Retesting parent training: does parental training increase parents' self-concept

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Retesting Parent Training: Does Parental Training Increase Parents' Self-Concept?

by
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A Thesis

Submitted in partial fulfillment of the requirements of the Master of Arts Degree of The Graduate School at Rowan University May 4, 1999

Approved by: _______________________________ Professor

Date Approved 4-27-99
ABSTRACT

Ronald G. Stockwell; Retesting Parent Training: Does Parental Training Increase Parents' Self-Concept?; 1999; J. Klanderman Ph.D. and R. DiHoff, Ph.D.; Master of Arts, Rowan University.

Similar to studies by Gordon and others, the purpose of this study was to retest and reinvestigate whether parent training increased the self-esteem of participants. Two groups (sample (n = 15) and control (n = 10)) were pre- and post tested (at 10 and 9 weeks respectively), using the Tennessee Self-Concept Scale: 2. Both groups showed: high educational achievement and were Caucasian/White; the sample was 13 women, 2 men, while the control was 9 men and 1 woman; and, most reported above average incomes. The scores were analyzed using a repeated measures t test and non-parametric analysis, which did not find training to increase self-esteem, but showed a tendency to reduce CON (conflict). All of the sub scores from the TSCS:2 were found to be significantly correlated, and IDN (identity) appeared to be most significant. The conclusions were that one instrument is not sufficient to determine if training increases self-esteem and longitudinal studies may be of interest to future researchers.
Mini-Abstract


The purpose of this study was to retest and reinvestigate whether parent training increased the self-esteem of participants. Scores were analyzed using a t test and non-parametric analysis, which found no increase to self-esteem, but showed a tendency to reduce conflict. The sub scores from the TSCS:2 were found to be correlated, and IDN (identity) appeared of greater significance. One conclusion was that a single instrument is not sufficient to determine whether training increases self-esteem.
ACKNOWLEDGEMENTS

I wish to thank Ms. Mary Carter, principal of Lafayette-Pershing School, Ms. Diane Wagenhals and Susanne Stanton from Lakeside Youth Services (PREN), and all of those trainees and volunteers that helped me gather this information. Without your help, this project could not have been completed.

In addition, I want to thank the Staff at Rowan University Library, especially Ms. Mullins and Dr. Potter, who helped me gather the reference materials necessary for the review section.

Please note that classmates' and advisors' comments, suggestions, bent ears, and help (TIME) were extremely valuable, and greatly appreciated.

Thank you all,

R.G.S.
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CHAPTER 1 - INTRODUCTION

Need

Many studies have demonstrated that "parenting skills" can be taught to remediate communication and behavior deficits between parents and children. Hans and Michael Eysenck (1995) concur saying, "...recent empirical studies do offer helpful advice to parents on how to bring up children. The answer seems to be to avoid the extremes of Watsonian and Spockian ideology, and to create an ethos at home which reinforces co-operative and socialized behavior." (p. 318)

In fact, Anthony Biglan (1995) states that "...first step in lowering the prevalence of antisocial behavior might be to increase the presentation of validated family and school interventions." (p. 482)

Parents, teachers, and care givers may exhibit diminished self-concept (self-esteem) or self-confidence from an inability or perception of inability to communicate effectively with children and from deficits in training (knowledge of) or availability/knowledge of options, when interacting with (problematic or difficult) children/siblings.

Therefore, as family leaders, parents would [should] be the primary focus of "training" (education); and, parental training should have the most positive impact on the family group. This presumption of influence, clearly, states the need for study, continuing study, and ongoing educational and scientific review of previous research.

Purpose

"School-Based Parent Involvement Programs" by Roger Kroth (Chapter 6; Fine, Ed., 1989) laid out some fundamental aspects of parent interaction with schools. First,
"Education for All Handicapped Children Act, PL. 94-142 (1974)… and Family Educational Rights and Privacy Act (1975) defined privacy rights for both parents and children…" (p. 119) Next, the author suggested that assumptions of, "... money, time, personnel, heterogeneity of parents, and needs and strengths..." (pp. 120-126) be used when working with parents and school systems.

They are explained as:

1. There will never be enough money to do the things school personnel know need to be done.

2. Time will always be lacking for both parents and professionals in accomplishing desired goals.

3. There probably will never be enough training programs to satisfy parents or staff.

4. Parents of exceptional children are not a homogeneous group and should not be treated as one.

5. All parents of exceptional children have strengths to be used, and all have needs to be met." (p. 126)

Noting the caveats of Kroth (1989), "... the most basic involvement of parents is providing for their children's needs... (p. 121) [and] parent involvement... is communication from the school to the home... (p.123) A third common type of parent involvement, parents assist teachers, administrators, and students at the school..." (p. 124) wrote Epstein (1987).

The National Council for Jewish Women's' (http://www.ncjw.org; 1997) project "Parents as School Partners" was designed to help parents better interact with schools and for promoting interactive education of children in schools. This effort has made information easily available to schools and parents alike.

Drake (1995) suggests that, "If American public schools are to fulfill their pur-
pose of educating all students, they will need to be guided by a people-centered approach, one that includes the parents." (p. 1)

Further, Drake (1995) suggested usage of the Comer model, "...Comer's School Development Program (SDP)" (p. 2), because it deals with all parents. The main idea was integration of parents and families into the school system, for which, "...parental involvement (1) improves student achievement, (2) improves parental attitudes, (3) reduces school failure and dropout, and (4) improves attendance and school success." (p. 3)

"Parent education refers to a "systematic and conceptually based program, intended to import information, awareness, or skills to the participants on aspects of parenting." (p. 357), as quoted in Chapter 15 by Lee and Brage (Fine (ed.), 1989).

Focusing on parent training as the base for this study, a self-concept survey was undertaken to investigate the relationship between parent training and parents' acquisition of or increased skills and options, thus, enriching or improving parent self-concept.

This project was the premise, base line, for a suggestion/question that parent training and parent-school contracts would (or could) improve child behavior and parent-child (familial) participation in school programs and activities, ranging from homework to behavior improvement (modification). Therefore, the purpose of this study was to review past research studies, literature, and evaluate parents' responses to self-concept questions from a questionnaire given at the beginning and after ten (10) weeks enrollment in a parent training course.

Expecting positive self-esteem changes, each individual's self-concept should be greater (TOT and CON reduced), after training, than her/his scores at the beginning of the training program.
Hypothesis

This study will examine the question (after ten (10) of the parent training sessions are completed): "Will parents exhibit increased self-concept scores on the TSCS:2 (Tennessee Self-Concept Scale), than that shown by the same participants' test scores on the test given before the first class/session." Further, this study will differentiate the educational background, ages, and other stratifications that may be helpful in identifying, either target populations or areas of need (i.e. minorities, men).

Theory/Background

The premise for this study was that through training (education) many detrimental/questionable parenting behaviors (shouting, etc.) can be modified or changed with access to and by options presented in parent training/education programs.

"The process of change and the integration of democratic child rearing methods take some time. After more than 40 years of experience, Adlerians have learned that parents often need help form family education centers as well as parent study groups to really implement a new parenting style. In addition, parents often seek a second or third parent study group for support and encouragement." (Bitter, 1996; p. 464)

"... If American public schools are to fulfill their purpose of educating all students, they will need to be guided by a people-centered approach, one that includes the parents." (Drake, p. 313, 1995). These comments make a case for further study of the training/education and research about parents and the effectiveness of training programs.

Writing about parent training in the 1970s, authors Forehand and Kotchick (1996) show that research and articles appear to have diminished in volume beginning in the 1980s. The authors' essay stated, "...parent training is undertaken to assist parents in
managing and eliminating child behavior problems." (p-189)

Sinnett and DeFrain (1989) wrote that after reviewing many studies they found six (6) qualities of strong families: "1) Commitment; 2) Appreciation; 3) Communication; 4) Time together; 5) Spiritual wellness; and, 6) the ability to cope with stress and crisis..." (p. 56) They, also, stated that those qualities must be used as a base for the future welfare of families.

Education should change improper or ineffective behavior; and, positive changed behavior increases an individual's and the familial unit's self-concept and interaction. By training parents, grandparents, "significant" others, teachers, aunts, uncles, et al., the nuclear base units of the family and enabling them with greater self-concept and interventions or options to known behaviors, children and families become more functional, exhibiting less dysfunction related to interpersonal relationships and have better options for positive social interaction.

These positive behavior changes (just as negative behavior may be changed) within familial settings, carry over into other social environments, such as schools and communities. And, if positive for parents, the changes should increase the propensity for positive effects on children and their behavior, the family unit, and society, in general.

Self-esteem (self-concept) from Lee and Brage (1989), "..is a positive or negative attitude toward a particular object, namely the self (Rosenberg, 1965)... Coopersmith (1967) defines self-esteem as, "the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful and worthy. Self-esteem is a personal judgement of worthiness that is
expressed in the attitudes the individual holds toward himself (p. 4)."

Parent training programs began in the nineteenth century; however, under the research and proposals of Thomas Gordon (Parent Effectiveness Training; The Tested New Way To Raise Responsible Children, 1970) many more formalized styles or forms of parenting training began.

