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# The Effects of a Parent Training Course on Coercive Interactions Between Parents and Children

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The Effects of a Parent Training Course on  
Coercive Interactions Between Parents and Children

by

Lezlee Powell, BCABA

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Master of Arts in Applied Behavior Analysis  
College of Graduate School  
University of South Florida

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## Dedication

The author wishes to express sincere appreciation to Professor Jennifer Austin, Ph. D., for her assistance in the preparation of this manuscript.

To my parents, a special thank you for all of your support and encouragement that has helped me throughout my education. I love you and thank you from the bottom of my heart.

And finally, thank you also to the members of my thesis committee for their valuable input, for without them, I never would have completed this thesis project.

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ABSTRACT

Coercion within parent/child relationships can have lasting effects on the behavior of children. The Family Safety/Applied Behavior Analysis Initiative at the University of South Florida is part of a statewide project designed to serve foster parents and the children in the foster care system, has developed a training program entitled “Parenting Tools for Positive Behavior Change.” To date, the effectiveness of the parenting course has been evaluated in two ways. First, parents have been tested in role-play situations before and after training, and have shown improvements in their use of positive parenting skills. Second, frequency of foster home placement disruptions has been evaluated. The Preliminary results suggest that the parenting course was successful in decreasing the costs associated with placement disruptions, as well as reducing the number decreasing the costs associated with placement disruptions, as well as reducing the number of restrictive placements. Despite the promising results thus far, research has not been conducted to determine whether the parenting course reduces coercion in interactions between parents and children. The present study sought to demonstrate the effectiveness of “Parenting Tools for Positive Behavior Change” training course on the use of positive parenting tools within the context of authentic environments (i.e., within home settings)

using parents and biological children.

Although all parent participants' appropriate responding improved during the course of the study, results appeared more dramatic for some parents over others. In general, the parent participants seemed to do better in decreasing coercive responses with their child's appropriate behaviors than their child's inappropriate behaviors. Overall, affect on the parent's coercive responses to their children's behaviors was not as dramatic as the affect on their increase in responding appropriately to their child's appropriate behaviors. It seems that the increase in more appropriate responses does not necessarily mean that this will also result in dramatic reductions in coercive responses by the parents.

## Chapter 1 Introduction

Coercion appears to have become a phenomenon in all spheres of human interaction. Sidman (1989) refers to coercion as “the threat of punishment to get another to act as we would like, and to our practice of rewarding people just by letting them escape from our punishments and threats” (p.1). Sidman also addresses the pervasiveness of coercion in our culture; in essence, our society seems to have been designed based upon this principle. Both in the community and in our homes, we observe guidelines that imply that, although you may get praise or rewards for good behavior on occasion, appropriate behavior is simply expected of us all. At the same time, society also teaches us that failure to meet social standards or demands will result in the application of aversive events or will cause already earned rewards to be taken away.

Coercion is often observed in family interactions, including relationships between parents, between the parent and child, among siblings, and within the entire family. Coercive parenting practices seem particularly common. The prevalence of such practices is understandable given the punitive nature of society, combined with the fact that most parents are not formally taught how to parent their children using positive, non-coercive strategies. Unfortunately, coercion within parent/child relationships can have lasting effects on the behavior of children. These serious relationship problems were all but ignored or hidden until Kempe, Silverman, Steele, Droegemuller, and Silver (1962)



published their paper, "The Battered Child Syndrome." After this paper, several other papers and books were written on this syndrome and continued to bring these family/societal problems to the public's attention. These reports further led to the development of hotline services in all 50 states so that professionals and concerned individuals could report suspected abuse or neglect.

Given research on the relationship between parenting practice and children's behavior, along with societal expectations that parents rear their children in such a way that they become productive members of the community, it is not surprising that parent training has been the focus of a great many studies. This research has demonstrated positive results using parents as agents of change (Feldman, Case, Garrick, MacInytre-Grande, Carnwell, & Sparks, 1992; Webster-Stratton, 1981; Webster-Stratton, Hollingsworth, & Kolpacoff, 1989), indicating that parents are effective in eliciting improved behavior in children who exhibit a wide range of dysfunctional behaviors. Results from these studies further indicate that the success rate of the therapeutic interventions by parents depends on the ability of the supervising clinician to produce reliable changes in the behavior of parents toward their children.

This creates a collaborative educational-therapeutic partnership involving both the parents and supervising clinician with a mutual goal of positively effecting change of the child's targeted inappropriate behavior (Sidman, 1989). Having the therapist teach and then coach the parents in the newly developed skills has been repeatedly demonstrated as an effective approach. This allows parents to learn new skills in clinical setting or home setting with the help of the therapist and later generalize these skills to novel situations

outside of the clinical or home setting.

Forehand, Sturgis, McMahon, Aguar, Green, Wells, and Breiner (1979) found that parent skills training in a clinical setting produced changes in both parent and child behavior, but that these behaviors did not maintain in the home setting. The authors used a “bug-in-the-ear” procedure to teach eleven mothers to be more effective reinforcing agents by increasing the frequency and range of social rewards and by eliminating verbal behavior such as commands and criticisms. The treatment sessions were held in clinic playrooms with one-way observation windows and a sound system so that the therapists could hear what was going on in the playroom. Mothers were provided prompts to engage in positive interactions with their children by the therapist observing the session.

In the home, the mothers created 10-minute periods of interaction with their children to practice the skills learned at the clinic. The mothers also learned how to develop programs for use outside of the home to increase at least two child behaviors. During the second part of the study, the mothers learned how to incorporate giving commands and the use of time-out for non-compliance. During both phases of the study, data were collected during a 5-minute observation period and assessed the parent’s rate of giving rewards, commands, and the use of time-outs. Data were also assessed on the sequential child parent behavior which included child compliance, child non-compliance, and contingent attention. Data collection was followed by a discussion period with the mother regarding her use of contingent reinforcement and alpha commands. Modeling of additional reinforcement and alpha command techniques were utilized in the form of role-plays with the therapist acting as the child.

Data were also collected during the mothers' practice sessions while she wore the bug-in-the-ear in the clinic playrooms. The authors concluded that the clinical setting did produce parent and child behavior change in the home as well as parent attitude change, and were maintained at the 6 and 12-month follow-up assessments. Results on the parents' use of contingent attention did not maintain significantly above the baseline level at the 6-month and 12-month follow-up assessments, thus indicating the need for greater emphasis on this parent behavior during training sessions. This training program focused more on parent behavior than the programs utilized, therefore making maintenance of parent behavior change critical for the successful use of the program. The children in the study were originally referred for the treatment of noncompliance, thus these findings suggest that the child's initial non-compliance was a result of their parents' commanding behavior. These results also indicate the importance of recording both the parent and child's behaviors during treatment interactions. If the parent's behavior had not been recorded, the parent's use of beta commands would not have been identified as a behavior targeted for treatment.

In the continued search for truly affective and comprehensive treatment programs with good evaluation methods and data to document Lutzker, Campbell, Newman, and Harrold (1989) decided that if a treatment program were to truly meet a community's needs, the treatment program developed and utilized would have to be community-based and would have to view the problems of child abuse and neglect as a multifaceted problem in need of a multifaceted service based program. This was the basis to the creation the Project 12-Ways, an ecobehavioral approach treatment program that focused on the

treatment and prevention of child abuse and/or neglect. The program was designed on the belief that since many factors contribute to these family system problems, several in-home, in situ treatment services would need to be implemented to address the many factors involved. The program was also developed under the belief that while certain parental characteristics may contribute to child abuse and neglect, previous theories did not consider the environmental predictor variables, nor did they offer solutions beyond long-term psychotherapy (p 314).

Project 12-Ways was started in 1979 as a service and research project aimed at the treatment and prevention of child abuse and neglect in rural southern Illinois. Originally Project 12-Ways served 27 counties. The empirical goal was to reduce the future likelihood of abuse and neglect in families who had been referred by DCFS and were considered at high risk or to prevent child abuse or neglect in poor single mother who were also at high risk. A dual goal of the project was to provide training and financial support to graduate students in the Behavior Analysis and Therapy Program in the Rehabilitation Institute at Southern Illinois University at Carbondale (SIU-C). The modal client was a 30-year-old, single white mother with two children who had been referred for abuse. Funding for the program was provided by the Federal Title Purchase of Service Funds, allocated by the State of Illinois under a program known as the Governor's Donated Funds Initiative.

All referrals came from the Department of Children and Families Services (DCFS) and represented families considered at high-risk for abuse or neglect. Staff training consisted of the BAT coursework for the academic component and mentorships existed in the counselor-graduate assistant pairings. All counselors were trained in counseling and

problem-solving techniques that consisted of three groups of skills: general counseling, opening and closing a session, and problem-solving. The Family Interaction-Relationship Systems Training (FIRST) was the standardized parent training intervention to be utilized by the staff that was developed by Project 12-Ways. This program was developed to combine several behavioral parenting strategies into one easy-to-implement training program and emphasizes a multifaceted approach to parent-child interventions. The parent-child variables included parent behavior, child behavior, parent-child interactions, family structure, daily routine, etc. In order to address as many of these factors that contribute to child abuse, FIRST utilized five training components such as the Interaction-Compliance Training (ICT). ICT was developed to improve a parent's interaction skills with and their verbal control over their children. This skill included compliance training, activity training, and teaching adults interaction skills. Secondly, Omission Training and Rule Setting (OT) were developed to enable staff members to increase positive child behaviors that would functionally support the parent training. Third, the Activity Training was utilized to teach parents to plan daily activities with their children to promote the maintenance of newly developed skills in between Project 12-Ways home visits and training sessions. Next a Review of Discipline component was utilized to help the parent generate alternative solutions for specific identified problems. The parents were also taught to select an appropriate alternative behavior by evaluating the benefits and disadvantages of these behaviors through role-playing with their therapist and by providing support services to address the multifaceted aspects influencing the parent's behaviors. Specific treatment services provided included stress reduction skills, assertiveness training,

self-control training, basic skills trainings, activity training, marital counseling and problem solving, alcohol treatment referrals, job search skills, money management training, health maintenance and nutrition training, home safety training, multiple-setting behavior management training, and basic skills training for single parents.

In 1987, Project Ecosystems was developed to systematically replicate the Project 12-Ways ecobehavioral model in Orange County, California. This program served families who had children with disabilities and who were at high-risk for abuse and neglect. This project also looked at urban (Orange County) versus rural (Southern Illinois) populations and the differences in staff running each of the programs: clinical psychology doctoral students versus students from the Behavioral Analysis and Therapy Program at SIU-C. This project was also funded by federal grants. All referrals were received from the Developmental Disabilities Center of Orange County for Project Ecosystems. The modal client was of school age, 3 to 11-years-old, with some acting out behaviors (fire setting, stealing, noncompliance, temper tantrums, aggressive acts, etc.), however, some older adolescents were also served under this project. All participants and their families were drug free and had no history of schizophrenic behaviors. All treatment services were adaptations of those utilized in Project 12-Ways so that they could be used with developmentally disabled children and their parents. The treatment services included: the same basic skills training, stress reduction strategies, problem solving, job search, money management, nutrition training, parent-child relationships training, home safety and cleanliness trainings. In addition to these trainings, a behavioral pediatrics training was added to help children afraid of medical treatments.

Program evaluation of Project 12-Ways was based upon recidivism data. Clients served by Project 12-Ways were compared with clients served by DCFS in the same region, but who did not receive Project 12-Ways services. This was done by examining placements, reports of abuse or neglect, and cost comparison data. Lutzker and Rice (1984) compared 46 families served by DCFS to 51 comparison families served by Project 12-Ways. They found an 11% rate of abuse or neglect for the DCFS group and only a 2% rate for the Project 12-Ways group. One year after services were terminated, the recidivism rate for the DCFS group was 21% versus the Project 12-Ways group that showed only a 10% rate. Recidivism and repeat data were also evaluated cumulatively across the years between 1980 and 1983. In 1980, the DCFS group's rate was 26% as compared to the Project 12-Ways group at 3.9%. In 1981, the DCFS group's rate was 28.2% as compared to the Project 12-Ways group at 11.7%. In 1982, the DCFS group's rate was 31.4% as compared to the Project 12-Ways group at 21.6%. In 1983, the DCFS group's rate was 34.5% as compared to the Project 12-Ways group at 25.5%. Lutzker and Rice also evaluated 352 families over 5 different fiscal years. Overall, the DCFS group's rate of recidivism was 28.5% as compared to the Project 12-Ways group at 21.3% showing a significant difference between the two programs (p 324). Although the author's admit that ecobehavioral approaches to reducing child abuse and neglect can be difficult to manage, they offer hope to the communities served and they urged future researchers in this area to continue in this direction and to try to focus more on prevention than reduction of occurrences.

In another parent training study, Webster-Stratton (1984) concluded that parents

benefited from training that focused on helping them increase the positive interactions with their children. This study utilized two types of training procedures, which were compared against a control group, which did not receive any training. The first treatment group viewed videotape that demonstrated appropriate parent behaviors. Therapist-led group discussions followed the viewing of the videotape, which addressed the parents' ideas, thoughts, feelings, and/or any questions the parent had after viewing the vignettes. The vignettes were made of up several different parent/child interactions that were appropriate and inappropriate in a variety of settings, such as bath time, dinner time, TV time, phone calls, car time, etc.

The second treatment group received individual treatment from a therapist. This therapist worked with the parent and child and modeled appropriate parent interactions and parenting skills, and led the parents during role-play. The children's behavior in each of the three groups was measured by bi-weekly phone interviews to the parents. Researchers interviewed the parents about the behaviors their child had displayed and recorded their information on the Parent Daily Telephone Reports (PDR) (Chamerlaine, 1980).

