children (LTC), the parent education program evaluated herein, represents an intersection between parent education, parent training, and parent therapy. The program utilizes the group format of a parent education program but encourages the support and intensive personal exploration associated with parent therapy.

Research on parent education among minority parents is of special interest because one of the studies reported involved Head Start mothers. In an evaluation of parent training among African-American parents, Myers et al. (1992) concluded that such programs are likely to produce only modest, circumscribed short-term results when used alone. In a longitudinal study of the effects of early intervention on low-income Black mothers, Slaughter (1983) suggested that opportunities for social networking, flexibility and adaptability of curriculum content, and emphasis on participants learning from each other are critical elements. These program characteristics are at the core of LTC.

THE PRESENT RESEARCH

LTC is based on the theory of Reevaluation Counseling, an international lay-led movement focused on improving the lives of individuals and their social context. Reevaluation Counseling theory assumes people are born with an enormous capacity for cooperative, adaptive behavior that is diminished as a result of accumulated distress experiences that begin early in life (Jackins, 1994). It is postulated that if adequate emotional discharge (e.g., crying, laughing) takes place, people recover from the effects of past hurts and become more effective in looking out for their interests and the interests of others (Jackins, 1991). Reflecting this theory, LTC emphasizes parental self-reflection, social support, and addressing the emotional roots of children's misbehavior and parenting stress. LTC encompasses the supportive elements of self-help groups and emphasizes empowerment, while simultaneously focusing on skill building typical of parent education and parent training programs.

A primary goal of the research was to provide an initial evaluation of LTC's effectiveness. Another goal was to determine whether the program would be successful among low-income mothers of color as well as middle class mothers.

LTC consists of eight weekly meetings, each consisting of a sequential presentation of information, in-class activities, reading assignments, and homework projects built around a particular theme (Wolfe, 1997). Although this structure is typical of parent education programs, three elements form the core of the intervention and render LTC distinctive in its approach.

Recognizing the Effects of Parents' Own Childhood Experiences

A primary assumption in LTC is that to think afresh about child-rearing, parents need to distinguish between the demands of the present situation and old feelings, anxieties, fears, and limitations that come out of their own childhood experiences. It is postulated that as parents resolve their own childhood distresses, they can better discriminate between their children's feelings and their own, begin to see their children's lives as unique and distinct from their own, and better adapt their parenting to meet the needs and demands of their particular family situation (Wipfler, 1991). Research suggests that parental empathy is fostered when parents become cognizant of their own childhood experiences (Miliora, 1983). When parents can remember early experiences of frustration, disappointment, or fear, they can more easily and appropriately respond to a similarly upset child. Without this reference point, they relate to children's emotional upsets from an adult perspective that is distinct and often irrelevant.

Research on the intergenerational transmission of parenting behavior also substantiates the LTC emphasis on exploring parents' own childhood experiences. The kind of parenting received as a child affects the quality of parenting as an adult in its influence on parenting beliefs, emotional well-being, and satisfaction with offspring (Simons, Whitbeck, Conger, & Wu, 1991). The importance of providing emotional support to parents so as to enhance their parenting abilities is supported by studies that have found a link between parents' emotional state and their satisfaction with their children (Brody & Forehand, 1988) and quality of parenting (Conger et al., 1984).

Spending "Special Time" with Children

A second tenet of LTC is spending "Special Time" (Wipfler, 1990) with children, reflecting the idea that meeting children's needs for adult attention and adult-child play is analogous to primary prevention, while handling children's misbehavior is more of a secondary intervention. In "Special Time" parents set up opportunities in which they follow children's lead in play, providing opportunities to contradict feelings of powerlessness that may color much of children's daily lives. It is postulated that creating such opportunities is directly correlated to increasing children's capacity for prosocial behavior and academic success.

Research confirms the therapeutic value of play and the potential of training parents as primary change agents by utilizing methods similar to “Special Time” (Guerney, 1991; Levant, 1983). Studies have shown play therapy to be effective in allowing children to verbalize negative feelings and helping parents develop more empathic behavior (Skinner, 1997).