A brief and possibly incomplete list of training programs is:

- Parent Effectiveness training
- Systematic Training for Effective Parents
- Confident Parenting Program
- Effective Black Parenting
- Los Ninos Bien Educados
- Nurturing Program
- How To Talk So Kids Will Listen
- Siblings Without Rivalry
- Preparing for Drug (Free) Years
- Discovering Normal
- Positive Indians Parenting
- Parenting Resource and Education Network

Druly stated in Parents Magazine (1980) "Thomas Gordon... has probably influenced child rearing in America more than anyone since Dr. Spock." (p. 45) In her review of Parent Effectiveness Training (P.E.T., "now Parent effectiveness" (p. 45)), Druly discusses major points of the P.E.T. program:

"Fighting the misuse of power... ; "...if you rely on power alone,... what you don't realize is that power is the killer in all relationships ... A major problem with power is that it doesn't last..." (p. 46);

"Violence breeds violence-communication breeds communication..."
When parents use peaceable problem solving rather than imposing their authority, children and parents can think up solutions together... (p. 46);

"Learning to listen... warn parents of "dirty dozen' typical reactions that often block communication, including lecturing, judging, blaming, warning, name calling, shaming and diverting"... [proposes the use of] active listening words... (p. 47);

"Talking with infants... research has shown that dumb kids come from families in which parents rarely speak to their children... I mean kids that don't do well in school..." (p. 47);

"Shared feelings..." (p. 48) The sharing of both good and bad feeling are important in familial relationships;

"Reassigning household chores... make a list of jobs..." (p. 48);

"Kids and fairness... avoid the appearance of unfairness... (p. 49); and,

"Women and self-assertion... new program Effectiveness Training for Women." (p. 49)

Gordon explained changes and modifications in The Journal of Education, "Crippling Our Children With Discipline" (1981). He addressed punishment, rewards, and revisited "power" and how it works. This journal article focused on alternatives for parents and providing those alternatives, noting that the options/alternatives offered are P.E.T. based.

Barr (1987) suggested that further research be undertaken to study the effects of P.E.T. And, he was not the only critic of Gordon; he and others will be discussed in the review of literature section.
It must be noted that Gordon wrote *Teaching Children self-discipline* (Times Books, 1989) and appeared to modify some of his views. He suggested that parents and schools are and continue to be resistant to change for many reasons. Some of which are:

Resistance to training (p. 218-220)

"... Loving your children is enough;
We don't have any serious problems now;
Other parents need training more;
We've got plenty of time - our kids are still young;
Troubled kids come mostly from broken homes;
We're not emotionally sick people;
Nobody is expert enough to tell me how to raise my kids..."

and Resistance to change in schools (pp. 223-4)

"... administrators [were] raised on models of rewards and punishment...
[in] traditionalist institutions..."

Systematic Training for Effective Parenting: STEP "...is based on Adlerian child rearing philosophy and teachings of Dr. Rudolf Driekurs [1969]." (Alvy, 1994) STEP assumed, "...that all behavior occurs for social purpose and that people are decision-making beings whose main goal in life is to belong..." (p. 81)

Similar to P.E.T., STEP was based on democratic family life, requiring four (4) parts of developing relationships with children:

"(1) Demonstrating mutual respect: parental respect is earned by showing respect for the child's feelings, thoughts, privacy, etc.;
(2) Taking time for fun: insuring regular enjoyable times with children and with the entire family;
(3) Encouragement: to feel adequate, children need frequent encouragement through minimizing the importance of children's mistakes
while recognizing their assets and strengths;

(4) Communicating love: spontaneous verbal expressions and non-verbal signs such as pats, hugs, kisses, and tousling of hair."
(Alvy, 1994)

However, the Adlerian influence is presented through, (1) "... teaching parents about the four goals of child misbehavior: attention, power, revenge, and display of inadequacy;... goals of positive behavior (helping, volunteering, showing self-discipline, doing own work, being resourceful,... (p. 83)); (2) "teaching parents to use Encouragement" (p. 84); (3) "Natural and Logical Consequences", taught as alternative to simple reward and punishment..." (p. 84); and, (4) "Conducting family meetings..." The STEP program set the program as the authority, not the leader as authority.

Levels of Family Involvement

Doherty (1995) proposed a model, "Levels of Family Involvement" (LFI), with five levels (pp. 354-356):

"Level One: Minimal Emphasis on Family" - educator school based and focused; parents present and included for legal purposes

"Level Two: Information and Advice - ... collaborative educational activities with family members ... workshops"

"Level Three: Feelings and Support... - elicits feelings and experiences of family members and disclosure, as part of the educational process; ...normally deal with normative stresses of life rather than traumatic events..."

"Level Four: Brief Focused Intervention... - goes beyond Two and Three, this level calls for assessment and planned effort to help parent change a troubling parenting problem..."

"Level Five: Family Therapy... - beyond parent and family education... professional intervention..."
Doherty's LFI model placed emphasis on structured interventions, relying on those least invasive interventions early in the education process. He suggested that in this manner schools, parents, and professionals can "... increase the visibility of parent and family education as a valuable service to a broad range of families..." (p. 357)

For additional review by the reader, Alvy presented a comprehensive review, Chapter 10 (pp. 100-120) of revisions to many parent training programs. It was well beyond the scope of this paper to detail all programs or recent revisions related to parent training.

And, the reader is referred to Medway (1989), "Measuring the Effectiveness of Parent Education", for information regarding prerequisites and cautions concerning research and problem set-up for analysis. For example, Medway wrote, "Even when models and procedures are specified, however, one needs to be careful of not falling prey to a second misconception, namely that procedures were applied exactly as dictated by the model or that week-to-week sessions did not deviate form the intended format."

Further, "... it may still difficult to replicate it because of two final misconceptions. These involve the beliefs that the quality and competency of group leaders and the makeup of parent participants do not affect success rates." (p. 241)

Ending the theory and background portion of this paper, some points, cautions, need to be made regarding the study of parenting, parent training and research; one by Wiese (1992), Ritchie and Partin (1994, and Doherty (1994):

1. "problems leveled at parent training research include:
   (a) an overreliance on reporting data about child behavior changes rather than about specific parent behavior changes that led to behavior changes in children (Moreland, Schwebel, Beck,
& Wells, 1982);

(b) an inconsistent use of multiple observers during data collection
and failure to report interrater reliability information regularly
(Moreland, et al. 1982);

(c) a failure to use multiple outcome measures and to assess generality
of treatment effects (Breiner & Beck, 1984); and
(d) limited reporting of follow-up efforts (Medway, 1989)."  (p. 230)

2. "...The Council for Accreditation Of Counseling and Related Educational
Programs (1993) standards specifically address the need for training
school counselors to effectively consult with parents."  (p. 170)

3. "...is that contemporary definitions of parent and family education uni-
versally involve a personal and experiential component: the feelings,
motives, attitudes and values of the learners are central foci in the pro-
cess ...  [that] personal element distinguishes a parent education group
from, say, a standard college course in child development..." and "... 
family education must have more personal depth than other forms of 
education..."  (Doherty, p. 353).

Definitions:

parent training - teaching and acquisition of skills from a professional or
paraprofessional in a specific curriculum, such as knowledge, be-
haviors and options to previous behaviors or other such methods for
use within familial context or environmental interaction.

self-concept - one's beliefs (inner feelings) and interpretation of self image
with respect to her/his environment and the ability to function in that
environment.

Dembo, Sweitzer, and Lauritzen (1985) define "Parent Education Verses Parent
Therapy... differences -

1. Therapist attempts to establish different relationship with client than
parent educator...
2. Therapy has no predetermined number of sessions, parent education programs typically have 6 to 10 weekly sessions for one to two hours..."; and,

"Parent Education Verses Parent Training... parent education is viewed as the more general term, while parent training... is defined as a process that includes at least one component, teaching specific skills..." (p. 156)

Assumptions

In this study, it was assumed that all participants are parents or primary care givers. Further, it was assumed that participants were attending voluntarily (not under duress or court order), thereby demonstrating self-motivation and self-improvement interests. And last, it was assumed that lack of parental training or knowledge was a primary reason for any interpersonal problems with children (i.e. not drugs, physical or mental disabilities).

Limitations

The small sample used and the timing of post-testing appeared to be the most limiting factors to any findings from this study (this particular parent training program runs approximately 24 weeks). Other limitations were: non-random sampling of participants; time between pre- and post test completion (10 and 9 weeks); and, no collection of family case histories, which could have dismissed or added some relevant variables.

Overview

Literature, research, and related studies are discussed in Chapter 2. While methodology and data accumulation are discussed in Chapter 3, Chapter 4 discusses data analysis. The summary and conclusions are written in Chapter 5, where points of further research are suggested.
CHAPTER 2 - REVIEW OF LITERATURE

Literature is presented in sections labeled: 1) PET and Criticisms of PET (Druly, 1980; Dembo, Sweitzer, and Lauritzen, 1985; Doherty and Ryder, 1980; Cedar and Levant, 1980; Kushner, 1984; Crnic, 1978; and Irvine, Biglan, Duncan, and Metzler, 1996); 2) Adolescents (Hampton-Aytch, 1992; Emmons and Nystul, 1994; Stockman and Budd, 1997); 3) At-risk, incarceration, and self-esteem. (Resnick, 1985; Harm and Thompson, 1997; Moore, 1995; Harrison, 1997); 4) Cultural diversity (Forehand and Kotchick, 1996); 5) Specifically related studies (Wood and Davidson, 1987; Armour, Rob, and Lawson, 1979); and Thompson, Ruma, Schuchmann, and Burke (1996); and 6) Summary.

This order was perceived to give the best organization to materials gathered. An analysis and criticism of the previously discussed PET (Gordon, 1970) style followed by review of similar research.

The grouping for adolescents was pertinent especially when considering the increases in teen-age pregnancies and society's present multi-dimensional dilemma and prognosis when dealing with related problems (i.e. education, income, health care, etc.).

Regarding at-risk and incarceration, with new populations of inmates at 1.4 MILLION, it has become mandatory for society to research and investigate families on the 'outside' and their relationships with the incarcerated. It was interesting to note that self-esteem appeared to be the focus of many articles.

