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Stability and change in parenting attitudes and behaviors regarding discipline: The effectiveness of a hands-on training program in positive guidance

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Stability and change in parenting attitudes and behaviors regarding discipline: The effectiveness of a hands-on training program in positive guidance

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Stability and change in parenting attitudes and behaviors regarding discipline: The effectiveness of a hands-on training program in positive guidance

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This study examined which methods are most effective in training parents to use positive guidance techniques, a lecture-base only parent training series or a lecture-based plus hands-on parent training series. Maternal characteristics of depression, stress level, and attitudes towards positive guidance were explored as possible moderators. A two way repeated measures ANOVA indicated that the cognitive understanding of the use of positive guidance over time of the participants in the control versus treatment groups did not significantly differ. However, a t-test showed that both groups improved in their cognitive understanding of positive guidance over time. A second two way repeated measures ANOVA confirmed that the behavioral use of positive guidance over time of the participants in the control versus treatment groups significantly differed. Further investigation revealed that, while the two groups did not differ in their behavioral use of positive guidance before the program, the treatment group improved over time whereas

the control group did not. Depression, stress level, and attitudes towards positive guidance did not moderate the effects of being in the control versus treatment group on participants' behavioral use of positive guidance. The results indicate that all participants gained a better understanding of effective parenting techniques, but a hands-on component in parent training programs may be necessary for parents to incorporate these strategies into their parenting behaviors.

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## Introduction

Over 94% of parents use physical punishment to discipline their children (Gershoff, 2002). Yet, extensive research has shown corporal punishment to have negative long-term effects on children, such as aggression and criminal activity (McCord & McCord, 1959; McLoyd, Jayaratne, Ceballo, & Borquez, 1994; Patterson & Stouthamer-Loeber, 1984). Many parents believe that if they spare the rod, they will spoil the child. In other words, they feel their only alternative to physical punishment is to be permissive and let their child run wild. Just as physical punishment is detrimental to children, extensive research has shown permissive parenting to be linked with negative child outcomes (Lee, Vandell, & Posner, 1998; Mauro & Harris, 2000; Morrongiello, Corbett, Lasenby, Johnston, & McCourt, 2006), such as an inability for children to regulate their emotions, an increase in children's aggression, substance abuse, and school misconduct (Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Patock-Peckham, Cheong, Balhorn, & Nagoshi, 2001), and an inability for children to learn boundaries and consequences for their behaviors (Flicker & Hoffman, 2002). For the present study, an intervention was created to teach parents alternatives to punitive and permissive parenting and to explore the extent to which parents can change. Specifically, two kinds of training methods were compared, one focused solely on disseminating information aimed at changing beliefs in a supportive group environment and the other which included the group format to disseminate information as well as hands-on training with children.



While many parents are either punitive or permissive, the highest quality early childhood centers in the U.S. use positive guidance. Because positive guidance avoids punitive techniques and the use of negative or controlling language, it is often misconstrued as permissive. In hearing about positive guidance for the first time, adults erroneously think that it entails no limits for children and that children get to make all of the choices (Ehrensaft, 1997). Positive guidance does not entail this extreme leniency of putting children in control, but instead involves “setting boundaries and limits in a fair way, based on developmentally appropriate expectations and individual needs” (McFarland, Saunders, & Allen, 2008, p. 207). In fact, the National Association for the Education of Young Children (NAEYC) requires that positive guidance and developmentally appropriate practices be used by early childhood educators in nationally accredited early childhood education programs (Bredekamp, 1997; Porter, 2000). It is in the early childhood classroom context that the philosophy of positive guidance has thrived over the years.

While early childhood educators are essential in the lives of children, parents are children’s most influential teachers. Yet, because positive guidance has traditionally been used in early childhood facilities only, few parents are exposed to or trained to use positive guidance techniques. Given that NAEYC considers positive guidance techniques to be the most appropriate way to promote young children’s development, it is possible that parents could benefit from using some of the same strategies in their day to day parenting.

Hence, this study will examine which methods are most effective in training parents to use positive guidance techniques. First, how children are viewed through a positive guidance lens will be discussed. Then, the philosophy of positive guidance will be defined by explaining how language is used to guide young children and why children's social emotional health is key to their development. Next, social cognitive theory will be applied to training parents how to guide children with positive guidance.

### *A Paradigm Shift*

As far back as the fifth century B.C.E., societies believed in preformationism. That is, human beings were entirely preformed at the moment of conception, merely very small, simply growing in size until birth (Crain, 2005). For centuries, adults believed that children were fully formed miniature adults, dressing them in similar clothing and treating them as adults in social settings (Aries, 1960). In the more recent past centuries, adults viewed children as their property rather than as human beings (Miller, 2004). And just a century and a half ago, it was not necessary to report the death of babies, as they were not considered to be real humans yet (Aries, 1960).

Currently, children are viewed as developing human beings with inalienable human rights (Miller, 2004). This shift in paradigm has happened very gradually over time, and there is still tweaking to be done. Remnants of the 17<sup>th</sup> century philosopher, Thomas Hobbes', view of the child as being inherently evil still prevail today. Adults often assume ill intent behind the actions of children. Gartrell (1995) suggests that children engage in "mistaken behavior" as opposed to "misbehavior," implying that children make mistakes as they acquire and learn complex life skills. Positive guidance

is a large step in the direction of bringing children the respect and rights they deserve as the youngest members of the human race.

*What is Positive Guidance?*

Historically, parents tended to use physical punishment when their children misbehaved. The adage “spare the rod, spoil the child,” an interpretation from a series of verses in King Solomon’s book of proverbs, was conventional wisdom among parents in the 1950s. So much so that Dr. Spock’s pronouncement that this practice was verboten initiated a raging debate. According to principles of behaviorism, punishment is a negative reinforcement, with the short-term goal of immediately stopping inappropriate behaviors (Skinner, 1969). The detailed empirical studies that followed indicated that using physical punishment is harmful to children’s emotional development (Flicker & Hoffman, 2002; Gershoff, 2002). Children who were punished physically are more aggressive (Patterson, 1982), have poor relationships with their caregivers (Parke, 1977) and exhibit more depression (McLoyd et al., 1994). One problem with responding to children’s inappropriate behaviors with punishment is that it does not communicate to the child how to behave appropriately in the future. Instead, the adult who punishes is focusing energy on chastising the child about events of the past that cannot be changed. An alternative way to help children with their inappropriate behaviors is positive guidance techniques, such as logical and natural consequences, reasoning, conflict negotiation, and limit setting (Flicker & Hoffman, 2002; Gartrell, 2002).

Experts in the field of early childhood education consider positive guidance techniques, as opposed to permissive or punitive discipline strategies, to be the most

appropriate way to work with young children's behavioral issues (Flicker & Hoffman, 2002; Gartrell, 2002). Although positive guidance is recommended by experts as best practice, it is important that childcare providers be culturally sensitive in working with children (McFarland, Allen, & Saunders, Under Review). While positive guidance is traditionally geared toward Caucasian and middle-class individuals, it could be adapted by caregivers to serve other individuals.

The foundation of positive guidance lies in building a relationship of trust between the child and the adult. In order for children to listen and appropriately respond to adults, they must care about and be invested in a relationship with them. Adults must build social capital with children in order for guidance to be effective. Then, the adult can make decisions about how to best interact with a child based on their relationship with that individual.

Positive guidance is a process involving strategies that support the growth of effective life skills in children (Miller, 2004). Gartrell (1997) explains that "Guidance teaches children the life skills they need as citizens of a democracy (Wittmer & Honig, 1994): respecting others and one's self, working together in groups, solving problems using words, expressing strong emotions in acceptable ways, making decisions ethically and intelligently" (p.35). In the short term, guidance seeks to help children keep themselves, others, and the environment safe (Miller, 2004). Long term, adults help children internalize right from wrong, learn how to regulate their emotions, to engage in socially competent interactions with their peers, and to develop positive self-esteems (Gartrell, 1997). To this end, adults use specific positive guidance strategies, including

the use of positive language, reasoning, choice giving, problem-solving, negotiation, conflict resolution, and redirection to guide children's behaviors rather than to control undesirable behaviors (Gartrell, 2004; Porter, 2003).

### *The Use of Language in Guiding Children's Behaviors*

The use of language in speaking with young children lays the foundation for practicing positive guidance. Language is important and its use should be precise. In being developmentally appropriate and accurate with language in positive guidance, adults avoid negative words, words that are vague in meaning, words that place value on children, praise, and questions. In doing so, adults strive to achieve language that is objective and non-judgmental.

Positive language lets children know what they can do with words that are positive instead of negative. Adults avoid the use of no, stop, and not because these words only tell children what they cannot do. Children who are told only to stop their behavior do not hear possibilities for what their actions can be instead (Greenberg, 1988). They have a hard time avoiding the inappropriate behavior and moving towards more appropriate actions.

Language that is vague can have multiple meanings. An adult and child engaged in conversation may have different ideas about what a particular term means if it is imprecise. For example, rather than telling a child to keep her room nice and neat, the adult can be specific and request that all of the child's toys be put back on the shelf and that her bed be made. It is important to communicate clearly so that the intentions behind the words are conveyed.

Language that places value on children serves to pigeonhole them as having particular personal characteristics. Children who are labeled by adults may begin to believe, via a self fulfilling prophecy, that they are “bad” or “stupid” with no clear path to becoming “good” or “smart”. Because they have been repeatedly told they possess certain traits, children begin to act on their supposed traits in greater frequency. Instead of issuing blanket labels, through positive guidance, adults focus on children’s specific actions in their communication. This use of objective and factual language helps children to be more precise as they develop language themselves.

Praise uses positive language in order to promote “good” behavior in children. For this reason, people often make the mistake that positive guidance entails praising children for their appropriate behaviors (McFarland, Saunders, & Allen, 2008). However, such techniques do not fit within a positive guidance framework because they focus children outwardly rather than inwardly (Porter, 2003). Research on person versus process praise has shown that praising children for personal characteristics can negatively affect their self-worth, whereas commenting on process serves to motivate children in the future (Kamins & Dweck, 1999). For example, when an adult tells a child that she is a good girl, the child might wonder whether she is ever a bad girl. Instead of making a judgment about the child’s personal characteristics, the adult can focus on the child’s behaviors in order to separate the child from her actions. Rather than say the child is good, the adult can say, “You remembered to take your plate to the sink, thank you.” Directing children’s actions inwardly helps them to engage in behaviors because they have a desire to do so (rather than being motivated by the approval of another person). It

is important to instill in children a self-motivation so that they are autonomous in their thinking and develop a healthy self-esteem (Wolfgang, 2004). Instead of externally reinforcing children with praise, positive guidance focuses on encouraging children in order to promote their internal motivation (Albert, 1996; Dreikers, 1964). Where the product of children's actions and adult approval are central to praise, encouragement allows children to assess their own actions as well as the process and effort involved in their activities (Gordon, 2003; Wolfgang, 2004).

Many times adults ask children questions when they are trying to set limits. In doing so, they are allowing the child to make a decision (yes or no) when the adult has no intention of accepting no for the answer. Adults need to avoid saying "OK?" at the end of stating a limit or asking "Do you want to . . . ?" or "Will you . . . ?" These questions should only be asked if the adult can live with the child's answer. Questions can be avoided by stating limits or offering choices. Limits are statements that remind children in a non-threatening and positive way of the guidelines for their behaviors. Where limits are predetermined, offering children choices helps them to feel as though they have some control in the situation. Children respond better when they are offered multiple alternatives to their inappropriate behaviors. The child maintains some control, but within boundaries established by the adult.

#### *The Promotion of Children's Social-Emotional Development*

The primary goal of positive guidance is to foster the development of children's social-emotional development. Bandura, the father of social cognitive theory, was highly concerned with children's socialization process, or the way that children learn to behave

in socially acceptable ways (Bandura, 1977). In particular, he noticed that aggression and prosocial behaviors (cooperation, sharing, helping, and altruism) are two common aspects of socialization across the globe (Hetherington & Parke, 1977). According to social cognitive theory, modeling is a powerful force in predicting what behaviors children will try out themselves. Teachers who use positive guidance model prosocial behaviors for children. If role models benefit from their actions, children who observe aggressive or prosocial behaviors are likely to imitate them (Bandura, 1977). Extensive research has shown that prosocial role models influence children's choices to share, be helpful to others in distress, cooperate, and express empathy towards others over time (Bryan, 1975; Mussen & Eisenberg-Berg, 1977; Rushton, 1975).

In addition to observing their teachers, children observe the behaviors of their parents. In fact, parents are children's most influential role models; they have much to teach their children about socialization and how to treat others. Parental behaviors have been shown to be related to their children's altruistic actions (Mussen & Eisenberg-Berg, 1977; Sroufe, Cooper, & DeHart, 1996). By being prosocial themselves, parents can teach children appropriate ways to treat others. From a positive guidance perspective, parents have a valuable opportunity to teach children social skills when situations of conflict arise (Russell, 2004). Parents can model prosocial language to help children listen to others, be empathetic, and negotiate in a fair way in order to resolve conflict. These skills help to build children's confidence while keeping their self-esteem in tact.

