

MEASURING LEARNING GAIN OF UNDERSTANDING
OF PARENTS' COMMUNICATION SKILL
AND OF CHILD DEVELOPMENT

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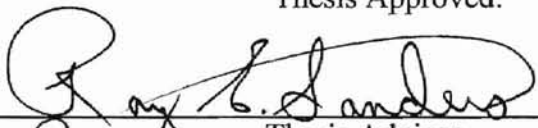
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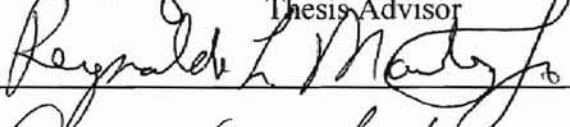
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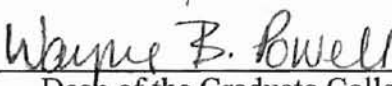
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PREFACE

The parent education curriculum Kid Time was taught to parents with children in two Head Start facilities. The objective of Kid Time was to help parents improve communication with their children. Parents completed pretest and post test instruments for the six session program. Data were analyzed to determine whether as a result of the parent education program they changed their communication behavior with their children. Parents were also evaluated on their knowledge of stages of child development. Results of this study should help the sponsoring organization, Oklahoma Cooperative Extension Service, evaluate their parent education programs to improve effectiveness.

I would like to thank those individuals and groups who helped me see this project to completion at Oklahoma State University. First, I wish to thank my advisor, Dr. Ray E. Sanders, for his patience and guidance. Also to committee member, Rey Martinez and for their suggestions and time during this project.

A special thank you goes to Dr. Arlene Fulton, my research advisor, for providing direction and invaluable advisement for the research. And especially being my “sounding board” for ideas and frustrations.

Thank you also needs to go to the parents and teachers of St. Stephen’s and Moore Full Day Head Start. Also, a big thank you to the members of Cleveland County Association for Family and Community Education, for their help in carrying out the project.

The greatest debt of gratitude goes to my family for their constant prayers, unfailing support and faith in my ability to complete this project. I especially thank my parents for showing me the value of an education. I hope my son, Coy, will learn this value by my example. Thank you to my sister, Cynthia, and my brother-in-law, Mike for blazing the trail ahead of me.

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CHAPTER I

INTRODUCTION

Communication, or the lack of it, has been identified as a producer of stress in marriages, in parent-child relationships, and in settings outside the home. Communication between parent and child was key to developing future adults capable of effective communication with others. These skills in human relations were determined by their parent's child-rearing practices and the child's environment during the formative preschool years (Curran, 1983).

It was generally known that all children learned and developed their attitudes, values, behaviors and gain knowledge through communication with others, especially their parents. Good communication skills were only be developed when parents possessed a base understanding of children's developmental needs (Stern & Alvarez, 1992).

All children went through stages of development. This was the most basic fact of research on the behavior of children. Parents were enabled, by acquiring knowledge of child development, to teach their children appropriately (Honig, 1980). It was with the new awareness of the various developmental stages children reach that parents were better equipped to address child behavior.

The way a child was treated by his parents and the way he behaved was

determined by the child's nature combined with their developmental stages (Ilg, & Ames, 1955). When parents were uninformed or unfamiliar with children's developmental processes they failed to consider the child's nature (Leggett, 1993).

Parents were the primary educator of their children, and as such could be taught to become more effective teachers of their own children. The significance of the parental role as prime educator was based on research on infants, toddlers, preschoolers, and their families by Erikson (1963), Brim (1965), Baumrind (1966), Bronfenbrenner (1975), Kohn (1977), and Hunt (1970). The belief that, parents were the first and most important teacher of their children, continued to be the basic principle of parent education. (Honig, 1980). Things parents taught their children, either intentional or as a result of interaction, were likely to be more important and lasting than anything learned in school.

The many social trends that now challenged the parent-child relationship contributed to difficulty in raising children. In today's society, parents experienced unique pressures not faced by previous generations. The rapid pace of change in our society and an increasing awareness of cultural values and diversity, caused parents to continue to be challenged to expand on traditional styles of childrearing (Smith, et. al., 1994).

The Kid Time curriculum was intended to help parents build positive communication skills, increase knowledge of children's developmental needs, and recognize resources which could be useful. The six sessions of the program each focused on specific objectives which related to communication between parents and their children (Fulton, 1995). The objectives were addressed in the individual session topics: (1) What's Communication All About; (2) Talking with Kids; (3) Winning Cooperation; (4)

Alternatives to Punishment; (5) Becoming Independent; and (6) Respect, Smiles, & Hugs.

Statement of the Problem

Children in low-income families were shown to exhibit more developmental and behavioral problems than children in middle-income families. Financial stress, environmental forces, and other critical events all affected parent's attitudes and, consequently, their interactions with their children. In these families experiencing financial stress, negative life events such as divorce, unemployment, and child abuse were more likely to occur (Thompson, Grow, Ruma, Daly, & Burke, 1993).

In today's transitional society parents have not had the opportunity to receive child-rearing guidance by observing their parents. Without immediate help, parents were forced to seek other sources to learn about young children (Tully, 1992).

Children of low-income families often had communication problems. The parents in these families tended to use autocratic, monosyllabic communication with their children (Gordon, 1969) which could adversely affect the child's growth and development, as well as interactions with people outside the family.

The parent's knowledge of child development was shown in research to have a direct effect on the interaction with their children. For this reason, basic child development principles must be a vital part of any parent behavioral training. Behavioral parent training had been shown to be an effective intervention for parents with of children exhibiting developmental and behavioral problems (Thompson, Grow, Ruma, Daly, & Burke, 1993). Effective parent behavior training could reduce the development and behavioral problems due to enhancing parents' knowledge, skills, and attitudes related to

parenting. (Anderson & Nuttall, 1987).

Parent relationship skills, including reflection and expression of feelings were enhanced by communication training (Anderson & Nuttall, 1987). Consequently, more positive communication with children resulted in positive self-esteem and improved behavior.

Purpose of Study

The purpose of this study was to determine whether Kid Time, a 6 week parent education program, could significantly improve how effectively the low-income parent communicated with their child; and would be effective in increasing knowledge of child development.

The need for parent education made the Head Start program ideal for Kid Time. Parenting education was a part of the Head Start Program objective to 'provide a planned program which would support the parental role in the child's education and development' (National Head Start Association, 1990). This objective addressed an overall Head Start Program goal to involve the child's entire family thereby strengthening the child's education experience.