Understanding and Handling Children’s Emotions and Upsets

Helping parents understand and meet children’s emotional needs is a third focus in LTC. Like adults, children need opportunities to discharge tensions resulting from hurtful experiences to regain their inherent tendency toward cooperative, intelligent behavior. In LTC, parents are taught to appreciate and take advantage of times when children feel safe enough to show their struggles, rather than requiring compliance or obedience. The LTC emphasis on developing parents’ capacity to respond to children’s emotional needs is well substantiated in parent-infant attachment literature. Research on mother-infant attachment highlights the importance of appropriate parental responses to children’s individual needs, wishes, and demandingness (Miliora, 1983; Schaffer & Collis, 1986). The closely related research on parent empathy suggests a positive relationship between a capacity for parental responsiveness and developmental outcomes of children (Bradley, 1994; Stevens-Long & Macdonald, 1993). Studies link parent empathy with children’s prosocial and altruistic behavior (Lamb & Easterbrooks, 1981), children’s self-esteem (Goldstein & Michaels, 1985), and children’s affective dispositions and cognitive functioning (Feshbach, 1991).

Group Process

Although LTC is a structured program that follows an eight-week curriculum, it is also a flexible approach that affords time to take advantage of unexpected opportunities for social networking and peer support and to meet the varying needs and interests of different populations. The importance of flexibility in program presentation and format is supported by research on parent education effectiveness among low income, Black families (Halpern, 1990; Slaughter, 1983).

Research on mutual help groups and empowerment is consistent with the LTC approach. Studies have shown that group members need to receive as well as provide support, and experience their problems as similar to others’ if they are to derive the full benefit of mutual help groups (Maton, 1988; Roberts et al., 1991). The listening skills at the heart of LTC encourage this kind of reciprocal, reflective sharing. Group members spend time reflecting on their own experiences, but equally important, they listen to each other, provide peer support and encouragement, and garner reassurance from the knowledge that the struggles they confront are not unique to their families.

The theory underlying LTC fosters a sense of parental empowerment. Parents are encouraged to view parenting as socially and politically significant, to view other parents as allies, and to question societal policies and practices that obstruct robust family functioning, whether targeted at particular families (e.g., institutional racism) or impacting all families (e.g., lack of paid parental leave). These ideas resonate with literature on empowerment and the potential of support groups to promote individual mastery over their affairs (Riger, 1993; Zimmerman, 1995).

STUDY I

The first study was designed to evaluate the impact of LTC. Would participating in this program improve parental attitudes and child-rearing capacities? Would the treatment effects persist over time? Would there be a spread of treatment effects to other family members?

Method

Research Design

The research design was a pretest/posttest/follow-up model in which mothers were randomly assigned to a treatment group ($n = 11$) or an equivalent, no-treatment, wait-list comparison group ($n = 14$). Pretest assessment was conducted one week prior to the intervention; posttest assessment was conducted one week afterwards; follow-up assessment was conducted after three months. Spouses of the treatment group mothers provided feedback at posttest and follow-up. Eleven of the 14 mothers in the wait-list group elected to participate in the course three months later. One week postintervention, participants were tested and husbands completed Evaluations of Program Content and Impact.

Participants. The study was publicized through flyers distributed to parents at five day care centers and family support centers who attended lectures on discipline presented by the group leader. Located in an inner suburb of a large Midwestern city, the centers serve a diverse group of families. However, because the parents who turned out for the lectures were from a middle class population, the resulting study focused on middle class families.

To participate, families had to have at least one child younger than age five. Forty-two parents volunteered to be part of the study. Seven mothers were excluded because they did not have a child younger than age five. Fathers were excluded because of their small number ($n = 3$). Of the remaining 32 volunteers sent letters of invitation, 25 elected to participate.