The parents were asked to report whether the identified behaviors had occurred within the last 24-hours. Upon analyzing their PDR interviews, both of the treatment groups reported fewer negative behaviors and more prosocial behaviors in their children than did participants in the control group. The treatment groups also reported using less corporal punishment with their children. Furthermore, researchers found that both treatment groups reported significant changes in their parental skills and having more positive interactions with their children. The treatment groups were found to give few



coercive statements, fewer demands, and increased their rate of giving praise. However, when the two treatment groups were compared to each other, there were no significant differences found between the group measurements of parent and child behavior. Upon a one-year follow up, there were no significant differences between the follow up assessments and the post assessments, thus indicating that parent training had maintained its positive effects on the parents' behavior. A weakness to point out in this study is how they measured behavior change by only conducting telephone interviews. No direct observations in the home were conducted to verify the validity of the parents' reports regarding a change in their parental skills, the increase in positive interactions with their children, or an increase in prosocial behaviors in their children. Patterson and Bank (1989) suggest that coercive parenting practices often are precursors to the development of anti-social behavior patterns, as well as other forms of child psychopathology. According to the model proposed by the authors, the social processes involved in the development of children's abnormal behavior have several important characteristics: they unfold over time, each child moves through a sequence of recognizable steps, and the movement is from relatively trivial to more severe forms of pathology.

Patterson and Bank (1989) speculate that coercion begins because parents have not been able to maintain a moderate level of child compliance, which typically indicates that parents are using ineffective discipline and monitoring techniques. They also indicate that parents of challenging children often have relatively few positive interactions with their children. When these parents do respond positively, they tend to do so in an inconsistent manner with little regard to the prevailing circumstances. More commonly, the parents rely

upon punitive or coercive techniques when trying to control their child's inappropriate behaviors. According to Patterson and Bank, in a typical situation, the child displays normal disobedience to the parents, and then the parent displays ineffectual discipline towards the child. The child in turn displays coercive behavior, the parents respond with coercive behavior of their own which can eventually lead to rejection of the child, reduction of reinforcement, reduction of parent/child interactions, and can lead the child to display antisocial behaviors. If the child displays antisocial behaviors in social environments, this limits the development of social skills for relating to other children or adults. These behavioral deficits may lead to peer rejection, failure in school, and depression. Without the proper social or academic skills, children tend to become involved in deviant peer groups, display delinquent behaviors, begin substance abuse, and fail in the work force. This model implies that if prevention began early enough, it would have to focus on the ineffectual discipline and monitoring skills of parents, as well as the building and teaching of peer relational skills and/or academic skills.

Eddy, Leve, and Fagot (2001) conducted a study to determine whether Patterson & Banks' (1989) model applied to girls as well as boys. The authors assessed 5-year-old children (201 boys and 206 girls) living in two-parent families from a moderate sized urban area of the Pacific Northwest. Parents participated in structured interviews, completed a series of questionnaires, and responded to three standardized telephone interviews. Trained observers also observed each family for one hour at home on four separate occasions. Child behavior checklists were used to determine the parents' global perceptions of their child's problem behaviors. Parent daily reports were also collected to evaluate the parent's

perceptions of the recent occurrence of specific child problem behaviors throughout the study. Eddy et al.'s findings supported Patterson and Banks' (1989) model; specifically, the relationship between a parent's ineffectual discipline and their child's antisocial behavior is similar for boys and girls. In this study, parents were observed to behave coercively with their children, regardless of their sex.

Webster-Stratton, Hollingsworth, and Kolpacoff (1989), found a significant increase in reported parental satisfaction with child behavior that maintained for approximately one year after treatment as a result of their parent training. The authors compared the outcomes of three treatment groups following a parent training course, which included and self-administered videotape modeling program, a group discussion program, and a control group, which was placed on a waiting list. Measures of parent behavior included the total number of praise statements, the total number of critical statements, and the total number of no opportunity commands. The no opportunity commands were defined as vague, interrupted, or chain commands given by the parent in a way that the child had not opportunity to comply. Measures of child behavior included child non-compliance. Data were recorded using direct observations in the home combined with the Parent Daily Telephone Reports (PDR) (Chamberlaine, 1980). Significant differences between pretreatment assessments and the follow-up data were found for all three groups. Post-treatment and one-year follow-up home observation assessments were similar, and their results indicated that maintenance of parental behavior changes. However, there were no significant effects between treatment groups at the one-year follow-up, indicating that no-one type of treatment was more effective than the other, but the treatment groups had

changed significantly compared to the control group. At the follow-up home observation assessments, the parents from the treatment groups continued to report fewer negative behaviors and an increase of appropriate behaviors, while the children displayed fewer non-compliant behaviors.

Pettit and Bates (1989) also studied the relationship between parenting practices and the behavior problems of children. In this study, the authors collected data on children, from infancy to four years of age, from 29 different families. To broaden the scope of family events recorded during the study, the authors employed narrative-recording observational measures (specifically, Social Events Coding or SEC) combined with parent reports gathered using the Achenbach Child Behavior Checklist (CBCL). These measures allowed them to more adequately capture a wider range of both positive and negative interactions between the mothers and their children. Results indicated that children viewed as problematic by their mothers were more likely to have mothers that were unresponsive to child demands for proximity and social attention. These findings suggest that “passive” coercion (e.g., lack of positive social involvement) is just as salient as active coercion (e.g., explicit, negative control) in terms of the relationship of parenting practices to child behavior problems.

Stormshak, Bierman, McMahon, and Lengua (2000), narrowed this line of research by examining five specific parenting practices that had been linked with the early onset of disruptive or antisocial behavior in children. These parenting practices included spanking, physical aggression (leaving bruises or other marks/scars), punitive discipline (yelling, threatening), inconsistency, and warmth and positive interactions. The authors also

identified three narrow dimensions of child disruptive behavior that could be differentiated, instead of speaking of the child's behaviors as disruptive or antisocial. The dimensions of child behavior included oppositional, aggressive, and hyperactive behaviors. The authors used a sample of 631 kindergartners and their parents, all of who were also selected for a longitudinal study designed to examine the progression of conduct problems and effectiveness of intervention programs. Bivariate correlations were conducted to examine each of the five dimensions of parenting practices. The highest correlation occurred between parent-reported physical aggression and punitive discipline. In contrast, the correlation between spanking and physical aggression was very low. A series of correlations and multiple-regression analyses were conducted, which showed that punitive discipline and spanking were correlated with all the child behavior problems. Physical aggression was identified most with aggressive behavior problems, and consistency was only moderately correlated with all the child behavior problems. Thus the presence of both shared and unique contributions of various parenting practices to the child behavior problems lead to all of the child disruptive behaviors. There were no differences found between the different ethnic groups, nor between the sexes of the children in the prediction of behavior problems. Because this study examined both positive and negative dimensions of parenting practices, three narrowband dimensions of disruptive child behaviors, and a large cross-site sample, this study's findings also support the coercion process model and the assumption that parenting strategies contribute to the early emergence of disruptive behavior problems in their children.

Research has demonstrated thus far that most behavioral parent training typically

involves teaching behavior modification techniques like positive reinforcement, timeout, and shaping. Furthermore, parent training has been provided in both the home and clinical settings. Outcome measures of these parent-training projects have narrowly focused on the child's behavior and only occasionally the parent's behavior or the interactions between parents and child. Other criticisms of parent training projects include the difficulty in evaluating the generalization over time and to across settings, that the treatment techniques can be artificial and do not include appropriate alternatives, and the limited range of behaviors and situations addressed. Due to these limitations in previous research, Planned Activities Training (PAT) was developed as an alternative to Contingency Management Training (CMT). PAT was conducted by utilizing modeling, role-playing/parent practicing, and feedback procedures. During PAT sessions, parents are given a checklist that outlines the strategies related to one activity at a time. Parents learn to manage time, select engaging activities, state rules, use incidental teaching, and give feedback. This way parents learn to set up activities with their children with structure, and thus a focus on preventing child abuse or neglect.

When the effects of CMT alone and CMT combined with PAT have been compared results showed that CMT alone and CMT with PAT were effective in reducing oppositional behaviors in children, for increasing positive parent behaviors, and for reducing coercive parent behaviors. When combined, they were also effective in teaching parents to implement behavior management in a variety of settings. Further research by Sanders and Plant (1989) has shown the PAT may be an affective alternative to CMT when focusing on promoting generalization in a variety of settings. Harrold, Lutzker, Campbell,

and Touchette (1992) addressed sequence of the two programs with families who had children with mild to moderate developmental disabilities. Results showed that the initial training increased the mother's performance and improved the children's behavior over baseline performance and improvements were maintained with the presentation of the second training program regardless of sequence. An overall decrease in stress levels and the parents reported a preference for the PAT training program. In 1996, Huynen, Lutzker, Bigelow, Touchette, and Campbell examined the PAT program alone when the parent was trained in home settings and community generalization was assessed over time. This project utilized four mothers with children with developmental disabilities. All referrals came from the regional center due to reported difficulties with child management, including disruptive, noncompliant, and demanding behaviors. Parent-child interactions were observed at home and in two community settings where training never took place. Observations took place during a time when the mothers reported frequent and persistent management problems. Training took place in the families' homes during activities that were different than the observation activities. Data collection in the community occurred in settings in which the mother agreed to take the child on an arranged schedule for periods of 10-20 minutes. Counselors who were graduate students/staff of Project Ecosystems delivered services. The mother's use of seven parent skills was observed to assess the effectiveness of the intervention and 18 PAT skills were observed to measure the integrity of the independent variable. These skills included praise, physical contact, question, clarity of instructions, and how instructions were given. The use of the 18 PAT skills was recorded at the end of each session with a checklist. Child behavior was assessed directly

by the demonstration of on task behavior, following directions, communication, and physical contact. Training sessions were adapted from the Planned Activities Training manual with modifications made to make it more applicable for the use with children with developmental disabilities. Although reinforcement was used at the end of each session, the PAT activity primarily included antecedent events aimed at the prevention of challenging behaviors.

A multiple-probe design across two mother with a replication across two additional mothers was used as it would have been unethical to ask the mothers to comply with a protracted baseline and to avoid the possibility that the mothers would become frustrated with numerous baseline sessions (p 413). Baseline data was scored on three different occasions in the home and in the community. Mothers were observed interacting in one home and two community settings where they had reported persistent child management problems. Following baseline observations, each family received PAT training. Each session lasted approximately 90 minutes and included a total of 5 training sessions. Follow up observations were conducted 2 weeks, 1 month, 3 months, and 6 months after the completion of training session 5. The parents learned to plan activities in advanced, to develop clear and positively stated rules related to the activity, to select engaging activities, to include incidental teaching, to ask questions of their children and provide praise and reinforcement for appropriate behavior. The mother's were given checklists for each home and community settings.

Results of this study concluded that all of the mothers demonstrated a higher rate of consistent use of the PAT skills learned after training. All four children demonstrated low



levels of appropriate behaviors that had increased to greater than 80% after their mothers completed the PAT training with no training of other skills or child behavior. Also, all of the mothers rated their child's behavior as more appropriate and more manageable following PAT training. These improvements were maintained at 1, 3, and 6-month intervals. The most significant finding was the amount of generalization across setting and over time that was demonstrated by both the mothers and the children since PAT was developed to enhance generalization by training loosely, training sufficient exemplars, and utilizing naturally occurring contingencies and reinforcers. Although the sample size limits the conclusions that can be drawn from this project, PAT appears to be an important tool in the parent training programs.

Gershater-Molko, Lutzker, & Wesch (2003) developed Project SafeCare as a systematic replication of Project 12-Ways. This was an in-home, research and intervention program for parents reported for, and at-risk for, child abuse and/or neglect and was carried out over a 4-year period. Project SafeCare, however, only provided training in 3 of the 12 components provided by Project 12-Ways. This project focused on child health care, parent-child interactions, and home safety and accident prevention. These components were chosen as they were designed to be trained succinctly, whereas in Project 12-Ways, services/training were provided over a longer time period. In addition, Project SafeCare differed from Project 12-Ways, which assessed the needs of each individual family and then provided intervention based upon those needs, Project SafeCare provided the same three training components to all the families they served. The goal of this project was to improve parenting skills and reduce the likelihood of future occurrences of abuse and/or

neglect. The purpose of the study was to assess the pre-post differences in the three training components of all families who completed each component.

Participants were families at risk for and families with histories of child abuse and/or neglect. Referrals came from the Department of Children and Family Services (DCFS) that were referred with recent reports of child abuse/neglect and a local hospital that referred families without a history of abuse/neglect but who were considered at-risk for abuse/neglect. Many of the 226 families were initially referred to Project SafeCare dropped out before assessment or before intervention was completed. Only 80 families completed the training in healthcare skills, 52 of the 80 families completed the safety training, and 41 of those families went on to complete parent-child interactions training. This program was designed to last approximately 24 weeks. Each of the training components was taught over the course of five sessions. The parent's outcome performances were assessed individually using direct observation in role-play scenarios. Staff members collected all the data throughout the study. Baseline measures of safety and parenting were collected toward the completion of the first training component (p 379).

The health care component was designed to teach parents to identify the symptoms of common childhood illnesses and how to choose and provide the appropriate intervention for their child. Parents were also taught techniques to prevent illness and maintain general good health. The training sessions included role-play scenarios that depicted different childhood illnesses and consisted of illnesses that could be treated at home, those that required a doctor, and those that required an emergency room visit. After role-playing, the parents then had to identify the presented problem, decide what form of intervention was

needed, read instructions to provide medicine and/or intervention, check the symptoms at regular intervals, and identify when to either re-administer or when to terminate the intervention. Following training, a social validation questionnaire was provided to determine the parent's comfort level of the training sessions and to measure their self-confidence in managing their child's health care needs (p 380).

The home safety component was designed to teach parents to identify accessible hazards in their home and to how to prevent their child from accessing that hazard or to change the hazards so that they were no longer a threat to their child. The Home Accident Inventory-Revised was utilized to assess and record the number of hazards identified in each home. Baseline measures began when the parent was finishing up the health-training component. The areas focused on in the homes included the bathroom, kitchen, living room, and the child's bedroom. Role-play scenarios and videos were used in the training sessions.