Research Questions

1. Will subjects enrolled in a parent education program demonstrate significant change in pretest and posttest scores that measure the parents awareness of communication with their children?
2. Will subjects enrolled in a parent education program demonstrate significant differences in communication scores when compared with subjects who were not enrolled in a parent education program?

3. Will subjects enrolled in a parent education program demonstrate significant changes in pretest and posttest scores that measure the parents knowledge of child growth and development.
- 1) Will subjects enrolled in a parent education program demonstrate significant difference in knowledge of child growth and develop scores when compared with subjects who were not enrolled in a parent education program?

Limitations

The research study experienced limitations which affected the outcome. The study limitations were:

1. Sample was limited to parents with children in Head Start, this caused a limitation of sample size. Parents of children in this age group not attending a Head Start facility were not included in the sample;
2. The small study sample limited the generalization of the findings;
3. There was very little racial variation in the sample, with most subjects Caucasian;
4. Another limitation regarding sample was that only mothers participated in the study.
5. Duration of the project also posed a limitation to the study. The relatively short time span between project pretesting and posttesting limited the amount of behavior change that could be expected over the course of the study. Also, the modest intensity of the intervention program tested was expected to result in only modest parenting changes over the course of the study.

Definition of Terms

For the propose of the this study, the following definition of terms will be useful.:

1. Parent education - the intentional learning activity of parents who are attempting to change the way they interact with their children to encourage positive behavior in their children (Noller & Taylor, 1989).
2. Communication - to share thoughts, messages, or information, by speech, gestures, or writing (Webster's Ninth Collegiate Dictionary, 1991).
3. Child Development - a specific, gradual process of growth, in children from birth to adulthood, marked by stages of characteristics and acquired capabilities (Webster's Ninth Collegiate Dictionary, 1991).
4. Infant - children from birth to 12 months of age (Fulton. 1995).
5. Toddler - children, 1 and 2 years of age (Fulton. 1995).
6. Pre-School - children from 3 through 5 years of age (Fulton. 1995).
7. School Age - children from 6 through 12 years of age (Fulton. 1995).

Significance of the Study

This study derived its significance from the fact that parent education programs have the potential to educate parents to successfully help their young children develop. The rationale for providing parent education, in general, was to become more knowledgeable and competent in child-rearing. The significance of this study was based on the fact that positive communication and understanding of child development by parents, helped them impact successful development of their child.

CHAPTER II

REVIEW OF LITERATURE

This chapter provided a review of available literature and important research studies addressing parent-child communication. The literature review focused on three related themes:

1. Parenting education programs that encourage positive parent child interaction;
2. Parent-child communication; and
3. Parents knowledge of child development.

Although three themes have developed for the review of literature, the related research overlaps. The information discussed in the first theme covered the historical background on the development of parenting education in the United States, common elements of parenting education, and the effect on the parents' attitude of parenting.

Parent Education History

Parent education had been available in varied forms, throughout history, to help parents address the social conditions of that era (Tully, 1992). Although the format of parent education had changed throughout history, it always had, supporting parents as its goal. The change in format was due more to a decline in popularity than lack of effectiveness. New program formats focused on solving the current social problem

(Tully, 1992).

It was societal changes which had made parenting difficult and therefore parent education more popular. Parent education was not a new concept, however, its' popularity was increased as society had changed. Higher incidence of divorce, working mothers, single parent families and the absence of extended families or other support structures were some of the changes in society forcing parents to seek help with their children (Tully, 1992).

The changing industrialization process in America was followed by an increased interest in improving child-rearing skills during the beginning of the century. Parent education had been available in various forms during the past century. There was some mention of groups of mothers in America meeting informally to discuss child-rearing as early as 1820 (Noller & Taylor, 1989). Soon after, parenting information in print began to circulate in an effort to assist parents. Some of the first printed materials were Mother's Magazine (1832), Mother's Assistant (1841), and Parent's Magazine (1850) (Tully, 1992).

During the early 1900's, medical breakthroughs turned parent education toward improved child health and hygiene. Statistics of the era showed high mortality rates, physical defects, and nutrition problems of young children (Tully, 1992). Of most historical significance during this period was the enactment of child labor laws, intended to improve the quality of life for children (Schultz, 1994).

The Kid Time parent education program, which was the basis of this study, was offered through the Cooperative Extension Service. It was important to note the historical formation of this organization as it related to parent education. The Smith-Lever Act of

1914 was the first to appropriate funds for county home demonstration professionals charged with educating families on improvements to their home and family life, including child rearing (Rasmussen, 1989). The legislation was an attempt to make rural life more profitable, healthful, comfortable, and attractive (Rasmussen, 1989).

Beginning in the 1940's certain individuals emerged as authorities to aid parents in their child rearing. These authorities disseminated their wisdom through books for parents which they authored. Early on, the Gesell Institute published several books on child development, linking the importance of a parent's knowledge of child development to effective parenting (Gesell & Ilg, 1946; Ilg & Ames, 1955).

Many children of the 1960's and 70's were raised on the original book of infant and child care by Dr. Benjamin Spock (1957). Dr. Spock was the child-rearing "guru" of child growth and development for this period. Even today, many parents find guidance in his latest edition, the 1992 "fully revised and updated for the 1990's" version of Dr. Spock's Baby and Child Care.

These "how-to" books by authors, seen as experts in the field of child-rearing, provided information on child growth and development. The information gave parents a guide for what was to be expected in child behavior and development.

Many of these attempts to educate parents were limited mostly to the Caucasian middle-class in groups where they were already meeting, such as churches. Research has shown that, in fact, these were the families that had the least need for parent education. (Schultz, 1994) Characteristically, it was low-income families who were most in need of parent education but least likely to participate. (Lengua, et. al., 1992).

During the Johnson administration of the late 1960's a "War on Poverty" was declared. It was this effort that created the anti-poverty program, Head Start (HS). This program was targeted at the culturally deprived, in an attempt to counter the affects of living in a family with limited resources. Originally, Head Start was designed as a comprehensive program to help prepare these disadvantaged children for school and improve their overall growth and development (Leggett, 1993).

It was not until more recently that parent education became more organized. Rudolph Dreikurs was credited with the first attempt to organize parenting education in the early 1960's (Schultz, 1994). This parent education took the form of neighborhood parent discussion groups. Topics for the discussions included understanding child behavior and effective communication. As a direct result of Dreikurs efforts, parenting programs, were developed. One of the most popular parent education programs, Systematic Training for Effective Parenting (STEP) was still in use today.