It was felt prudent that notice be taken of and attention paid toward cultural diversity, and the article by Forehand and Kotchick was one of the best found that related
directly to this study. It was somewhat skewed, but overall appeared relevant and inclusive.


Included in the studies similar to this one were two that reviewed multiple week sessions and one that considered a four week course as 'cost-effective'.

Next, a review of meta-analyses and multiple-review studies are discussed.

**P.E.T. and Criticisms of P.E.T. (p. 8 repeated)**

Reviewing Parent Effectiveness Training (P.E.T., "now Parent effectiveness" (p. 45)), Druly (1980) states major points of P.E.T.:

"**Fighting the misuse of power**...; "...if you rely on power alone,... what you don't realize is that power is the killer in all relationships ... A major problem with power is that it doesn't last..." (p. 46);

"**Violence breeds violence-communication breeds communication**...
When parents use peaceable problem solving rather than imposing their authority, children and parents can think up solutions together... (p. 46);

"**Learning to listen**... warn parents of 'dirty dozen' typical reactions that often block communication, including lecturing, judging, blaming, warning, name calling, shaming and diverting"... [proposes the use of] active listening words... (p. 47);

"**Talking with infants**... research has shown that dumb kids come from families in which parents rarely speak to their children... I mean kids that don't do well in school..." (p. 47);

"**Shared feelings**..." The sharing of both good and bad feeling are important in familial relationships; (p. 48)

"**Reassigning household chores**... make a list of jobs..." (p. 48);

"**Kids and fairness**... avoid the appearance of unfairness... (p.49); and,
"Women and self-assertion... new program Effectiveness Training for Women." (p. 49)

Barr (1987) and others have criticized Gordon for the P.E.T. program,

"...Gordon has confused, equated, and interchanged terms of authority, parental power, and excessive punishment. Many of his previous statements were examined in the light of current research and found to be understandable as effects of abusive and excessive use of punishment..." (95)

Dembo, Sweitzer, and Lauritzen (1985) evaluated forty-eight (48) studies related to parent education/training. Findings from their research were:

"Behavioral Parent Education - Based on the investigations reviewed, the typical behavioral parent training research investigation included middle class mothers who were trained by a Ph.D. or master's level psychologist for a period of 18-20 hours to deal with their male acting-out children ranging in age from 3 to 10 years." (p. 174)

"P.E.T. research - ... generally involved mothers or couples in a standard 8-week program using Gordon's (1975) PET book and led by a certified PET instructor...

Methodological problems in PET included lack of randomization, reliance on self-report data and single outcome measures, absence of control groups, use of in-appropriate statistical procedures, possible experimenter bias, and a lack of long-term follow-up." (p. 178)

"Adlerian Parent education - ...parent education generally involved mother study groups using material in Dreikurs and Soltz (1964) or Dreikur and McKay (1976) ... [although] group leaders had counseling backgrounds, the investigators provided little information about their experience and education." (p. 181)

In their "General Summary" (p.183), Dembo, et al. note that "The effectiveness of a program often depended on the type of assessment and educational approach." The authors suggest four important goals for parent education:

1. "There needs to be more attention to the individual goals parents have for participating in the program in the first place;
2. Parent education can benefit from more process evaluation studies to identify parents' behavior and perceptions during their participation in a program;

3. Parent educators need to develop more valid and reliable dependent measures assessing various parental behaviors; and,

4. There is a need for the adoption of basic ethical standards for parent education programs." (p. 191)

A study by Doherty and Ryder (1980) criticized and an analysis written by Cedar and Levant (1990) focused on the PET (Gordon) program and its effectiveness.

First, Doherty and Ryder identify the "three [P.E.T.] skills: counseling skills, confrontation skills, and problem solving skills." (p.410) Their criticisms are four, which they carefully explained as:

"First, it tends to technologize parent-child relationships.

Second, it makes harsh and unwarranted judgments about parents.

Third, P.E.T. presents a simplistic formula for handling all parent-child problems, And,

fourth, the program is based on questionable assumptions about family dynamics, including: "The Myth of the Fragile family" (p. 411)

Doherty and Ryder, also, warn readers of possible maladaptive practices or acquisition of behaviors from attendance at PET programs:

"1. P.E.T. may increase covert manipulation in families.

2. Parents may learn to mistrust their own capabilities.

3. Parents may experience unnecessary guilt because of the program.

4. P.E.T. may cause unnecessary family division." (p. 416-417)

Next, Cedar and Levant (1990) suggested that their study and that of "... Rinn and Markle (1977)... who concluded: "... the data available on PET do not support the as-
summation that Parent Effectiveness training is effective." (p.20)" (p. 374) However, their findings were that "... an average parson participating in PET is better off than 63% of the persons who do not." (p. 377) And, on page 379 the authors state, "... Levant's (1983) speculation that poor methodology was masking the effect of PET appears to be borne out by this meta-analysis."

This comment suggests that poor methodology and procedures were prevalent in many of the studies reviewed by the authors; further, their findings were repeated and supported by many writers throughout literature gathered for this review.

Three items from the Cedar and Levant study were interesting;

1. "... higher effect scores associated with experimenter allegiance to PET, indicating that experimenter expectations may be influencing results; higher effect sizes were associated with higher subject mortality, suggesting that when there is a dropout of subjects for whom PET is not effective (and who is would likely score lower on the outcome measures) the effect size tends to be inflated.

2. Finally, no significant differences were found between earlier and later studies... " (p. 380); and,

3. "there is support for the use of PET as a preventive intervention." (p. 382)

These comments were interesting in that the conclusions were opposite of previous finding in the article by Doherty and Ryder.

Another comparison was Kushner's (Temple, 1984) dissertation, which compared Assertive Relations with Children (Silberman and Wheelan, 1980) to The Parent Effectiveness Training Program of Gordon (1970).

Kushner's study used 35 parents, with 13 members acting as the control group. After seven weeks, Kushner found,

"... P.E.T. parents demonstrated more acceptance of their children's behavior... and the A.R.C. group and P.E.T. group differed from
the no training group in the area of understanding of their children ... The A.R.C. group was seen as more assertive as parents." (p.1)

Cmic (1978) reminded readers that Gordon's model (PET) should "...enhance parental sensitivity... and that "... when the parent experiences a problem, he or she tends to be less sensitive than when the situation involves a problem only for the child." (p. 291)

Crnic's study, using sixty mother-child pairs, tested that sensitivity. The methodology set pairs into three groups: "child-owned (child was to solve the test), adult owned (mothers were told to help and that study was to test 'helpfulness'), or child-and-adult owned (instructions and directions combined)." (p. 293)

Crnic's subjects were tested according to the pairings, using block designs from the WISC-R and data was collected (from behind a one-way mirror) according to a list of sensitive or insensitiveness of behaviors.

Crnic found that problem ownership affected maternal responses, but, "...that mothers' written self-report responses generally have little relationship to what they do behaviorally..."; "Neither maternal sensitivity nor insensitivity showed a significant relationship to the child's overall adjustment." (p. 297); and, that children appear, despite insensitivity, to develop well adjusted behavioral styles.

"Thus, training a parent to become more sensitive... may not facilitate better child adjustment. This casts some doubt on parent effectiveness training programs..." concludes Crnic. (1978, p. 298)

Leaders of parent training groups were studied by Irvine, Biglan, Duncan, and Metzler (1996), regarding issues related to "Benefits and barriers for volunteer leaders of a parent training program". Found on SearchBank (Rowan University Library web
search engine), this study concluded, from 380 of 717 mailed surveys [note: a $5 bill was attached to each mailed survey, as incentive], that

"perceived benefits associated with leading a PDFY [Preparing for Drug Free Years] group included making a difference and benefiting kids. The least valued benefits included receiving financial reimbursements, quelling criticism, satisfying organizational requirements, and helping people of color.

… of the barriers to or burdens of leading PDFY workshops, the belief that parents who needed it would not come, the need to do publicity and recruit parents, and being too busy..." (p. 4)

This study was included, because it looked at a part of parent training mentioned in other research, especially PET instructors, but which had not been previously studied. And, this writer felt that it was relevant and important, because the question of motivation, reliability, and assessment of presentation must be addressed with all of the parent educational styles or methods either reviewed by researchers or used by trainers.

Studies related to self-concept/self-esteem are discussed next.

Adolescents

Three reports related to adolescents were found to be relevant to this review.

First, a dissertation by Dyan Hampton-Aytch (Wayne State University, 1992), "Effects of Participation in a Clinical Intervention Group on the Self-Concept of Teen Mothers (Parenting Groups)", where she found, after 16 weeks of biweekly meetings with 38 members of one group and 11 "controls" that,

"...group attendees' overall self-concept scores were not significantly different form non-participants. However, control subjects’ net conflict scores increased over the course of the project... suggesting a halting of this deterioration process for those involved in the intervention..." (p. 1)
Hampton-Aytch stated, "...group sessions presented structured activities and discussions related to child development, mother-child interaction, interpreting infant behavioral cues, conflict resolution, problem solving, coping and time management." (p.1)

The second study by Emmons and Nystul (1994) was of 9 (5 who were pregnant) juvenile females and a group of 10 non-pregnant and with no children, with whom the authors met with a class three times a week for 16 weeks. Regarding their hypotheses, authors found, "...

Hypothesis 1. self-esteem scores... found no change in self-esteem of girls that attended a prenatal parent program

Hypothesis 2. parenting attitude ... treatment group's attitude scores decreased significantly... a more democratic attitude." (pp. 937-938)

And last, Stockman and Budd (1997), under contract to state agencies from Illinois, used structured interviews to gather information related to parenting subjects, from mothers as adolescent wards of the state. Interestingly, information was, also, gathered from the agencies.