The parenting skills component was designed to increase the positive interactions between the parent and child. Parents received either parent-infant interactions training (PII) or parent-child interactions training (PCI), along with Planned Activities training (PAT), depending on the age of their child. In these training sessions, parents were taught how to interact with their children using appropriate parenting skills, such as positive voice tones, gentle touching, and frequent eye contact. Parents were also given assignments that involved utilizing PAT training. PAT training was used to teach the parents to plan activities in advanced, to clearly explain the rules of the activity, to engage the child during the activity, to incorporate incidental teaching during the activity, and to provide feedback

and positive reinforcement at the end of each activity (p. 381). Parent-child interactions were assessed using a partial interval time sampling procedure. The recorded parent behaviors included eye contact, attending the child, touching, verbalizations, giving instructions, and incidental teaching. The recorded child behaviors were verbalizations, affect, aggression, and following instructions. A checklist was also used to evaluate the parents' use of the 10 steps of PAT training. In all, 41 families completed the parent-child interactions training (34 families completed PCI training and 7 completed the PII training). Training consisted of role-play scenarios and the use of videos. Families who completed all three components were given a \$25 grocery voucher.

The results for this study were listed as the percentages of completion in both the families referred for abuse and neglect. Most of the families met the criterion of completion for the health-training component, which as a 100% correct responses across three consecutive role-play scenarios. In the safety-training component, 55% of the families referred for abuse met the 85% reduction of in-home hazards in training and a 78% over all reduction of hazards in the home. In the at-risk group, there was a 70% reduction in the overall hazards in the home. In the parent –child interaction component and PAT training component the completion data showed a significant increase in the parent's use of PAT techniques and positive parent-child interactions (specific percentages were not given) at the completion of training. Due to the fact that this study had such a high attrition rate and high percentage of families who did not complete all three components, the authors speculated that the compensation for completing the three components was too delayed to be an affective incentive to the participants. Despite this high attrition rate, the authors

reported that the data still reflected that socially significant changes were made in the parenting skills of the parents who completed all three components of this study, thus contributing to the on going research into child abuse as it focused on the parent and child behavior towards the enhancement of the quality of family interactions and parental skills. The authors did point out however, that more standardized definitions of child abuse and agreements between researchers regarding adequate versus inadequate parenting skills are necessary in future research, but very unlikely. These authors also stressed that future parent training programs need to be multifaceted and address not only parent training, but also problem-solving strategies and stress management techniques for the parents involved (p 382).

In 1999, Latham developed a parent-training program that instructed parents on the difference between proactive and reactive parenting. Latham stated that reactive parenting occurred when parents lacked the adequate skills to handle multiple or new situations that occur on a daily basis. Therefore, parents are constantly reacting to situations as they come up without having an established plan for effectively dealing with behavioral issues. Proactive parenting, on the other hand, involves the use of basic parenting skills that can be adapted to almost any situation. These skills place the parent's focus on recognizing appropriate behaviors and subsequently reinforcing those behaviors. Latham explains that how the parent reacts to a child's behavior ultimately determines how the child learns to react to the parent and to others in life.

The Family Safety/Applied Behavior Analysis Initiative at the University of South Florida (Van Camp, Borrero, & Vollmer, 2003), which is part of a statewide project

designed to serve foster parents and the children in the foster care system, has developed a training program entitled “Parenting Tools for Positive Behavior Change.” This training was adapted from Latham’s parenting book, *The Power of Positive Parenting* (Latham, 1994). One of the primary reasons behind the development of the parenting course was the assumption that the problem behavior exhibited by many of the children placed in foster care would be best treated by teaching the foster parents how to manage their immediate environments in ways to increase appropriate behavior and to decrease inappropriate behaviors.

Van Camp et al (2003) reported that the effectiveness of the parenting course has thus far been evaluated in two ways. First, parents have been tested in role-play situations before and after training, and have shown improvements in their use of positive parenting skills. Second, the frequency of foster home placement disruptions has been evaluated. In one of Florida’s 15 districts, (District 6), a pilot project was conducted by introducing this reported data and suggested that the parenting course was successful in decreasing the costs associated with placement disruptions, as well as reducing the number of restrictive placements.

Despite these promising results, however, the “Parenting Tools for Positive Behavior Change” curriculum has not been extensively tested to discern effects on day-to-day parent/child interactions in the home. Therefore, it is unclear whether overall parent-child interactions improved following the completion of training. However, the “Parenting Tools for Positive Behavior Change” parenting course have incorporated direct home 24 observation of learned parenting skills to help behavior analyst in determining whether

accurate implementation of the parenting tools correspond with overall reported improvements in parent-child interactions. Based upon the recent ABA Initiative in Florida's District 6, the recent implementation and preliminary results from the "Parenting Tools for Positive Behavior Change" training course, and the overview and urgent call for empirical assessment of this training course (Van Camp et al., 2003), the present study will seek to evaluate the effectiveness of "Parenting Tools for Positive Behavior Change" training course on the use of positive parenting tools within the context of authentic environments by focusing on the direct observations and data collection of parent-child interactions within the home setting prior to, during, and after the training course to assess the reduction of the parents use of coercion and the increase in positive parent-child interactions.

## Chapter 2 Method

### *Participants & Setting*

Four parent/child pairs participated in the study. Parent participants were recruited for the study through an announcement made during a *Model Approach to Partnerships in Parenting* (MAPP) course they were taking. Families were asked to volunteer for a study to assess the next course they were being required to take as part of their foster parent licensing process (i.e., *Parenting Tools for Positive Behavior Change*). Families were informed that participation required that they allow data collection and home observations to occur twice a week before, during, and after their five-week training course. The first four families that volunteered were selected. These families included a single father and daughter pair (Nate and Molly), two mother daughter pairs (Joyce and Brienne; Donna and Toni), and a father and son pair (Dave and Bart), who were being licensed with a foster care agency in the Tampa Bay area. The ages of the children were 3, 6, 15, and 17, respectively. None of the parents had foster children in their homes during the study; however, they each had at least one biological child living in the home during the time of training.

Data collection for procedural integrity measures was collected at the training site and all other data collection on dependent variables occurred in the participants' homes or other natural setting for the family (e.g., at a park).



### *Institutional Review Board Procedures*

Prior to data collection, approval was received from the University's Institutional Review Board for all data collection procedures. Participating foster parents and/or biological parents and their participating biological child were given informed consent forms prior to data collection, which explained the nature of the study. The participants were also assured that choosing not to participate, did not affect their foster parent licensing or affiliation with Families First of Florida in any way (see Appendix A for informed consent forms).

### *Dependent Variables & Observation Procedures*

The dependent variables for children's behavior included appropriate, inappropriate, and consequential behaviors. *Appropriate behaviors* were defined as any non-disruptive, non-harmful behavior that the child actively engaged in that demonstrated compliance with accepted social norms. Generally, these behaviors were those that parents, peers, teachers, and other adults wanted to occur more often or had not yet seen (but wanted to see occur in the future). Appropriate behaviors included such things as compliance with a chore, saying please and thank you during conversations, making beds in the morning, conversing with clear, calm, and socially accepted language, doing homework, or playing with others without fighting or arguing. *Inappropriate behaviors* were defined as behaviors that were not physically harmful to the child or others and did not result in property destruction, but did not meet the criteria for appropriate behavior. Inappropriate behaviors included such things as cursing, mumbling under one's breath, rolling eyes, leaving clothes on floor, talking back or arguing with parent, calling parent or

siblings names, or whining and crying to get attention. *Consequential behaviors* were defined as behaviors that were physically harmful to the child displaying the behavior, to others around that child, and/or to property. Consequential behaviors included such things as hitting, pushing/shoving, kicking, pulling hair, using illegal drugs, stealing, throwing property, knocking over tables and their contents, breaking windows, throwing rocks at people or at vehicles, or running away.

Several measures of foster parent behavior also were examined. Two broad categories of coercion were measured. The first, *verbal force*, included arguing, criticism, sarcasm/teasing, questioning, threats, logic, helplessness, and Physical Force or threats. The specific categories of verbal force are defined as follows. *Arguing* was defined as challenging statements made back and forth between the parent and child to accuse, reason, and/or to demonstrate or prove a point of view. *Criticism* was defined as any statement made by the parent regarding the child that was meant to consider the merits of, identifies the demerits of, and/or judges a child's thoughts or actions. *Sarcasm/Teasing* was defined as statements that indicated something positive but were delivered in a tone of voice that communicated that the statement was not intended to be positively reinforcing to the child. *Questioning* was defined as asking closed ended questions so that the parent received only yes or no answers in responses, thus not allowing the parent to receive enough information from these answers to carry on a two-way conversation. *Logic* was defined as explaining why a child needed to behave in a particular manner beyond what was necessary to get the immediate point across and that put the child down by showing how illogical their behavior was. *Helplessness* was defined as any statement made by the parent in a pleading manner

in an effort to “guilt” the child into behaving in a particular way, thus presenting the parent as incapable of finding a solution for the immediate situation at hand.

The second category of parent behavior was *giving no response to appropriate behavior*. This was defined as the parent’s failure to identify and give an appropriate positive consequence when a child was engaged in appropriate behavior.

*Physical force* was defined as any physical contact initiated by the parent used to induce compliance to a request or to punish a behavior. Physical force included such behaviors as pushing, shoving, grabbing the child by the arm, poking a child hard enough to make the child cry out or to leave a mark, or hitting/spanking the child in any form.

*Physical Threats* was defined as statements or actions indicating the use of punishment and/or the removal of child-preferred tangible items or activated contingent upon inappropriate or consequential behavior that the parent did not then follow through with.

Measures of parent behavior also included generic positive interactions, giving a positive consequence or praise, ignoring inappropriate behavior, and/or stopping and redirecting the child to engage in a more appropriate behavior. *A generic positive interaction* was defined as asking open-ended questions, touching the child in a positive manner, and matching their child’s face, voice, and body language during the discussions. *Giving praise* was defined as any statement or action by the parent used to indicate their approval of a targeted appropriate behavior. *Giving a positive consequence* was defined as a reinforcer given along with praise statements and all reinforcers given without being paired with praise. Positive consequences included such things as extra TV time, extra telephone time, extra time out side with friends, a free night from chores, a touch from the

parent, stickers, points towards a larger goal, etc. *Ignoring Inappropriate behavior* was defined as actively attending to another person, activity, or thing while the child displayed the inappropriate behavior and subsequently attending to the child when the child had stopped displaying the inappropriate behavior. *Stopping and redirecting* to a more appropriate behavior was defined as any statement made by the parent that indicated to the child that he must stop an inappropriate behavior, followed by a suggestion for the child to engage in an appropriate behavior or activity.

Data were collected using partial interval recording (see Appendix B for sample observer data collection sheet). To ensure that all observations were conducted during times when both the parent and child were interacting, observation times were scheduled by assessing with the parent what time of day was most problematic and thus ensured the most interactions. Prior to each of the observation periods with the families, the data collector spoke briefly with the parent to discern what activities would be taking place in the home or natural environment during that observation time (e.g., completing homework, doing chores, steps needed to complete cleaning his room, following instructions while playing in the park, etc.) After the initial greeting, the data collector took an unobtrusive position in the room or social setting and observed the parent/child interactions for a total of 30 minutes. Observation periods were divided into 1-minute intervals in which the data collector filled in the corresponding behavior box on the data collection sheet if a target behavior occurred during that observation period. The data collectors observed the behavior of the target child during each interval, and then recorded the child's behavior and the parent's immediate response to that behavior. If the parent continued to respond to the

child's behavior in a subsequent interval, only the parent's response was marked in that interval. In the event that neither the child nor the parent were present in the room or setting during that observation interval, the corresponding behavior box for that interval was left blank. Observers used a taped recorded message and earphones to signal when to record data and move to the next observation recording line.

Data on parent behavior were presented as the number of intervals scored as appropriate parent responses divided by the total number of child responses in each category. Appropriate or inappropriate responses were determined by observing the child's immediate behavior during the interval and the parent's immediate response to that behavior and comparing that to the behavioral definitions of either appropriate or coercive parental response to their child's different behaviors in that particular observation interval. Data on child behavior were presented as the number of intervals scored for a particular behavior divided by the total number of intervals.

The two observers, the primary investigator and a family member (who was trained by the researcher), were utilized to determine interobserver reliability data. Prior to formal data collection, the researcher developed a study guide on the definitions of the observed behaviors for both the parents' and the children. Once the observer was familiar with the definitions, he then took a quiz developed by the researcher that required reading a short scenario and correctly labeling each scenario with 80% accuracy. Once this level of accuracy was attained, the observer was then trained on the data collection method. During the practice sessions, the secondary data collector observed and record individual dependent measures in one of three practice home settings. The researcher served as a

primary observer during these training sessions. The researcher then scored interobserver agreement between herself and the secondary data collector. Training sessions continued until an 80% or higher interobserver agreement was reached for at least two consecutive sessions and then the secondary observer was allowed to collect formal data for the researcher. Fifteen practice observations were conducted prior to the observer meeting the mastery criterion. Interobserver agreement for practice observations was calculated by counting the number of intervals agreed upon and dividing it by the total number of intervals, then multiplying by 100 to reach a percentage of agreement.

#### *Interobserver Agreement*

Thirty three percent of the observations, spaced across all phases of the study, were scored for IOA. IOA for Nate and Molly averaged 85% (range, 78% to 88%). For Joyce and Brienne, IOA averaged 90% (range, 83% to 94). IOA for Donna and Toni averaged 88% (range, 75% to 95%). Finally, for Dave and Bart, IOA averaged 92% (range, 89% to 95%).

#### Experimental Conditions

*Baseline.* Data on dependent variables was collected twice a week, during 30-minute period of observation, for one to two weeks prior to the potential foster parents beginning the Parenting Tools for Positive Behavior Change parent course. Due to the nature of the independent variables, trend and stability of data were not used to determine the onset of the first phase change (i.e. the beginning of the class sessions occurred according to a set schedule that could not be varied across participants).