#### *Parenting Training Programs*



In raising children, many parents draw from their past histories of being parented to decide how they will discipline their own children. Parents make decisions about what they will or will not do in synchrony or in direct contrast to how they were parented as children. Few parents, however, seek outside information so that they can raise their children in a fundamentally different way. These parents realize that how they were parented, or even the opposite of how they were parented, may not be the best way to raise children. They are among a minority of individuals who actively seek out new ideas to add to their parenting tool boxes. While research into parent training is vast, there is a dearth of empirical data on non-clinical samples, in teaching parents positive guidance, and in hands-on training programs.

Parent training programs remain years behind their counterparts in teacher training programs. There is a wealth of literature on methods to guide children's behavior in primary and secondary school called classroom management. Specifically, classroom management is viewed as "a systematic instructional process used by teachers to guide students toward successful rule compliance in the classroom, on the job, and in the community" (Kaliska, 2002, p. 4). Further, Gordon (2001) explains that through classroom management, teachers have the opportunity to create kind and respectful learning environments that meet the needs of all students. Effective classroom management strategies maximize students' on task behavior and help teachers to create interesting lessons that motivate student to learn (Jones & Jones, 1986). However, these strategies have only been implemented with teachers to help them interact with children

older than six years old. Hence, the applicability to parents in general and specifically those with preschool children is unclear.

In guiding children's behaviors, parent training and classroom management share roots in behaviorism; where parent training programs still employ many of behaviorism's principles, current classroom management strategies build caring environments that bolster children's self-esteem and confidence (Kaliska, 2002). To do this, teachers utilize classroom management techniques such as encouragement (Balson, 1992), logical consequences rather than punishment (Dreikurs, Brunwald, & Pepper, 1998), and prevention through planning the school environment (Emmer, 1994). Teachers are encouraged to think about the classroom rules they would like to create (Evertson, 1994), use communication to aid in conflict resolution (Balson, 1992), and to overall strive for a democratic classroom (Dreikurs, Brunwald, & Pepper, 1998). Thus, parents could learn from the ways in which classroom management strategies and positive guidance techniques overlap.

There are four predominant methods used to train parents to work with their young children. Most interventions using these training methods target clinical populations. Their goals are to ameliorate problem behaviors after they have already developed rather than to prevent problem behaviors. Specifically, the four predominant teaching methods are: behavioral, discussion group or seminar based, one-on-one intervention with the parent and child, and social-emotional based.

Behaviorally based interventions focus on rewards like praise, and punishments like ignoring and time outs. These techniques are often used with children exhibiting

behavioral deficits. Of the empirically based research on behavioral interventions, many use case studies or smaller samples (Shore, Perkins, & Austin, 2008; Ingersoll & Gergans, 2007). In one study, eight children with spastic diplegic cerebral palsy and their parents participated in a feeding program. Parents were trained to better feed their children by use of rewards to reinforce appropriate feeding behaviors (Clawson, Kuchinski, & Bach, 2007). In addition to being small scale, these interventions lack the robustness of having a control group. A handful of empirically based studies go beyond describing cases to include larger samples with control groups. For example, one training program used a behaviorally based bedtime script to help parents put their noncompliant preschoolers to sleep at night. Through ignoring and isolation, parents who followed this script reported reductions in their children's bedtime and daytime behavior problems. The control group, who did not have an alternative bedtime script, did not see any improvement of behaviors (Wade, Ortiz, & Gorman, 2007). Another behavioral parent training program taught parents to use time-out and ignoring in order to control their children's misbehaviors (Masse & McNeil, 2008). While this research is sound, behavioral methods do not use positive guidance. Techniques such as praise, time-out, rewards, and punishments are the exact techniques that positive guidance teaches parents to avoid. The parent training program of this paper differs from behaviorally based studies because it uses positive rather than punitive techniques to guide children.

The majority of parent training programs are discussion group based or presented in a seminar or lecture format. Lecture based interventions provide participants with education, while discussion groups combine an educational agenda with a support group.

One program, *The Incredible Years*, is both discussion and lecture based. This parent training program has been shown to reduce negative parent-child interactions as well as child behavior problems in children with developmental delays (McIntyre, 2008) and to improve the behaviors of children with oppositional conduct problems (Drugli & Larsson, 2006). *The Incredible Years* parent training has also been shown to increase the social competence of high-risk elementary school children (Reid, Webster-Stratton, & Hammond, 2007). While this style of discussion group and/or lecture reduces stress (Eisen, Raleigh, & Neuhoff, 2008) and depression (Hayes, Matthews, Copley, & Welsh, 2008) in parents, it may not change parents' actual parenting behaviors. One lecture based training program offered through the child welfare system found that lecture and discussion alone may lack features necessary for parents to change their practices (Casanueva, Martin, Runyan, Barth, & Bradley, 2008). Discussion and lecture based programs are different from the training program of this paper because most do not use positive guidance, and they are not interactive, allowing parents to put into practice the advice they hear or the new techniques that they learn.

Some parent training programs are more interactive in that they provide one-on-one interventions for parents and their children either through video feedback or in-home training. Video feedback involves first taping a parent and child interacting with each other. Then, a trained professional discusses the taped interaction with the parent, offering constructive feedback. These tapings are usually over only a few sessions. For example, one video based training program gave mothers feedback about their inappropriate behaviors. This feedback helped mothers reduce the inappropriate

behaviors in following interactions with their children (Phaneuf & McIntyre, 2007). In-home training with parents involves a parenting professional working with parents and children one-on-one in their own home environment. As the parent and child interact, the professional teaches techniques to the parent while offering constructive feedback. One program combined parent education with in-home training for parents who have young children at risk for attention deficit hyperactivity disorder. The in-home training was important in increasing children's academic and behavioral functioning (Kern, DuPaul, Volpe, Sokol, Lutz, Arbolino, Pipan, & VanBrakle, 2007). Another intervention provided parents of children with autism spectrum disorders individual mentoring in the application of behavior analytic techniques. Through hands-on training with mentors, these parents were able to help their children with autism increase in cognitive and adaptive functioning (Anan, Warner, McGillivray, Chong, & Hines, 2008). These types of one-on-one interventions might seem the most direct in offering help to parents, but they all target specific behaviors. Video feedback and in-home training are different from the training program of this paper because most one-on-one programs do not use positive guidance and they target specific behaviors.

More recently, parenting education research has been conducted with non-clinical samples. These studies are social-emotional based attachment interventions that are designed to enhance parents' awareness about their relationships with their children. For example, VIPP is an emotional and psychodynamic 4-week video-based intervention that uses video-feedback and group discussions about attachment experiences to increase maternal sensitivity as well as promote infant secure attachment (Velderman, 2005).

Another such program is the Circle of Security, a longer 20-week video-based feedback program also designed to help mothers respond more sensitively to their children (Marvin, Cooper, Hoffman, & Powell, 2002). These social-emotional based intervention programs are the most similar to positive guidance in that they focus on children's social skills and emotion regulation. Thus, VIPP and Circle of Security might have some of the same outcomes as the program of this paper, however the methods are different. VIPP and Circle of Security lack the interactive design of our parent training program.

While the established research on parent training is interesting and helpful to families with specific needs, it does not use positive guidance and it focuses on changing problem behaviors that are already fully established. In contrast, our program targets a non-clinical population and teaches parents techniques that are useful in preventing problem behaviors before they become pervasive. Further, most existing programs are not interactive, and the ones that are focus on parents working with their own children. Our program creates an unbiased setting for parents to work with children other than their own so that they can practice new techniques in an emotionally uncharged situation. Some of the programs described above are short term, some are longer; our program is longer in an effort to let parents sit with information and to give them time to practice. Positive guidance is the most widely used discipline strategy in working with young children. It is striking that so little research addresses its efficacy directly.

#### *Social Learning Theory Applied to Parent Training in Positive Guidance*

Most parenting education programs offer parents knowledge through informational seminars or handouts. Virtually no parent training programs provide a

hands-on experience, where parents learn by observing role models and practicing with children. Cognitively, parents learn new information through lecture based parenting education programs; whether or not parents act on this new knowledge and change their parenting styles is questionable.

Parents' beliefs are not necessarily indicative of their behaviors (McMullen, 1997; Smith, 1997). In learning about positive guidance through lecture alone, parents can gain an academic knowledge of the techniques. That is, they can understand the concepts, which may impact and even change their beliefs about how to be a good parent. If parents *believe* in positive guidance, wouldn't they use the techniques in their interactions with their children? Multiple factors play a role in determining parent's behaviors, for example, their cultural and religious beliefs about how to discipline children (Goodnow & Collins, 1990; Greenfield & Suzuki, 1998; Harkness & Super, 2002), knowledge about child development, or ideas about parenting based on their own history of being parented. Thus, if parents change their beliefs about what is most appropriate in their parenting of their children, they still may not act on those beliefs and change their actual parenting. Theoretically, there is reason to believe that an interactive process between educators, parents, and children may be essential in helping parents to not only gain new parenting knowledge, but to act on this knowledge as well.

In teaching parents positive guidance, this study took a social cognitive theory perspective and utilized the interactive process of observational learning as a teaching tool. Bandura believed that through cognition and observation humans obtain substantial information in order to learn new behaviors. Through vicarious reinforcement, human

beings observe the probable consequences of the behaviors of others and decide whether or not they would benefit from reproducing the behaviors themselves. In fact, Bandura outlines four components of learning by observing another person that were the basis for teaching parents positive guidance in this study. First, in order to learn through observation, one must pay attention to a role model so that she can choose whether to imitate the model later. Parents in this study observed role models who used positive guidance techniques with children in an early childhood education setting. Second, in order to decide whether to repeat the model's behaviors, one must remember the actions of others by retaining the information in symbolic form (for example, images or words). Parents were able to visually encode how to carry out positive guidance techniques by virtue of seeing the role models use positive guidance with the children. Third, should one want to reproduce the observed behavior, the necessary motor skills are required – one must be physically capable of acting on the observed knowledge. All participants in the study were able to reproduce the behaviors. And last, one must be motivated to perform the new behavior. If the role model received negative feedback for the behavior, an observer may not be likely to repeat it, even though she has the knowledge and may be fully capable of reproducing the actions. However, in this study parents could see that the models were effective in guiding children's behaviors (Bandura, 1977).

Beyond modeling, Bandura believed that an internal process of appraising one's own abilities further serves to reinforce learning (Bandura, 1986). Through self-observation, we reflect to decide whether we are capable of performing particular behaviors to attain certain goals. Bandura believed that this process of appraising one's



self-efficacy has great influence on motivation to perform behaviors in the future (Bandura, 1986). It stands to reason that, for parents learning positive guidance, the internal process of appraising one's ability to use positive guidance with children plays a role in whether parents actually use positive guidance with their children. According to social cognitive theory, parents who worked in the classroom with children may have had more opportunity to see that they are able to use guidance with children. The belief that they are good at positive guidance may be an impetus to persist in using the techniques and adopting the philosophy.

Bandura's process of observational learning and self-efficacy appraisals are theory and their effectiveness over auditory learning has not been tested empirically. Although parents who learn by lecture only may *understand* the tenants of positive guidance and believe in their effectiveness, it is unknown whether they would change their parenting behaviors. These parents miss out completely on the process of observational learning and a chance to appraise whether they are good at the techniques. Because they do not see the techniques in action, they have no way of coding visual images of the behaviors in their minds and may not have a clear idea of how to enact the techniques themselves. Further, if parents have not witnessed the positive effects of practicing guidance with children, they may not know if it would be in their interest to try out the new parenting behaviors.

It is possible, then, that learning about positive guidance in lecture might need to be coupled with observational learning through a supportive role model. In watching another person use positive guidance with a child, parents can visually encode procedures

for using guidance techniques. Further, when they see that the role model is effective in her use of positive guidance, parents can decide to reproduce the behaviors themselves. Thus, in order for parents' beliefs and actions to be congruent, it may be necessary for parents to practice what they learn about positive guidance in lecture so that they see the positive results and adopt the techniques themselves (McFarland, Saunders, & Allen, 2008).

This paper will tease out the differential impact of an interactive parent training program on parents' beliefs and their behaviors. Taking a social learning theory perspective, parents who learn about positive guidance in a lecture only format are expected to change in their beliefs, but not their behaviors. However, parents who practice the techniques they learn under the supervision of a role model are expected to change in their beliefs as well as their behaviors. Though both groups are expected to gain an academic understanding of positive guidance, because the interactive group has had the opportunity to encode positive guidance techniques visually, they are expected to understand positive guidance on a cognitive level to a greater degree than the lecture only group.

More specifically, regarding participants' cognitive understanding of the use of positive guidance, this study will test the following hypotheses:

- (1) The control and treatment groups will significantly differ in their understanding of the use of positive guidance over time.
- (2) Before the program, there will be no differences between the control and treatment groups on their cognitive understanding of the use of positive guidance.