Authors developed The Parent Training Survey for analysis of subjects, and provided an open-ended question for agencies, "What do you believe are the main obstacles to engaging teen wards to participate in parenting education/training programs ?". (p. 620)

Note that, "Sixty-eight percent of the agencies stated that boy friends or children's fathers were invited to participate in parent-training activities... and, "...agencies related that their attempts ...were generally unsuccessful..." (p. 620)

Stockman and Budd made five recommendations:
1. Parent training needs to components that address both teen-parent factors... and basic child-rearing skills;

2. ...methods that actively involve the teen and her child(ren) in learning activities and promote verbal discussions about parenting issues...

3. "... making sessions easy to access, physically satisfying... and emotionally reinforcing...";

4. "... making the intervention teen centered..., and thought provoking rather than guilt provoking."; and,

5. "...continued development of screening, and evaluation tools is needed, but they must be ...practical, reliable, and appropriate for the teen-ward population." (pp. 622-23)

All three studies suggested that parental training programs have limited influence, again verifying limited self-concept/self-esteem gains as mentioned previously.

However, note that the recommendations of Stockman and Budd can be applied to all parent training/education programs, not just teen-parent programs.

Several research papers related to at-risk, substitute care or incarceration and self-concept/self-esteem are discussed next.

At-risk, incarceration, and self-esteem

Resnick's (1985) long-term study, three years, proposed that women, who attended "Opportunities for Advancement" (OFA) and "New Directions for Mothers" (NDM) [two groups, p. 483], and a control group would demonstrate improvement outcomes.

His subjects were chosen from the neighborhood and met the criteria of: "...living on government assistance, between ages 18-45, at least one child between 1.6 and 5.11 years of age, and were not previously involved in any individual, child or family psychotherapy" (p. 482) The test was: Can training help at risk mothers through training?

From Resnick's study, the findings were that 1) "no significant between group
differences..." 2) significant main effect of group on the posttest hostility-rejection subscale scores..."; 3) "an inverse relationship between change in social supports and goal setting and changes in parenting behaviors..."; and, 4) "...the predicted decrease in depression did occur, but as a function of intervention.." (pp. 485-86)

His conclusion was that evidence suggested "...sole-support mothers are at risk, and that there may be negative consequences of not involving them in some type of life skills, parent support intervention." (p. 487)

A study related to the effectiveness of parent training by Harm and Thompson (1997) was made of inmates from the Arkansas prison to evaluate a proposed project for the Centers for Youth and Families in Little Rock, who felt that evaluation was a mandatory program feature.

The subjects were pre- and post tested using the Index of Self-Esteem and Adult-Adolescent Parenting Inventory and interviews. After the 15 week course, the subjects were reinterviewed, placing emphasis on confidentiality of answers to questionnaires and interviews.

This study was significant, because first, it showed parenting courses do improve "overall self-esteem" (p. 148); and second, that training programs must be monitored and evaluated.

Authors state that "Demonstrations of positive changes in parenting attitudes and improved quality of visitation and letter writing validate and support parent education programs in women's prisons." (p. 148)

However, the next statement was very important, "The next crucial step is to learn whether the women can maintain these changes once they have reunited with their
Again, this study although relevant, questions the long-term after-effects of parental training, and challenges researchers to address the issue of longitudinal studies and or extinction of learned behaviors, with respect to parental training.

A similar study by Moore (1995) at the Virginia Correctional Center for Women, assessed the "Mothers Inside Loving Kids" (MILK). (p. 1)

This study was set up differently, as the control group was 20 women on the waiting list for participation in the program.

This may have tainted the author's conclusions and findings that, "... the treatment group did show changes in the desired direction in four areas: positive change 'Lack of Empathy for the Child' sub scale, 'Belief in Corporal Punishment' sub-scale, 'Reversing Family Roles' sub-scale, and on the 'Nurturing Quiz'. And, he concludes, "... This indicates an overall increase in knowledge about positive child management techniques." (p. 1)

Incarcerated fathers (30, with children 8 to 17 years old) were studied by Kim Harrison (1997) at the Jackie Brannon Correctional Center in Oklahoma. This study used the Adult-Adolescent Parenting Inventory (AAPI; Bavoick, 1984), the Index of Self-Esteem for Adults (ISE; Hudson, 1982), and the Self-Perception Profile for Children (Harter, 1985) and Self-Perception Profile for Adolescents (Harter, 1985) for siblings.

Training was administered 2 1/2 hours, three times a week, by the author. Her findings were that changed attitudes were shown by the scores.

"Parental training for the incarcerated fathers led to improved attitudes regarding child rearing, as measured by the scores on the AAPI... There was no significant change
in the inmates' self-esteem... Finally, ... the self-perceptions of the inmates' children did not change." (p. 592)

This study and conclusion may be tainted by the time/term of sentence or the proposed exit date, which was not mentioned by the author. Further, regarding the self-perception of inmates' children, did testing in the facility affect the responses?

Again, questionable data and ambiguous results were presented from a possibly worthwhile study.

**Cultural diversity**


Authors offered four identifiable groups that they believe either have been overlooked or who need appropriate, *culture related* parent training and scientific research to support findings in those areas.

"African American Parenting" (p. 194) items for inclusion or specific attention in the parenting program included:

1. "Child rearing as a communal task, shared by all adults -
2. "extended family networks, including neighbors, relatives, church members, etc." -
3. "in times of adversity taking in family, friends, sometimes strangers" -
4. "the impact of racism" -
5. "duality… live as close to mainstream culture as possible while maintaining their African American cultural identity..." -
6. "religion " -
7. "...parents have been viewed as utilizing harsh disciplinary practices..." -
8. "recently socioeconomic status, not ethnicity may account for harsh discipline..." (p. 194)

"Asian American Parenting" attentional items were:

1. "Primary proper development of character... and formal education..."

2. "Parents' consider their primary role to be... teacher and promoter of the mastery of emotional maturity, self-control, and social courtesy for children..."

3. "cultural competencies similar to European American culture..."

4. "uniqueness of Asian culture (e.g. importance of respect for elders and discipline) (pp. 195-96)

"Latino Parenting" items mentioned for attention were;

1. "deep sense of familism and family loyalty..."

2. "reliance on extended family and social support network, emphasis on interpersonal relatedness and mutual respect..."

3. "Child rearing shared by parents, older siblings, extended family networks..."

4. "strict disciplinary standards..." (p. 196)

"Native American parenting" inclusions proposed for parenting programs were:

1. "Generalizations were..." "harmony with nature, mythology, focus on humility, respect for elders, and cultural customs... sharing of wealth and resources..."

2. "shared child rearing responsibilities..."

3. "Native Americans considered ... collective, cooperative, and non-competitive..."

4. "a belief in the inviolability of the person..."

5. "children treated rather permissively with minimal adult supervision..."

6. "parental strategies... include persuasion, fear induction, embarrassment, and shame..." (p. 196)
This writer concurs with the authors, Forehand and Kotchick who suggested that, as minorities gain greater percentage population share in the United States, therapists must be ready to address their needs. And, their statements, 'We live in a increasingly culturally diverse society. Our goal as behavior therapists should be to help children live life to its fullest...' appear to be a basis for necessary, planned, appropriate, and timely psychological interventions.

Carmack and Carmack (Individual Psychology, 1994) described their initial effort to bring parent training efforts to the 'new' Russian Federation. Using an Adlerian approach, authors based their program on "...Dreikurs' Children: The Challenge." (p. 324)

Composed of "...study-group approach, used role-playing, small group discussions, counseling in front of the audience..." (p. 325), authors held workshops over four (4) days focusing on:

"1. An introduction to each other, to Adler-Dreikurs theory of personality development, to the concept of democratic parent education, and the basic principles of equality and mutual respect.

2. The concept that "misbehavior" in children stems from four mistaken goals, how to identify these goals, and what to do in response to the behavior.

3. The idea that misbehaving children are discouraged and that parents can learn encouragement skills to promote positive behavioral changes and build self-esteem.

4. The use of family councils to learn problem solving and decision making, and to promote cooperation." (pp. 325-26)

This article was included, because it identified problems or deficits that appear to be universal and unilateral for parents:

"Russian parents expressed surprise... that their children could contribute";

"...many thought they could not expect their children to help at home..."
reluctant to expect chores and responsibilities;"

"...difficulty relating to democratic principles (offering choices)... one
parent who asked how she could offer choices to her child when
she had never been offered choices herself..."

"...parents hesitated to give their young children additional freedom and
choices because of concerns for their children's safety..."

"... One mother reported, "It is a real fact that I felt group support. I felt free."
(pp. 326-27)

Next, three studies were found to be most similar to the basis of this paper, "do
parent training programs affect self-esteem"; they are reviewed next.

Specifically related studies

The first study, by Christine Wood and John Davidson (1987), was proposed for
investigation of the outcomes of a parent training/education program (P.E.T.) held in
Australia.

The assessments used by the authors were: "(a) Parent-Child response Sheet; (b)
Parent Attitude scale; (c) Moos Family Environment Scale; (d) Specific objectives set
by subjects in Session 1, writing down concrete problems with their children...; (e)
Anecdotal information... regarding feedback form at session 6." (p. 136)

Note that this study used a small sample (9) and that ten parents were used as
control subjects ("because of the small number of volunteers...", (p. 135).