Parent Training. Parents attended a course taught by a behavior analyst employed by Families First of Florida. The course consisted of five, three-hour classes that were scheduled to meet one day a week for five weeks. Once the classes began, data collection in the home continued twice a week throughout the five-week parenting course. The following is a brief overview of each training session in the course. Complete training materials, available from Families First of Florida, can be provided to the reader upon request.

*Training Session 1: Creating a Positive Environment - Avoid Coercives & Stay Close*

The first training session welcomed the parents to the class and discussed their expectations for the course. This session discussed the course goals and objectives and what the trainers expected from the parents as participants. The trainers reviewed material from their Model Approach to Partnerships in Parenting (MAPP) Sessions.

This session defined and identified eight Coercives and Punishments commonly used by parents and identified the effects of each of the coercives and punishments on children and all individuals in general. This session also introduced the first parenting tool – Stay Close. The trainer discussed how the parent(s) would be able to utilize this tool to establish themselves as a source of caring and how to develop a physically and emotionally safe environment for children. The trainers also discussed the foundations of this tool. The trainer next explained that this tool was not meant to be used to problem solve, and the participants learned the benefits of using this tool, and in what situations they should utilize Stay Close. The trainer demonstrated of each specific step of this tool and then engaged

the participants in a group activity to practice this new tool in role-play scenarios. After practicing the tool, the trainers offered feedback to each participant while scoring their performance on a checklist

This session then introduced the “tip the scale” approach towards creating a positive environment for their children that would be followed as the participants learned to create a positive environment with each of the new tools that would be taught throughout the rest of the parenting course. The trainers concluded the session by answering any of the participants’ questions, explaining the homework and reading assignments, and by asking the parents to complete a session evaluation.

#### *Training Session 2: Creating a Positive Environment – Use Reinforcement for Desired Behaviors*

This class session began with collecting participants’ homework, setting expectations with those who failed to complete their homework, and giving positive consequences for those who completed the assignment. Problems, comments, and concerns were then addressed. The trainers reviewed the eight coercives and the steps to the Stay Close Tool they learned the previous week.

The trainer then introduced tool number two – Give Positive Consequences. The trainer began by defining and identifying behavior, consequences, reinforcement, and their effects on children’s behavior. The parents were asked to list behaviors they observed during the past week. Giving positive attention was discussed, and parents were prompted to notice and “build up” appropriate behavior of their children with positive attention. The participants were engaged in a group activity where they read practice scenarios from their



worksheets provided, then the parents were asked to role-play the practice situations so that the trainers could provide prompts and immediate feedback. The trainers then discussed two behavioral principles regarding positive attention that are considered the most powerful consequence available to a parent. The first principle explained how behavior is strengthened or weakened by its immediate consequence, and the trainers discussed how the parents needed to identify behaviors to target for increasing or decreasing in their own children. The second principle explained how in the long run, behavior ultimately responded better to positive consequences, and the trainer stressed avoiding the use of coercives. The trainers again engaged the participants in a group activity to identify and discuss appropriate behaviors and examples of positive consequences that are easy, readily available, and relatively inexpensive. The trainers again reviewed and demonstrated the steps to Give a Positive Consequence. After their practice and review of the tool, the trainers offered feedback to each participant while scoring their performance on a checklist. The trainers concluded the session by answering any of the participants' questions, explaining the homework and reading assignments, and by asking the parents to complete a session evaluation.

### *Training Session 3: Creating a Positive Environment with PIVOT*

This class session begin with collecting participants' homework, setting expectations with those who failed to complete their homework, and by giving positive consequences for those who completed the assignments. Problems, comments, and concerns were then addressed. The trainer reviewed the list of eight coercives and the steps to the tool Give Positive Consequences learned the previous week.

This session introduced, defined, and identified Inappropriate Behavior and their consequences on behavior. Definitions of inappropriate behavior were provided, as well as an analysis of likely reasons for the occurrence of such behaviors. The trainer then introduced tool number three – Pivot. The trainer discussed each step of the new tool and provided “rules of thumb” tips to help the parents learn each step of the tool. The trainers demonstrated the tool with a “non” example and then a correct example. The participants were then asked to critique the trainer’s performance of the tool. The participants then engaged in a group activity where they read practice scenarios from their worksheets provided, then the parents role-play ed the practice situations so that the trainers could provide prompts and immediate feedback. The trainers described and discussed the behavioral principle of a behavior bursts and how to handle them if faced with such a situation.

The trainers again reviewed and demonstrated the steps to Pivot. After their practice and review of the tool, the trainers offered feedback to each participant while scoring their performance on a checklist. The trainers concluded the session by answering any of the participants’ questions, explaining the homework and reading assignments, and by asking the parents to complete a session evaluation.

#### *Training Session 4: Creating a Positive Environment with Set Expectations and Use Contract*

This class session began with collecting participants’ homework, setting expectations with those who failed to complete their homework, and by giving positive consequences for those who completed the assignment. Problems, comments, and

concerns were then addressed. The trainer reviewed the list of eight coercives and the steps to the tool Pivot learned the previous week.

The trainer then introduced tools number four and five – Set Expectations and Use a Contract. The trainer reviewed what inappropriate behavior were and engaged the participants in a group activity to elicit examples of inappropriate behavior. The trainers then defined and discussed the next tool - Set Expectations. The trainer discussed when and for what behaviors this tool should be used. The trainer then demonstrated the tool with a “non” example and a correct example. The participants were asked to critique the trainer’s performance of the tool. The participants discussed guidelines of selecting appropriate consequences and how to negotiate consequences when appropriate. The participants also learned when and if they should terminate the discussion or use of the tool and bring the topic up at a more appropriate time and place to be more affective. The participants then engaged in group practice scenarios to practice this new tool in role-play situations. After practicing the tool, the trainers offered feedback to each participant while scoring their performance on a checklist.

This session also introduced tool number five - Use a Contract. The trainer began by discussing why it is effective to develop contracts with children and when it would be most effective to implement. The trainers discussed what to include in a contract and how to write the contract with children of different age and developmental levels. The trainers engaged the participants in an activity to develop a contract. The trainers next discussed how to record and review contracts with children and gave tips for achieving best results with their future contracts. The participants engaged in an activity to practice recording

behavioral data and reviewing the contract with their children. The parents then were asked to develop a contract focusing on a current behavior they want to address with their child at home. The trainers provided constructive feedback to each participant while scoring their performance on a checklist and worked with the parent until the contract was correct and ready to implement. The trainers concluded the session by answering any of the participants' questions, explaining the homework and reading assignments, and by asking the parents to complete a session evaluation.

*Training Session 5: Creating a Positive Environment by Putting it all Together*

This class session began with collecting participants' homework and giving positive consequences for those who completed the assignment. Problems, comments, and concerns were then addressed. This session reviewed the discussion of and practices the reviewing a contract with a child. The trainers discussed factors that influenced preference and motivation for a behavior.

This session reviewed all of the tools learned, the steps to each tool, the eight coercives, and behavioral definitions learned in this course. In this session the review of the course information was practiced in a game type format. To review the eight coercives and what tool to use in a particular scenario given was set up like a speed round game. Participants were separated into two groups, each with a game buzzer. The trainer then read out a scenario, coercive definition, or a tool name. The first team member to buzz in a giving the correct answer and/or all of the steps to the tool won a point and a chance to pick out of a candy bowl. The team with the most points won the game and ended up with the most candy. The trainers concluded the session by answering any of the participants'

questions, and by asking the parents to complete a session evaluation.

*Independent Variable Integrity:*

To insure treatment fidelity, the researcher, also a behavior analyst trained and certified to teach this parenting class, observed each course session and scored the observed sessions with a key point check list (see Appendix D) and a train the trainer check list (see Appendix E) to verify that all key points from each session were conveyed. To control for reactivity during observations, the observer minimally interacted with the study's participants while they were in class. In addition, the families were kept blind to the experimental hypotheses regarding the reduction of coercion in their home by explaining that the course content and the trainers were the main focus in this study (all participants were debriefed at the end of the study).

*Social Validity*

Individual class evaluations were distributed at the end of each class session for the parents to fill out. The evaluations assessed the parents' satisfaction with the instruction, perceptions about the course content, applicability of the tools they learned in that particular session, etc. (See Appendix F for the class evaluation form). A social validity questionnaire was also distributed to assess the parent's perceptions of the effectiveness and the overall design of the course itself. The questionnaire assessed whether the parents felt the tools were useful and effective, what tools they used most often, whether the training produced changes in how they handled situations with their child, and whether the use of coercive strategies was affected by training, etc. (see Appendix G). The social validity questionnaire was distributed to each of the parent participants at the end of the study.

## Chapter 3 Results

The results of the current study were assessed using a multiple baseline design across participants in each of the parenting courses. Participants were selected from two courses that started one week apart so that the course may be “staggered” across the two participant groups. However, effects of the independent variable on dependent variables were assessed for each participant individually. Effects of the independent variables on the dependent variables were determined through visual inspection of the graphed data by assessing slopes, trends, overlapping data points, and variability of the data in combination with the social validity questionnaire.

Figure 1 displays the percentage of intervals of appropriate parent responses. The top panel displays the data for Nate’s behavior. During baseline, Nate’s responses to appropriate and inappropriate behavior were stable, but occurred at relatively low rates ( $M = 35\%$ , range, 30 – 40 % for appropriate behavior and  $M=25\%$ , range, 21 – 29% for inappropriate behavior). After beginning the parenting class, Nate’s rate of appropriate parent responses to both his child’s appropriate and inappropriate behaviors increased over baseline and showed an upward trend ( $M=68\%$ , range, 40 – 92%) for child appropriate behavior and ( $M=59\%$ , range, 24 – 80%) for child inappropriate behavior. However, because his child did not display any consequential behaviors, effects on responses to these behaviors could not be assessed.

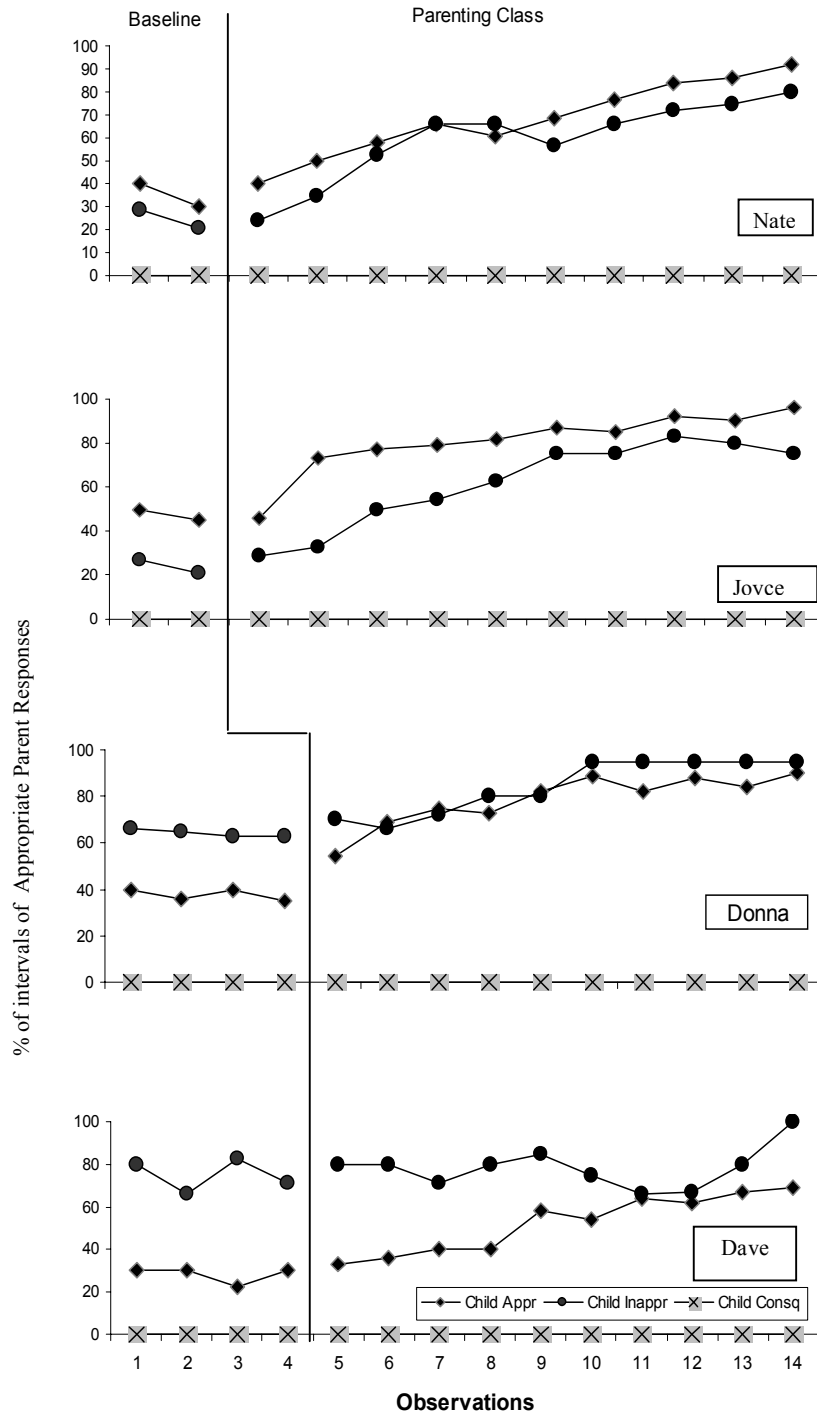


Figure 1. Percentage of intervals in which parents responding appropriately to child appropriate and inappropriate behaviors.

The second panel displays the data for Joyce's behavior. Similar to Nate, Joyce's responses to appropriate and inappropriate behavior were stable, with appropriate responses to child appropriate behavior occurring more frequently than those to inappropriate behavior ( $M=48\%$ , range, 45 – 50% for child's appropriate behavior and  $M=24\%$ , range, 21 – 27% for child's inappropriate behavior). After the onset of the parenting class, Joyce's rate of appropriate parent responses to both her child's appropriate and inappropriate behaviors increased over baseline and showed an upward trend ( $M=81\%$ , range, 46 – 96%) for child appropriate behavior and ( $M=62\%$ , range, 29 – 83%) for child inappropriate behavior. However, because his child did not display any consequential behaviors, effects on responses to these behaviors could not be assessed.