Also in the 1960's two models, that differed greatly from one another, became popular. The concept of behavior modification and Ginott's model of caring and commitment promoted very different theories of child rearing (First & Way, 1995). Following in the 1970's was the Parent Effectiveness Training (PET), developed by Thomas Gordon and based on the works of Carl Rogers (Noller & Taylor, 1989).

As behavior theorist began to publish their research, parent education programs showed distinctions (Whipple & Wilson, 1996). The programs available were based on the varying behavioral theories. The distinctions among programs were characterized by: 1) how closely they followed behavioral principles; 2) use of praise; and 3) use of logical versus natural consequences (Whipple & Wilson, 1996).

Both STEP and PET were still in use today and the basis for other parent education programs with a different format. The current trend in parent education programs was the use of the family systems perspective (First & Way, 1995).

The family systems approach to parent education covered a broader range of issues for families. It involved teaching parents about child development, clarifying the issue of parental authority and the role of the child, and helping the parent to manage their child's daily activities (Ainsworth, 1996).

Elements of Parent Education

The importance of teaching parenting skills could not be overemphasized (Ainsworth, 1996). Parent education programs have been shown to be effective with parents, at all levels, in dealing with their children exhibiting a wide range of behaviors. (Thompson, et. al., 1993).

Parent education programs did not share a single conceptual or theoretical framework that guided their development. (First & Way, 1995) The variety of formats made comparisons between programs difficult. (Fulton, Murphy, & Anderson, 1991) Whatever parent education programs were current or experiencing popularity vary widely in approach and were offered by many different organizations, often with staff at different levels.

Parent education programs were primarily behavioral skills training, which reported the best results (Magen & Rose, 1994). For most parent education programs, the targeted outcome was two-fold; the parents' positive behavior change which created better interaction with their children and hopefully, more positive behavior in their children.

Parent Education Programs

Parent education in some type of group, was the focus of review of literature. The agenda for parent education groups generally included an instructor or facilitator, educational information provided in various methods, and group discussion.

Systematic Training for Effective Parenting (STEP) The “Systematic Training for Effective Parenting” (STEP) program was based on the Rudolph Dreikurs who subscribed to the Adlerian theory of behavior (Noller & Taylor, 1989). The program was used on an individual or group basis and was nine weeks in length (Dinkmeyer & McKay, 1976). The format included problem situations, questions, individual plans for improving relationships and summary charts.

The STEP program drew on the Adlerian theory to teach problem solving through natural and logical consequences. Topics included in the program were: understanding child behavior; building child confidence; listening to your child; and communicating with your child (Schultz, 1994).

Parent Effectiveness Training (PET) The Parenting Effectiveness Training (PET) was developed by Gordon and was based on the theories of Carl Rogers (Noller & Taylor, 1989). Gordon, a practicing psychologist, determined after working with families with children exhibiting difficult behaviors, they needed help with developing parenting skills not therapy. Specifically, they needed to establish positive roles and relationships with the family (Fine, 1980).

The curriculum focuses on teaching communication skills including active listening, the “I” message, and democratic problem solving skills (Gordon, 1975). Gordon took from his training as a therapist to teach parents three skills of

communicating with their children: 1) silence; 2) open-ended questions; and 3) reflective listening.

The theories of Rogers were apparent in the goals of the PET program. The desired outcomes of PET included: 1) think of their children's behavior as separate from their personality traits or characteristics; 2) learn the importance of consistency of behavior toward their child's behavior; 3) feel confident to confront unacceptable behavior and address it in terms of their feelings without, "putting the child down"; and 4) understand the difference between using knowledgeable and experienced authority and authority based on rewards and punishments (Schultz, 1994).

The Nurturing Program (NEST) The Nurturing Program (NEST) was based on the model developed by Bavolek & Bavolek (1985). The program was 15 weeks in length and taught cognitive, affective, and behavioral skills. It was designed to promote health, nurturing behaviors in parents and their children, therefore decreasing the level of family violence (Schultz, 1994). Teaching methods of the program included activities for parents, behavior management techniques and communication skills handbook, a behavior management presentation, a nurturing quiz family logs, and homework assignments (Whipple & Wilson, 1984).

The curriculum of the Nurturing Program was identified by these learning philosophy beliefs: 1) if a family system was to change all members must participate in the treatment; 2) in order for the intervention to be effective, affective and cognitive learning must take place while integrating feelings of recognition and management with new knowledge; 3) by building positive perceptions of self, both parents and children could develop health, nurturing family interaction patterns; and 4) any form or level of

family violence could not be tolerated in building nurturing family interaction patterns (Bavolek & Bavolek, 1985).

Kid Time The Kid Time parent education program, used in this study, was written by Arlene Fulton for the Oklahoma Cooperative Extension Service (1995). It was a communication program for parents of children between the ages of four and ten years of age. Sessions included such teaching methods as discussion, video tapes, transparencies, activities, child development handouts, and homework. The goals of Kid Time were intended to help parents: 1) build positive communication skill; 2) increase their knowledge of children's developmental needs; and 3) recognize what resources in their community could be useful (Fulton, 1995).

Kid Time was divided into six sessions, each of which built on parents' knowledge of communication with their children. The individual sessions provided information on communication skills and encouraged parents to put them into practice with the homework flyer that reinforced a major idea from the session. Believing that parents who understood child development would be more effective at communicating with their children, Kid Time also made use of a child development flyer to take home at the end of each session.

Each individual session focused on specific objectives related to the communication between parent and child. The sessions were described as:

- ° Session One - parents recognized positive communication, identified three ways effective communication takes place, and demonstrated positive communication techniques through words and behavior;

- Session Two - parents understood that verbal communication was conveyed through words, manner and tone used with children and recognized positive ways to communicate with children, and communicate verbal support for their children through the words they used in conversations;
- Session Three - parents understood how communication affected cooperation, identified ways they cooperated with their children, and demonstrated communication skills which encouraged cooperative behaviors with their children;
- Session Four - parents identified helpful ways to interact with their children, and practiced alternatives to punishment that resulted in positive interactions with their children;
- Session Five - parents identified ways to encourage independence in their children and understood how they could reinforce children's responsible behaviors; and
- Session Six - parents identified ways they could stay healthy and care for themselves, and how they influenced a respectful, friendly environment in the home.

Parent-Child Communication

Key to every successful family relationship was the level of communication skills of its' members. The communication between parent and child determined the development of future adults capable of effective communication with others. Children learned and developed their attitudes, values, behaviors and gain knowledge through communication of others, especially their parents.