- (3) After the program, the treatment group will score significantly higher than the control group on their cognitive understanding of the use of positive guidance.
- (4) Over the course of the program, both groups are expected to significantly improve in their cognitive understanding of the use of positive guidance.

Regarding participants' behavioral use of positive guidance, this paper will test the following hypotheses:

- (5) The control and treatment groups will significantly differ in their behavioral use of positive guidance over time.
- (6) Before the program, there will be no differences between the control and treatment groups on their behavioral use of positive guidance.
- (7) After the program, the treatment group will score significantly higher than the control group on their behavioral use of positive guidance.
- (8) Over the course of the program, the treatment group is expected to significantly improve in their behavioral use of positive guidance, whereas the control group is not expected to improve.

Even though the control and treatment groups were selected at random, it is still possible that other variables at the beginning of the program, such as depression, stress level, and attitude towards positive guidance, might help to explain group differences in the cognitive understanding of the use of positive guidance as well as the behavioral use of positive guidance over time. Both depression (Teti, Gelfand, Messinger & Isabella, 1995; Martins & Gaffan, 2000) and stress (Moss, Rousseau, Parent, St-Laurent, & Saintonge, 1998) have been shown to impair parenting, and favorable attitudes towards

the approach of the program may affect the degree to which participants learn the material. Therefore, the present study will test whether depression, stress, and attitude towards positive guidance have moderating effects on the cognitive understanding of the use of positive guidance as well as the behavioral use of positive guidance over time.

## Method

### Participants

Participants were part of a longitudinal study assessing the effects of a hands-on parent training program in positive guidance. The sample included 52 mother-child dyads from the Austin area recruited from early childhood classroom waiting lists. Two participants dropped from the study after filling out the pre measure packet (but before they were videotaped with their children), and another subject dropped after 3 weeks in the program (her pre measure packet and videotaping were complete, but not her post measures). Thus, 49 participants completed the post measures. The ethnic distribution of mothers was: Caucasian (75.0%), Latino (11.5%), Asian (11.5%), and African American (2.0%). At the start of the study, mothers' ages ranged from 26 to 43 years, with a mean age of 34 years. Children's ages ranged from 2 years 3 months to 3 years 7 months, with a mean age of 3 years. Family income distribution was: \$0-20,000 (5.8%), \$20,001-40,000 (9.6%), \$40,001-60,000 (11.5%), \$60,001-80,000 (25.0%), and >\$80,000 (48.1%). The distribution of mothers' education level was: some post high school (9.6%), finished college (57.7%), and graduate school (32.7%).

### Procedure

Broadly, the 52 mother-child dyads participated in a 12 week parenting education program which taught mothers positive guidance. Children were enrolled in one of four positive guidance early childhood classrooms; they attended these classes two days per week for three hours each day. Once a week, all mothers attended a two hour seminar to learn about positive guidance. Mothers were randomly assigned to two groups: (1) a

control group who received only the lecture format, seminar training in positive guidance; and (2) a treatment group who also spent three hours once per week observing a teacher role model and interacting with children in one of the toddler classes. The treatment group was instructed to implement what they had learned in seminar under the supervision of experienced teachers who provided mothers with help when needed.

Both pre- and post-program, mothers filled out the Positive Alternatives measure, a written assessment measuring mothers' cognitive understanding of positive guidance. Also pre- and post-program, mothers were videotaped interacting with their children for 25 minutes (which included 20 minutes of play and five minutes of clean-up) in a room designed to elicit limit setting from parents. This precarious room included toys such as bats, tennis rackets, and a water table. They were told to play as they normally would at home. In addition, mothers were instructed to keep their children away from an area of the room containing "research equipment," including a computer, VCR, keys, cell phone, and jelly beans.

*The Parent Training in Positive Guidance Program.* Great thought and detail were put into conceptualizing the Parent Training in Positive Guidance program. After obtaining IRB approval, the author recruited participants and staff. Initially, mothers from child care wait lists were mailed letters informing them about the opportunity to participate in this program (see Appendix C). Mothers were instructed to call our research staff for an initial interview, at which time staff answered any questions and went over a list of frequently asked questions, scheduled participants for classes, and requested that participants fill out consent forms (see Appendices A and B), health and

safety information forms, and pre-measures. In forming the evening seminar classes for the mothers, it is important to note that mothers were randomly assigned to either a Tuesday night or Thursday night seminar. (Recall that mothers in the Thursday night seminar also participated as teachers in one of the toddler classes.) Further, in placing children in one of the four toddler classes, the author avoided classroom effects by assuring that half of the children in each classroom had mothers attending the Tuesday night seminar, and the other half of the children in each classroom had mothers attending the Thursday night seminar.

To staff the program, teachers, childcare providers, and data collection researchers were needed. In selecting teachers and childcare providers, the author recruited research practicum students who had already been trained in positive guidance, had high GPAs, and had excellent recommendations. Because there were more students who met these criteria than needed, the author observed potential teachers and childcare providers interacting with children through a one-way mirror for one hour each. Based on how students interacted with the children, the author chose those who were most confident and had the best understanding of positive guidance to be teachers in the classroom or childcare providers. To select data collection researchers, the author recruited research practicum students who had high GPAs, excellent recommendations, and who expressed an interest in collecting data.

Before the start of the program, the author created a 12-week curriculum for the parent training seminars. Topics included: What is Positive Guidance?, The Use of Positive Language, Speaking with Children about Art, Punishment versus Guidance,

Fostering Children's Social Competence, Baumrind's Parenting Styles, Specific Guidance Techniques, Misbehavior versus Mistaken Behavior, Children's Moral Development, Spanking, Time-outs, Children's Friendships, and Real Life Guidance. This curriculum was based on materials created by Dr. Laura McFarland for the University of Texas at Austin's undergraduate course called "Fostering the Social Emotional Development of Young Children."

After curriculum was created and participants and staff were recruited, mothers and staff attended orientations. Mothers who were also participating as teachers in the classroom went through extensive orientation regarding the guidelines and routines of working with children. Before entering the class, their role was explained, and they learned the daily routine. As part of that routine, parents were required to pre- and post-conference with the teachers at the beginning and end of the class to go over their goals for the day as well as their comfort levels, any questions they had, and their written anecdotes.

Teachers were required to read and understand all of the parent orientation materials. In addition, teachers were trained to run their classrooms in exactly the same way so that parent and child experiences in each classroom would be as similar as possible. To that end, teachers followed a pre- and post-class procedure list, they followed a daily room routine that was detailed down to the minute and that specified roles for each of the teachers, and they filled out an activity log for the children so that they could objectively give feedback to parents at the end of the day. Teachers were required to pre- and post-conference with parent-teachers at the beginning and end of



every class to go over parents' daily goals, comfort levels, questions, and anecdotes.

Attendance was meticulously recorded in the toddler classes, the parent seminars, and in childcare.

Each week, teachers, childcare providers, and data collection researchers attended a weekly staff meeting. At those meetings, the author answered any questions from the staff and went over plans for the week ahead. In this group format, teachers were informed of data collection that would be transpiring as well as where they should be in their interaction with and training of their parents-teachers. Data collection researchers were trained on collecting data for the upcoming week.

## Measures

*Positive alternatives.* At present, no assessment is available to measure parents' understanding of positive guidance. Thus, a measure was specifically designed for this study called positive alternatives, which assesses mothers' cognitive understanding of the language they use when disciplining their children. At the beginning of the program, 52 mothers completed the positive alternatives measure, which included 20 examples of inappropriate phraseology for guiding children's behavior (see Appendix D for more detailed information about the specific items). Mothers were instructed to rephrase each statement using positive, specific language, being sure to avoid words such as "we," "let's," or "OK". In their responses, they were asked to communicate to the child what they want the child to do rather than what they don't want the child to do. As such, the positive alternatives measure directly taps into the key components of positive guidance. This same measure was given to mothers at the end of the program, after they had

received training in positive guidance; 49 mothers completed the post measure. Based on the degree to which mothers used positive guidance in their written responses, trained coders assigned measures a value between one and 20, where one indicated a low understanding of the use of positive guidance and 20 indicated a high understanding of the use of positive guidance. Coders were blind to the placement of families in the control versus treatment groups.

*Behavioral use of positive guidance.* Mothers were videotaped interacting with their children in a Precarious Room for 25 minutes, consisting of 20 minutes of play and five minutes of clean-up (Dix, Gershoff, Meunier, & Miller, 2004). This room was specifically designed to elicit the need for limit setting by mothers because it contained items that could be problematic for young children, including a cell phone, a set of keys, a sealed jar of candy, a pitcher of water, a stack of drinking cups, stacks of videotapes and papers, and research equipment. Mothers were instructed to keep their children away from these items. At the end of the play time, mothers were asked to have their children help clean up the toys.

At the beginning of the program, 50 mothers and their children were videotaped in the Precarious Room. At the end of the program (after training in positive guidance was complete), 49 mothers were videotaped again in the same room. Trained coders assessed these pre and post videotaped interactions for mothers' behavioral use of positive guidance. Mothers' behavioral use of positive guidance was coded on a 7-point Likert scale, where one indicated a low behavioral use of positive guidance and seven indicated a high behavioral use of positive guidance. For example, mothers who

minimally used positive guidance did not incorporate the major aspects of positive guidance into their interactions with their children. These mothers may have used peripheral aspects of positive guidance here and there, but they were highly inconsistent and fundamentally missed the meaning of responding to their children with guidance techniques. Alternatively, mothers who pervasively used positive guidance incorporated most of the major aspects of positive guidance into their interactions with their children. These mothers were highly consistent and fundamentally grasped the meaning of responding to their children with guidance techniques. Further, these mothers used appropriate language, scaffolded and let their children direct the play, were in tune with their children's emotional well being, and anticipated and redirected their children's mistaken behaviors. (For a more detailed description of each of the scale points, refer to Appendix E.) Coders were blind to the research questions and to the placement of families in the control versus treatment groups.

*Depression.* The Center for Epidemiological Studies Depression Scale (CES-D) was used to assess depression in mothers (Radloff, 1977). The CES-D is a commonly used self-report measure of depressive symptoms. Participants respond to 20 items using a four point scale, where 0 is rarely or none of the time (less than 1 day), 1 is some or a little of the time (1-2 days), 2 is occasionally or a moderate amount of the time (3-4 days), and 3 is most or all of the time (5-7 days). After being appropriately reverse coded and summed, scores range from 0 to 60, with higher scores indicating a greater level of depressive symptoms. Internal consistency is about .85 in the general population (Radloff, 1977).

*Perceived stress index.* The Perceived Stress Index (PSI) is a 14-item measure designed to assess the amount of stress parents perceive in their lives (Cohen, Kamarck, & Marmelstein, 1983). Sample items included, “In the last month, how often have you dealt successfully with irritating life hassles?” and “During the last month, how often have you felt nervous and stressed?” Mothers were asked to consider their stress level over the past month and rate each question using a 5-point Likert scale. Higher scores represented higher perceptions of stress, with a possible score range of 0 to 56. Reliability coefficients range from .84 to .86 (Cohen, Kamarck, & Marmelstein, 1983).

*Attitudes towards positive guidance.* A single item question was used to assess mothers’ attitudes towards positive guidance. In response to the question, “How favorably do you feel towards the approach of positive guidance,” mothers circled a number between 1 and 10, where 1 was not favorable at all and 10 was very favorable.

## Results

### *Descriptive Statistics*

Descriptive statistics are reported for positive alternatives and behavioral use of positive guidance. For each variable, averages are given for before and after the program as well as for the control group, treatment group, and overall. In addition, control group, treatment group, and overall averages are reported for depression, stress, and attitudes towards positive guidance (see Table 1).

### *Cognitive Understanding of the Use of Positive Guidance*

The differences between the control and treatment groups in their cognitive understanding of the use of positive guidance over time were explored. The first hypothesis was that the control and treatment groups would significantly differ in their cognitive understanding of the use of positive guidance over time. A two way repeated measures ANOVA did not confirm a significant interaction between the two independent variables, groups (treatment and control) and time, on the dependent variable, cognitive understanding of the use of positive guidance,  $F(1, 47) = 1.34, p = .25$ .

A non-significant interaction between groups and time does not allow between-group differences posited by hypotheses two and three as well as within-group differences posited by hypothesis four to be tested. Because the interaction was not significant, only the main effects of time and groups on the dependent variable, cognitive understanding of the use of positive guidance, could be examined to determine whether the participants in aggregate increased in their knowledge of positive guidance and whether there was a difference between groups on their aggregate (pre and post) scores of

cognitive knowledge. In fact, there was a significant main effect of time on cognitive knowledge, confirming that all participants did increase in their cognitive knowledge of the use of positive guidance over the course of the program,  $F(1, 47) = 62.65, p = .000$ . However, there was no main effect of groups on cognitive knowledge, that is, there were no differences between the groups on their aggregate scores of cognitive knowledge,  $F(1, 47) = 3.24, p = .08$  (see Table 2).