The third panel displays the data for Donna's behavior. Donna's appropriate responses to her child's behavior were stable, with appropriate responses to appropriate child behavior occurring less frequently than those to inappropriate behavior ( $M=38\%$ , range, 35 – 40% for child's appropriate behavior and  $M=64\%$ , range, 63 – 66% for child's inappropriate behavior). During the parenting class, Donna's rate of appropriate parent responses to both her child's appropriate and inappropriate behaviors increased over baseline and showed an upward trend ( $M=79\%$ , range, 54 – 90%) for child appropriate behavior and ( $M=84\%$ , range, 66 – 95%) for child inappropriate behavior. However, because his child did not display any consequential behaviors, effects on responses to these behaviors could not be assessed.

The bottom panel displays the data for Dave's behavior. During baseline, Dave's data were relatively stable for responses to appropriate behaviors ( $M=28\%$ , range, 22 –



30%) and slightly variable for responses to inappropriate behaviors (M=75%, range, 66 – 83%). During the parenting class, Dave’s rate of appropriate parent responses to both his child’s appropriate and inappropriate behaviors increased over baseline and showed an upward trend (M=52%, range, 33 – 69%) for child appropriate behavior and (M=75%, range, 66 – 100%) for child inappropriate behavior. However, because his child did not display any consequential behaviors, effects on responses to these behaviors could not be assessed.

Figure 2 displays the percentage of intervals of parent coercive responses to their child’s appropriate, inappropriate, or consequential behavior. The top panel displays the data for Nate’s coercive responses to his child’s behaviors. Nate displayed a decrease in coercive responses to both his child’s appropriate and inappropriate behaviors. The baseline M = 35%, range, 30-40% and treatment M = 12%, range, 0-33%, for appropriate behaviors and baseline M = 51%, range, 42-59%, treatment M = 29%, range, 17-53%, for inappropriate behaviors. The decrease in coercive responses for appropriate behaviors of his child was seen quickly but his responses stabilized by the end of the training course. The decrease for coercive responses to inappropriate behaviors of his child was delayed; however, for inappropriate behaviors.

The second panel displays the data for Joyce’s coercive responses to her child’s behaviors. Baseline M = 18%, range, 17-18% and treatment M = 13%, range, 0-23%, for her child’s appropriate behaviors. Joyce displayed a somewhat slow decrease in coercive responses to her child’s appropriate behaviors but her responses stabilized quickly throughout the training course. Joyce also displayed a decrease in coercive responses to her child’s

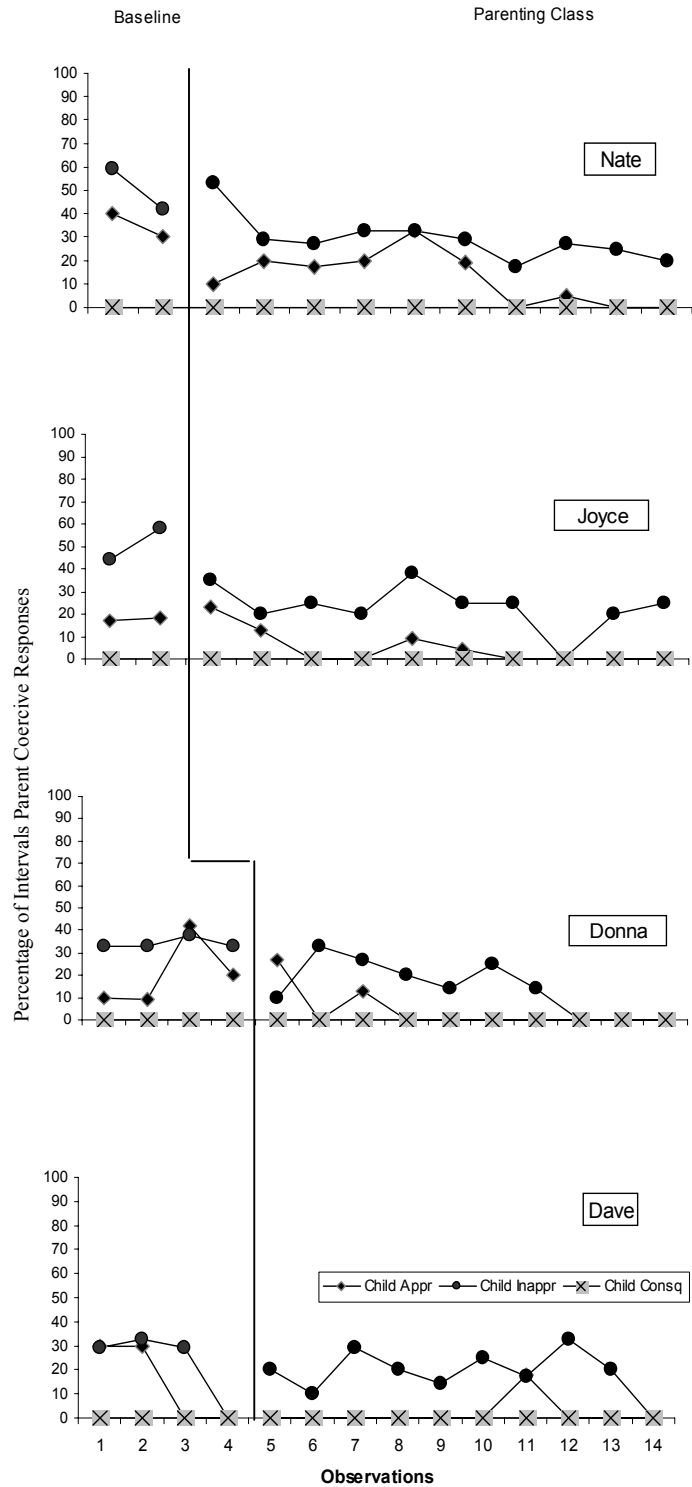


Figure 2. Percentage of intervals parents engaged in coercive responding to child appropriate and inappropriate behavior.

inappropriate behaviors almost immediately but these responses remained somewhat variable through out the training course baseline  $M = 51\%$ , range, 44-58%, and treatment  $M = 23\%$ , range, 0-38%).

The third panel displays the data for Donna's coercive responses to her child's behaviors. Donna's coercive responses to her child's appropriate behaviors were gradually eliminated (baseline  $M = 20\%$ , range, 10-42%, and treatment  $M = 4\%$ , range, 0-27%). Donna displayed an initial decrease in coercive responses to her child's inappropriate behaviors, followed by a return to baseline levels and a gradual downward trend (baseline  $M = 34\%$ , range, 33-38%, and treatment  $M = 14\%$ , range, 10-33%).

The fourth panel displays the data for Dave's coercive responses to his child's behaviors. Dave's coercive responses to his child's inappropriate behaviors were variable and all within baseline range (baseline  $M = 23\%$ , range, 0-33%, and treatment  $M = 19\%$ , range, 0-33). Also, across treatment, there were relatively few coercive responses to his child's appropriate behaviors (baseline  $M = 15\%$ , range, 0-30%, and treatment  $M = 2\%$ , range 0-18%).

Figure 3 displays the percentage of intervals of which each child was engaged in each of the target behaviors. The top panel displays the data for Molly's behaviors during observation periods. Molly's appropriate and inappropriate behaviors were relatively stable during baseline ( $M = 33\%$ , range, 33 – 33 and  $M=60\%$ , range, 56 – 63%, respectively), although inappropriate behaviors were observed more often than appropriate ones. After Nate began attending the parenting class, the total number of intervals scored

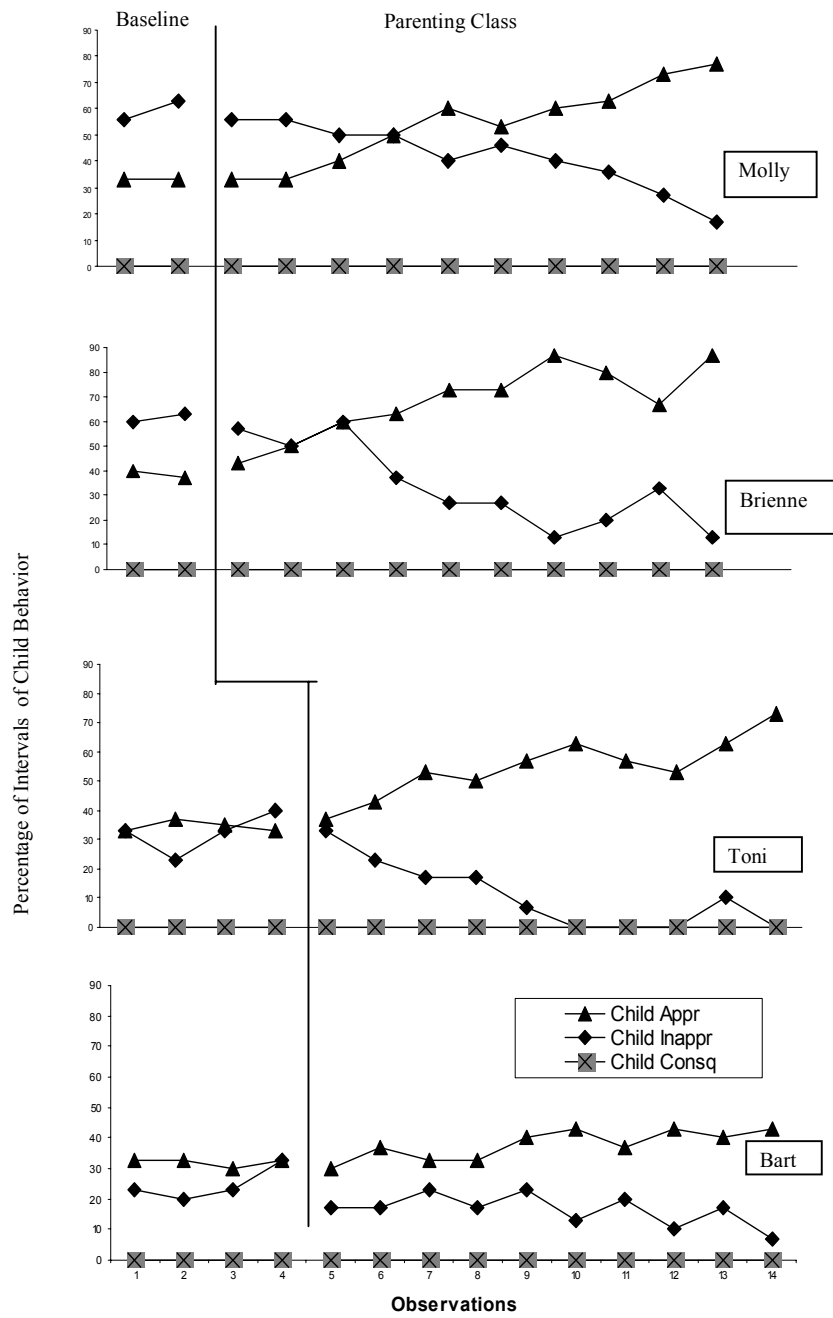


Figure 3. Percentage of intervals in which children engage in appropriate, inappropriate, and consequential behaviors.

for Molly's appropriate behavior showed an upward trend ( $M=54\%$ , range, 33 – 77%) and the total number of intervals scored for inappropriate behaviors showed a downward trend ( $M=42\%$ , range, 17 – 56%).

The second panel displays Brienne's data. Like Molly, Brienne's appropriate and inappropriate behaviors were relatively stable during baseline ( $M = 39\%$ , range, 37 – 40 % and  $M=62\%$ , range, 60 – 63%, respectively), although inappropriate behaviors were observed more often than appropriate ones. After Joyce began attending the parenting class, Brienne's total number of intervals scored for her appropriate behavior showed an upward trend ( $M=68\%$ , range, 43 – 87%) and her total number of her inappropriate behaviors showed a downward trend ( $M=34\%$ , range, 13 – 60%).

The third panel displays the data for Toni's behavior. During baseline, both appropriate and inappropriate behaviors were relatively stable and occurred at roughly the same percentage of intervals ( $M = 35\%$ , range, 33 – 37 % and  $M=32\%$ , range, 23 – 40%, respectively). After Donna began attending the parenting class, Toni's total number of intervals scored for her appropriate behavior showed an upward trend ( $M=55\%$ , range, 37 – 73%) and her total number of her inappropriate behaviors showed a significant downward trend ( $M=11\%$ , range, 0 – 33%).

The bottom panel displays the data for Bart's behavior. Like Toni, both appropriate and inappropriate behaviors were relatively stable and occurred at roughly the same percentage of intervals ( $M = 32\%$ , range, 30 – 33 % and  $M=25\%$ , range, 20 – 33%, respectively). After Dave began attending the parenting class, Bart's total number of intervals scored for his appropriate behavior showed a slight upward trend ( $M=40\%$ , range

30 – 43%) and his total number of his inappropriate behaviors only showed a slight downward trend (M=17%, range, 7 – 23%).

*Social Validity.*

Three of the four parent participants completed the social validity questionnaires. Of those answers given, all of the participants responded very positively to what they had learned in the class and felt the tools taught would help them both at home with their children and during the day with peers, co-workers, and family members (e.g., “I will now be more alert to and able to ignore inappropriate behaviors”, “Pivoting will help with more than one person even if they are doing separate things”, “To help myself to remember to give more praise and recognize even small accomplishments”, “I love that these tools can be used in everyday situations”, and “I think all parents should have to learn some of these basic skills before having children!”). The participants also responded positively on how long the class sessions were and how the material was presented. Two of the three parents who responded commented on how the role-plays helped them see what each tool should look like and helped them practice each tool before they went home and tried them with their children. The end of class questionnaires indicated that the participants took something valuable with them about each tool (E.g., “I didn’t realize how critical I am with others”, “I wish others would praise me for just showing up some days!”, “these tools work great both at work and at home”, “I can see others behaviors change in response to how I respond back to them”).