It stood to reason then, that parent education must include developing parent-child communication skills. Research had shown parent communication education increased

parents' relationship skills such as reflection and expression of feelings to change children's behavior and positively impact their self-esteem (Anderson & Nuttall, 1987). In completely communicating with the child as an individual, the parent created an environment that was warm, loving and accepting (Schultz, 1994).

Parents attended parent education seeking for help with a specific behavior problem or developmental concerns. Parent education which taught communication skill provided the parent, and their families, an added benefit. Gaining knowledge and practicing positive communication had been shown to improve parenting skills. Improvement was seen in the targeted child's behavior was a result of the parents' relationship skill changes (Anderson & Nuttall, 1987). Regardless of a parents personal agenda or the age of their child, communications skills should a component of all parent education.

Although parents of children with varying ages would benefit from communication skills education, parents of younger children would see greater changes (Anderson & Nuttall, 1987). This could be because patterns of parent-child interaction had been established with older children, making change difficult. Adolescents behavior changed related to cooperation, being demanding, and accepting family rules was less than that of younger children (Anderson & Nuttall, 1987).

It was often a parent's child development knowledge that affected how they communicated with their child. (Leggett, 1993). Parents who had acquired child development knowledge and communication skills would relate to their child with interactional communication where they encouraged cognitive and verbal participation by asking questions. Without knowledge and skills of parent-child interaction, a parent

would use one way communication in an authoritative way that would not stimulate the child's active verbal participation (Leggett, 1993).

Parents Knowledge of Child Development

According to Piaget (1969), children developed through stages in invariant order. A parent who did not have knowledge of basic child development would be unable to consider the child's nature and appropriately respond to behavior. It was the knowledgeable parent who was able to provide consistent, contingent ,and appropriate responses to their child and changed their response to best fit the child's developmental stage (Brazelton & Cramer, 1990).

This chapter presented a review of literature regarding the following aspects of parenting education: the historical background; elements of parent education; specific parent education programs; parent-child communication; and parents knowledge of child development. This literature review was presented to substantiate the need for evaluating the parent education program, Kid Time, by measurement of knowledge gains of low-income parents' understanding of communication skills and child development. Documentation was presented regarding the effect of parents' positive communication with and knowledge of child development on their child's growth toward capable adulthood.

CHAPTER III

METHODS AND PROCEDURES

In this chapter the methodology used to conduct this study was discussed. A description of the research strategy addressed design, procedure, selection of sites, population, selection of participants, education format, instrumentation, and data analysis of the study. To clarify the approach of the examination, the chapter included discussion of the research strategy under the heading, Design of Study. Additional methodological concerns were addressed under the following headings: Selection of Site, Population of the Study, Selection of Participants, Educational Format, and Instruments.

The purpose of this study was to determine if the Kid Time curriculum could significantly improve parents' awareness of communication with their children and knowledge of child growth and development. It was hoped that the results would enhance parent education in general and provide future users of the Kid Time curriculum with a reference tool for increasing its' effectiveness.

Design of the Study

The study design for this study was pretest-posttest, with one treatment group and one control group at each site. Randomization was not possible, therefore the pre-post design was selected as appropriate to this study as a way to provide reasonable

comparison.

A comparative analysis was conducted of parenting attitudes of those who participated in Kid Time and those who did not participate. When randomization was not possible, as in this study, and the pre-post design was selected and was described by Kerlinger (1973) as “Compromise Experimental Group-Control Group” This study design, described by Kerlinger consisted of: (1) a pre-test administered to both groups; (2) the intervention by the treatment group; (3) the absence of intervention by the control group; and (4) a post-test administered to both groups. The pre-post study design made it possible to compare parents’ awareness of communication skills and knowledge of child growth and development who participated in Kid Time with those who did not participate. This study design was more conducive to the educational setting of Kid Time. For each site, a separate group, not participating in the intervention was used for the comparison.

Procedures

Because human subjects were used for this study, Oklahoma State University (OSU) required application and approval by the Institutional Review Board (IRB). Application was made to the Oklahoma State University IRB and approval granted (Appendix A).

The curriculum instructor was an Extension Educator, Family and Consumer Sciences for the Oklahoma Cooperative Extension Service (OCES). Training on the Kid Time curriculum was presented by OCES Child Development Specialist. The curriculum instructor for this research study attended the training to prepare for conducting the parent education program in Cleveland County, Oklahoma.

Selection of Sites

The site selection process was targeted toward parents of children in the Head Start program as a pre-formed group. The process involved personal contact with the researcher and Head Start facility director to determine interest in participating in the study.

The Head Start programs that were willing to participate and met criteria for this study were located in Cleveland County, Oklahoma. The first Head Start site taking part in the study was St. Stephen's Head Start operated out of St. Stephen's Methodist Church in Norman, Oklahoma. The second site was Moore Full-Day Head Start, which operated out of the Community Action office in Moore, Oklahoma.

Both sites operated a traditional Head Start program which offered preschool education for children between ages four years and school age. In addition to the children's education the Head Start facilities provided social services for the child and his or her family, health services for the child, and activities for parent involvement including parent education.

For families to participate in the Head Start program they must meet the income eligibility requirement. This required all participants to be living at or below the poverty level. Poverty level was determined by the Census.

Population of the Study

The population of this study was parents of children enrolled in a Head Start program, between the ages of three through four, in a central Oklahoma metropolitan county. According to the 1994 population estimate by the U.S. Bureau of Census, the total population of Cleveland county was 174,253. The ethnic distribution of the county

was 89% white, 3% Black, 5% Native American, 1% Hispanic, and 2% other. Of the total population 12,404 were children under the age of five years.

Selection of Participants

Random selection of participants was not possible. Because it was being offered through the Head Start program, Kid Time had to be available to any Head Start parent wanting to participate (according to 45 CFR Part 1304 of the regulations governing the Head Start Act). For this study 15 participants received the intervention and eight control participants were used at the St. Stephen's site and the Moore site. In addition, two participants from Kay County, Oklahoma were used.

Participating in the program was strictly voluntary. A flyer was given to all parents at each site, and they indicated to the director if they were interested in attending the program.

Education Format

Kid Time, was a parenting education program developed for low income parents of children ages 4 to 10 years, to enhance family communication skills and knowledge of children's developmental needs. Kid Time was comprised of six one-hour sessions. Each session focuses upon specific objectives which related to communication between parents and their children.

The idea was that effective parenting education would provide Head Start families, who were sometimes dysfunctional and always battling poverty, with training, and educational group supports so that they could parent capable, communicative children. Since its development, the Kid Time program has been used in several other counties in the state of Oklahoma.