#### *Behavioral Use of Positive Guidance*

The differences between the control and treatment groups in their behavioral use of positive guidance over time were explored. The fifth hypothesis was that the control and treatment groups would significantly differ in their behavioral use of positive guidance over time. A two way repeated measures ANOVA confirmed that there is a significant interaction between the two independent variables, groups (treatment and control) and time, on the dependent variable, behavioral use of positive guidance,  $F(1, 46) = 6.13, p < .05$  (see Figure 1).

A significant interaction between groups and time allows between-group differences posited by hypotheses six and seven as well as within-group differences posited by hypothesis eight to be tested. Regarding the sixth hypothesis, post hoc analyses confirmed that before the program, there were no differences between the control and treatment groups on their behavioral use of positive guidance ( $p = .80$ ). In addition, post hoc analyses confirmed the seventh hypothesis that after the program, the treatment group scored significantly higher than the control group on their behavioral use of positive guidance ( $p < .01$ ). Further, post hoc analyses confirmed the eighth

hypothesis that over the course of the program, the treatment group significantly improved in their behavioral use of positive guidance ( $p < .05$ ), whereas the control group did not improve ( $p = .41$ ) (see Table 3).

*Moderator Variables – Depression, Stress, and Attitude Towards Positive Guidance*

First, this study tested whether depression, stress, and attitude towards positive guidance moderated the effects of groups and time on the cognitive understanding of the use of positive guidance over time. Three way repeated measures ANOVAs showed that none of depression ( $F(1, 45) = .68, p = .41$ ), stress ( $F(1, 44) = .09, p = .76$ ), or attitude towards positive guidance ( $F(1, 44) = .08, p = .78$ ) moderated the effects of groups and time on the cognitive understanding of the use of positive guidance (see Table 4).

Next, this study tested whether depression, stress, and attitude towards positive guidance moderated the effects of groups and time on the behavioral use of positive guidance over time. Three way repeated measures ANOVAs showed that neither stress ( $F(1, 43) = .05, p = .83$ ) nor attitude towards positive guidance ( $F(1, 43) = .81, p = .37$ ) moderated the effects of groups and time on the behavioral use of positive guidance. However, a three way repeated measures ANOVA confirmed that there is a significant interaction between the three independent variables – groups, time, and depression – on the dependent variable, behavioral use of positive guidance,  $F(1, 44) = 5.40, p = .03$ . In order to interpret this result, a categorical depression variable was created that split depression at its mean into two levels – high and low. Another three way repeated measures ANOVA verified the significant interaction between groups, time, and the new

categorical depression variable on the behavioral use of positive guidance,  $F(1, 44) = 11.69, p < .01$  (see Table 5).

To understand the differences in group (control and treatment) and time interactions on behavioral use of positive guidance of those participants who are low on the depression measure versus high on the depression measure, the file was split based on the categorical depression variable. Two way repeated measures ANOVAs were run for the low depression group and the high depression group. For the high depression group, the two way repeated measures ANOVA showed no interaction effect of groups (control and treatment) and time on the behavioral use of positive guidance,  $F(1, 19) = .65, p = .43$  (see Figure 2). In addition, there was no main effect of groups on behavior ( $F(1, 19) = 1.96, p = .18$ ) and no main effect of time on behavior ( $F(1, 19) = 2.36, p = .14$ ) (see Table 6). However, for the low depression group, the two way repeated measures ANOVA showed a significant interaction of groups (control and treatment) and time on the behavioral use of positive guidance,  $F(1, 25) = 17.91, p = .000$  (see Figure 3). Post hoc analyses showed that before the program, there were no differences between the control and treatment groups on their behavioral use of positive guidance ( $p = .32$ ). After the program, the treatment group scored significantly higher than the control group on their behavioral use of positive guidance ( $p < .01$ ). Further, post hoc analyses revealed that over the course of the program, the treatment group significantly improved in their behavioral use of positive guidance ( $p < .01$ ), whereas the control group significantly decreased in their behavioral use of positive guidance ( $p < .05$ ) (see Table 7).



## Discussion

The primary aim of this study was to explore which methods are most effective in training parents to use positive guidance techniques, a lecture only parenting series or a lecture parenting series combined with an interactive component. A secondary aim was to examine potential maternal characteristics before the program (depression, stress level, and attitude towards positive guidance) that may have limited or enhanced the benefits of being in the treatment versus control group on participants' understanding of positive guidance and use of positive guidance following participation in the program. This study suggests that a lecture format and a lecture plus hands-on format are both effective in participants gaining a cognitive understanding of positive guidance, though participating in the interactive component may lead to a deeper knowledge. In terms of behavioral change, this study demonstrated that the lecture plus hands-on format was necessary for participants to integrate positive guidance techniques into their interactions with their children. Maternal qualities – depression, stress level, and attitude towards positive guidance – did not limit or enhance the benefit of being in the treatment versus the control group on mothers' understanding of or behavioral use of positive guidance techniques at the end of the program, except for the case of depression and behavioral use of positive guidance. Reasons why the control group did not appear to benefit from the lecture series as well as the associations of maternal characteristics with outcomes will be explored. Finally, practical applications, limitations, and future directions of this study will be discussed.

*Cognitive Understanding of the Use of Positive Guidance*

Contrary to the prediction, the cognitive understanding of the use of positive guidance over time of the participants in the control versus treatment groups did not significantly differ. That is, regardless of being in the control group or treatment group, participants' knowledge of positive guidance was at similar levels before and after the program. However, it is clear that, all together, the participants increased their knowledge of positive guidance as a result of participating in the program. This finding is consistent with evidence from other parenting education programs that participants' knowledge of the material does increase after learning course material in a lecture format (Drugli & Larsson, 2006; McIntyre, 2008).

Based on social cognitive theory, participants in the treatment group should have gained a deeper understanding of positive guidance than subjects in the control group since they saw positive guidance being modeled and had the opportunity to practice the techniques themselves. Because the two way repeated measures ANOVA revealed no main effects between the groups and time on the positive alternatives variable, it was not possible to test whether the treatment group gained significantly more knowledge than the control group at the end of the program. However, the mean average of the treatment group's knowledge of positive guidance at the end of the program was higher than the control group. Thus, it is possible that greater statistical power from more participants might reveal a difference between the two groups in a replication.

#### *Behavioral Use of Positive Guidance*

Both groups gaining a fundamentally greater understanding of positive guidance speaks to the success of the program. Having knowledge of appropriate parenting

techniques is the first step in being able to put those child rearing skills into action. However, as predicted, the control and treatment groups' *behavioral* use of positive guidance were significantly different over time. That is, participants in the control group versus those in the treatment group differed from each other over time in their behavioral use of positive guidance. Further investigation revealed that while all participants started at the same level in their behavioral use of positive guidance, the treatment group improved over time whereas the control group did not. Seeing positive guidance modeled by another person and practicing the techniques with children were important to mothers being able to incorporate the techniques into their own interactions with their children. One mother made a distinction between her thoughts and her behaviors regarding her parenting, "Most importantly I was able to see the difference between what I believe and what I actually do with my children. The classroom experience was necessary for me to learn and practice new techniques."

These ideas are consistent with social cognitive theory in that seeing positive guidance work for experienced teachers in the classroom made mothers more likely to use the techniques themselves. Mothers are then positively reinforced by the time they spend using positive guidance in the classroom. They believe the techniques work based on their cognitive evaluations and observations. As expected, from a social cognitive theory perspective, treatment mothers' changes in cognition led to changes in their actual parenting behaviors. Control mothers, however, were unable to cognitively process the benefit of using positive guidance techniques because they did not see the techniques in

action. Thus, while their knowledge may have increased, their behaviors did not change as a result of the program.

Because the control group mothers did not change how they parent their children, the benefit of the seminar only aspect of this program is called into question. The fact that most parent training programs rely solely on lecture may be problematic. Is there any value in educating parents about positive guidance techniques without giving them the opportunity to practice? It is possible that there are sleeper effects. In other words, although control group mothers were not using positive guidance at the end of the program, as they sit with their new knowledge, they may begin to use some of the techniques. A follow up study may be necessary to understand the full impact of the program on parents' behavioral use of positive guidance.

It is important to note that because all of the children experienced positive guidance in the classroom, it could be possible that the control group would benefit as a result of their child having experienced positive guidance. Specifically, teachers used positive guidance with the children, modeling for them effective ways to communicate with their peers and regulate their emotions. The new skills gained by the children might impact the parent-child relationship in a positive way. One mother commented of her son, "My son absolutely loved being a part of this program. We could see a change in his self confidence over the 12 weeks." Thus, learning positive guidance may have changed parents' relationships with their children in ways that were not measured in this study.

*Moderator Variables – Depression, Stress, and Attitude Towards Positive Guidance*

It is well documented that maternal depression has a negative impact on children's attachment to their mothers (Teti, Gelfand, Messinger & Isabella, 1995; Martins & Gaffan, 2000). It is possible that mothers who are depressed are less likely to learn about or use adaptive parenting techniques, such as positive guidance, with their children. Learning about and using the techniques takes attention and focus from mothers – in many ways, it is easier to just yell or punish children. Thus, it is plausible that being depressed could have explained why some mothers gain knowledge about and use positive guidance and others do not. This study found that depression did not moderate the effect of groups and time on participants' cognitive understanding of the use of positive guidance. However, depression did moderate the effect of groups and time on participants' behavioral use of positive guidance. Essentially, for participants who scored low on depression, the original findings were magnified. The control and treatment groups' behavioral use of positive guidance were still significantly different over time. Further investigation revealed that while all participants started at the same level in their behavioral use of positive guidance, those who were low on depression in the treatment group improved over time whereas those who were low on depression in the control group actually regressed. For participants who scored high on depression, the original interaction effect disappeared and there were no main effects of time or groups on behavioral use of positive guidance. Participants who are high on depression do not increase or decrease in their use of positive guidance over time and the control and treatment groups do not differ from one another in their aggregate scores on behavioral use of positive guidance. Thus, for this intervention to be effective, participants need to

be low on depression. The program might need to be modified for a depressed sample to benefit.

Stress has also been shown to negatively effect the parent-child relationship (Moss, Rousseau, Parent, St-Laurent, & Saintonge, 1998). It is possible that mothers who are more stressed are less likely to gain knowledge of positive guidance or be able to use positive guidance with their children. Because positive guidance requires thought and concentration from the parents, stress may cause mothers to resort to easier techniques such as spanking or time-outs. When parents feel at the end of their rope, they often forget newly learned information and rely on old parenting habits or their own histories of being parented. However, stress was not found to be a moderator of knowledge of positive guidance or behavioral use of positive guidance. That is, this study found that stress level did not moderate the effect of groups and time on participants' cognitive understanding of or behavioral use of positive guidance. Specifically, participating in the hands-on component of the program explains why treatment mothers incorporated positive guidance techniques into their parenting, beyond parental stress levels.

Lastly, it is possible that mothers who have more favorable attitudes towards the approach of positive guidance may more readily understand or use the techniques with their own children, regardless of being in the control versus the treatment group. Mothers who agree with the philosophy of positive guidance may be eager to learn and modify their behaviors. They may have preconceived notions that positive guidance will enhance their relationships with their children and may work harder to enact the

techniques. As it turns out, all parents in the program felt positively towards the approach of positive guidance. That is, there was little variation in the variable. This could be due to social desirability. Perhaps mothers felt they were expected to view positive guidance positively in order to participate in the program. Or, perhaps they did not know enough about positive guidance at the start of the program to fully understand what they were endorsing. Perhaps more well defined and subtle measures of attitudes towards positive guidance would have uncovered more variability. Thus, feeling good about the approach of positive guidance did not differentiate mothers in the control and treatment groups on either dependent variable over time.

### *Practical Applications*

This study explored whether a lecture only parenting series or a lecture series combined with a hands-on experience was more effective in training parents to use positive guidance techniques. Specifically, this paper focused on the cognitive knowledge that parents gained and the behavioral skills they acquired as a result of participating in the program. However, it is important to note that parents benefited in many more ways than were measured empirically. For example, parents formed friendships with one another that still continue. Gaining knowledge about and practicing new parenting skills are important, however, connecting to other mothers who are experiencing similar childrearing conundrums can be invaluable. Being isolated as a parent is frustrating and can lead to child maltreatment – one mom commented at the end of the program, “I’m so pleased not to be yelling.” A clear unmeasured benefit of the program is the emotional support system parents created for each other. One mother

commented, “I think the most beneficial thing was being able to talk to other moms about how to incorporate positive guidance in our everyday lives.” Another mom concurred, “It was also a wonderful experience for me. Besides learning lots of great discipline techniques, you are reassured on a weekly basis that you are, in fact, not the only mother going through your current problems.” By having a support network to turn to, parents may have felt less depressed, less stressed, less angry, and more confident in their abilities to parent their children. Since all participants were in a seminar, these beneficial effects of gaining support from peers (versus not having support) could not be assessed empirically. Future studies could isolate these benefits.