*Independent Variable Integrity.*

During each class session, the primary researcher observed the trainer and utilized a

Key Point Check List to verify that the trainer covered all key points of each tool in each of the training groups. The mean for class one was 93% and ranges of scores on the checklists were from 80 to 100%. For class two, the mean was 98% and the ranges of score on the checklists were from 95 to 100%.

## Chapter 4 Discussion

The purpose of this study was to evaluate the effectiveness of “Parenting Tools for Positive Behavior Change” training course on the use of positive parenting tools within the context of authentic environments by focusing on the direct observations and data collection of parent-child interactions within the home setting prior to, during, and after the training course to assess the reduction of the parents use of coercion and the increase in positive parent-child interactions. Although Van Camp et al. (2003) showed that parents performed better on role-plays after attending parenting classes, their research did not address more naturalistic application of skills. The current study showed that skills learned in the classroom transferred to real-life interactions between parents and their children, thus providing preliminary validation that the course curriculum helps reduce coercion in the home.

Although all parent participants’ appropriate responding improved during the course of the study, results appeared more dramatic for Nate and Joyce. These results may be attributed to the age difference in the children and the parents and the differences in the parents’ parenting experience or inexperience. Both Nate and Joyce were in their early twenties and their children were ages three and six. Both Donna and Dave were in their forties and had raised other children. Further, both of their children were in their teens. Because both Donna and Dave had raised other children of their own, they had the



advantage of learning from past interactions with their own biological children. They both had the advantage of knowing what worked and did not work with their own children. As Nate and Joyce were younger and were both first time parents, they may have lacked this previous experience and the level of confidence that comes once one has successfully raised a child and is raising a child again.

In general, the parent participants seemed to do better in decreasing coercive responses with their child's appropriate behaviors than their child's inappropriate behaviors. During both baseline and treatment, the parent participants engaged in coercive responses even when their child displayed appropriate behavior. This was seen when the parent participants continued to explain what behaviors they were expecting or what the child had previously been doing inappropriately even after the child stopped displaying the inappropriate behaviors and was not acting appropriately. Overall, affect on the parent's coercive responses to their children's behaviors was not as dramatic as the affect on their increase in responding appropriately to their child's appropriate behaviors. It seems that the increase in more appropriate responses does not necessarily mean that this will also result in dramatic reductions in coercive responses by the parents.

Interesting patterns in the types of appropriate and inappropriate parenting behaviors also were observed. During baseline, both Dave and Donna tended to do relatively well on ignoring inappropriate behaviors, but not on giving praise or positive reinforcement. During treatment, Dave's ignoring behavior remained relatively unchanged and his positive comments changed very gradually. Donna, however, showed more striking improvements in using positive comments. For the parents of the younger

children, appropriate responding to inappropriate behavior was less consistent.

Observations revealed that Nate and Joyce tended to “feed into” and engage more with their children when they were acting out.

One interesting finding in the data was the latencies observed in increases in appropriate parent responding. Joyce and Donna began showing a change in responding after the first class, whereas Nate began showing a change in his responses to his child after the second class. Even longer latencies (as well as lower mean shift) were observed with Dave. These results seem to indicate that as the parents learn new tools in each proceeding class and begin using the tools with their children, both the parents and children’s interactions begin to change. This would indicate that as parents acquire more skills, they might be better at implementing them, thus accounting for the gradual change in behavior.

With regard to child behavior, more striking results were observed for Molly, Brienne, and Toni than for Bart. These findings demonstrate a clear relationship between parent responding and the behavior of children. Observations showed that once the parent or child became coercive, the other responded with their own coercive responses and the interactions continued to escalate until the parent began to threaten punitive punishments. However, once classes began and the parents learned to recognize these patterns in their parent-child interactions and learned more effective ways to redirect their child’s inappropriate behaviors, the child’s inappropriate behaviors began to decrease. As the child’s inappropriate behaviors decreased, the parents in turn, began to praise more appropriate behaviors and they learned to be more proactive in giving instructions and more positive in their interactions with their children.

Results of social validity assessments indicated that parents were satisfied with the training and found it useful. However, in reviewing the social validity questionnaires, the researcher found that many of the questions were left blank or answered very briefly (i.e., a few words). Given the range of education levels of the participating parents, a better indication of parents' opinions might have been obtained by using a Likert scale instead of open-ended questions. There were several limitations to note about this study. First, the baseline observations for all participants were relatively short due to problems recruiting participants. Thus this study is limited in displaying a full picture of the parent/child interactions before the parenting classes began. Future studies should incorporate a longer baseline to capture a better representation of pre-treatment responding. Although clear changes were observed in the appropriate and inappropriate behaviors of the children and in the responses by the parents, this study did not evaluate correct skill/tool usage when in the home. This study examined whether or not coercive interaction took place between the parents and their child during observation times. Future studies would need to utilize a more sensitive measurement procedure to obtain that data. It's also difficult to rule out reactivity effects in this study as the data collector was seen in their class setting and was thus associated with the parenting class. This association could have influenced the parents' behaviors during observation times. A further limitation is the fact that the researcher could not determine whether this training is effective in promoting appropriate responding to more severe problem behavior from these results, as none of this was ever observed in your study. Future researchers might address this limitation by either recruiting child participants that have known frequent consequential behaviors or schedule

observation times in more demanding situations where their participants have displayed consequential behavior in the recent past.

Another limitation to this study is the fact that this study was conducted on foster parents with their biological children. Since these parents had not yet had any foster children placed in their homes, it would be beneficial for future research to conduct a follow-up study on these families to determine if these families could maintain changes in behavior and generalize them to their foster children. One other issue concerns the population of parents who volunteered for this study. Specifically, these parents were new to the foster care system and thus had limited experiences with caring for children within the system. It is possible that this training is more effective with new foster parents who have not yet been involved with the foster care system and are more willing to take in the new skills when they are first welcoming new children into their homes. Future researchers should look at foster parents who have foster children currently in their homes for a year or more to determine if this parent training program is as effective in teaching new parenting skills to parents that already working in the foster care system.

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## **Informed Consent for an Adult**

Social and Behavioral Sciences  
University of South Florida

### **Information for People Who Take Part in Research Studies**

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Researchers at the University of South Florida (USF) study many topics. Here we want to learn how to teach positively reinforcing parenting skills to both biological and foster parents. To do this, we need the help of people who agree to take part in a research study.

**Title of research study:** *The Effects of a Positive Parenting Course on the Coercive Family Process: Coercive Interactions between Parent and Child.*

**Person in charge of study:** Lezlee Powell

**Study staff who can act on behalf of the person in charge:** Dr, Jennifer Austin

**Where the study will be done:** Potential foster Homes in District 6, Under HRS and HKI

**Who is paying for it:** The primary researcher and Families First of Florida

### ***Should you take part in this study?***

This form tells you about this research study. You can decide if you want to take part in it. You do not have to take part. Reading this form can help you decide. You may have questions this form does not answer. If you do, ask the person in charge of the study or study staff as you go along.

#### **After you read this form, you can:**

- Take your time to think about it.
- Have a friend or family member read it.
- Talk it over with someone you trust.

It's up to you. If you choose to be in the study, then you can sign the form. If you do not want to take part in this study, do not sign the form.

### ***Why is this research being done?***

The purpose of this research study is to assess how affective this parenting course is in teaching new foster parents to use the parenting tools taught in the course and in reducing the coercive interactions between you as the parent and your child in the home.

You are also being asked to participate in this study so that as you complete the parenting course we may evaluate the training process of the program, it's effectiveness in teaching it's material and any changes in parenting process utilized after participating in the training.

### ***What will happen during this study?***

You will be asked to spend about 11 weeks in this study. This includes 3 to six weeks of observations before the parenting class begins and the five weeks of the parenting course. This will vary depending on how your particular home falls when randomized (like the flip of a coin) to the number of weeks data is collected before your classes begin.

You will need to be available for between 16 to 22 study visits in all. This is broken down into 2, 1-hour visits for 8 to 12 weeks in this study.

Most study visits will take about 1 hour. Some may be longer or shorter. You and your child as the participants will be asked to follow your normal daily routines of creating meals, completing homework, completing chores, having family meetings, etc. that will allow the data collectors to observe your normal interactions between you and your child. The only restrictions will be that the interactions take place in common area of the home and that an activity is scheduled during one of your observation sessions.

At each visit, the person in charge of the study or staff will:

- Record data by direct observation, using paper, pencil, a headset to prompt observation and recording periods, and recording data sheets. During all visits, you and your child will be required to interact in the home as if the observer were not present. Interactions will need to remain out in common family areas, as opposed to bedrooms.
- For 8 of these observation sessions, the primary investigator, Lezlee Powell, will accompany the data collector(s) and also collect data during the visit. This will allow the primary investigator to ensure the integrity of the observation methods and agreement on the data collected.
- During the next to last visit of the study, you will be given an overall participant satisfaction questionnaire to fill out before the final visit. This questionnaire will allow the primary investigator to review your feedback of the parenting course/training and utilize your recommendations to improve the course based upon your recommendations.



Please note that during observations of interactions between parent and child, all data collectors are mandatory abuse reporters for the State of Florida. Any incident of abuse to a child or proposed danger to the child, or to yourself is required to be reported to the appropriate State officials and abuse registry hotline.

***How many other people will take part?***

About 4 families or 4 adults and 4 children will take part in this study through USF at Families First of Florida. A total of 8 to 10 people will participate in this study.

***What other choices do you have if you decide not to take part?***

If you decide not to take part in this study, that is okay. However, there are no other choices if you would like to participate in this study, as both parent and child must be observed.

Then the investigator and the investigating staff will make sure you are enrolled in the parenting class for this study and will forward you the times and dates your participation in the study will begin, the length of your participation.

***Will you be paid for taking part in this study?***

We will pay you for the time you volunteer in this study.

- During the last visit the participating parent/household will receive a \$50.00 payment for completing the entire study. Those families who do not complete the entire study will not receive any cash payment.

***What will it cost you to take part in this study?***

It will not cost you anything but your time to take part in the study.

***What are the potential benefits if you take part in this study?***

- Your child might receive an increase in praise from you as the parent, and you may both experience a decrease in the amount of coercive parent/child interactions.

***What are the risks if you take part in this study?***

There are no known risks to those who take part in this study.

However, if you have any problems during the study, call the person in charge of this study, Lezlee Powell, right away at (813) 857-4206.

***What will we do to keep your study records private?***

Federal law requires us to keep your study records private.

Your data recording sheets will be turned into the primary investigator at the end of each week. All data and records of identification will be kept on a private computer with firewall and password security protection. The primary investigator is the only one with access to this computer or information. All data collection sheets and any published articles will only utilize fictitious first names to identify participants.

However, certain people may need to see your study records. By law, anyone who looks at your records must keep them confidential. The only people who will be allowed to see these records are:

- The study staff.
- People who make sure that we are doing the study in the right way. They also make sure that we protect your rights and safety:
  - The USF Institutional Review Board (IRB), its staff, and other individuals acting on behalf of USF,
  - The United States Department of Health and Human Services (DHHS)
- We may publish what we find out from this study. If we do, we will not use your name or anything else that would let people know who you are.

### ***What happens if you decide not to take part in this study?***

You should only take part in this study if you want to take part.

#### **If you decide not to take part:**

- You won't be in trouble or lose any rights you normally have.
- You will still get the same services/training you would normally have.

If you decide you want to stop taking part in the study, tell the study staff as soon as you can. We will discuss and document for research purposes only your reason for no longer taking part in the study and discontinue any further data collection sessions with your family. There are no known dangers if you stop suddenly.

### ***Are there reasons we might take you out of the study later on?***

Even if you want to stay in the study, there may be reasons we will need to take you out of it. You may be taken out of this study if you are not coming for your study visits when scheduled.

#### ***You can get the answers to your questions.***

If you have any questions about this study, call the principal investigator, Lezlee Powell, at (813) 857-4206.

If you have questions about your rights as a person who is taking part in a study, call USF Research Compliance at (813) 974-5638.

***Consent to Take Part in this Research Study***

It's up to you. You can decide if you want to take part in this study.

**I freely give my consent to take part in this study. I understand that this is research. I have received a copy of this consent form.**

\_\_\_\_\_  
Signature  
of Person taking part in study

\_\_\_\_\_  
Printed Name  
of Person taking part in study

\_\_\_\_\_  
Date

***Statement of Person Obtaining Informed Consent***

I have carefully explained to the person taking part in the study what he or she can expect.

The person who is giving consent to take part in this study

- Understands the language that is used.
- Reads well enough to understand this form. Or is able to hear and understand when the form is read to him or her.
- Does not have any problems that could make it hard to understand what it means to take part in this study.
- Is not taking drugs that make it hard to understand what is being explained.

To the best of my knowledge, when this person signs this form, he or she understands:

- What the study is about.
- What needs to be done.
- What the potential benefits might be.
- What the known risks might be.
- That taking part in the study is voluntary.

\_\_\_\_\_  
Signature of Investigator  
or authorized research  
investigator designated by  
the Principal Investigator

\_\_\_\_\_  
Printed Name of Investigator

\_\_\_\_\_  
Date

## **Parental Informed Consent**

Social and Behavioral Sciences

University of South Florida

### **Information for People Who's Children Are Being Asked to Take Part in a Research Study**

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Researchers at the University of South Florida (USF) study many topics, such as parenting skills. To do this, we need the help of people who agree to take part in a research study. The following information is being presented to help you decide whether or not you want to take part in a minimal risk research study. Please read this carefully. If you do not understand anything, ask the person in charge of the study.

**Title of Study:** *The Effects of a Positive Parenting Course on the Coercive Family Process: Coercive Interactions between Parent and Child.*

**Principal Investigator:** *Lezlee Powell, BCABA*

**Study Location(s):** *Potential Foster Homes in District 6, Under HRS and HKI*

### **Should your child take part in this study?**

This form tells you about this research study. You can decide if you want your child to take part in it. They do not have to take part. Reading this form can help you decide.