The treatment and wait-list groups were comparable with respect to most demographic characteristics. All participants were married. Their mean age was 37.6 years, mean yearly family income bracket was \$60,000–70,000, mean number

of children was 1.9, children's mean age was 4.4 years. Fourteen mothers were employed at least part-time. Two mothers were Asian American; the others were European American. The one group difference was in years of education ($t = 2.9, 22df, p < 0.1$), in which treatment group mothers were better educated ($M = 17.9$ years) than wait-list mothers ($M = 15.6$ years). This difference was controlled for in all analyses.

Dependent Variables and Measures

Hereford Parent Attitude Survey (Hereford, 1963). This self-report questionnaire consists of 75 forced-choice items measuring changes in parents' attitudes in five areas: confidence in parental role, causation of child's behavior, mutual understanding, acceptance of child's behavior and feelings, and mutual trust. The survey yields five subscale scores and an overall attitude score. Hereford (1963) reported a split-half reliability ranging from .68 to .86 for the five scales. Reported interscale correlations ranged from .33 to .62. The Parental Attitude Survey (PAS) has been shown to discriminate between treatment and control groups in a variety of parent education interventions (Brand & Ellis, 1991). For this study, a 25-item version of the PAS was constructed. Because of inconsistent subscale reliability across assessments on Acceptance, Causation, Confidence, and Understanding Scales, only Trust Scale and Total PAS Score were included in statistical analyses. On Trust Scale and Total PAS Scale, Cronbach's alpha was satisfactory across pretest, posttest, and follow-up ($range = .60-.76$).

Parenting Stress Index Short Form (Abidin, 1990). This 36-item self-report questionnaire measures the relative magnitude of stress in the parent-child system, focusing particularly on maternal esteem, parent-child interaction, and child self-regulation. The Parenting Stress Index (PSI) has been evaluated positively for reliability (Loyd & Abidin, 1985) and sufficient test-retest reliability (Abidin, 1990). The survey yields three subscale scores and an overall stress score. The Parental Distress Scale gauges parental depression, social isolation, and the quality of the spousal relationship. The Parent-Child Dysfunction Interaction Scale gauges whether the parent derives satisfaction from interaction with the child and whether the child meets parental expectations. The Difficult Child Scale gauges the parent's perception of the child's self-regulatory capacity (e.g., child's adaptability, demandingness, level of distractibility). The Total Stress Score is obtained by adding the three subscale scores together. Cronbach's alpha was satisfactory on all four scales across pretest, posttest, and follow-up ($range = .83-.94$).

Evaluations of Program Content and Impact. At posttest, participants' husbands responded to forced-choice and open-ended items to assess the spread of treatment effects and to provide external validation of mothers' reports. Husbands also completed evaluations at follow-up.

Results

The program was implemented in similar fashion in both the treatment and wait-list groups. Both groups met weekly for 2 1/2 hours on a weekday evening for eight meetings. Childcare was not provided. There was no attrition in either group. The mean attendance rate in the treatment group was seven out of eight classes. The mean attendance rate in the wait-list group was 6.5 out of eight classes. The weekly curriculum was followed closely in both groups; readings, in-class activities, and homework assignments were the same in each series. Participants in both groups arrived on time, completed readings and homework assignments, and participated in class discussions.

Pretest data for the two groups were analyzed using analysis of covariance (ANCOVA), with years of education as the covariate. The only significant pretest difference between groups was found on the PSI Parental Distress Scale, in which the wait-list group reported more parental distress than the treatment group (see Table I). Posttest and follow-up data were analyzed using ANCOVA, with pretest scores on the dependent variable, years of education, and pretest scores on the PSI Parental Distress Scale as the covariates.