Creating and running an intervention program was elaborate, and maintaining quality was key to assuring sound data. As described in the methods section, teachers and parents were meticulously oriented and trained. As project manager, the author of this paper made sure that all parents and all teachers had access to her at a moments notice. In this way, any issues that came up could be resolved immediately. Classrooms were set up to run in exactly the same way, so as to provide the same experience to the children and to the parent-teachers. Likewise, care was taken to present lecture material to the control and treatment groups in exactly the same way during the positive guidance seminars. When personal matters arose with teachers, parents, or children, the author remained objective and proactive in order to promote continued participation in the program. Attrition was minimized by creating rapport with the staff and families and by meeting individual’s needs. For example, childcare was provided for several moms so that they could participate in the interactive aspect of the program. One mom had



impaired vision and was going to drop out because she was too scared to continuing riding the bus with her three-year-old. The author helped to connect her to a mom in the program who lived close by so that they could carpool. Being empathetic to mothers' concerns and questions also helped to retain participants.

### *Limitations*

One limitation of this study is that though the sample was somewhat diverse, middle class mothers influenced the findings. In addition, the materials for this program were based on curriculum created by Dr. Laura McFarland for an undergraduate class at The University of Texas at Austin designed to teach college students appropriate ways to interact with children and foster their social emotional development. As such, the materials are geared towards a college level population. Further, the philosophy of positive guidance is geared towards a middle class, Caucasian culture. In order to provide this program to other populations, the materials and approach might need to be modified. Specifically, the materials might need to include more information on child development. The approach might need to be less research and theory based and more applied.

A second limitation is the small sample size. As noted above, a larger sample may have given enough power to detect post program differences in the control and treatment groups' cognitive understanding of the use of positive guidance. Further, only a small number of people were served by this program – given the benefits to parents in terms of social support and improvements in interactions with their children, the author would have liked to have been able to serve more people.

Lastly, the cost of running this program combined with the time commitment required of parents may make the program's structure impractical. In order to provide parents with the opportunity to practice positive guidance, the author had to create an entire childcare setting, consisting of a childcare facility, materials and toys for the classrooms, and a staff of teachers. In addition, parents had to commit three hours of time each week to work in a classroom. This was not an easy three hours to swallow, as one mother pointed out, "The classroom experience is invaluable. It was a lot of work and a lot of time. At first I wished I was in the other group, but after a couple of weeks I realized how important it was and I'm so happy I had that opportunity." Likewise, another mom pointed out, "I enjoyed working in the classroom the most. At times it was intense and overwhelming, but it felt like the fastest way to incorporate the teaching we were receiving." And yet another mom commented, "Loved the program. It was time consuming but worth the investment!"

The resources needed to manifest this hands-on environment are grandiose, and thus it is expensive and time intensive to run such an extensive study. However, the benefits may outweigh the costs. In traditional court ordered parenting education courses, parents attend eight to ten lecture based classes. Based on the results of this study, one might predict that parents who attend traditional court ordered parent training might gain new knowledge, but probably won't change their behaviors. Their behaviors were unacceptable to child protective services, and so it may be in the interest of the State to provide educational opportunities that have a better chance of influencing parents'

behaviors. When the price is the social emotional well being of our future generation, cost may be less of a limitation.

### *Future Directions*

Though this study considered differences between a control and treatment group on cognitive understanding of and behavioral use of positive guidance, this study was originally conceptualized as having three groups. Ideally, the three comparison groups would be – a control group whose children attend positive guidance classes but who do not attend any kind of parent training in positive guidance, a first treatment group who attends a positive guidance lecture class and whose children attend positive guidance classes, and a second treatment group who attend a positive guidance lecture class, who participate in the hands-on component, and whose children attend positive guidance classes. In the future, the author would like to collect data on a control group whose children attend positive guidance classes but who do not attend any kind of parent training.

One of the most common requests the author received from parents was to run the program again for fathers, “I would recommend sharing this program with the Dads. I feel I have greatly benefited from the information and my husband would love to have been able to participate, too.” In fact, having to “pass information down” left some mothers feeling frustrated, “I am leaving with my head held high and feeling very happy about my ability to parent my toddler. I wish there could be a program for the dads. The hardest part has been reconciling my new attitude with his authoritarian style.” In order to create more control for the data, the author decided to only offer participation to

mothers and their children. However, it would be interesting to run the study again with fathers or even with couples. Looking at gender differences in how parents incorporate positive guidance into their own parenting would be interesting. Also, if both parents were able to participate, the effects may be stronger. One mother felt the program would be beneficial for the whole family, “I do think there should be an option for the dads or even the grandparents as well.”

Though participants were assessed pre-, mid-, and post-program, it will be important to follow them over time. Once parents have more time to sit with the information they learned and settle into a new way of parenting (or not), additional data could further illuminate the differences between the control and treatment groups. The author plans to gain approval and funds to collect another round of data for these participants.

Lastly, although the contribution of this study is teaching positive guidance to parents, future studies could evaluate the effectiveness of positive guidance as a viable parenting strategy. Positive guidance is considered best practice for early childhood educators; it stands to reason that it may be just as effective for parents. Future studies need to test the individual techniques as they apply to parenting.

### *Testimonials and Conclusions*

The findings of this paper are consistent with studies of the positive effects of parent education on beliefs and attitudes. What was new and predicted was that parents who only attended the seminars did not change their behaviors, whereas parents who

experienced the hands-on component did change their behaviors. In fact, many parents found working in the classroom to be crucial to the experience:

One mom who was frustrated by not being able to work in one of the classrooms commented, “The program was great! I wish it lasted for 12 months instead of 12 weeks! I also wish I could have participated in the classroom setting. That would have been very helpful to see the theory in action and practice.” Another mom felt similarly, “I also wish that I could have participated as one of the mother-teachers because I think seeing positive guidance in action would have been really helpful.”

It is clear that mothers who did participate as part of the treatment group felt their experience to be unmatched. Following are a few testimonials:

“Working in the classroom was instrumental in getting the positive guidance techniques to sink in. Had it only been the seminar, without the weekly hands-on classroom training, it all would have seemed theoretical and would not have had the impact.”

“The [hands-on] class was 99% of the catalyst. Observing the teachers put into practice what we learned in seminar and seeing it actually work was just amazing. Having to do it ourselves proved that it was possible to learn to do it.”

“What I learned most was from volunteering in class. I could watch how teacher (sic) interact with children directly. I saw three times how teachers dealing with hitting (sic) and how dramatically two kids learned things from that.”

“This class has been a great experience for me and my child. The most important part was being able to practice in the classroom.”

“The biggest impact for me was being in the classroom – that was the best training – watching others and being hands-on.”

“I learned much more by having both the seminar and the in-class observation opportunity.”

“The classroom experience was incredibly valuable . . . you observed nuances that you would not get in seminar – no way. Incredible learning experience! THANK YOU!”

It is possible that treatment mothers experienced cognitive dissonance. That is, perhaps they convinced themselves of the necessity of the hands-on training in order to justify the extra time they had put into being in the program. But the data show that these mothers did indeed improve. Thus, their acclaim for the interactive nature of the program is valid.

Though there are vast costs and commitments associated with such an intensive program, parents felt grateful for their new found relationships with their children. Many walked away with tools and confidence unmatched in their histories of being parents thus far. Parents who participated in the seminar only saw the value in the hands-on experience, but felt they had received immense value themselves through parenting support networks and their children’s happiness with the program. Rather than feeling put out for having to dedicate time to working in the classroom, parents who worked as parent-teachers walked away feeling confident in their new interaction styles with their children. They were grateful for the experience and often commented that they were glad to be working in the classroom.

This program has strong implications for policy in parenting education. Programs that are information in nature only may not serve to benefit it's attendees. Further, if there are no accompanying support networks, the benefit to parents may be lost all together. For parents who are court ordered to attend parent training courses, the State might consider a system that allows parents to practice the information they learn about how to appropriately interact with their children in order to affect change in those individuals' parenting behaviors.

Figure 1  
*Differences Between the Control and Treatment Groups in their Behavioral Use of  
Positive Guidance Over Time*

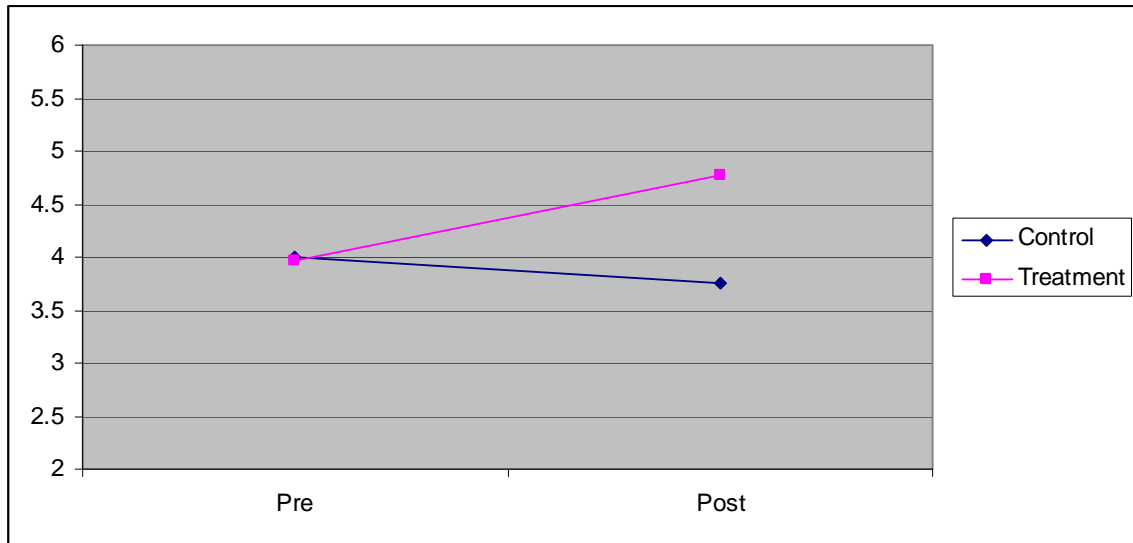




Figure 2  
*The Interaction of Group (Control and Treatment) and Time on the Behavioral Use of  
Positive Guidance for Participants Scoring High on Depression*

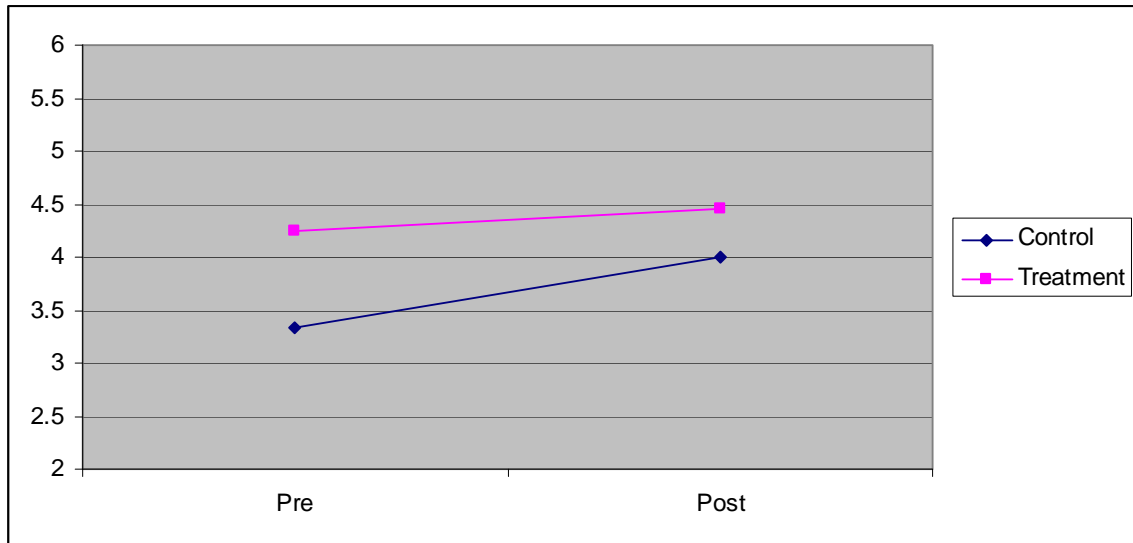


Figure 3  
*The Interaction of Group (Control and Treatment) and Time on the Behavioral Use of  
Positive Guidance for Participants Scoring Low on Depression*