You may have questions this form does not answer. If you do, ask the person in charge of the study or study staff as you go along.

### **After you read this form, you can:**

- Take your time to think about it.
- Have a friend or family member read it.
- Talk it over with someone you trust.

It's up to you. If you choose to let your child be in the study, then you can sign the form. If you do not want your child to take part in this study, do not sign the form.

### **Why is this research being done?**

We are asking you to allow your child to participate in this research study because you as the parent(s) are going through the "Parenting Tools for Positive Behavior Change" parenting course as the final step in your licensing process to become therapeutic foster parents in Hillsborough County.

We are asking your child to take part in this study because this study is focusing on the interactions between you as the parent and the child. Therefore, your child would need to be present and participate in order for the observer to record the parent/child interactions for data collection.

### ***What will happen during this study?***

The data collector(s), graduate students who have graduated from the Applied Behavior Analysis Master's program at the University of South Florida, will record data by direct observation, using paper, pencil, a headset to prompt observation and recording periods, and recording data sheets. During all visits, the child will be required to interact in the home as if the observer were not present. He or she will be asked to remain out in common family areas, as opposed to staying outside or in their bedrooms.

Your child will need to be home and present for between 16 to 24 study visits in all. This is broken down into 2, 1-hour visits for 8 to 12 weeks in this study. This may vary depending on how your particular home falls when randomized (like the flip of a coin) to the number of baseline weeks, or weeks data is collected before your classes begin, that will be needed to incorporate a multiple baseline study between families taking a parenting class that starts at the same time.

### **Payment for Participation:**

During the last visit the participating parent/household will receive a \$50.00 payment for completing the entire study. Those families who do not complete the entire study will not receive any cash payment.

### **How many other people will take part?**

About 4 families or up to 4 adults and 4 adolescents will take part in this study at USF. A total of about 8 to 12 people will take part.

### **What other choices do you have if you decide not let your child to take part?**

If you decide not to let your child take part in this study, that is okay. However, there are no other choices if you would like to participate in this study, as both parent and child must be observed.

### **What will it cost you to let your child take part in this study?**

It will not cost you anything but your time to take part in the study.

***What are the potential benefits to your child if you let him/her take part in this study?***

The potential benefits to your child are:

- Your child might receive an increase in praise from their parent, and a decrease in the amount of coercive parent/child interactions.

**What are the risks if your child takes part in this study?**

There are no known risks to those who take part in this study.

**What will we do to keep your child's study records from being seen by others?**

Federal law requires us to keep your child's study records private. However, certain people may need to see your child's study records. By law, anyone who looks at your child's records must keep them confidential. The only people who will be allowed to see these records are:

- Authorized research personnel.
- Employees of the Department of Health and Human Services.
- People who make sure that we are doing the study in the right way. They also make sure that we protect your rights and safety:
  - The USF Institutional Review Board (IRB), and its staff, and any other individuals acting on behalf of USF.
  - The United States Department of Health and Human Services (DHHS)

The results of this study may be published. However, the data obtained from you and your child will be combined with data from others in the publication. The published results will not include your name, your child's name, or your families name or any other information that would personally identify you or your family in any way.

**What happens if you decide not to let your child take part in this study?**

You should only let your child take part in this study if both of you want to take part. If you decide not to let your child take part your child will not be in trouble or lose any rights s/he normally have.

If you decide you want to stop taking part in the study, tell the study staff as soon as you can. Your household will not receive the \$50.00 cash payment.

***Are there reasons we might take your child out of the study later on?***

Even if you want your child to stay in the study, there may be reasons we will need to take him/her out of it. Your child may be taken out of this study if the investigator stops the study or if your child is not available for the study visits when scheduled.

***You can get the answers to your questions.***

If you have any questions about this study, call the principal investigator, Lezlee Powell at (813) 857-4206.

If you have questions about your rights as a person who is taking part in a study, call USF Research Compliance at (813) 974-5638.

**Consent for Child to Take Part in this Research Study**

It's up to you. You can decide if you want to your child take part in this study.

**I freely give my consent to let my child take part in this study. I understand that this is research. I have received a copy of this consent form.**

\_\_\_\_\_  
Signature of Parent  
of child taking part in study

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

The person who is giving consent to take part in this study

- Understands the language that is used.
- Reads well enough to understand this form. Or is able to hear and understand when the form is read to him or her.
- Does not have any problems that could make it hard to understand what it means to take part in this study.
- Is not taking drugs that make it hard to understand what is being explained.

To the best of my knowledge, when this person signs this form, he or she understands:

- What the study is about.
- What needs to be done.
- What the potential benefits might be.
- What the known risks might be.
- That taking part in the study is voluntary.

\_\_\_\_\_  
Signature of Investigator  
Or authorized research  
investigator designated by  
the Principal Investigator

\_\_\_\_\_  
Printed Name of Investigator Date



## **Assent to Participate in Research**

University of South Florida

**Information for Individuals under the Age of 18 Who Are Being Asked To Take Part in Research Studies**

### ***The Effects of a Positive Parenting Course on the Coercive Family Process: Coercive Interactions between Parent and Child.***

#### **WHY AM I BEING ASKED TO TAKE PART IN THIS RESEARCH?**

You are being asked to take part in a research study about the effects of a parent training course on coercive interactions between parents & children. You are being asked to take part in this research study because the study is looking at how both parents and you as the child interact with one another. If you take part in this study, you will be one of about eight people in this study.

#### **WHO IS DOING THE STUDY?**

The person in charge of this study is Lezlee Powell (PI) of USF Graduate Studies in Applied Behavior Analysis and Behavior Analyst at Families First of Florida She is being guided in this research by Dr. Jennifer Austin [Advisor]. Other people who you may see while you are on the study are: the two assigned data collectors that will observe your parent/child interactions in your home.

#### **WHAT IS THE PURPOSE OF THIS STUDY?**

By doing this study, we hope to learn how to create positive and reinforcing interactions between parents and children.

#### **WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?**

The study will be take place in your home. You will be asked to be present in your home approximately 14 times during the study. Each of those visits will take about 1 hour. The total amount of time you will be asked to volunteer for this study is 22 hours over the next 11 weeks.

#### **WHAT WILL I BE ASKED TO DO?**

We will need to watch how you and your parents interact in normal, everyday activities in your home. You will be asked to complete your homework assignments, daily chores, or activities as directed by your parents as you normally would each day after school.

A data collector will sit in the room and write down what happens during this activity and how you and your parent reacted during that activity. The data collector will come to your home twice a week to just sit and watch the activities in your home. There are no right or wrong ways to react during these activities and you will not be asked to answer any questions or have any interactions with the data collector in your home. There will be no therapy or additional activities for you to participate in other than your normal daily routine after school with your family.

### **WHAT THINGS MIGHT HAPPEN THAT ARE NOT PLEASANT?**

To the best of our knowledge, the things you will be doing will not harm you or cause you any additional unpleasant experience. There will be no possible physical harm because you will not be asked to take any medications or participate in any therapeutic procedures.

### **WILL I GET BETTER IF I TAKE PART IN THIS STUDY?**

We cannot promise you that anything good will happen if you decide to take part in this study.

### **DO I HAVE TO TAKE PART IN THE STUDY?**

You should talk with your parents or anyone else that you trust about taking part in this study. If you do not want to take part in the study, that is your decision. You should take part in this study because you really want to volunteer.

### **IF I DON'T WANT TO TAKE PART IN THE STUDY, WHAT WILL HAPPEN?**

If you do not want to be in the study, nothing else will happen.

### **WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THE STUDY?**

You will not receive any reward for taking part in this study.

### **WHO WILL SEE THE INFORMATION I GIVE?**

Your information will be added to the information from other people taking part in the study so no one will know who you are.

### **CAN I CHANGE MY MIND AND QUIT?**

If you decide to take part in the study you still have the right to change your mind later. No one will think badly of you if you decide to quit. Also, the people who are running this study may need for you to stop. If this happens, they will tell you why.

## WHAT IF I HAVE QUESTIONS?

You can ask questions about this study at any time. You can talk with your parents or other adults that you trust about this study. You can talk with the person who is asking you to volunteer. If you think of other questions later, you can ask them.

### **Assent to Participate**

I understand what the person running this study is asking me to do. I have thought about this and agree to take part in this study.

\_\_\_\_\_  
Name of person agreeing to take  
part in the study

Date \_\_\_\_\_

\_\_\_\_\_  
Name of person providing  
information to subject

Date \_\_\_\_\_

## Appendix D: Observer Data Collection Sheet

Location of Observation: \_\_\_\_\_ Week: \_\_\_\_\_ Observer: \_\_\_\_\_

Participants: \_\_\_\_\_ Time Began: \_\_\_\_\_ Time Ended: \_\_\_\_\_

Instructions: Mark the corresponding box for each behavior observed during each interval. Leave box blank if no behavior occurred.

### Behavior of Child(ren) Observed →

<i><b>Bx of Parent</b></i>	<b>Active Appropriate</b>						<b>Inappropriate</b>						<b>Consequential</b>					
	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
Generic positive interaction: Other forms of positive interactions (touch, wink, thumbs up).	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
	13	14	15	16	17	18	13	14	15	16	17	18	13	14	15	16	17	18
	19	20	21	22	23	24	19	20	21	22	23	24	19	20	21	22	23	24
	25	26	27	28	29	30	25	26	27	28	29	30	25	26	27	28	29	30
Praise	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
	13	14	15	16	17	18	13	14	15	16	17	18	13	14	15	16	17	18
	19	20	21	22	23	24	19	20	21	22	23	24	19	20	21	22	23	24
Giving a positive consequence	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
	13	14	15	16	17	18	13	14	15	16	17	18	13	14	15	16	17	18
	19	20	21	22	23	24	19	20	21	22	23	24	19	20	21	22	23	24
Ignoring Junk Behavior	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
	13	14	15	16	17	18	13	14	15	16	17	18	13	14	15	16	17	18
	19	20	21	22	23	24	19	20	21	22	23	24	19	20	21	22	23	24
Stop – Redirect to a more appropriate behavior	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
	13	14	15	16	17	18	13	14	15	16	17	18	13	14	15	16	17	18
	19	20	21	22	23	24	19	20	21	22	23	24	19	20	21	22	23	24
No response to appropriate Bx	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
	13	14	15	16	17	18	13	14	15	16	17	18	13	14	15	16	17	18
	19	20	21	22	23	24	19	20	21	22	23	24	19	20	21	22	23	24
Verbal Force: Arguing, Criticism, Sarcasm/Teasing, Questioning, Logic, Helplessness, etc.	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
	13	14	15	16	17	18	13	14	15	16	17	18	13	14	15	16	17	18
	19	20	21	22	23	24	19	20	21	22	23	24	19	20	21	22	23	24
Physical Force/Threats	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
	7	8	9	10	11	12	7	8	9	10	11	12	7	8	9	10	11	12
	13	14	15	16	17	18	13	14	15	16	17	18	13	14	15	16	17	18
	19	20	21	22	23	24	19	20	21	22	23	24	19	20	21	22	23	24

Activities observed: \_\_\_\_\_

Comments/Notes from observation: \_\_\_\_\_

Directions/Definitions for use: Appropriate – Inappropriate – Consequential describes the behavior of the child or children that you are observing. Place a data mark in the box that corresponds to the behavior of the child and the parent’s response to the behavior.

<b>Bx of Parent</b>	<b>Definitions</b>
Generic positive interaction: Other forms of positive interactions (touch, wink, thumbs up, etc.).	Parent is physically close, maybe giving appropriate touch, eye contact, face & body, but no specific praise.
Giving a positive consequence	Parent gives child a positive reinforcer for an appropriate behavior.
Praise	Descriptive verbal praise.
Ignoring Inappropriate Bx	May not be “doing something else”, or using the tool, but is not attending to inappropriate behavior.
Stop-Redirect to a more appropriate behavior	Parent tells child to stop consequential behavior and redirects them to do a more appropriate behavior.
No response to appropriate Bx	Parent does attend to appropriate behaviors of the child.
Arguing	Coercion: Arguing
Criticism	Coercion: Criticism
Sarcasm/Teasing	Coercion: Sarcasm/Teasing
Questioning	Coercion: Questioning
Force	Coercion: Force
Threats	Coercion: Threats
Logic	Coercion: Logic
Helplessness	Coercion: Helplessness

## Appendix E: Data Collector Study Guide & Quiz

### ***Data Collector Study Guide***

***Active appropriate behaviors:*** Any non-disruptive, non-harmful behavior that the child is actively engaged in that demonstrates compliance with accepted social norms. Generally, these behaviors will be those that parents, peers, teachers, and other adults would like to occur more often or have not seen but would like to see occur in the future. Active appropriate behaviors might include such things as compliance with a chore, saying please and thank you during conversations, making beds in the morning, conversing with clear, calm, and “clean” language, doing homework, or playing with others without fighting or arguing.

***Inappropriate behaviors:*** Behaviors that are not physically harmful to the child or others and do not result in property destruction, but do not meet the criteria for appropriate behavior. Inappropriate behaviors may include such things as cursing, mumbling under one’s breath, rolling eyes, leaving clothes on floor, leaving dirty dishes in sink, playing music that is annoying to others or too loud, talking back or arguing with parent, calling parent or siblings names, or whining and crying to get attention.

***Consequential behaviors:*** Behaviors that are physically harmful to the child displaying the behavior, to others around that child, and/or to property. Consequential behaviors may include such things as hitting, pushing/shoving, kicking, pulling hair, using illegal drugs, stealing, throwing property, knocking over tables and their contents, breaking windows, throwing rocks at people or at vehicles, or running away.

***Generic Positive Interaction:*** Asking open-ended questions, touching the child in a positive manner, and matching their child’s face, voice, and body language during the discussion. The parent is physically close, maybe giving appropriate touch, eye contact, face & body, but no specific praise (touch, wink, thumbs up, etc.).