Table I. Study I—Treatment Group Pretest, Posttest, and Follow-Up Means (ANCOVA)

Measure	Treatment (n = 11) <i>Adj. Mean</i>	No-treatment (n = 14) <i>Adj. Mean</i>	F
PARENTAL ATTITUDE SURVEY			
Trust Scale			
Pretest	17.50	19.07	1.31
Posttest	21.21	16.53	9.93*
Follow-up	21.28	18.06	8.07**
Total PAS Score			
Pretest	92.93	95.63	.42
Posttest	102.52	94.13	6.84**
Follow-up	101.47	95.49	2.96
PARENTING STRESS INDEX			
Parental Distress Scale			
Pretest	23.69	32.42	4.81**
Posttest	24.65	25.95	.42
Follow-up	24.51	26.36	.50
Difficult Child Scale			
Pretest	31.14	30.13	.06
Posttest	27.17	34.41	9.17*
Follow-up	26.65	35.61	8.52**
Total Stress Score			
Pretest	79.80	78.23	.06
Posttest	70.19	81.93	5.07**
Follow-up	70.64	84.03	3.85***

Note. Higher scores represent more of the dimension. On the PAS Trust Scale, more of the dimension means that parents demonstrate greater trust. On the PSI Total Score, more of the dimension means that parents are experiencing more stress.

* $p < .01$; ** $p < .05$; *** $p < .07$.

Posttest analysis revealed significant effects of the intervention (see Table I). Differences were found on the PAS Trust Scale and Total PAS Score, with treatment group reporting greater willingness to trust their children, and more accepting, understanding, confident parenting attitudes overall. Differences also were found on the PSI Difficult Child Scale and PSI Total Stress Score, with the treatment group reporting less stress than the nontreatment group and less problematic or worrisome perceptions of their children's self-regulatory capacities.

At three-month follow-up, significant differences were maintained on the PAS Trust Scale and the PSI Difficult Child Scale. The treatment group continued to report greater levels of mutual trust and less concern about their children's self-regulatory capacities. The treatment group reported less total stress than the wait-list group, but the difference was only marginally significant at follow-up and there was no longer a significant difference on the Total PAS Score.

Within-Study Replication

Eleven members of the wait-list group participated in a second trial of the parenting class when it was offered three months later. Posttest data on this group was collected at the end of the eight weeks and compared to pretest scores using *t*-tests for paired samples. Statistically significant effects were observed on the PAS Total Score and the PSI Difficult Child Scale ($p < .03$). As with the initial group, results from the replication suggest that participation in the course enhanced parental attitudes of acceptance, confidence, trust and understanding, and improved mothers' perceptions of their children's self-regulatory capacities.

Evaluations of Program Content and Impact

Evaluations of Program Content and Impact were completed at posttest and follow-up by husbands of treatment group members ($n = 10$), and at posttest by husbands of wait-list group members who participated in the second series ($n = 9$). Husbands positively evaluated the program and the experience. They were glad their wives participated, $M = 4.5$ (1 = strongly disagree; 5 = strongly agree), believed that their wives had learned a lot, $M = 4.6$, and reported that their wives demonstrated more respect for children as a result of participation, $M = 4.0$. This feedback from the husbands suggests some external validation of the wives' self-reports. Husbands also reported that they themselves had gained a better understanding of the importance of paying attention to children, $M = 3.7$, a better grasp of discipline and parent-child play, $M = 3.4$, and a better ability to handle family situations effectively, $M = 3.4$. These data suggest a modest spread of effects.

STUDY II

A goal of the second study was to replicate the first study and improve the methodology. As the first study focused on middle class parents, another goal was to involve low-income, parents of color. By offering the program through a Head Start center, the intent was to reach the target population in a familiar, trustworthy context.

Method

Research Design

The research design was a pretest/posttest/follow-up model with a treatment group and an equivalent, no-treatment, wait-list comparison group. The sponsoring Head Start center assigns students arbitrarily to morning or afternoon classes without respect to other factors. Therefore, mothers were assigned to the treatment group if their children were in morning classes and assigned to the wait-list group if their children were in afternoon classes.

Pretest assessment was conducted one week prior to the intervention, posttest assessment was conducted one week after the intervention, and follow-up assessment was conducted after two months. At posttest and follow-up, informants completed Evaluations of Program Content and Impact. Six mothers in the wait-list group participated in the course when it was offered again two months later. One week after the intervention, these participants were posttested and their informants completed Evaluations of Program Content and Impact.