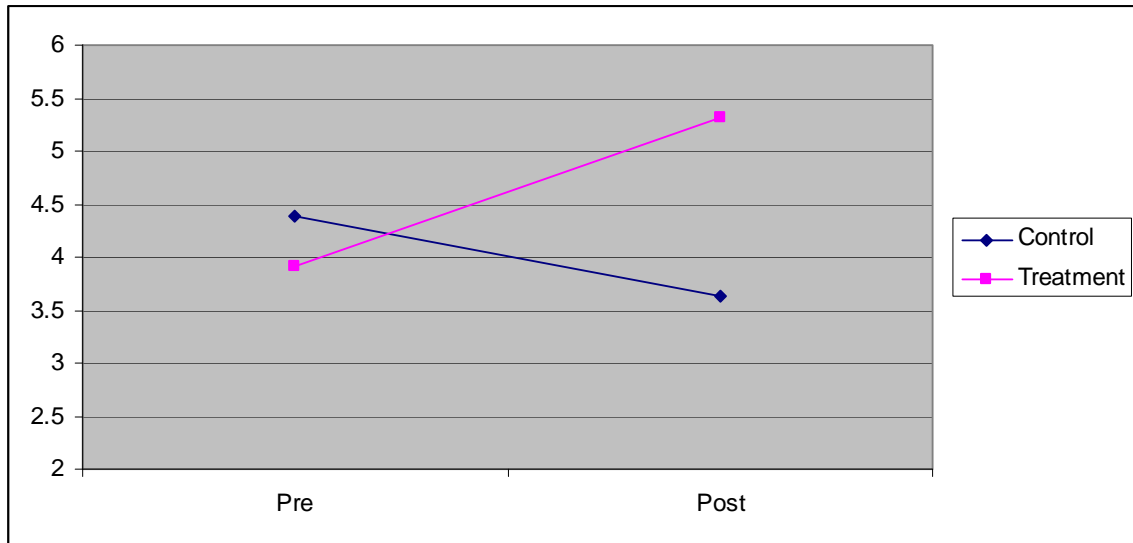


Table 1

*Summary of Means, Standard Deviations, and Ranges for Positive Alternatives, Behavioral Positive Guidance, Depression, Stress, and Attitude Towards Positive Guidance*

	Mean	(SD)	N	Range	
				Min	Max
<b>Positive Alternatives</b>					
Control Pre	9.01	(2.49)	26	3.00	12
Control Post	11.81	(2.61)	25	5.75	17.75
Treatment Pre	10.50	(3.34)	26	3.50	17
Treatment Post	13.54	(3.32)	24	6.75	19
Overall Pre	9.75	(3.01)	52	3.00	17
Overall Post	12.66	(3.07)	49	5.75	19
<b>Behavioral Guidance</b>					
Control Pre	4.00	(1.27)	25	1.5	6
Control Post	3.76	(1.35)	25	1.5	7
Treatment Pre	3.96	(1.14)	25	2	6
Treatment Post	4.77	(1.45)	24	2.5	6.5
Overall Pre	3.98	(1.19)	50	1.5	6
Overall Post	4.26	(1.48)	49	1.5	7
<b>Depression Pre</b>					
Control	28.12	(6.81)	26	20	45
Treatment	30.15	(6.42)	27	21	48
Overall	29.06	(6.60)	53	20	48
<b>Stress Pre</b>					
Control	33.08	(7.06)	25	19	49
Treatment	37.41	(6.49)	27	25	48
Overall	35.40	(7.00)	53	19	49
<b>Attitude Towards Guidance Pre</b>					
Control	8.92	(1.32)	26	6	10
Treatment	8.96	(1.31)	25	6	10
Overall	8.94	(1.29)	52	6	10

Table 2  
*Differences Between the Control and Treatment Groups in their Cognitive Understanding  
of the Use of Positive Guidance Over Time*

	df	F	<i>p</i> -value
Within Subjects			
Time	1	62.65	.000
Time*Group	1	1.34	.25
Error	47		
Between Subjects			
Group	1	3.24	.08
Error	47		

Table 3

*Differences Between the Control and Treatment Groups in their Behavioral Use of*

*Positive Guidance Over Time*

	Df	F	<i>p</i> -value
Within Subjects			
Time	1	1.73	.20
Time*Group	1	6.13	.02
Error	46		
Between Subjects			
Group	1	3.76	.06
Error	46		
Differences in Group			
Time 1		.06	.80
Time 2		7.78	.01
Differences in Time			
Control		.71	.41
Treatment		6.90	.01

Table 4  
*The Moderation of Depression, Stress, and Attitude Towards Positive Guidance on  
Cognitive Understanding of Positive Guidance Over Time*

	df	F	<i>p</i> -value
Within Subjects			
Time	1	3.07	.09
Time*Group	1	.31	.58
Time*Depression	1	.02	.90
Time*Group*Depression	1	.68	.41
Error	45		
Between Subjects			
Group	1	.22	.65
Depression	1	.91	.34
Group*Depression	1	.003	.95
Error	45		
Within Subjects			
Time	1	4.01	.051
Time*Group	1	.30	.59
Time*Stress	1	.46	.50
Time*Group*Stress	1	.09	.76
Error	44		
Between Subjects			
Group	1	.44	.51
Stress	1	.01	.91
Group*Stress	1	.14	.71
Error	44		
Within Subjects			
Time	1	.37	.55
Time*Group	1	.21	.65
Time*Attitude	1	.30	.58
Time*Group*Attitude	1	.08	.78
Error	44		
Between Subjects			
Group	1	.79	.38
Attitude	1	.59	.45
Group*Attitude	1	.43	.51
Error	44		

Table 5  
*The Moderation of Depression (Continuous and Categorical), Stress, and Attitude  
 Towards Positive Guidance on Behavioral Use of Positive Guidance Over Time*

	df	F	p-value
Within Subjects			
Time	1	.81	.37
Time*Group	1	7.99	.01
Time*DepCont	1	.30	.59
Time*Group*DepCont	1	5.40	.03
Error	44		
Between Subjects			
Group	1	.94	.34
DepCont	1	.58	.45
Group*DepCont	1	.30	.59
Error	44		
Within Subjects			
Time	1	4.02	.051
Time*Group	1	4.94	.03
Time*DepCat	1	.08	.78
Time*Group*DepCat	1	11.69	.01
Error	44		
Between Subjects			
Group	1	4.16	.047
DepCat	1	.86	.36
Group*DepCat	1	.01	.91
Error	44		
Within Subjects			
Time	1	.23	.63
Time*Group	1	.03	.87
Time*Stress	1	.51	.48
Time*Group*Stress	1	.05	.83
Error	43		
Between Subjects			
Group	1	.56	.46
Stress	1	.21	.65
Group*Stress	1	1.13	.29
Error	43		
Within Subjects			

	Time	1	.03	.86
	Time*Group	1	1.47	.23
	Time*Attitude	1	.001	.98
	Time*Group*Attitude	1	.81	.37
	Error	43		
Between Subjects				
	Group	1	.31	.58
	Attitude	1	.14	.71
	Group*Attitude	1	.08	.78
	Error	43		

---



Table 6  
*The Interaction of Group (Control and Treatment) and Time on the Behavioral Use of  
 Positive Guidance for Participants Scoring High on Depression*

	df	F	<i>p</i> -value
Within Subjects			
Time	1	2.36	.14
Time*Group	1	.65	.43
Error	19		
Between Subjects			
Group	1	1.96	.18
Error	19		

Table 7  
*The Interaction of Group (Control and Treatment) and Time on the Behavioral Use of  
 Positive Guidance for Participants Scoring Low on Depression*

	df	F	<i>p</i> -value
Within Subjects			
Time	1	1.67	.21
Time*Group	1	17.91	.000
Error	25		
Between Subjects			
Group	1	2.20	.15
Error	25		
Differences in Group			
Time 1		1.04	.32
Time 2		10.89	.01
Differences in Time			
Control		5.31	.05
Treatment		12.88	.01

***Approved by IRB on: (09/04/2007) Expires On: 08/27/2008***

***IRB# 2006-02-0063***

***Informed Consent to Participate in Research***  
**The University of Texas at Austin**

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator, Dr. Deborah Jacobvitz, or her representative will provide you with a copy of this form to keep for your reference, and will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

**Title of Research Study:**

Parent training in positive guidance: The impact of an applied education program on parental attitudes about discipline, parental patience, and children's social competence and self-regulation.

**Principal Investigator(s) (include faculty sponsor), UT affiliation, and Telephone Number(s):**

Principal Investigator: Deborah Jacobvitz, Ph.D., Professor at the University of Texas at Austin, 512-471-4276

Co-Principal Investigator: Rachel Saunders, M.A., Graduate Student at the University of Texas at Austin, 512-471-0664

Co-Principal Investigator: Laura McFarland, Ph.D., Charles Sturt University, Australia

Co-Principal Investigator: Nancy Hazen, Ph.D., Professor at the University of Texas at Austin, 512-471-1261

**Funding source:** Texas Methodist Foundation

**What is the purpose of this study?** The purpose of this study is to understand the effect of a parent training program on parental attitudes and children's social competence and self-regulation. This program will involve informational classes that teach parents positive guidance techniques. Positive guidance helps bolster children's self-esteem and interpersonal skills. The number of subjects to be included in the study is 48 mothers and their children.

**What will be done if you take part in this research study?**

This project will take place over a 15 week period. You will be asked to complete questionnaires about yourself and your ideas about raising children for one hour during the

first and last week of the study. At the beginning of the study we also will conduct a one-hour interview in which we ask you questions about yourself and your experiences with your family during childhood.

We will offer a 12 week parenting class as part of this project. You will be expected to attend a 120-minute class each week. This class will provide you with general information about child development and ways to foster the optimal development in children. Parents will not be given any homework. These classes will be held during the early evening and we will provide childcare.

In addition, as part of this research project we will run a childcare program consisting of six classes with six toddlers in each class. There will be an expert teacher in the class. Your child will be enrolled in one of these classes which will meet for 3 hours twice each week for a total of 12 weeks. Since all classes can be viewed from an adjacent observation room with a two way mirror, you can watch the class with your child at any time.

At the beginning of the study, the middle, and again at the end, we will observe you and your child participating in a series of problem-solving tasks for one hour. We will also observe your child in the classroom setting. Finally, three times during the program, teachers will complete questionnaires about their observations of and experiences with the children in the classroom.

**The Project Duration is:** One year, from September 2007 to September 2008.

**What are the possible discomforts and risks?**

There are normal risks associated with children playing on a developmentally appropriate playground and in a developmentally appropriate classroom. In addition, normal risks associated with driving in Austin will be present. Your child will be in contact with parents, who, like you, are not necessarily trained to be professional teachers. There is some minimal risk of introducing three “lay” parents into the classroom and inviting them to interact with children. As is standard in all childcare settings, we will minimize this risk by conducting a background criminal check. We will let each mother know, in advance, what kinds of dress, language and behavior will not be allowed in the classroom. The expert teacher will closely monitor the mothers’ language and behavior with children. If a mother behaves inappropriately with a child, she will be asked to immediately leave the classroom and she and her child will not be allowed to continue in the study. Last, it is possible that, during the interview regarding your memories of you relationships with your parents during your childhood, you may become distressed. Should you become distressed, the project investigator will help to find you resources in the community. If you wish to discuss the information above or any other possible risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

**What are the possible benefits to you or to others?**

You and your child may benefit from the 6 hours per week of free childcare. Further, due to the educational nature of the positive guidance seminars, parents are expected to benefit from the knowledge they receive in parenting practices which are supported by research.

**If you choose to take part in this study, will it cost you anything?** Participants will be reimbursed for the cost of public transportation or driving to and from the Priscilla Pond Flawn Child and Family Laboratory at the University of Texas at Austin. No known costs will be associated with participating.

**Will you receive compensation for your participation in this study?** You will accrue \$8 per parenting education seminar that you attend, for a total of \$96 to be given to you on the last seminar.

**What if you are injured because of the study?** The University has no program or plan to provide treatment for research related injury or payment in the event of a medical problem. In the event of a research related injury, please contact the principal investigator.

**If you do not want to take part in this study, what other options are available to you?** Your participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Texas at Austin.

**How can you withdraw from this research study and who should you call if you have questions?** If you wish to stop your participation in this research study for any reason, you should contact the principal investigator: Deborah Jacobvitz at (512) 471-4276. You should also call the principal investigator for any questions, concerns, or complaints about the research. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, or if you have complaints, concerns, or questions about the research, please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, or the Office of Research Compliance and Support at (512) 471-8871.

**How will your privacy and the confidentiality of your research records be protected?** If in the unlikely event it becomes necessary for the Institutional Review Board to review your research records, then the University of Texas at Austin will protect the confidentiality of those records to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. Breach of confidentiality will only occur if you disclose that you are physically or sexually harming your child, and the

appropriate officials will be informed. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

Because the Texas Methodist Foundation has sponsored this project, they will also have the legal right to review your research records.

Interviews will be audio-taped and sessions with children will be videotaped. The cassettes and videotapes will be coded so that no personally identifying information is visible on them. In addition, they will be kept in a secure place (e.g., a locked file cabinet in the investigator's office). These tapes will be viewed, transcribed and coded only by authorized research personnel and they will eventually be erased.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

**Will the researchers benefit from your participation in this study?**

The researchers will not benefit from your participation in this study beyond potential benefits due to publishing or presenting the results.