Each of the six Kid Time sessions featured a variety of teaching methods including discussion, video tapes, transparencies, activities, handouts and homework. The sessions followed a similar format. The introduction to the session topic, followed by the specific points. Each session concludes with two different flyers for participants to take home. The Homework flyer reinforces the major theme from the session. The Child Development flyer describes how children grow and change in areas of development (Fulton, 1995).

Prior to the instruction of the Kid Time curriculum to participants, the instructor read the IRB statement (Appendix B). Participants were informed that they were participating in a research study and were requested to complete the questionnaires before and after the parent education program. After agreement from the parents was received, administration of General Information - Kid Time, Knowledge Inventory of Development and Behavior: Infancy to School-age (KIDS), and Parent Child Relationship Inventory (PCRI) was conducted (Appendix C).

Instruments

The Parent-Child Relationship Inventory (PCRI) The Parent Child Inventory (PCRI), developed by Gerard, was selected for its' ability to assess the parents' attitudes toward parenting and toward their children. The PCRI yielded a quantified description of the parent-child relationship. It made qualitative assumptions relevant, based on normative comparisons (Gerard, 1994). The standardization was based on use of the instrument with over 1100 parents in the United States.

The PCRI identified specific aspects of the parent-child relationship which could cause problems and provides an overall description of the quality of this relationship. The

ability of the instrument to clearly measure attitudes and behaviors of parents in relation to their children is what yielded the objective data (Gerard, 1994).

The PCRI instrument was a 78-item, self-report questionnaire that measured a wide range of parenting dispositions and behaviors. The randomly arranged questions included general feelings about being a parent and more specific relating to a particular child. Items were arranged in scales which categorized areas of parenting and parent-child relationship. A four-point Likert scales response format: strongly agree, agree, disagree, and strongly disagree, was used to measure responses.

The seven content scales each examined a specific component of the parent-child relationship. These scales were developed using a combination of empirical and rational approaches (Gerard, 1994). Besides the content scales, the instrument relied on two validity indicators. These indicators were need to determine whether the instrument was properly completed and in sufficient number. The Social Desirability and Inconsistency indicators must be examined before interpreting the content scores. The content scales were described below:

Parental Support The Parental Support scale, which has nine items, measured the level of emotional and social support a parent received (Gerard, 1994). These items identified issues of financial strain, practical help and emotional support the parent received. This scale was important because typically, if parents felt they got enough support, they were more able to care for their child.

Satisfaction With Parenting The Satisfaction With Parenting scale consisted of ten items measuring the amount of pleasure and fulfillment an individual derived from being a parent (Gerard, 1994). Items in this scale indicated whether a parent felt good

about having had the child and was positive about being a parent. Again, parents who felt good about being a parent tended to make a better parent.

Involvement The 14 item Involvement scale examined the level of a parent's interaction with and knowledge of his or her child (Gerard, 1994). Responses gave a measure of how much time a parent spent with their child and their level of knowledge of the child. This was an indicator of their concern about the child and the child's welfare.

Communication The Communication scale consisted of nine positively keyed items and assessed a parent's perception of how effectively he or she communicated with a child (Gerard, 1994). The measure of this scale was the parent's awareness of their communication with their child in a variety of situations. Good communication skills were key to effective parenting and reveal the parents' empathy.

Limit Setting The Limit Setting scale contained 12 items, all negatively keyed, that focused on a parent's experience disciplining a child (Gerard, 1994). This scale identified the parents' effectiveness and character of their discipline techniques. Children needed the security of limits and had a knowledge of what was expected of them. A parents' discipline was of no use when there were no established limits.

Autonomy The ten item Autonomy scale assessed the ability of a parent to promote a child's independence (Gerard, 1994). Encouraging a child's autonomy developed greater maturity and contributed to the child's psychosocial growth.

Role Orientation The Role Orientation scale comprising 9 items, examined parents' attitudes about gender roles in parenting (Gerard, 1994). This scale was different from the others in that it identified a belief in one of two opposite approaches to parental responsibility. One belief was that each parent should share equally in the child rearing.

The other belief was that there were distinct roles for mothers and other distinct roles for the father. Neither was seen as wholly negative or positive, rather reflected personal values on the subject.

The PCRI also included two validity indicators, Social Desirability and Inconsistency. The Validity indicators were described as:

Social Desirability The Social Desirability indicator consisted of five items that were rarely endorsed in the positive direction (Gerard, 1994). This indicator gave the signal the parent was answering defensively, “faking good”, or had difficulty in reading and interpreting the instrument.

Inconsistency The Inconsistency indicator comprised 10 pairs of highly correlated items, where a response to one item in a pair in effect predicted the response to the other item (Gerard, 1994). This indicator was intended to determine protocol that was invalid due to random or inattentive responding. Interpretations needed to be made carefully for both indicators to not falsely assume reasons for protocol identified as invalid.

The Knowledge Inventory of Behavior and Development: Infancy to School Age (KIDS) The KIDS was used to measure what participants knew about how children from birth through school age behaved and developed. An identical inventory was given both pretest and posttest.

The KIDS contained 48 items which describe characteristics of children from infancy through the school-age years. For each item describing childhood behavior listed on the inventory, the subject was asked to select the age at which that behavior would first be demonstrated. Five scores were derived from the KIDS: total score ($\alpha = .83$); infancy subscale score ($\alpha = .69$); toddler subscale score ($\alpha = .67$); preschool

subscale score = .66); and school-age subscale score ($\alpha = .64$) (Fulton, Murphy, & Anderson, 1991).

Total score and four subscale scores were possible when analyzing the responses to the KIDS Inventory. The scores on each of the subscales indicated areas of possible strength or weakness in the understanding of how children grow and behave. For each of the subscales, the score was calculated by subtracting the number incorrect from the total possible score.

Data Analysis of the Study

In this study the t-test was used to determine significant means difference between pre and posttest scores of participants of the study. It was also used to examine the significant difference between the participants receiving treatment and those not receiving the treatment. A t-test value of -1.95 or 1.95 was needed to determine that significant gain had been made.

CHAPTER IV

RESULTS

This chapter contains the results of the study. Included in this presentation of the results were the demographic information of the subjects. The results of the research questions examined were also described.

Demographic Information on Subjects

The subjects in the treatment group were at two sites. Subjects in the control group were at another site. Both groups were located at Head Start facilities. Each of the demographic variables in this study was discussed separately. The demographic variables included: parents' age; gender; marital status; current employment; highest education grade; age and gender of child.

Age of Parent For all 15 participants, the age range was 23 to 42. The mean age in this study was 29.4.