Incentives were built into the program to curb the high dropout and low attendance rates often observed in parent education programs geared to low income and minority parents (Frankel & Simmons, 1992; McMahan, Forehand, Griest, & Wells, 1981). Transportation, childcare, and lunch were provided at no cost, and participants were paid a stipend of \$85 if they attended at least 75% of the classes. In a study of a behavioral parent training program for inner-city, African-American parents, Myers et al. (1992) offered similar incentives and found that 60% of the participants attended at least half of the 15 sessions, with a mean attendance rate of 13.4 sessions (89%).

Participants. Flyers inviting participation in a support program for Head Start mothers were sent to 95 English-speaking families enrolled in a school district-sponsored Head Start program in a racially, culturally, and economically diverse city in the Midwest. The Head Start Parent Involvement Coordinator organized recruitment.

Of the 18 mothers who volunteered to participate, six never attended classes. Three of the “no shows” had been originally assigned to the experimental group and three had been originally assigned to the wait-list group. Despite the fact that they chose not to participate in the classes, these mothers agreed to complete

research questionnaires at pretest and posttest and were paid \$15 for their help. Of the remaining 12 mothers, six formed the experimental group and six formed the wait-list control group. There were no demographic differences between the 12 mothers who participated in the classes and the six “no shows.” There were no pretest differences on any parenting measure between the 12 participating mothers and the six “no shows.” As such, the “no shows” were treated as members of the control group for purposes of data analysis. The decision to include the “no shows” as part of the control group was an attempt to bolster the statistical power of the analysis, given the small sample size. Other parent education researchers have also included “no shows” in their no-treatment comparison groups (e.g., Kanigsberg & Levant, 1988).

There were no significant demographical differences between the experimental group and the wait-list control group. Mothers’ mean age was 34.1 years, mean yearly family income bracket was \$5,000–15,000, mean number of children was 3.1, children’s mean age was 6.4 years, mean years of education was 12.8. One mother was employed. Nine of the mothers were single, four were married, one was divorced, two were separated, and two were widowed. Two mothers were from the Caribbean; the rest were African American.

Dependent Variables and Measures

To the extent possible, the same measures were used across studies. However, to address issues of subscale reliability, a different parental attitude survey was used in the second study. A questionnaire focused on parenting practices was added as well.

Parent Attitude Research Instrument (PARI) (Schaefer & Bell, 1958). The Parental Attitude Scale (PAS) used in the first study revealed inconsistent subscale reliability across assessments on four of the five subscales. In an attempt to improve the methodology in the second study, the PAS was replaced with an abbreviated version of the PARI, a self-report questionnaire widely used in parent education research (Todres & Bunston, 1993). The modified version used in this study contained 24 forced-choice items, yielding five subscale scores and an overall score. The Encouraging Verbalization and Minimizing Parental Control Scales were not included in statistical analysis because of inconsistent or unsatisfactory coefficients of internal subscale reliability. Cronbach’s alpha on three of the included scales (Encouraging Communication, Permitting Children’s Self-Assertion, and Total PARI Score) revealed sufficiently reliability at posttest and follow-up (*range* = .70–.85), but poorer at pretest (*range* = .46–.50). Reliability on the fourth included scale (Parental Involvement) was nearly acceptable at pretest and posttest (.56) and sufficiently high at follow-up (.78).

Parenting Stress Index Short Form (PSI) (Abidin, 1990). As in the first study, the 36-item PSI self-report questionnaire was employed. Cronbach’s alpha revealed

sufficiently high reliability on all PSI scales across pretest, posttest, and follow-up ($range = .78-.93$).

Parenting Practices Questionnaire (PPQ) (Robinson, Mandleco, Olsen, & Hart, 1995). This 62-item self-report survey reflects three global dimensions consistent with Baumrind's (1971) conception of parenting typologies. The abbreviated version of the PPQ developed for this study contained 34 forced-choice items that measure authoritarian, authoritative, and permissive parenting practices. Cronbach's alpha revealed sufficiently high reliability on Authoritarian and Authoritative Scales at pretest, posttest, and follow-up ($range = .69-.90$). On the Permissive Scale, Cronbach's coefficient alpha was sufficiently high at posttest (.64) and follow-up (.67). Given these scores, we considered the pretest alpha (.45) marginally acceptable.