**APPROVED BY IRB ON: (09/04/2007)**

**EXPIRES ON: 08/27/2008**

**Signatures:**

**As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:**

---

**Signature and printed name of person obtaining consent** **Date**

**You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.**

---

**Printed Name of Child** **Date**

---

**Printed Name of Subject** **Date**

---

**Signature of Subject** **Date**

---

**Signature of Principal Investigator** **Date**

**We may wish to present some of the audio / video tapes from this study at scientific conventions or as demonstrations in classrooms. Although individual names will not be associated with the presentations, you or your child may be recognized by audience members. Please sign below if you are willing to allow us to do so with your recorded data.**

---

**Signature of Subject** **Date**

***Approved by IRB on: (09/04/2007) Expires On: 08/27/2008***

***IRB# 2006-02-0063***

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**The University of Texas at Austin**

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Co-Principal Investigator: Nancy Hazen, Ph.D., Professor at the University of Texas at Austin, 512-471-1261

**Funding source:** Texas Methodist Foundation

**What is the purpose of this study?** The purpose of this study is to understand the effect of a hands-on parent training program, referred to as "Education in Parenting Young Children" (EPYC), versus parent training through informational classes only. The unique focus of EPYC will be a hands-on approach to teaching parents positive guidance techniques. These techniques will be learned in a seminar setting and will provide parents with positive alternatives to traditional discipline. In addition, positive guidance helps bolster children's self-esteem and interpersonal skills. The number of subjects to be included in the study is 48 mothers and their children.



**What will be done if you take part in this research study?** This project will take place over a 15 week period. You will be asked to complete questionnaires about yourself and your ideas about raising children for one hour during the first and last week of the study. At the beginning of the study we also will conduct a one-hour interview in which we ask you questions about yourself and your experiences with your family during childhood.

We will offer a 12 week parenting class as part of this project. You will be expected to attend a 120-minute class each week. This class will provide you with general information about child development and ways to foster the optimal development in children. Parents will not be given any homework. These classes will be held during the early evening and we will provide childcare.

In addition, as part of this research project we will run a childcare program consisting of six classes with six toddlers in each class. There will be an expert teacher and three parents in the class with the children at all times creating an exceptional adult-child ratio. Your child will be enrolled in one of these classes which will meet for 3 hours twice each week for a total of 12 weeks. You will be asked to interact with and observe children in one of the toddler classrooms, but not the one your child is in, for a total of 3 hours each week. Specifically, during this three hour period, you will spend two hours interacting with the children in the classroom and one hour observing the children from an adjacent observation booth with a one-way mirror. Since all classes can be viewed from an adjacent observation room with a two way mirror, you can watch the class with your child at any time.

At the beginning of the study, the middle, and again at the end, we will observe you and your child participating in a series of problem-solving tasks for one hour. We will also observe your child in the classroom setting. Finally, three times during the program, teachers will complete questionnaires about their observations of and experiences with the parents and children in the classroom.

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**What are the possible discomforts and risks?** There are normal risks associated with children playing on a developmentally appropriate playground and in a developmentally appropriate classroom. In addition, normal risks associated with driving in Austin will be present. Your child will be in contact with parents, who, like you, are not necessarily trained to be professional teachers. There is some minimal risk of introducing three “lay” parents into the classroom and inviting them to interact with children. As is standard in all childcare settings, we will minimize this risk by conducting a background criminal check. We will let each mother know, in advance, what kinds of dress, language and behavior will not be allowed in the classroom. The expert teacher will closely monitor the mothers’ language and behavior with children. If a mother behaves inappropriately with a child, she will be asked to immediately leave the classroom and she and her child will not be allowed to continue in the study. In addition, as a parent in the classroom, you will watch other

children's interactions with each other and with other adults. All observations are confidential and should only be discussed with your lead teacher or in your classroom setting. Last, it is possible that, during the interview regarding your memories of your relationships with your parents during your childhood, you may become distressed. Should you become distressed, the project investigator will help to find you resources in the community. If you wish to discuss the information above or any other possible risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

**What are the possible benefits to you or to others?** You and your child may benefit from the 6 hours per week of free childcare. Further, due to the educational nature of the positive guidance seminars, parents are expected to benefit from the knowledge they receive in parenting practices which are supported by research.

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**Will you receive compensation for your participation in this study?** You will accrue \$8 per parenting education seminar that you attend, for a total of \$96, and \$8 per toddler class that you attend, for a total of \$96. A possible grand total of \$192 will be given to you on the last seminar.

**What if you are injured because of the study?** The University has no program or plan to provide treatment for research related injury or payment in the event of a medical problem. In the event of a research related injury, please contact the principal investigator.

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Interviews will be audio-taped and sessions with children will be videotaped. The cassettes and videotapes will be coded so that no personally identifying information is visible on them. In addition, they will be kept in a secure place (e.g., a locked file cabinet in the investigator's office). These tapes will be viewed, transcribed and coded only by authorized research personnel and they will eventually be erased.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

**Will the researchers benefit from your participation in this study?**

The researchers will not benefit from your participation in this study beyond potential benefits due to publishing or presenting the results.

**APPROVED BY IRB ON: (09/04/2007)**

**EXPIRES ON: 08/27/2008**

**Signatures:**

**As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:**

---

**Signature and printed name of person obtaining consent** **Date**

**You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.**

---

**Printed Name of Child** **Date**

---

**Printed Name of Subject** **Date**

---

**Signature of Subject** **Date**

---

**Signature of Principal Investigator** **Date**

**We may wish to present some of the audio / video tapes from this study at scientific conventions or as demonstrations in classrooms. Although individual names will not be associated with the presentations, you or your child may be recognized by audience members. Please sign below if you are willing to allow us to do so with your recorded data.**

---

**Signature of Subject** **Date**

## Appendix C – Initial Letter to Participants

Dear Parents,

My name is Rachel Saunders. I am a Master Teacher at the University's Child and Family Laboratory, and I specialize in teaching toddlers. I am also a Human Development doctoral student at The University of Texas, working with Dr. Deborah Jacobvitz and Dr. Nancy Hazen. The director of the University Child and Family Lab School has given us permission to contact you to invite you and your child to participate in our Positive Guidance childcare program.

Specifically, we would like to offer you the opportunity to participate in a weekly Positive Guidance seminar and to enroll your child in a Positive Guidance childcare class – this class will be very similar to a Lab School toddler class, however, it is part of our research program rather than being part of the Lab School. Participating in this study will add to and enhance your knowledge about Positive Guidance, as well as allow you to gain new insights and advice from the project's well trained and highly qualified staff.

Toddler classes are scheduled to begin the week of September 17<sup>th</sup> and run through December 14<sup>th</sup>. They will be housed in the University's Child and Family Laboratory. There will be two Mon/Wed classes from 2:00p to 5:00p and two Tues/Thurs classes from 2:00p to 5:00p. You will need to be available to bring your child to and pick your child up from both days of class each week. The major differences between our program and the University Child and Family Laboratory are the following: 1) it is free, and 2) mothers will be expected to participate in the research associated with this project – which includes attending a weekly seminar on Positive Guidance on Tuesday OR Thursday (based on your schedule) from 5:30p to 7:30p.m. For your convenience, child care will be provided during the nightly seminars.

If you think that this program would be beneficial to you and your family, or if you have any questions, please contact me at 475-8170. Please do not contact the Lab School, as they will not be able to give you any detailed information about the project. Please know that participating in this study will not impact (negatively or positively) families' relationships now or in the future with the Lab School – your position on the waiting list will remain as is. I thank you, appreciate your time in considering this opportunity, and look forward to talking with you soon.

Sincerely,

Rachel Saunders, M.A.  
rachelc@mail.utexas.edu  
512-471-0664

## Appendix D – Positive Alternatives Measure

ID # \_\_\_\_\_ Date \_\_\_\_\_

### Positive Alternatives

The purpose of this exercise is to practice using positive language to communicate limits and ideas.

#### Directions:

Below are 20 examples of inappropriate phraseology for guiding children's behavior. Rephrase each statement using positive, specific language. Avoid using "we" or "let's" or "OK". Each statement needs to communicate what you want the child to do, rather than what you don't want him/her to do.

1. Don't run.
2. Stop throwing your toys.
3. Don't be a baby.
4. Don't hit him.
5. Stop yelling at me.
6. Play nicely.
7. Stop talking with your mouth full.
8. Let's go to the potty, OK?
9. No whining.
10. Don't splash the water out of the tub.
11. Don't be mean.
12. Don't do that.
13. That's not nice.
14. No biting.
15. Let's wash our hands.
16. Be careful with your baby sister.
17. Do you want to help me clean up?
18. Act like a big girl.
19. Don't play with your food.
20. Don't do that, I don't like it.

## Appendix E – Use of Positive Guidance Observational Coding Scale

**Use of Positive Guidance** involves discipline strategies which reinforce appropriate behavior by suggesting positive alternatives to mistaken behavior rather than telling a child what NOT to do. Punitive strategies are never used and adults have appropriate developmental expectations of children. Positive Guidance uses positive statements to bolster children's social and emotional development. This approach fosters a healthy self-esteem, an ability to self-regulate, and well-functioning social skills.

- Language
  - Avoids let's, we when needing to address the child
  - Avoids negative language (stop, not, don't)
  - Avoids judgmental or vague language (good, bad, nice)
  - Tells the child what s/he CAN do rather than what s/he CANNOT do
  - Sets limit setting or uses direct statements rather than asks questions (OK?)
  - Uses encouragement rather than praise (good job, very good, good boy)
  - Body language: Negative – being physical in a rough or abrupt way; Positive – gentle physical intervention, smiling
- Avoids forcing apologies
- Appropriate discipline – mother avoids insulting/guiling/shaming and other punitive discipline strategies
- Has appropriate age expectations of the child (ex – expecting child to help with clean up)
- Child directed versus adult directed play – mother avoids being center of attention
- Mother scaffolds play – asks questions about the child's activities to stimulate their interest, allows the child to explore
- Mother anticipates, prevents, or redirects mistaken behaviors
- Mother avoids laughing at child versus with child
- Mother is empathetic
- Mother avoids product or success oriented play – emphasis on right answer
- Helps child regulates his/her emotions (excitement, sadness, boredom, etc)
- Mother stays on the child's level
- Mother uses honesty rather than misleading the child
- Mother ensures the safety and protection of the child and the environment
- Mother listens to the child
- Mother models appropriate behavior for the child

### **1 – Minimal use of positive guidance.**

- Mother does not incorporate most major aspects of positive guidance into her interactions with her child. Mother may use peripheral aspects of positive guidance here and there, but she is highly inconsistent in her use and

fundamentally misses the meaning of responding to her child with positive guidance techniques. She does not understand positive guidance.

**2 – Uses some aspects of positive guidance, but not when it counts.**

- It is clear that the mother relies on strategies other than positive guidance. She may use praise, negative phrasing, ask questions, be more adult centered, etc. While she does use some aspects of positive guidance, it is clear that this is not characteristic of her overall parenting style. Fundamentally, this mother may understand some aspects of positive guidance, but it is clear that she believes in and prefers other methods. She may try positive guidance, but she relies on permissive, harsh, or otherwise non-positive guidance parenting strategies when it counts.

**3 – Less use of positive guidance than use of positive guidance.**

- While this mother may clearly use some positive guidance techniques, she has a slight preference in her parenting style for techniques other than positive guidance. She may praise her child, phrase things negatively, ask questions, be more adult centered, etc. These aspects of her parenting seem to slightly overshadow her use of positive guidance – which is clearly there, but is slightly secondary to her preferred techniques. On the fence between positive guidance versus other strategies, this mom is barely on the side of more permissive, harsh, or otherwise non-positive guidance parenting.

**4 – Varied use of positive guidance.**

- About half of the mother's discipline strategies are positive guidance, and half of the strategies stray from positive guidance. The mother is varied in her use of positive guidance techniques – while it is clear that she understands a bit of positive guidance, it seems that she randomly uses the techniques or does not use the techniques because she may not fully grasp all of them. The mother seems on the fence as to whether she is capable of using positive guidance or not – she uses some major and some peripheral aspects of positive guidance, yet other times she does not, with no clear preference for either strategy.

**5 – More use of positive guidance than not.**

- While this mother uses many major aspects of positive guidance in her interactions with her child, she also uses techniques other than positive guidance. Though she may praise her child, phrase things negatively, ask questions, etc, her parenting strategy overall is slightly more characterized by her positive guidance techniques. While she understands many of the basic tenets of positive guidance, she still relies on other strategies (yet keeps a slight preference for positive guidance). On the fence between positive guidance versus other strategies, this mom just barely made it over to the positive guidance side.

**6 – Uses positive guidance when it counts.**

- It is clear that the mother uses a strategy of positive guidance. She incorporates most major aspects of positive guidance into her interactions with her child, though she may use praise or negative phrasing, etc every now and then. Fundamentally, this mother understands the positive guidance techniques and uses them when it counts, she may just lapse occasionally.



## **7 – Pervasive use of positive guidance**

- Mother incorporates most major aspects of positive guidance into her interactions with her child. She is highly consistent in her use of positive guidance and fundamentally grasps the meaning of responding to her child with positive guidance techniques. The mother uses appropriate language, scaffolds and lets child direct the play, is in tune with the child's emotional well being, and anticipates and redirects child's mistaken behaviors.