***Praise:*** Any statement or action by the parent used to indicate their approval of a targeted appropriate behavior. For example, a parent may say, “Wow, that was a great performance”, “I’m really proud of you for working so hard on your school work”, or “I really appreciate that you made your bed this morning”.

***Giving a positive consequence:*** A reinforcer given along with or without praise statements. Positive consequences may include such things as extra TV time, extra telephone time, extra time out side with friends, a free night from chores, a touch from the parent, stickers, pints towards a larger goal, etc.

***Ignoring Inappropriate Behavior:*** Actively attending to another person, activity, or thing while the child displays the inappropriate behavior and subsequently attending to the child when the child has stopped displaying the inappropriate behavior.

***Stop-Redirect to a More Appropriate Behavior:*** Any statement made by the parent that indicates to the child that he must stop an inappropriate behavior, followed by a suggestion for the child to engage in an appropriate behavior or activity, while being careful not to use sarcasm, verbal force, or threats.

***No response to appropriate behavior:*** The parent's failure to identify and give an appropriate positive consequence when a child is engaged in appropriate behavior.

***Verbal Force:***

***Arguing:*** will be defined as challenging statements made back and forth between the parent and child to accuse, reason, and/or to demonstrate or prove a point of view.

***Criticism:*** will be defined as any statement made by the parent regarding the child that is meant to consider the merits of, identifies the demerits of, and/or judges a child's thoughts or actions.

***Sarcasm/Teasing:*** will be defined as statements that indicate something positive but are delivered in a tone of voice that communicates that the statement is not reinforcing to the child. These statements depend on its effect on bitter, caustic, and often ironic language that is usually directed against an individual or in this case their child.

***Questioning:*** will be defined as asking closed ended questions so that the parent may receive only yes or no answers in responses, thus not allowing the parent to receive enough information from these answers to carry on a two-way conversation.

***Logic:*** will be defined as explaining why a child needs to behave in a particular manner beyond what is necessary to get the immediate point across and that puts the child down by showing how illogical their behavior is.

***Helplessness:*** will be defined as any statement made by the parent in a pleading manner in an effort to "guilt" the child into behaving in a particular way. Thus presenting themselves as incapable of finding a solution for the immediate situation at hand.

***Physical Force:***

***Physical Force:*** will be defined as any physical contact initiated by the parent used to induce compliance to a request or to punish a behavior. Physical force may include such behaviors as pushing, shoving, grabbing the child by the arm, poking a child hard enough to make the child cry out or to leave a mark, or hitting/spanking the child in any form.

***Physical Threats:*** will be defined as statements or action indicating the use of punishment and/or the removal of child-preferred tangible items or activated contingent upon inappropriate or consequential behavior that the parent does not then follow through with.

## *Data Collection Definition Quiz*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

**1. Which is NOT appropriate touch?**

- \_\_\_\_\_ High five
- \_\_\_\_\_ Open hand to shoulder
- \_\_\_\_\_ Frontal hug
- \_\_\_\_\_ Pat on arm

**2. Positive focus on appropriate behavior is called?**

- \_\_\_\_\_ Positive Reinforcement
- \_\_\_\_\_ Punishment
- \_\_\_\_\_ Negative Reinforcement
- \_\_\_\_\_ Coercion

**3. Cursing, swearing, & arguing are what?**

- \_\_\_\_\_ Bad Behaviors
- \_\_\_\_\_ Inappropriate Behaviors
- \_\_\_\_\_ Appropriate Behaviors
- \_\_\_\_\_ Consequential Behaviors

**4. Physically harmful behaviors to the child, others, and property are called?**

- \_\_\_\_\_ Generic Positive Behaviors
- \_\_\_\_\_ Inappropriate Behaviors
- \_\_\_\_\_ Appropriate Behaviors
- \_\_\_\_\_ Consequential Behaviors

**5. Asking questions & touching during a conversation is an example of:**

- \_\_\_\_\_ Questioning
- \_\_\_\_\_ Logic
- \_\_\_\_\_ Praise
- \_\_\_\_\_ Generic Positive Behavior

**6. Which is NOT an example of a Praise statement?**

- \_\_\_\_\_ I'm really proud of your grades!
- \_\_\_\_\_ You look very happy today!
- \_\_\_\_\_ I appreciate you cleaning your room today.
- \_\_\_\_\_ Supper job at football practice today.

**7. Which is NOT an Appropriate behavior?**

- \_\_\_\_\_ Completing a chore
- \_\_\_\_\_ Whining
- \_\_\_\_\_ Completing homework
- \_\_\_\_\_ Watching TV

**8. Name Four Inappropriate Behaviors:**

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**9. Name Four Consequential Behaviors:**

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**10. Telling a child to stop one behavior and to begin a related behavior is called:**

- \_\_\_\_\_ Praise
- \_\_\_\_\_ Ignoring Inappropriate Behavior
- \_\_\_\_\_ Stop-Redirect
- \_\_\_\_\_ Threats

**11. Name Four Appropriate Behaviors:**

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**12. Name Four Appropriate Behaviors:**

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13. **Extra TV or curfew time, a free night of chores, a pat on the back or a new sticker are examples of:**

- \_\_\_\_\_ Positive Consequence
- \_\_\_\_\_ Generic Positive Interaction
- \_\_\_\_\_ Praise
- \_\_\_\_\_ Ignoring Inappropriate Behavior

14. **A parent fails to reinforce or notice appropriate behavior is called:**

- \_\_\_\_\_ Punishment
- \_\_\_\_\_ Negative Reinforcement
- \_\_\_\_\_ Coercion
- \_\_\_\_\_ No response to appropriate behaviors

15. **Positive statements made in a non-genuine tone are called?**

- \_\_\_\_\_ Criticism
- \_\_\_\_\_ Threats
- \_\_\_\_\_ Sarcasm/Teasing
- \_\_\_\_\_ Praise

16. **Explanations that are way too long are called?**

- \_\_\_\_\_ Verbal Force
- \_\_\_\_\_ Logic
- \_\_\_\_\_ Arguing
- \_\_\_\_\_ Criticism

17. **Physical contact made to induce compliance is called?**

- \_\_\_\_\_ Questioning
- \_\_\_\_\_ Logic
- \_\_\_\_\_ Praise
- \_\_\_\_\_ Physical Force

18. **“Oh, ya, that looks good” is an example of:**

- \_\_\_\_\_ Verbal Force
- \_\_\_\_\_ Logic
- \_\_\_\_\_ Arguing
- \_\_\_\_\_ Criticism

19. **Focusing on someone/something else while child displays inappropriate behavior is called?**

- \_\_\_\_\_ Positive Consequence
- \_\_\_\_\_ Generic Positive Interaction
- \_\_\_\_\_ Praise
- \_\_\_\_\_ Ignoring Inappropriate Behavior

20. **Forcing a child to agree with you during a back & forth conversation is called?**

- \_\_\_\_\_ Questioning
- \_\_\_\_\_ Verbal Force
- \_\_\_\_\_ Arguing
- \_\_\_\_\_ Logic

21. **Statements that make a child feel ashamed or put down are called?**

- \_\_\_\_\_ Questioning
- \_\_\_\_\_ Logic
- \_\_\_\_\_ Criticism
- \_\_\_\_\_ Verbal Force

22. **Statements indicating the use of punishment if an inappropriate or consequential behavior is not stopped are called?**

- \_\_\_\_\_ Verbal Force
- \_\_\_\_\_ Logic
- \_\_\_\_\_ Arguing
- \_\_\_\_\_ Threats

23. **Statements made indicating the threat of future punishment are called?**

- \_\_\_\_\_ Logic
- \_\_\_\_\_ Threats
- \_\_\_\_\_ Verbal Force
- \_\_\_\_\_ Criticism

24. **“Why are you late?” is an example of?**

- \_\_\_\_\_ Questioning
- \_\_\_\_\_ Logic
- \_\_\_\_\_ Praise
- \_\_\_\_\_ Physical Force

## Appendix F: Key Point Checklist

### Key Point Checklist

Trainer Scored: \_\_\_\_\_

Class Time: \_\_\_\_\_

Scored by: \_\_\_\_\_

Session: 1

#### **Key Points Made by Instructor:**

- Course Expectations
- Goals & Objectives
- Explain Rules, Homework, Behavior Recording Sheet
- Explain Role Plays
- Define Coercion & List Types of Coercion & Their Effects
- Define & List Examples of Inappropriate Behaviors
- Why Do Inappropriate Behaviors Occur
- Establishing Self as Safe Environment
  - o What it Is
  - o What it Is Not
  - o Benefits
  - o When to
- Demonstrate Tool Stay Close
- List & Discuss Steps of Stay Close
  - o Get Close
  - o Touch
  - o Match Facial, Tone of Voice & Body Language
  - o Listen
  - o Give Empathy Statement
  - o Ask Open-ended Questions
  - o Stay Cool!!
- Allow Participants to Practice Stay Close
- Check Out of Tool
- How to Create a Safe & Positive Environment
- Give Homework & Reading Assignments
- Complete Session Evaluation

# Key Point Checklist

Trainer Scored: \_\_\_\_\_

Class Time: \_\_\_\_\_

Scored by: \_\_\_\_\_

Session: \_\_\_\_\_ 2 \_\_\_\_\_

**Key Points Made by Instructor:**

- Collect Homework & Discuss
- Review Coercives & Steps to Stay Close
- Define & List Examples of Behavior
- Giving Positive Attention & Building up of Appropriate Behaviors
- Positive Proactive Parenting
  - Shows Child Which Behaviors You Like
  - Recognize Inappropriate Bx as a Need to Teach
  - Establish Self as Safe Person
  - Maintain Self Control
  - Have a Plan
  - Use of Parenting Tools
- Negative Reactive Parenting
  - Identify & Weaken Inappropriate Behavior
  - Recognize Inappropriate Bx as a Need to Teach
  - Establish Self as Unsafe Person
  - Parenting is Controlled by Mood
  - Do Not Have a Plan
  - Do Not Use Parenting Tools
- Define & Identify Consequences
- Behavior Principal 1: Strengthening or Weakening Behavior
- Behavior Principal 2: What Effects Behavior in the Long Run
- List Possible Positive Consequences
- Demonstrate Tool Positive Consequences
- List & Discuss Steps of Positive Consequences
  - State Appropriate Behavior
  - Get Close
  - Match Face, Tone of Voice, & Body Language
  - Give Positive Consequence
  - Provide within 3 seconds
  - Stay Cool!!
- Allow Participants to Practice Steps of Positive Consequences

- Check Out of Tool
- Give Homework & Reading Assignments
- Complete Session Evaluation

## Key Point Checklist

Trainer Scored: \_\_\_\_\_

Class Time: \_\_\_\_\_

Scored by: \_\_\_\_\_

Session: 3

### **Key Points Made by Instructor:**

- Collect Homework & Discuss
- Review Positive Consequences & Ignore Inappropriate Behavior
- Why do Inappropriate Behaviors Occur?
- Define Inappropriate Behavior & List Examples
- Define & List Examples of Harmful or Consequential Behaviors
- List & Discuss Steps of Ignore Inappropriate Behavior
  - Do Not Respond to Inappropriate
  - Engage in Alternate Activity
  - Listen for Inappropriate to Stop & Appropriate Behavior to Begin
  - Provide Positive Consequence within 3 seconds
- Discuss Extinction Burst
- List & Discuss Steps of Pivot
  - Do Not Respond to Inappropriate Behavior
  - Provide Positive Consequence to Other Displaying Appropriate Behavior OR Engage in an Other Activity
  - Listen for Inappropriate Behavior to Stop & Appropriate Behavior to Begin
  - Provide Positive Consequence within 3 seconds
  - Stay Cool!!
- Demonstrate Tool Pivot
- Check Out of Tool
- Give Homework & Reading Assignments
- Complete Session Evaluation

## Key Point Checklist

Trainer Scored: \_\_\_\_\_

Class Time: \_\_\_\_\_

Scored by: \_\_\_\_\_

Session: 4

### **Key Points Made by Instructor:**

- Collect Homework & Discuss
- Review Coercives and Steps to Pivot
- When & Where Tool Should be Utilized
- List & Discuss Steps of Setting Expectations
  - Time / Place
  - Positive Tone
  - Set Expectation
  - Briefly Reflect Child's Feelings
  - Benefits to Child
  - Ignore Inappropriate
  - Restate Expected Behavior
  - Praise Restatement
  - State Consequence for Meeting & Not Meeting Expectation
  - Negotiate
  - Restate Consequences
  - Praise Restatement
  - Stay Cool!
  - What to Expect
- Demonstrate Setting Expectations
- Discuss Selecting Appropriate Consequences & How to Negotiate Consequences
- When to Terminate use of Tool
- Allow Participants to Practice Steps of Setting Expectations
- Check Out of Tool
- Why We Use Contracts
- When to use a Contract

### What's In a Contract

- What
- When
- How
- Short-Term Consequences
- Long-Term Consequences
- When to Review
- 

### How to Utilize a Contract

### List & Discuss Steps to Developing a Contract

- Time / Place
- Positive Tone
- Set Expectation
- Briefly Reflect Child's Feelings
- Benefits to Child
- Ignore Inappropriate
- Restate Expected Behavior
- Praise Restatement
- State Consequence for Meeting & Not Meeting Expectation
- Negotiate
- Restate Consequences
- Praise Restatement
- Stay Cool!
- What to Expect

### Allow Participants to Practice Steps of Using A Contract

### Give Homework & Reading Assignments

### Complete Session Evaluation

## Key Point Checklist

Trainer Scored: \_\_\_\_\_

Class Time: \_\_\_\_\_

Scored by: \_\_\_\_\_

Session: 5 \_\_\_\_\_

### **Key Points Made by Instructor:**

- Collect Homework & Discuss
- Discuss & Practice How to Review Contract with Child
- Review Coercives
- Review Behavioral Definitions
- Review Steps to Stay Close
- Review Steps to Positive Consequences
- Review Steps to Ignoring Inappropriate Behaviors
- Review Steps to Pivot
- Review Steps to Set Expectations
- Review Steps to Developing a Contract
- Complete Final Course Evaluation