Evaluations of Program Content and Impact. As in the first study, key informants completed Evaluations of Program Content and Impact at posttest and follow-up to assess the spread of treatment effects and whether informants could validate the participant's reports.

Results

The program was implemented in similar fashion in both the treatment and wait-list groups. Groups met weekly at the Head Start center for 2 1/2 hours for eight consecutive meetings. There was no attrition in either group. The mean attendance rate for both the initial group and the replication group was seven out of eight classes. Although the curriculum was covered over the course of the eight sessions, discussions were more free-flowing than in the first study. Participants were less disciplined about arriving on time and completing reading assignments. But they were motivated and responsive to homework assignments involving parent-child play and "Special Time."

Pretest data were analyzed using *t*-tests for independent samples. No significant pretest differences were found between groups. Posttest data were analyzed using ANCOVA, with pretest scores on the dependent variable as covariates.

Posttest analysis revealed several significant effects of the intervention (see Table II). Differences were found on the PSI Parental Distress Scale and Total Stress Score, with treatment group mothers reporting less depression and social isolation and less overall stress than nontreatment group mothers. A marginally significant difference was found on the PSI Parent-Child Dysfunctional Interaction Scale, with treatment group mothers reporting greater satisfaction from interaction with their children and a greater sense that their children meet their parental expectations than nontreatment group mothers. A significant difference was found on the PPQ Authoritative Parenting Scale, with treatment group mothers reporting more authoritative parenting practices than nontreatment group mothers. No significant effects were found on the PARI attitudinal scales, but there were trends in the predicted direction on the Total PARI Score and the Parental Involvement

Table II. Study II—Treatment Group Pretest and Posttest Means (ANCOVA)

Measure	Treatment (<i>n</i> = 6) <i>Adj. Mean</i>	No-treatment (<i>n</i> = 12) <i>Adj. Mean</i>	<i>F</i>
PARENTING STRESS INDEX			
Parent-Child Dysfunctional Interaction Scale			
Pretest	48.00	48.67	
Posttest	43.21	50.96	3.36***
Parental Distress Scale			
Pretest	45.67	40.08	
Posttest	36.64	46.95	11.01*
Total PSI Score			
Pretest	134.00	133.17	
Posttest	119.74	141.60	6.11**
PARENTING PRACTICES QUESTIONNAIRE			
Authoritative Parenting Scale			
Pretest	44.33	47.67	
Posttest	50.82	45.52	9.72*

Note. On the PSI and PPQ, higher scores represent more of the dimension.

* $p < .01$; ** $p < .05$; *** $p < .09$.

Subscale, with treatment group mothers reporting a slight increase in democratic and liberal parenting attitudes, particularly with respect to ideas about parental involvement in their children's lives.

Follow-up data was analyzed using *t*-tests for paired samples. There was a significant difference evident at follow-up on the Parenting Practices Questionnaire, with treatment group mothers reporting a sustained decrease in authoritarian parenting practices ($p < .05$).

Within-Study Replication

Six members of the wait-list group participated in a second trial of LTC for Head Start mothers when it was offered two months later. The six "no shows" comprised the control group. Posttest data were analyzed using ANCOVA, with pretest scores on the dependent variable as covariates. Statistically significant effects were observed at posttest on the PSI Difficult Child Scale ($p < .05$), with treatment group mothers reporting less problematic or worrisome perceptions of their children's self-regulatory capacities. Marginally significant effects were observed on the PSI Parent-Child Dysfunctional Interaction Scale and the Total PSI Score ($p < .09$), with treatment group mothers reporting less overall parenting stress, greater satisfaction from interaction with their children, and a greater sense that their children meet their parental expectations than nontreatment group mothers. Although not significant, trends in the predicted direction were observed on the PPQ Authoritative Parenting Scale and the Total PARI Score, with treatment group mothers reporting slightly more authoritative parenting practices and democratic, liberal parenting attitudes than nontreatment group mothers.