Gender In general, it was mothers who attended more parent education courses than fathers (Nollar & Taylor, 1989). No fathers participated in this study, which according to the directors of the study sites, was typical of their interactions with parents.

Education The education level for the participants was divided primarily between high school graduate and some college course work without graduating. Of the 15

participants in the study, seven indicated having completed high school, one completed a vocational/technical program, five attended some college, one was a college graduate and one was a graduate student.

Employment Of the 15 participants, six reported working full-time, three at least part-time, and six were unemployed of whom only one was looking for employment.

Age of the Child The targeted population of this study was parents with children in a Head Start program. Therefore, the age of children impacted by the study was 3 and 4 year olds. There may be other children in the home, but they were not the focus of the study.

Gender of the Child Children enrolled in Head Start, whose parents were participating in the program were almost equally male and female. Seven male children and eight female children were represented.

Research Questions in Reference to the PCRI Scale

Research Question 1: Will subjects enrolled in a parent education program demonstrate significant change in pretest and posttest scores that measure the parents awareness of communication with their children?

The parents awareness of communication skills with their children was measured through the communication subscale by the pretest-posttest administration of the Parent Child Relationship Inventory (PCRI) instrument. The testing of research question 1 employed a t-test treatment. The communication sub scale (identified by an asterisk *) on the PCRI pretest score was 28.6, while the posttest mean was 28.8. Upon analysis, a t-test score of -2.47 was obtained ($p=.807$). Table I shows these findings.

TABLE I
MEAN SCORES OF PRETEST, POSTTEST & t-TEST ON PARENT
CHILD RELATIONSHIP INVENTORY

Subscales	Pretest	Posttest	t-test Values
Parental Support	19.8667	20.1333	-.221
Satisfaction With Parenting	34.5333	34.3333	.145
Involvement	46.5333	46.8667	-.245
* Communication	28.6000	28.8000	-.247
Limit Setting	27.7333	28.6000	-.417
Autonomy	27.0667	26.3333	.590
Role Orientation	25.4667	25.3333	.094
Social Desirability	15.8000	16.1333	-.515

Research Question 2: Will subjects enrolled in a parent education program demonstrate significant difference in communication scores when compared with subjects who were not enrolled in a parent education?

The awareness of their communication skills with their children was measured for parents in both the treatment and control groups using the Parent Child Relationship Inventory (PRCI) instrument. The mean scores of the treatment group were compared with those of the control group by use of the t-test. The t-test was used to determine if the mean performance of the pretest differs significantly from the post test by the treatment group. As with the previous research question, the communication sub scale (identified by an asterisk *) was the focus. The communication sub scale mean posttest score for the

treatment group was 28.8, and for the control group was 26.8. Upon analysis, a t-test score of -1.55 was obtained ($p=.132$). Table II shows these findings.

TABLE II
MEAN SCORES OF TREATMENT, CONTROL & t-TEST ON PARENT
CHILD RELATIONSHIP INVENTORY

Subscales	Treatment	Control	t-test Values
Parental Support	20.1333	20.0769	-.030
Satisfaction With Parenting	34.3333	32.3846	-1.116
Involvement	46.8667	45.4615	-.715
* Communication	28.8000	26.8462	-1.554
Limit Setting	28.6000	31.2308	1.252
Autonomy	26.3333	27.1538	.624
Role Orientation	25.3333	26.2308	.727
Social Desirability	16.1333	16.4615	.510

Hypotheses in Reference to the KIDS Scale

Research Question 3: Will subjects enrolled in a parent education program demonstrate significant change in pre test and post test scores that measure the parents knowledge of child development and growth?

The parents knowledge of child development and growth was measured through pretest/posttest administration of the Knowledge Inventory of Development and Behavior (KIDS) instrument. The testing of research question 3 employed a t-test treatment to determine if the mean pretest and posttest scores significantly differed.

The pre-school sub scale (identified by an asterisk *) was of most interest in this study since participants had children in his age group. On the KIDS, the mean pretest score for the pre-school sub scale was 8.6, while the posttest mean was 8.8. Upon analysis, a t-test score of -1.83 was obtained ($p=.856$). Table III shows these findings.

TABLE III
MEAN SCORES OF PRETEST, POSTTEST & t-TEST ON KNOWLEDGE
INVENTORY OF DEVELOPMENT AND BEHAVIOR

Subscales	Pretest	Posttest	t-test Values
Infancy	9.8667	9.1333	.620
Toddler	8.0000	7.8000	.254
* Preschooler	8.6000	8.8000	-.183
School-age	6.6000	7.3333	-.676
Total	33.0667	33.0667	.000

Research Question 4: Will subjects enrolled in a parent education program demonstrate significant difference in knowledge of child growth and development when compared with subjects who were not enrolled in a parent education?

The knowledge of child development and growth by the parents in both the treatment and control groups was measured using the Knowledge Inventory of Development and Behavior (KIDS) instrument. The mean scores of both groups were compared by use of the t-test. As with the previous hypothesis, the pre-school sub scale (identified by an asterisk *) was the focus since parents the study was targeted at parents with children in this age group. The pre-school sub scale mean posttest scores for the

treatment group was 8.8, and for the control group was 8.38. Upon analysis, a t-test score of -.323 was obtained ($p=.750$). Table IV shows these findings.

TABLE IV
MEAN SCORES OF TREATMENT, CONTROL & t-TEST ON
KNOWLEDGE INVENTORY OF DEVELOPMENT AND BEHAVIOR

Subscales	Treatment	Control	t-test Values
Infancy	9.1333	9.6250	.378
Toddler	7.8000	8.1250	.335
* Preschooler	8.8000	8.3750	-.323
School-age	7.3333	7.1250	-.157
Total	33.0667	33.2500	.059

CHAPTER V

CONCLUSION AND RECCOMENDATIONS

Summary of the Study

The aim of the current study was to examine the effect of the parent education curriculum, Kid Time, on the knowledge gains of low-income parents understanding of communication skills with their child and of child development. The goal of the research was to provide Oklahoma Cooperative Extension Service with research-based information on parenting education for low-income families in general, and on the Kid Time curriculum in particular. In addition, the outcome was to aide in improvements to the curriculum. A parent education program focused on improving the communication skills of parents as those skills could impact family relationships in a positive way.

Results of this study indicated that parents enrolled in the Kid Time program did not make significant gains in their understanding communication interactions with their children. Those subjects participating in the program did not report changes in knowledge gains of communication skills and child development significantly different from prior to participating in the treatment. The results also suggested that participants in the study did not report changes significantly different from those who did not participate in the study.