Two conclusions were significant:

1. "Specific objectives From the group of 9 subjects, 32 specific unacceptable
behaviors of children were pinpointed in Week 1. Outcomes
at Week 8 were noted. Fifteen of these behaviors were no longer
occurring. Two other concerns were now seen to be irrelevant.
In 14 of the remaining cases the problem was not solved, but
the parents felt that there had been some improvement. ; and,

2. Feedback Form-Week 6 Effects reported by parents in the open-ended
form included being more tolerant, more relaxed, more aware of others, more positive with children, having more contact with children, more dignity, more self-confidence, having a new way of looking at things, being able to set own standards, to think before answering, and to listen more..." (p. 138)

This survey, although using a small sample, appears to replicate the findings of Thomas Gordon (1970, 1981, 1989), but note that all of the findings are parent-to (with)-child centered, i.e. "concrete problems with their child...". Note that findings were parent centered.

This writer believes that interactional problems are mostly, as Gordon writes, power or miscommunication problems. There need not be, and in most cases is not, one-sided cause-effect problems.

Why did Wood and Davidson not survey the children?

It is instructional to note that attitudinal changes did take place and that subjects noted beneficial change; however, what are the long-term results/implications of this program? And, what benefits did the children gain?

In the second analysis, Peter Armour, Marilyn Rob and Jim Lawson (1979) studied parent attitudes with respect to child rearing, using Hereford's Parent Attitude Scale.

"The Hereford Parent Attitude Scale measures five areas of opinion and feeling:

1. Confidence-Feelings of inadequacy and insecurity...
2. Causation-The view that child behavior is inherited and unchangeable, rather than determined by parent interaction...
3. Acceptance-Overt and complete rejection of the child
4. Understanding-Failure to share ideas, attitudes and feelings with the child
5. Trust-The extent to which parent-child relationships are marked by suspicion and deceit..." (p. 119)

Authors note that the rate of return, which had been distributed evenly to both parents, was uneven in rates of return (70% mothers and 30% fathers, p. 119). Also, they note that their, "... response rate was 48.3%, and the sample represented just over 3%, of all families in the region (Sydney).

Findings of scores from the survey were ranges of:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence</td>
<td>-19 to +21</td>
</tr>
<tr>
<td>Causation</td>
<td>-7 to +28</td>
</tr>
<tr>
<td>Acceptance</td>
<td>-15 to +28</td>
</tr>
<tr>
<td>Understanding</td>
<td>-1 to +27</td>
</tr>
<tr>
<td>Trust</td>
<td>-19 to +29</td>
</tr>
</tbody>
</table>

(p. 120)

Explaining the scores, "thus, a score of -19 on Confidence, would suggest feelings of inadequacy and insecurity, while a score of +21 is indicative of confident parenting unconcerned about the difficulties of child rearing." (p. 120)

Armour, et al. noted some results from the study that are relevant to most parental training/education programs:

1. "Parents self-reported behavior distinguished...between high and low scorers on the attitude scale..."

2. "parents who strongly believed child's behavior could be modified favored materialistic rewards and corporal punishment...

3. "accepting parents thought... parental quality were love and understanding..." (p. 121)

The conclusion reached was that, "... Parents who attended these courses were even better educated and obtained higher pre-course scores, i.e. held more desirable attitudes..."; and last,"... the Parent Attitude Scale does appear to be helpful in identifying 'at risk' groups of parents..." (p. 122)
The Sydney survey suggests and verifies: that mothers usually have the responsibility for child rearing; that more educated people attend parent training/education programs: and, that (neither mentioned or tested ?) with more education comes more acceptance of children's behaviors during development and diminished use of corporal punishments.

Last, Thompson, Ruma, Schuchmann and Burke (1996) proposed that a cost savings could be found by reducing the number of weeks participation in a parent training program. This study was based on the assumption that "...group parent training utilizing videotape modeling is as effective as individual parent-child therapy, and takes much less staff time to deliver." Using the Common Sense Parenting @ program, families with children in need of mental health or therapeutic care were asked to participate in this research.

Researchers began with sixty-six (66) subjects, from ninety families, divided into thirty-nine (39) who finished the program (in classes of twelve members each) and twenty-seven (27) in the WLC (wait list control) condition. The WLC subjects were tested at pre- and six (6) weeks, and did not take part in the program. The parent training (PT) subjects were tested at pre-, post test, and three (3) months. (p. 421)

Authors used "...The Child Behavior Checklist (CBCL; Achenbach, 1991)" and "The Parent Sense of Competence Scale" (PSOC; Gilbaud-Wallston & Wandersman, 1978)" as test measures.

The findings were:

"The program required approximately 30 hours of staff time to serve 10 families and cost approximately $70 per family

... found that parents who completed the program reported more improvement in externalizing child problems
... more satisfaction and efficacy as a parent, and more satisfaction with family relationships
... and treatment effects were maintained for three months." (p. 425-426)

Note that authors reported no statistical significance in treatments effects between clinical and parent training groups, suggesting that "... parent training alone is not powerful enough to produce clinical recovery in the majority of these children" (p. 426)

This study was important, because the authors studied both the full-term program and the shortened versions for appropriateness, and considered as a variable the treatment viability regarding cost factors. Here again, however, the questionable use of subjects on a waiting list, as control subjects, may be inappropriate.

Summary

Although there are many types and forms of parent training/education available, two are most popular, Parent Effectiveness Training (P.E.T.) and Systematic Training for Effective Parenting (STEP), and both have been found to be effective, although somewhat marginally.

Many researchers suggest that P.E.T. ignores, over-simplifies, or has research based problems, such as: methodological problems, lack of randomization, rely on self-report data and single outcome measures, absence of control groups, poor use of statistics, bias, and little if any long-term follow-up.

Other researchers (Kushner, 1984; Crnic, 1978) found that P.E.T. parents showed more acceptance of their children’s behavior and understanding their children. Here problem ownership appeared to be the main factor of parent-child interaction.

Research tied to adolescents gave many different conclusions. In general, the studies showed some influence of parent training or education on the participants; how-
ever, all of the studies failed to address the long-term effects of both training and socialization, and may have missed some important variables. Noteworthy was that the Emmons and Nystul (1994) study found no change in self-esteem.

In the at-risk and incarceration section, findings suggested that "... sole-support mothers are at risk..." and "...there may be negative consequences of not involving them in some type of life skills, parent support intervention." (Resnick, 1985, p. 487); the comment of Harm and Thompson (1997) "... The next crucial step is to learn whether the women can maintain these changes once they have reunited with their children..." (p. 148) suggested new research.

What does all of this mean?

These studies and research give psychologists, future investigators, basic 'rules' or goals to work toward and ways to avoid failure, when setting up parent training/education programs.

Two main conclusions were found, one by Dembo, et al. (1985):

1. "There needs to be more attention to the individual goals parents have for participating in the program in the first place;

2. Parent education can benefit from more process evaluation studies to identify parents' behavior and perceptions during their participation in a program;

3. Parent educators need to develop more valid and reliable dependent measures assessing various parental behaviors; and,

4. There is a need for the adoption of basic ethical standards for parent education programs." (p. 191)

And, the second conclusion from Stockman and Budd (1997) who make five recommendations, which although written for teen parents must be applied to all proposed programs:
"1. Parent training needs components that address both *teen-parent factors*... and *basic child-rearing skills*;

2. ...methods that actively *involve the teen and her child(ren) in learning activities and promote verbal discussions about parenting issues*..."

3. "... *making sessions easy to access, physically satisfying... and emotionally reinforcing*...";

4. "... making the intervention *teen centered*..., and *thought provoking* rather than guilt provoking."; and,

5. "...continued development of screening, and evaluation tools is needed, but they must be ...practical, reliable, and appropriate for the teen-ward population."  (pp. 622-23)

In the next chapter, methodology of this study is explained.
CHAPTER 3: DESIGN OF THE STUDY

Sample

Subjects that participated in this study were those that enrolled in training courses presented by the Parenting Resource and Education Network (P.O. Box 127, Fort Washington, Pa. 19034; announcement - syllabus sheet in Appendix A).

The group was composed of fifteen adults from Pennsylvania, who had been pre-interviewed and were chosen from applicants. These parents were to be educated as trainers, during a twenty-four week course, for a newly proposed parenting - parent training center. They were tested at the beginning of the program and tested later at week ten (10), before the leadership portion of the program began. Thirteen (13) members were female and two (2) were male spouses. While only one participant was single, the per household number of children averaged two at 57.1%, with two subjects having three and one subject having five children in the household.

All subjects in the sample were Caucasian/White, ranging from thirty (30) to seventy (70) plus years of age. This group's income and education levels were high (13.3% less than a college degree, 40% baccalaureate degrees, and 46.7% had attended graduate school), but not unusually high for the geographic area.

A group of eleven (11) adult Boy Scout leaders (from New Jersey; one did not respond to the post test and his scores were dropped), agreed to be tested, as a "control group" at December and February "Roundtable" meetings (9 weeks between pre- and post testing). This group, again, was White/Caucasian; however, the education and income levels were more representative of the general population. Ten (10) married and
one (1) single subjects, in this group, were divided as one (1) female and ten (10) males, while the number of children ranged from zero (0, 5 respondents) to two (2) or three (3-5 respondents). Ages of the control group were dispersed between 30-39 (2) through 70 plus (2). The income (9 or 81.8% at $55-75,000 or less) and education (9 or 81.8% or less who had bachelor's degrees or less) ranges varied across all segments.

The stratification differences of the sample group and the control group may have been significant, but the smallness of the sample and control sizes made it unclear if those differences were confounding factors; it was assumed that any differences were not confounding variables in this case.

The "Parenting Instructor Certification" course taught by Lakeside Youth Service (Parenting Resource and Education Network) appeared [is] to be very comprehensive, requiring review and examination of many books and other materials, during the course. The 3 to 4 hour classes, over a twenty-four (24) week period, included review of homework, sharing, and group interactions (i.e. role playing, etc.) with instructors.