## References

- Albert, L. (1996). *Cooperative discipline*. Circle Pines, MN: American Guidance Service.
- Anan, R. M., Warner, L. J., McGillivray, J. E., Chong, I. M., & Hines, S. J. (2008). Group intensive family training (gift) for preschoolers with autism spectrum disorders. *Behavioral Interventions*, 23(3), 165-180.
- Aries, P. (1960). *Centuries of childhood: A social history of family life* (R. Baldick, trans.). New York: Knopf, 1962.
- Balson, M. (1992). *Understanding classroom behaviour* (3<sup>rd</sup> edition). Hawthorn, Victoria, Australia: Australian Council for Educational Research.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bredenkamp, S. & Copple, S. (1997). *Developmentally Appropriate Practices in Early Childhood Programs (Rev. ed.)*, The National Association for the Education of Young Children, Washington, DC.
- Bryan, J. H. (1975). Children's cooperation and helping behaviors. In E. M. Hetherington (Ed.), *Review of child development research* (Vol. 5). Chicago: University of Chicago Press.
- Casanueva, C., Martin, S. L., Runyan, D. K., Barth, R. P., & Bradley, R. H. (2008).

- Parenting services for mothers involved with child protective services: Do they change maternal parenting and spanking behaviors with young children?  
*Children and Youth Services Review* 30(8), 861-878.
- Clawson, E. P., Kuchinski, K. S., & Bach, R. (2007). Use of behavioral interventions and parent education to address feeding difficulties in young children with spastic diplegic cerebral palsy. *Neurorehabilitation*, 22(5), 397-406.
- Crain, W. (2005). *Theories of development: Concepts and applications* (5<sup>th</sup> edition). Upper Saddle River, NJ: Pearson Prentice Hall.
- Dix, T., Gershoff, E. T., Meunier, L., & Miller, P. C. (2004). The affective structure of supportive parenting: Depressive symptoms, immediate emotions, and child-oriented motivation. *Developmental Psychology*, 40, 1212-1227.
- Dreikers, R. (1964). *Children: The challenge*. New York: E. P. Dutton.
- Dreikurs, R., Brunwald, B. B., & Pepper, F. C. (1998). *Maintaining sanity in the classroom. Classroom management techniques* (2<sup>nd</sup> edition). Levittown, PA: Taylor and Francis.
- Drugli, M. B., & Larsson, B. (2006). Children aged 4-8 years treated with parent training and child therapy because of conduct problems: Generalisation effects to day-care and school settings. *European Child & Adolescent Psychiatry*, 15(7), 392-399.
- Ehrensaft, D. (1997). *Spoiling childhood*. New York: Guilford.
- Eisen, A. R., Raleigh, H., & Neuhoff, C. C. (2008). The unique impact of parent training for separation anxiety disorder in children. *Behavior Therapy*, 39(2), 195-206.
- Emmer, E. T. (1994). *Classroom management for secondary teachers* (3<sup>rd</sup> edition).

- Needham Heights, MA: Allyn & Bacon.
- Evertson, C. M. (1994). *Classroom management for elementary teachers* (3<sup>rd</sup> edition).  
Needham Heights, MA: Allyn & Bacon.
- Flicker, E. S. & Hoffman, J. A. (2002). Developmental discipline in the early childhood classroom. *Young Children*, 57(5), 83-89.
- Gartrell, D. (1995). Misbehavior or mistaken behaviour? *Young Children*, 50, 27- 34.
- Gartrell, D. (1997). Beyond discipline to guidance. *Young Children*, 52, 34-42.
- Gartrell, D. (2002). Replacing Time-Out: Part two-using guidance to maintain an encouraging classroom. *Young Children*, 57 (2), 36-43.
- Gartrell, D. (2004). *The power of guidance: Teaching social-emotional skills in early childhood classrooms*. Clifton Park, NY: Thomson Delmar Learning.
- Gershoff, E. T. (2002). Parental corporal punishment and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128, 539–579.
- Goodnow, J. J., & Collins, W. A. (1990). *Development according to parents: The nature, sources, and consequences of parents' ideas*. Hillsdale, NJ: Erlbaum.
- Gordon, D. G. (2001). Classroom management. *Music Educators Journal*, 88(2), 17-24.
- Gordon, T. (2003). *Teacher effectiveness training*. New York: Random House.
- Greenberg, P. (1988). Avoiding ‘me against you’ discipline. *Young Children*, 43, 24-25.
- Greenfield, P. M., & Suzuki, L. K. (1998). Culture and human development: Implications

- for parenting, education, pediatrics, and mental health. In W. Damon (Series Ed.) & I. E. Sigel & K. A. Renninger (Vol. Eds.), *Handbook of child psychology: Vol. 4. Child psychology in practice* (5th ed., pp. 1059–1109). New York: Wiley.
- Harkness, S. & Super, C. (2002). Culture and parenting. In M. Bornstein (Ed.), *Handbook of parenting (2<sup>nd</sup> edn). Vol 2: Biology and ecology of parenting* (pp. 253-280). Mahwah, NJ: Lawrence Erlbaum.
- Hayes, L., Matthews, J., Copley, A., & Welsh, D. (2008). A randomized controlled trial of a mother-infant or toddler parenting program: Demonstrating effectiveness in practice. *Journal of Pediatric Psychology, 33*(5), 473-486.
- Hetherington, E. M., & Parke, R. D. (1977). *Contemporary readings in child psychology*. New York: McGraw-Hill.
- Ingersoll, B., & Gergans, S. (2007). The effect of a parent-implemented imitation intervention on spontaneous imitation skills in young children with autism. *Research in Developmental Disabilities, 28*(2), 163-175.
- Jones, V. F., & Jones, L. S. (1986). *Comprehensive classroom management: Creating positive learning environments* (2<sup>nd</sup> edition). Newton, MA: Allyn & Bacon.
- Kaliska, P. (2002). *A comprehensive study identifying the most effective classroom management techniques and practices*. (Master's Thesis, University of Wisconsin-Stout). Retrieved <http://www.uwstout.edu/lib/thesis/2002/2002kaliskap.pdf>
- Kamins, M. L., & Dweck, C. S. (1999). Person versus process praise: Implication for contingent worth and coping. *Developmental Psychology, 35*(3), 835-847.

- Kern, L., DuPaul, G. J., Volpe, R. J., Sokol, N. G., Lutz, J. G., Arbolino, L. A., Pipan, M., & VanBrakle, J. D. (2007). Multisetting assessment-based intervention for young children at risk for attention deficit hyperactivity disorder: Initial effects on academic and behavioral functioning. *School Psychology Review, 36*(2), 237-255.
- Lamborn, S. D., Mounts, N. S., Steinberg, L., & Dornbusch, S. M. (1991). Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development, 62*(5), 1049-1065.
- Lee, S., Vandell, D. L., & Posner, J. K. (1998). Harsh, firm, and permissive parenting in low-income families. *Journal of Family Issues, 19*, 483-507.
- Martins, C. & Gaffan, E. A. (2000). Effects of early maternal depression on patterns of Infant-mother attachment: A meta-analytic investigation. *Journal of Child Psychology and Psychiatry, 41*(6), 737-746.
- Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). The circle of security project: Attachment-based intervention with caregiver-pre-school child dyads. *Attachment & Human Development, 4*(1), 107-124.
- Masse, J. J., & McNeil, C. B. (2008). In-home parent-child interaction therapy: Clinical considerations. *Child & Family Behavior Therapy, 30*(2), 127-135.
- Mauro, C. F. & Harris, Y. R. (2000). The influence of maternal child-rearing attitudes and teaching behaviours on preschoolers' delay of gratification. *Journal of Genetic Psychology, 161*, 293-308.
- McCord, W., & McCord, J. (1959). *Origins of crime*. New York: Columbia University

- Press.
- McFarland, L., Allen, S., & Saunders, R. (Under Review). Education in positive guidance: Culturally diverse experiences and perspectives. *Journal of Teacher Education*.
- McFarland, L., Saunders, R. & Allen, S. (2008). Learning and teaching positive guidance skills: Lessons from early childhood practicum students. *Journal of Early Childhood Teacher Education*, 29 (3), 204-221.
- McIntyre, L. L. (2008). Parent training for young children with developmental disabilities: Randomized controlled trial. *American Journal on Mental Retardation*, 113(5), 356-368.
- McLoyd, V. C., Jayaratne, T. E., Ceballo, R., & Borquez, J. (1994). Unemployment and work interruption among African American single mothers: Effects on parenting and adolescent socioemotional functioning. *Child Development*, 65, 562-589.
- McMullen, M. B. (1997). The effects of early childhood academic and professional experience on self perceptions and beliefs about developmentally appropriate practices. *Journal of Early Childhood Teacher Education*, 18, 55-68.
- Miller, D. F. (2004). *Positive child guidance* (4<sup>th</sup> edition). Clifton Park, NY: Thomson Delmar Learning.
- Morrongiello, B. A., Corbett, M., Lasenby, J., Johnston, N., & McCourt, M. (2006). Factors influencing young children's risk of unintentional injury: parenting style and strategies for teaching about home safety. *Journal of Applied Developmental Psychology*, 27, 560-570.

- Moss, E., Rousseau, D., Parent, S., St-Laurent, D., & Saintonge, J. (1998). Correlates of attachment at school age: Maternal reported stress, mother-child interaction, and behavior problems. *Child Development, 69*(5), 1390-1405.
- Mussen, P. H., & Eisenberg-Berg, N. (1977). *Roots of caring, sharing, and helping*. San Francisco: W. H. Freeman.
- Parke, R. D. (1977). Some effects of punishment on children's behavior-Revisited. In E. M. Hetherington & R. D. Parke (Eds.), *Contemporary readings in child psychology* (pp. 208–220). New York: McGraw-Hill.
- Patock-Peckham, J. A., Cheong, J. W., Balhorn, M. E., & Nagoshi, C. T. (2001). A social learning perspective: A model of parenting styles, self-regulation, perceived drinking control, and alcohol use and problems. *Alcoholism-Clinical and Experimental Research, 25*(9), 1284-1292.
- Patterson, G. R. (1982). *Coercive family process*. Eugene, OR: Castalia.
- Patterson, G. R., & Stouthamer-Loeber, M. (1984). The correlation of family management practices and delinquency. *Child Development, 55*, 1299-1307.
- Phaneuf, L., & McIntyre, L. L. (2007). Effects of individualized video feedback combined with group parent training on inappropriate maternal behavior. *Journal of Applied Behavior Analysis, 40*(4), 737-741.
- Porter, L. (2000). *Student behaviour: theory and practice for teachers*. Crows Nest, NSW: Allen & Unwin.
- Porter, L. (2003). *Young children's behaviour: Practical approaches for caregivers and teachers, second ed.* Marickville, NSW: Elsevier Australia.



- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.
- Reid, M. J., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a classroom social competence and problem-solving curriculum by offering parent training to families of moderate- to high-risk elementary school children. *Journal of Clinical Child and Adolescent Psychology, 36*(4), 605-620.
- Rushton, J. P. (1975). Generosity in children: Immediate and long term effects of modeling, preaching, and moral judgment. *Journal of Personality and Social Psychology, 31*, 459-466.
- Russell, E. M. (2004). Quarreling: An important aspect of social development. *Texas Child Care Quarterly, 28*, 2-9.
- Shore, C. P., Perkins, S. M., & Austin, J. K. (2008). The Seizures and Epilepsy Education (SEE) Program for families of children with epilepsy: A preliminary study. *Epilepsy & Behavior, 12*(1), 157-164.
- Skinner, B. F. (1969). *Contingencies of reinforcement*. Englewood Cliffs, NJ: Prentice-Hall.
- Smith, K. E. (1997). Students-teachers' beliefs about developmentally appropriate practice: Pattern stability and the influence of locus of control. *Early Childhood Research Quarterly, 7* (2), 277-296.
- Sroufe, L. A., Cooper, R. G., & DeHart, B. B. (1996). *Child development: Its nature and course* (3<sup>rd</sup> ed.). New York: Knopf.
- Teti, D. M., Gelfand D. M., Messinger D. S., & Isabella R. (1995). Maternal depression

- and the quality of early attachment: An examination of infants, preschoolers, and their mothers. *Developmental Psychology*, 31(3), 364-376.
- Velderman, M. K. (2005). *The Leiden VIPP and VIPP-R Study: Evaluation of a short-term preventive attachment-based intervention in infancy*. Leiden, Germany: Mostert & Van Onderen.
- Wade, C. A., Ortiz, C., & Gorman, B. S. (2007). Two-session group parent training for bedtime noncompliance in head start preschoolers. *Child & Family Behavior Therapy*, 29(3), 23-55.
- Wittmer, D. S. & Honig, A. S. (1994) Encouraging positive social development in young children. *Young Children*, 49, 61-75.
- Wolfgang, C. H. (2004). Teacher praise: make informed choices. *Dimensions of early childhood*, 32, 5-10.

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