The communication sub scale, on the PCRI instrument, which was the focus of this study showed very slight change. Seven other sub scales were also examined from the PCRI. These sub scales examined were: parental support, satisfaction with parenting, involvement, limit setting, autonomy, role orientation, and social desirability. These other subscales also indicated very little change in knowledge of participants.

The KIDS instrument indicated that participants did not improve their knowledge of how children changed at different stages of development. A result indicating significant change was important because a parent's increased understanding and knowledge of development could allow them to have more realistic expectation for their children. More realistic expectations foster appropriate interactions between parents and children. Recent research on child abuse directly linked a parents knowledge of child likelihood of abusing their child.

Recommendations for Practice

Based on this study, the following recommendations were made:

1. A larger sample size be used in a repeated study paralleling this study.
2. A follow-up study with the participants of this study to see how long lasting was the intervention.
3. A replication study be conducted with non-Head Start families to determine the usefulness of the program with multiple audiences.
4. A more process centered curriculum evaluation be implemented to shed insight into the lack of gain in all subscales.

Recommendations for Research

1. Kid Time be given full evaluation which could include content, input, process and product evaluation.
2. Parents provide session by session feedback.
3. Kid Time be taught with follow-up sessions.

Conclusions

The findings of the present study suggest that the Kid Time, parent education program was not effective in increasing knowledge of parents with regard to communication skills and child development. Parents exposed to the program did not demonstrate a greater understanding of communication skills with their pre-school children than those who did not participate in the program.

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APPENDIXES

APPENDIX A

IRB# _____

APPLICATION FOR REVIEW OF HUMAN SUBJECTS RESEARCH
(PURSUANT TO 45 CFR 46)
OKLAHOMA STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD

Title of project (please type):

MEASURING PARENT'S COMMUNICATION SKILL AND UNDERSTANDING OF
CHILD'S DEVELOPMENT

Please attach copy of project thesis or dissertation proposal.

I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are properly protected. Additions to or changes in procedures affecting the subjects after the project has been approved will be submitted to the committee for review.

PRINCIPAL INVESTIGATOR(S): Dr. Arlene Fulton
(if student, list advisor's Typed Name
name first)

Arlene Fulton
Signature

Ms. Susan Seymour
Typed Name

Susan Seymour
Signature

Family Relations and Child Development, College of Human
Environmental Sciences

237 HES

744-6231

Faculty Member's Campus Address

Campus Phone Number

Cleveland County Extension

601 E. Robinson

Norman, OK 73071

Student's Address

(405) 321-4774

Phone Number

TYPE OF REVIEW REQUESTED:

[] EXEMPT [X] EXPEDITED [] FULL BOARD

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 04-27-97

IRB#: HE-97-064

Proposal Title: MEASURING PARENT'S COMMUNICATION SKILL
AND UNDERSTANDING OF CHILD'S DEVELOPMENT

Principal Investigator(s): Arlene Fulton, Susan Seymour

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

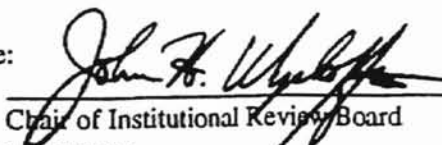
ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD
AT NEXT MEETING, AS WELL AS ARE SUBJECT TO MONITORING AT ANY TIME DURING
THE APPROVAL PERIOD.

APPROVAL STATUS PERIOD VALID FOR DATA COLLECTION FOR A ONE CALENDAR YEAR
PERIOD AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE
SUBMITTED FOR BOARD APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR
APPROVAL.

Comments, Modifications/Conditions for Approval or Disapproval are as follows:

Signature:


Chair of Institutional Review Board

cc: Susan Seymour

Date: April 29, 1997

IRB STATEMENT

The Institutional Review Board at OSU requires that the following statement be read to any program participant before screening instruments are filled out.

This program has been written and developed by faculty at Oklahoma State University. In an effort to find out how useful it is to parents in the state, we invite you to complete the questionnaire and information sheet handed out to you. There will be a questionnaire for you to fill out at the end of the KidTime sessions, too. Your input will help us to decide how to write and conduct other programs developed for parents. All information on these questionnaires will be kept confidential, with a number used instead of your name. If for any reason you do not feel comfortable filling out this questionnaire, you have the right not to do so. You may still participate in the sessions. Your help is greatly appreciated!

Thank you.

County code: ____ / ____ / ____

GENERAL INFORMATION - KidTime

Please tell us about yourself! Fill in the following questions so that we can gather information about who the families are that use our program. Thank you!

1. My age: _____

2. Male: _____ Female: _____

3. My marital status: (check one)

_____ married, first time

_____ remarried

_____ single, never married

_____ single, previously married

_____ other: _____

4. My present employment status:

_____ working part-time

_____ working full-time

_____ unemployed, looking for work outside of home

_____ unemployed, not looking for work outside of home

5. My educational information includes having completed -

_____ high school

_____ a vocational/technical program

_____ some vocational/technical classes, did not complete all of program

_____ some college, but did not graduate

_____ college graduate: major was _____

_____ graduate education/professional training: major _____

_____ other: _____

6. List the ages and circle the sex of your child(ren):

ages

_____ (M. F)

_____ (M. F)

_____ (M. F)

ages

_____ (M. F)

_____ (M. F)

_____ (M. F)

We would like to know something about you & your children. Please answer the following questions by circling the number of the response that best describes your thoughts. Think about the last four weeks when selecting your response.

	5 always	4 most of the time	3 sometimes	2 Not very often	1 Not at all
1. My child is easy to talk with about most any topic.	5	4	3	2	1
2. When I need to help my child make decisions, he/she becomes angry.	5	4	3	2	1
3. My children and I have times when we talk privately together (one-on-one).	5	4	3	2	1
4. My children never seem to listen to me anymore.	5	4	3	2	1
5. I listen carefully to what my children say to me.	5	4	3	2	1
6. I try to praise my children when they complete a task I have asked them to do.	5	4	3	2	1
7. My children seem cooperative when asked to help with chores or tasks around home.	5	4	3	2	1
8. My child and I talk together and are able to solve some of the issues we disagree about.	5	4	3	2	1
9. I think it is important to teach my child how to be independent.	5	4	3	2	1
10. My child and I enjoy one another's company.	5	4	3	2	1

KIDS

(Knowledge Inventory of Development and Behavior:
Infancy to School-age)

INSTRUCTIONS: KIDS describes the characteristics of children at different ages. Think about the age you would expect a child to be when he or she first shows the behavior described. Use this key when thinking about your answers:

I = Infancy (birth to 12 months) P = Preschooler (3 through 5 years)
T = Toddler (1 and 2 year olds) S = School-age (6 through 12 years)

Circle the age to the right which you think *MOST* children are at when they *First* show the behavior described.