**Measure**

The **TSCS:2** (Tennessee Self-Concept Scale, Pitts and Warren, (1996)); **Autoscore Form**, W-320A ($29.75 per 20 forms)), published by Western Psychological Services was used for both pre- and post testing. This test was scored in the adult version (19-90).

The **Autoscore Form** was chosen for its ease of scoring (about 10-15 minutes) and the convenient aspects of the profile sheet (preset "t" scores and percentiles). Data from the profile sheets were transferred to code sheets, which were constructed for tables and later analysis.
Reviewed by Ric Brown and John Hattie in the 1998 Thirteenth Mental Measurements Yearbook (Burros, University of Nebraska Press, pp. 1009-1012), the Tennessee Self-Concept Scale (TSCS:2) was described as a good and well used document. Some questions regarding the lack of documentation of correlation between positive and negative items was noted. Both authors stated that the recent simplification of scoring, reduction of items, and the manual were good improvements to the assessment. Further, this scale was renormed in 1988, using 1944 adults and 1396 children.

The TSCS:2 measured: four validity scores - Inconsistent Responding (INC), Self-Criticism (SC), Faking Good (FG), Response Distribution (RD); two summary scores Total (TOT) and Conflict (CON); six self-concept scores - Physical (PHY), Moral (MOR), Personal (PER), Family (FAM), Social (SOC), and Academic Work (ACA); and, three supplementary scores - Identity (IDN), Satisfaction (SAT), and Behavior (BHV).

Of these scores, TOT (total score) and CON (conflict) were used in the analysis with respect to increasing self-concept, while FAM (family), PER (personal), IDN (identity), SAT (satisfaction), SC (self-criticism), and BEH (behavior) scores were used to show incremental improvements (or decreases) in TOT by the subjects.

Code numbers were assigned to each participant (24-01, C-01). Note that one participant (C-03) did not respond from the control group, and those scores were eliminated. A cover form (code and cover sheets in Appendix A) were attached to the Auto-score Form to help control the anonymity of the subjects. This cover form was removed after the completion of the pretest; later, the post test was issued only with the assigned code number.

Grading for these tests and supplemental analyses for each group were complied
after both assessments had taken place. Each group was given statistical analyses (means differences) and graphs of their group's scoring in the aggregate. If they requested it, participants were given individual data sheets and explanations of their scores.

**Design**

This study (pre- and post testing) used the Tennessee Self-Concept Scale (TSCS: 2), and was expected to show improvements in self-concept after parent training. A "control" group was used to show differentiation between scores of parent training participants (subjects) and non-parent training participants (controls).

Improvements were predicted as increases in total scores (TOT) and or reductions in conflict (CON) scores. In further support of the findings, other sub-scores (FAM, PER, IDN, SAT, SC, and BEH) were used to confirm increases in TOT and reductions to CON.

Variables for this study were:

- **dependent** - Self-esteem scores (TOT (proposed increases) and CON (proposed decreases));
- **independent** - the parent training course ("Lakeside"/PREN).

After reviewing the instructions for the assessment, subjects were given the first instrument and number two pencils in order to complete the form, which was later mailed by stamped self-addressed envelopes to this researcher, if the assessment was incomplete at the end of the first session.

The post test was answered in the same classroom after ten weeks training.

**Testable Hypotheses**

1. $H_0$ - Parents who attend a parent training course will not increase their self-concept (self-esteem) shown by increased scores in TOT and reduced
scores in CON.
Symbolically:  \( H_0 - SC(BPT) = SC(APT) \)
Legend: \( SC(BPT) \) = self-concept before parent training;
\( SC(APT) \) = self-concept after parent training.
\( H_1 \) - Parents who attend a parent training program will increase their self-concept (self-esteem) shown by increased scores in TOT and reduced scores in CON.
Symbolically:  \( H_1 - SC(APT) > SC(BPT) \)
Legend: \( SC(APT) \) = self-concept after parent training;
\( SC(BPT) \) = self-concept before parent training.

2.  \( H_0 \) - There will be no difference in incremental scores after participation in a parent training seminar (course) shown by scores in FAM, PER, IDN, SAT, SC, and BEH.
Symbolically:  \( H_0 - IS(BPT) = IS(APT) \)
Legend: \( IS(BPT) \) = intermediate scores before parent training;
\( IS(APT) \) = intermediate scores after parent training.
\( H_1 \) - There will be increases or decreases in intermediate scores after participation in a parent training seminar (course) as shown increases or decreases in FAM, PER, IDN, SAT, SC, and BEH scores.
Symbolically:  \( H_1 - IS(BPT) + or - IS(APT) \)
Legend: \( IS(BPT) \) = intermediate scores before parent training;
\( IS(APT) \) = intermediate scores after parent training.

Analysis
Assumptions were made that participants in the sample and control groups were somewhat representative of the general geographic area. And noting that racial (in- or exclusionary), educational, and economic biases may have been present, while noting the small number of participants (sample and control), there was a suggestion that as parent training becomes more universal, it will become more representative and available to the
general population.

Please note that other groups were approached for participation in the gathering of this information, but did not respond.

Data analysis was performed using SPSS 8.01 (means, standard deviation, standard error of mean, "t" scores with paired samples, and non-parametric analysis of paired samples) and EXCEL software (Micron 300 computer). Data was formatted into tables and worksheets (graphs from EXCEL) for ease of computation and presentation.

Emphasis should be given to the small sample size (15) and small control size (10). Therefore, this analysis may be representative of these groups (in this study), but not necessarily representative or transferable to other groups. And, it should be noted that many of the reviewed studies, also, reported the use of small samples.

Summary

The design of the problem was straight forward, in that parents attending a training program would be tested before and after that training, but before leadership training began. The results were to be analyzed for increases in total self-concept (TOT) and reductions in conflict (CON), after training. In order to support conclusions, subscores were used to support incremental increases or decreases in TOT and CON. Noteworthy were the long time periods between pre- and post testing (10 and 9 weeks) and the sample (15) and control group (10) size.

The next section, Chapter 4, will discuss the analysis of data.
CHAPTER 4: ANALYSIS OF DATA

Restating the first hypothesis -

H₀ - Parents who attend a parent training course will not increase their self-concept (self-esteem) shown by increased scores in TOT and reduced scores in CON.

H₁ - Parents who attend a parent training program will increase their self-concept (self-esteem) shown by increased scores in TOT and reduced scores in CON.

Results shown in Graph/table 4.1 (below) demonstrate that the test two means were smaller or decreased for both the sample and the control groups. The descriptives for this study are included in Appendix B with the raw data (code sheet). Note that test one TOT and test two TOT were higher for the sample group (50.4/50.13 verses 48.8/48.7); however, the decrease in TOT was smaller for the control group in test two than the sample (.1 verses .27). Further, the TOT standard deviation for the sample is almost unchanged between test one and test two (8.68/8.69), while it rose by .63 (8.13/8.76) for
the control group.

Comparing the mean scores for CON, the sample scored lower (47.87/45.87 verses 49.6/48) on both tests. Note that the standard deviation was 153% greater on test one and 113.6% greater on test two for the control group than for the sample. These results demonstrated decreased CON, after training and time lapse for both groups, with a larger reduction for the sample group (2 verses 1.6). In Graph/Table 4.2, below, these differences appeared to show greater variation or less stability in the control group's scores.

| Graph/Table 4.2: Test 2 - Test 1 differences; mean and standard deviation TOT and CON scores. |
|---|---|---|---|
| Mean (sample) | Mean (control) | St.Deviation(s) | St.Deviation (c) |
| T2-T1 | (0.27) | (0.10) | 3.81 | 4.77 |
| C2-C1 | (2.00) | (1.60) | 12.42 | 13.54 |

Graph/Table 4.2: Differences Test 1/Test 2 mean and standard deviation from Parent Training Survey.

This data showed that CON was reduced in both groups, but more so in the sample group, + 25%. The standard error was found to be greater for the control group, as can be seen in Table 4.3, below.

The correlations were: TOT 1 and TOT 2 -.881 with a significance of .000; and, CON 1 and CON 2 -.134 with a significance of .523. Paired Samples Test found: TOT 1
<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT1 Training (10 weeks)</td>
<td>15</td>
<td>50.40</td>
<td>8.68</td>
<td>2.24</td>
</tr>
<tr>
<td>Control (9 weeks)</td>
<td>10</td>
<td>48.60</td>
<td>8.13</td>
<td>2.57</td>
</tr>
<tr>
<td>TOT2 Training (10 weeks)</td>
<td>15</td>
<td>50.13</td>
<td>8.69</td>
<td>2.24</td>
</tr>
<tr>
<td>Control (9 weeks)</td>
<td>10</td>
<td>48.70</td>
<td>8.76</td>
<td>2.77</td>
</tr>
<tr>
<td>CON1 Training (10 weeks)</td>
<td>15</td>
<td>47.87</td>
<td>7.44</td>
<td>1.92</td>
</tr>
<tr>
<td>Control (9 weeks)</td>
<td>10</td>
<td>49.60</td>
<td>11.36</td>
<td>3.59</td>
</tr>
<tr>
<td>CON2 Training (10 weeks)</td>
<td>15</td>
<td>45.87</td>
<td>9.71</td>
<td>2.51</td>
</tr>
<tr>
<td>Control (9 weeks)</td>
<td>10</td>
<td>48.00</td>
<td>11.03</td>
<td>3.49</td>
</tr>
</tbody>
</table>

Table 4.3: Group descriptive statistics, showing the amount of people tested and the mean, standard deviation and standard error of the mean.

- TOT 2 where $t_{24} = 0.243$ and $p = 0.810$; and CON 1 - CON 2 where $t_{24} = 0.730$ and $p = 0.472$ (complete tables in Appendix B).