Evaluations of Program Content and Impact

In asking participants to designate key informants, the hope was that many would identify husbands or boyfriends so that the spread of effects could be examined. Unfortunately, this was not possible because among the 12 key informants, only three were husbands or boyfriends. The others included three friends, two mothers of participants, a mother-in-law, a niece, a sister, and an aunt. Evaluations of Program Content and Impact were completed at posttest and follow-up by designated informants of the treatment group ($n = 6$), and at posttest by designated informants of the wait-list group ($n = 6$). Informants positively evaluated the program and the experience. They were glad their friends/relatives participated in the program, $M = 4.7$ (1 = strongly disagree; 5 = strongly agree), felt they enjoyed it and learned a lot, $M = 4.5$, and reported that they seemed to have more respect for children since participating, $M = 4.4$. This feedback from key informants suggests some external validation of the participants' self-reports.

DISCUSSION

As an initial evaluation and replication of LTC, the findings from these studies seem encouraging. Significant positive effects were observed on many of the measures in both studies, some of which were maintained at follow-up. Results suggest that LTC can improve parental attitudes, reduce parenting stress levels, and encourage authoritative parenting practices. Reports from fathers and key informants are consistent with mothers' reports about the value and impact of the class; data also suggests a modest spread of effects among fathers in the first study. LTC seems viable and beneficial among mothers of different socioeconomic and racial backgrounds.

The methodology employed in these studies avoided some of the shortcomings common to parent education research. The research design was strengthened by the use of multiple replications both within and across studies (a total of four separate intervention trials), equivalent no-treatment comparison groups, and follow-up evaluations. Feedback from key informants reduced reliance on participant self-report.

Nevertheless, there are important methodological limitations still to be considered. Parent education groups usually involve 6–12 parents (Wright, Stroud, & Keenan, 1993) and in this sense the LTC groups in these studies are typical. However, small sample size is problematic in that it limits the statistical power to discern effects and restricts the generalizability of results. One remedy might be to offer several groups simultaneously so as to increase the cohort size, if not the size of individual groups. A second limitation concerns the fact that the group leader was well-versed in Reevaluation Counseling theory and practice. Outcome

evaluations are needed of groups led by leaders trained to teach LTC who have no prior experience with Reevaluation Counseling.

Another limitation is the lack of objective measures of behavioral change. Given that attitudinal change does not necessarily predict behavioral change (Holden & Edwards, 1989), the case for the effectiveness of LTC will be strengthened if subsequent studies demonstrate that reported changes in parental attitudes, practices, and stress levels translate into behavioral change. Obtaining data from participants' children or their teachers, or including pretest/posttest observational measures of parent-child interaction would be useful in this regard.

Future research also is needed to discern whether it is the content and philosophy of LTC that underlies the effects evidenced or other factors. For example, would the program be as effective with a different curriculum if similar social and emotional supports were provided?

The present research has implications for practitioners. While mutual support and emotional healing can improve parenting attitudes and practices, many parent education programs, particularly those aimed at low-income parents of color, are didactic in nature and provide little opportunity for such sharing and support. Practitioners might find it beneficial to incorporate the kinds of support elements emphasized in LTC even if utilizing another curriculum.

In the long run, practitioners may find that creating supportive environments in which parents can openly share experiences, examine their own childhood experiences, and garner mutual support is more important than offering child rearing information per se. As Dangel et al. (1994) suggested, research is needed to assemble a systematic, state-of-the-art package of training methods that can reliably lead to the improvements in parenting at which all programs aim, regardless of theoretical orientation. Although the studies reported here are preliminary in nature and modest in scope, additional research may confirm that incorporating the unique elements that comprise the LTC program will enhance the effectiveness of other parent education programs, even if the underlying philosophies are different.

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