The NPAR statistics were found to be TOT 2 - TOT 1 where $Z = -0.307$ and the asymptotic significance (2-tailed) was 0.759, while the CON 2 - CON 1 conclusion was $Z = -0.429$ and asymptotic significance (2-tailed) was 0.668.

The second hypothesis restated -

$H_0$ - There will be no difference in incremental scores after participation in a parent training seminar (course) shown by scores in FAM, PER, IDN, SAT, SC, and BEH.

$H_1$ - There will be increases or decreases in intermediate scores after participation in a parent training seminar (course) as shown by FAM, PER, IDN, SAT, SC, and BEH.

Results showing increases or decreases in sub-totals from the TSCS:2 are shown below in Graph/Table 4.4. Note that the training group showed lower SC (.2 self criticism), FAM 1.07, family), SAT (.47 satisfaction), and BEH (.94 behavior), while PER (1 personal) and IDN (2.4 identity) increased. However, the control group showed decrease only in SC (1.77) and increases in all of the other sub scores (FAM .11, PER 3.18, SAT
Graph/Table 4.4: Mean and standard deviation of sub scores from Parent Training (TSCS/2).

<table>
<thead>
<tr>
<th>Subscores</th>
<th>Mean(S)</th>
<th>St. Deviation(S)</th>
<th>Mean(C)</th>
<th>St. Deviation(C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSCL</td>
<td>47.33</td>
<td>4.98</td>
<td>48.11</td>
<td>8.65</td>
</tr>
<tr>
<td>SC2</td>
<td>47.13</td>
<td>5.99</td>
<td>46.44</td>
<td>6.54</td>
</tr>
<tr>
<td>FAMI</td>
<td>47.40</td>
<td>8.18</td>
<td>48.11</td>
<td>5.21</td>
</tr>
<tr>
<td>FAM2</td>
<td>46.33</td>
<td>8.57</td>
<td>48.22</td>
<td>9.18</td>
</tr>
<tr>
<td>PER1</td>
<td>48.93</td>
<td>8.30</td>
<td>49.56</td>
<td>7.09</td>
</tr>
<tr>
<td>PER2</td>
<td>49.93</td>
<td>7.25</td>
<td>52.78</td>
<td>8.01</td>
</tr>
<tr>
<td>IDN1</td>
<td>48.40</td>
<td>9.58</td>
<td>47.78</td>
<td>7.63</td>
</tr>
<tr>
<td>IDN2</td>
<td>51.20</td>
<td>8.62</td>
<td>47.78</td>
<td>8.24</td>
</tr>
<tr>
<td>SAT1</td>
<td>49.27</td>
<td>8.50</td>
<td>49.56</td>
<td>5.96</td>
</tr>
<tr>
<td>SAT2</td>
<td>48.80</td>
<td>9.13</td>
<td>50.89</td>
<td>8.31</td>
</tr>
<tr>
<td>BEH1</td>
<td>50.67</td>
<td>10.43</td>
<td>51.00</td>
<td>5.72</td>
</tr>
<tr>
<td>BEH2</td>
<td>49.73</td>
<td>9.39</td>
<td>51.22</td>
<td>8.07</td>
</tr>
</tbody>
</table>

1.33, and BEH .22) except IDN, which was unchanged.

Score differences are shown in Graph/Table 4.5 below.
Graph/Table 4.5: Test 2 -- Test 1 (NPAR), mean and standard deviation of SC, FAM, PER, IDN, SAT, and BEH.

Results showed that many of the sub scores changed, both in the sample and control. Increased scores in BEH, SAT, PER and FAM tended to favor the control group; however except for SC, increased standard deviation scores were, also, greater for the control group. When combined with the standard error results in Table 4.3 (above), data suggested that the scores for the control group may not be as stable as the sample group’s scores.

T-Test correlations for the sub tests are shown below in Table 4.6.

Table 4.6: T-test (SPSS) correlation and significance of sub scores

<table>
<thead>
<tr>
<th>Sub Scores</th>
<th>Number</th>
<th>Correlation</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC1 &amp; SC2</td>
<td>25</td>
<td>0.458</td>
<td>0.021</td>
</tr>
<tr>
<td>FAM1 &amp; FAM2</td>
<td>25</td>
<td>0.839</td>
<td>0.000</td>
</tr>
<tr>
<td>PER1 &amp; PER2</td>
<td>25</td>
<td>0.596</td>
<td>0.002</td>
</tr>
<tr>
<td>IDN1 &amp; IDN2</td>
<td>25</td>
<td>0.843</td>
<td>0.000</td>
</tr>
<tr>
<td>SAT1 &amp; SAT2</td>
<td>25</td>
<td>0.811</td>
<td>0.000</td>
</tr>
<tr>
<td>BEH1 &amp; BEH2</td>
<td>25</td>
<td>0.868</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Table 4.6: T-Test correlations (SPSS) of sub scores from Parent Training Survey.

Note that the correlations vary widely, form SC .458 to BEH .868 with four scores (SAT, FAM, IDN, AND BEH) OVER .811, and p < .021 for all sub scores.
From Table 4.7 below, note that only IDN has a $p = .071$ from the t-test and that the order was calculated to be SAT, BEH, FAM, SC, PER, AND IDN.

The NPAR results are presented below in Table 4.8. The significance for IDN appears to be the only sub score close to a 92% rate.

It should be restated that the correlational findings were high, especially for the sub scores...

The differences between groups were small, but showed tendencies toward reduction of conflict and self-criticism, with both identity and personal measures exhibiting apparent influence on both subjects and controls.

Chapter 5 will summarize the study and discuss the findings.
CHAPTER 5 - SUMMARY AND CONCLUSIONS

Summary

The aim of this study was to demonstrate that after "parent training" people would increase their self-concept (self-esteem). Two groups, trainees and volunteers, were tested at ten (10) and nine (9) weeks with the same instrument (Tennessee Self-Concept Scale: 2). The review of literature showed mixed results from previous studies, but in general, previous research showed minimal gains after training (noting that there had been no longitudinal studies).

Therefore after reviewing the findings in Chapter Four, the first null hypothesis was not accepted, due to the duality of the results, such as: reduction, contrary to prediction, in TOT scores; and, decreases, as predicted, in CON scores. It may or not be significant that the training group enjoyed less reduction in TOT scores and a greater percentage of reduction in their CON scores, but it is difficult to determine. Therefore, the second null hypotheses was, also, rejected, because, again, the data supports the alternative hypotheses, "that there will be changes in the scores".

Although there was some evidence that reductions in CON (conflict) may have been affected by parent training, this was not tested separately.

Repeating the findings from Chapter 3, the survey sample was composed of fifteen (15) members (13 females and 2 male spouses). While only one participant was single, the per household number of children averaged two at 57.1%, with two subjects having three and one subject having five children in the household. All subjects in the sample and control were Caucasian/White and the age of the sample ranged from thirty
To seventy (70) plus years of age. This group's income and education levels were high (13.3% less than a college degree, 40% baccalaureate degrees, and 46.7% had attended graduate school), but not unusually high for the geographic area.

The control group was composed of eleven (11) adults from New Jersey; (the scores were dropped for one). For this group, the education and income levels were more representative of the general population. Ten (10) married and one (1) single subjects, in this group, were divided as one (1) female and ten (10) males, while the number of children ranged from zero (0, 5 respondents) to two (2) or three (3, 5 respondents and three (3) children (1 respondent)). Ages of the control group were dispersed from 30-39 (2) through 70 plus (2). The income (9 or 81.8% at $55-75,000 or less) and education (9 or 81.8% or less who had bachelor's degrees or less) ranges were varied across all segments.

**Conclusions**

These findings appeared to be supported by previous research, such as: Christine Wood and John Davidson (1987); Peter Armour, Marilyn Rob and Jim Lawson (1979); and Thompson, Ruma, Schuchmann and Burke (1996); and, Cedar and Levant (1990).

Wood and Davidson, using a small sample (9) and control (10), found two conclusions: 1) "...Fifteen of these behaviors were no longer occurring... but the parents felt that there had been some improvement. ; and, 2) "... Effects reported by parents... included being more tolerant, more relaxed, more aware of others, more positive with children, having more contact with children, more dignity, more self-confidence, having a new way of looking at things, being able to set own standards, to think before answering, and to listen more..." (p. 138)
Similar to the Wood and Davidson study, members of this parent trainer group reported, in conversations, becoming more positive and implied that the training gave them more options for problem solving with their children.

After comparing the Armour, Rob and Lawson (1979) study, the sub score findings from the Parent Training Survey (TSCS:2) and especially the stratification of the training group showed similarities, such as: "... Parents who attended these courses were even better educated... held more desirable attitudes..." (p.122); that there was a tendency for more educated people to attend parent training/education programs: and, that with more education comes more acceptance of children's behaviors during development and diminished use of corporal punishments. This was similar to the sample group's education and income.

The findings from Thompson, Ruma, Schuchmann and Burke (1996) found: "... that parents who completed the program reported more improvement in externalizing child problems; and, [found] ... more satisfaction and efficacy as a parent, and more satisfaction with family relationships." (p. 425-426) These authors reported no statistical significance in treatments effects between clinical and parent training groups, suggesting that "... parent training alone is not powerful enough to produce clinical recovery in the majority of these children" (p. 426)

Here lies the difference between the Parent Training Study and Thompson, et al., all of the participants were volunteers, with no clinical(?) need/diagnosis.

In summary, the Cedar and Levant (1990) statement that, "... an average parson participating in PET is better off than 63% of the persons who do not," (p. 377) suggested that any training is better than no training.
And last the study by Irvine, Biglan, Duncan, and Metzler (1996), regarding issues related to "Benefits and barriers for volunteer leaders of a parent training program", found that

"perceived benefits associated with leading a PDFY [Preparing for Drug Free Years] group included making a difference and benefiting kids. The least valued benefits included receiving financial reimbursements, quelling criticism, satisfying organizational requirements, and helping people of color.

... of the barriers to or burdens of leading PDFY workshops, the belief that parents who needed it would not come, the need to do publicity and recruit parents, and being too busy..." (p. 4)

This study of self-esteem, using one measure, could (should) have used another measure for comparison of the findings. That second assessment may have delineated the findings better, in order to rule out possible confounding variables.

Therefore, the basic conclusion found by this study is that neither hypotheses was accepted; however, one must note that all of the sub scores were found to be correlated and that CON was reduced in both groups, more so for the training group. However, it was, also, determined that a single measure continues to be insufficient to determine increases in self-esteem.

Implications for future studies

As in similar studies, this writer suggests that in order to study self-esteem the researcher must carefully decide: what information is sought; what instrument(s) will provide that information; and, whether that information (data) can be reproduced.

The variety of possibilities for testing self-concept should be reduced to a "standard" for this particular field, in that way the research and development of appropriate training and its effects could become more universal/accessible.
Probably the best suggestion for future studies would be to set up a longitudinal study (studies) of "trainers", including their "students". Only through this type of long-term study can we determine whether parent training benefits parents and families over time or has long-lasting beneficial effects on the family.

Last, this subject must be continuously studied and refined for use in conjunction with schools, in order to encourage more and better cooperation and communication with parents and families.
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Irvine, A. Blair; Biglan, Anthony; Duncan, Terry; Metzler, Carol (1996).
"Benefits and barriers for volunteer leaders of a parent training program". *Family and Community Health, Vol. 18 (4)* (pp. 20-32).


National Council for Jewish Women (1997); "Parents as School Partners". From: "Family Involvement in Children's Education". [HTTP://www.ncjw.org.] (pp. 33)


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APPENDIX A

SYLLABUS FROM "LAKESIDE" AND CODING
PARENTING EDUCATION

What is Parenting Education?
Parenting education is the vast body of information, skills, approaches and principles of healthy parenting that can prepare parents to handle the many challenges of parenthood.

What is a Parenting Center?
A parenting center is a safe, nurturing place where parents come to learn about emotionally healthy parenting. Here parents are free to explore their options and personal goals for parenting. Here parents learn about children and their needs, about healthy ways to communicate and discipline, and about health in families. Here parents have the opportunity to share and connect with other parents, lessening the loneliness, stress and isolation so many of today’s parents are experiencing.

A center is clear about its mission, goals, philosophy and values. Programs are staffed by Apprentice and Certified Parenting Educators.

Why are Centers So Important?
There are so many changes in today’s world that make parenting hard. Both children and parents are under so much more stress than in past times. It is harder today to find ways to be supported. It sometimes is hard to find good role models for our children and for ourselves.

Our children need us to give them an effective head start so they have the best possible chance to one day be successful and happy. We need to find ways to protect our children from violence and tragic behaviors, like drug and alcohol addiction, poor school performance, teen pregnancy, depression, suicide.

We need to nurture today’s families. We need to proactively promote emotionally healthy parenting by preparing our parents with practical information and skills and by offering them the support they need to succeed. A significant byproduct of effective parenting education and support is that it helps prevent child abuse.

What is a Certified Parenting Educator?
A Certified Parenting Educator is a parent who has successfully completed the 24 week training course described below as well as completing one or more of three Apprenticeship Programs: preparation to become either 1) a workshop leader, 2) a discussion group facilitator or 3) a home visitor. He or she then leads the various programs held at the Parenting Center.
TRAINING TO BECOME A PARENTING EDUCATOR

Description of Lakeside's Parenting Education Training Course

This is a 24 session course that prepares students to become Apprentice Parenting Educators. Each session three and a half hours long. Part One is 10 sessions, Part Two is 6 sessions and Part Three is 8 to 9 sessions.

The course is divided into three parts. Part One is entitled "The Foundations of Emotionally Healthy Parenting." It focuses on such areas as "Building Self-Esteem," "The Power of the Family," "Meeting Needs in Families," "Effective Discipline," and "Effective Communication."

Part Two is entitled "The Foundations of Effective Leadership." It focuses on the skills needed to be effective leaders, including "Understanding Group Dynamics," "Qualities and Responsibilities of Leadership," "Education versus Therapy," "Designing and Delivering Dynamic Workshops," and "Facilitating Discussion Groups."

Part Three is a practicum during which participants practice facilitating groups and making presentations.

Course requirements for all three parts include full attendance, completion of reading and written homework, and participation in group activities.

Syllabus:
- Benjamin, *Solving the Parent Puzzle*
- Briggs, *Your Child's Self-Esteem*
- Clarke, *Growing Up Again*
- Coloruso, *Kids Are Worth It*
- Galinsky, Ellen, *The Six Stages of Parenthood*
- Faber and Mazlish, *Liberated Parents/Liberated Children* and *How to Talk So Kids Will Listen and Listen So Kids Will Talk*
- McGoldrick, Monica, *You Can Go Home Again*
- Pipher, Mary, *The Shelter of Each Other*
- Wagenhals, *Foundations of Emotionally Healthy Parenting*, *Foundations of Effective Leadership*, Wagenhals
- Wagenhals, "Principles of Healthy Parenting"

Beliefs on which the course is founded

This course is founded on the belief that we as parents are eager to learn healthier ways of parenting, that we are increasingly more aware that all of us need to be conscious of our parenting in order to preserve the good in our families and to find ways to eliminate the unhealthy parts. The world is rapidly changing. We and our children are under more and more stress to succeed and achieve. There are fewer supportive resources out there, fewer ways to access healthy role models.

This course is also founded on the belief that we as parents can learn sophisticated theories borrowed and adapted from related fields and can apply the wisdom found in those theories to our everyday lives as parents into leading programs for parents. We believe the parents helping parents model is one of the strongest and most effective ways to deliver parenting education.

This is a proactive, educational approach to building emotional health in families as a whole and in each individual family member as well. We seek to prevent problems in our families by being more aware and prepared, to have both the knowledge and skill bases needed to be effective in our parenting.

Who teaches the course

The course is taught by two Certified Trainers. In addition to their Trainer Instruction, each is experienced in providing workshops and leading discussion groups for parents. Each participates in ongoing supervision.
Ms. Diane Wagenhals/Susanne Stanton  
Lakeside Youth Service, PRN Training  
RE: Survey  
P.O. Box 127  
Fort Washington, PA. 19034  

October 12, 1998

Dear Ms. Stanton,

Enclosed for your records is a copy of my resume.

Our many telephone conversations and e-mail messages were very helpful and I appreciate your input and offers of help.

I propose to survey your participants with a self-esteem measure, the Tennessee Self-Concept Scale: 2. Any information that is garnered from this study is for enclosure in a paper (project) for a class assignment.

Yes, I do understand that you would like control (right of review) of any information prior to publication; I do not see any problem with that, but will check with my advisor:

Dr. John Klanderman, Ph.D. (e-mail: Klanderman @Rowan.edu)  
Special Education Department  
Rowan University  
201 Mullica Hill Road  
Glassboro, N.J. 08028

Again, thank you for helping,

Ronald G. Stockwell  
256 Dixie drive  
Carneys Point, New Jersey 08069  
cc: Dr. Klanderman  
file
Parent Training, stratification -

Thank you for helping us gather this information; NO NAMES will be used in the report. This survey, in two parts, will investigate your responses to the parent training program. It will be collected by a graduate student for analysis and evaluation of your individual progress in the program.

Your name will not be used. A code will be placed on each form to identify pre- and post-test results for each participant. Please print your name, __________________________; assigned code number ____________.

Please circle the group classifications, below, that best fit your description. This information is necessary for analysis of the test data.

1) Female
2) Male
3) Married
4) Single
5) Other
6) Number of children in household (care) _________
7) Race –
   a) African American
   b) Asian
   c) Caucasian/White
   d) Hispanic
   e) Other
8) Age –
   a) 20 to 29
   b) 30 to 39
   c) 40 to 49
   d) 50 to 59
   e) 60 to 69
   f) 70 +
9) Income
   a) Below $7500
   b) $7501 to 15,000
   c) $15,001 to 25,000
   d) $25,001 to 35,000
   e) $35,001 to 45,000
   f) $45,001 to 55,000
   g) $55,001 to 75,000
   h) Over $75,001
10) Education
    a) High School or less
    b) Some College (Associates' degree or less)
    c) Bachelor’s degree
    d) Grad School (or higher)

THANK YOU!
Code sheet for "Parent Training" data

<table>
<thead>
<tr>
<th>Stratification</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Female</td>
<td>1</td>
</tr>
<tr>
<td>2) Male</td>
<td>2</td>
</tr>
<tr>
<td>3) Married</td>
<td>1</td>
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**Mean**: 50.40 50.13 47.87 45.87 47.33 47.13 47.40 46.33 48.93 49.93 48.40 51.29 49.27 48.60 50.67 49.73


### Control & Code

#### 9 Weeks

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**Mean©**: 48.80 48.70 49.60 48.00 48.11 47.50 45.30 45.40 47.90 51.50 46.30 46.80 46.60 48.50 50.10 50.20

**St. Deviation©**: 8.13 8.76 11.38 11.03 9.93 7.01 10.15 12.43 8.49 8.57 8.58 8.36 10.91 10.69 6.10 8.27

[Note: Scores are "t" values with mean of 50 and sd of 10]
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/BARCHART FREQ
/ORDER ANALYSIS.

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### income

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## education

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