At which age would you first expect most children to

- | | | | |
|---|---|---|---|
| 1. cut most of their permanent teeth..... | T | P | S |
| 2. boast or brag about what they can do..... | T | P | S |
| 3. feed themselves with a spoon..... | T | P | S |
| 4. attempt to imitate sounds made by people..... | T | P | S |
| 5. identify and name basic shapes (circle, square, etc.)..... | T | P | S |
| 6. like being played with, talked to and held..... | T | P | S |
| | | | |
| 7. play games that require following rules and taking turns
(checkers, monopoly, team sports, etc.)..... | T | P | S |
| 8. pull themselves to a standing position..... | T | P | S |
| 9. use scissors to cut paper..... | T | P | S |
| 10. use the toilet with <i>little</i> adult assistance..... | T | P | S |
| 11. be able to pick up small objects (raisins, beads, dimes, etc.)..... | T | P | S |
| 12. enjoy pushing large objects, such as boxes, across the floor..... | T | P | S |
| | | | |
| 13. want to play almost exclusively with children their own sex..... | T | P | S |
| 14. hold and drink from their own cup or glass..... | T | P | S |
| 15. want to do things by themselves even though they
aren't yet capable of doing the task on their own..... | T | P | S |
| 16. develop an interest in collections and clubs..... | T | P | S |
| 17. learn to ride a bicycle (two wheeler without training wheels)..... | T | P | S |
| 18. point to their nose when asked to do so..... | T | P | S |
| | | | |
| 19. know that they are a boy or a girl..... | T | P | S |
| 20. imitate grownup roles in their play (firefighter, teacher, etc.)..... | T | P | S |
| 21. practice simple skills with objects (dropping and throwing,
opening and closing, putting together and taking apart, etc.)..... | T | P | S |

I = Infancy (birth to 12 months)	P = Preschooler (3 through 5 years)
T = Toddler (1 and 2 year olds)	S = School-age (6 through 12 years)

At which age would you first expect most children to

22. enjoy playing near other children even though they have difficulty with cooperating and sharing.....	I	T	P	S
23. enjoy telling jokes and riddles.....	I	T	P	S
24. usually understand what is being said to them even though they don't always do as requested.....	I	T	P	S
25. develop the skills needed to play ordinary games (ball, hopscotch, tag, jump rope, etc.).....	I	T	P	S
26. touch, handle and taste everything within reach.....	I	T	P	S
27. be concerned about what others think of them.....	I	T	P	S
28. hop on one foot.....	I	T	P	S
29. have strong feelings about being treated fair.....	I	T	P	S
30. run to adults with complaints about other children.....	I	T	P	S
31. show fear or cry when a stranger approaches.....	I	T	P	S
32. put two or three words together in a sentence.....	I	T	P	S
33. be concerned with gaining approval from their friends.....	I	T	P	S
34. cut their first tooth.....	I	T	P	S
35. scribble when given a crayon or pencil.....	I	T	P	S
36. cry or be startled by strange objects or loud sounds and voices.....	I	T	P	S
37. do craft work with tools that require some skill and manipulation (making potholders, needlework, model airplanes, etc.).....	I	T	P	S
38. pick out the larger of two circles when asked, "which is bigger?".....	I	T	P	S
39. identify and name pictures of familiar objects (ball, truck, doll, etc.).....	I	T	P	S
40. object when mother leaves and squeal with joy when she returns.....	I	T	P	S
41. be eager to help around the house.....	I	T	P	S
42. sit alone.....	I	T	P	S
43. sleep through most nights without wetting.....	I	T	P	S
44. recognize and respond to familiar people (mother, father, sister, brother, etc.).....	I	T	P	S
45. be able to cooperate and share with other children as they play.....	I	T	P	S
46. frequently say "NO!" to questions or requests.....	I	T	P	S
47. imitate simple movements such as clapping hands.....	I	T	P	S
48. understand that 10 pennies is the same as one dime.....	I	T	P	S

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Directions

The statements below describe different ways some parents feel about their children. For each statement, decide how you feel. If you *strongly agree*, circle the 1 next to that statement number on the answer sheet. If you *agree*, circle the 2. If you *disagree*, circle the 3 on the answer sheet. If you *strongly disagree*, circle the 4. Please make sure that you are circling the correct response on the answer sheet.

Use a pencil or ball-point pen, and make heavy marks that completely circle the appropriate response. If you want to change your answer, cross out your first mark and circle another response.

Try to respond to all of the statements. If you aren't sure how you feel, mark the response that comes closest to your feelings at this time. There are no right or wrong answers.

Strongly Agree
Agree
Disagree
Strongly Disagree

- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 1. My child generally tells me when something is bothering him or her. |
| 1 | 2 | 3 | 4 | 2. I have trouble disciplining my child. |
| 1 | 2 | 3 | 4 | 3. I get as much satisfaction from having children as other parents do. |
| 1 | 2 | 3 | 4 | 4. I have a hard time getting through to my child. |
| 1 | 2 | 3 | 4 | 5. I spend a great deal of time with my child. |
| 1 | 2 | 3 | 4 | 6. When it comes to raising my child, I feel alone most of the time. |
| 1 | 2 | 3 | 4 | 7. My feelings about being a parent change from day to day. |
| 1 | 2 | 3 | 4 | 8. Parents should protect their children from things that might make them unhappy. |
| 1 | 2 | 3 | 4 | 9. If I have to say no to my child, I try to explain why. |
| 1 | 2 | 3 | 4 | 10. My child is more difficult to care for than most children are. |
| 1 | 2 | 3 | 4 | 11. I can tell by my child's face how he or she is feeling. |
| 1 | 2 | 3 | 4 | 12. I worry a lot about money. |
| 1 | 2 | 3 | 4 | 13. I sometimes wonder if I am making the right decisions about how I raise my child. |
| 1 | 2 | 3 | 4 | 14. Being a parent comes naturally to me. |
| 1 | 2 | 3 | 4 | 15. I sometimes give in to my child to avoid a tantrum. |
| 1 | 2 | 3 | 4 | 16. I love my child just the way he or she is. |
| 1 | 2 | 3 | 4 | 17. I get a great deal of enjoyment from all aspects of my life. |
| 1 | 2 | 3 | 4 | 18. My child is never jealous of others. |
| 1 | 2 | 3 | 4 | 19. I often wonder what the rewards are in raising children. |
| 1 | 2 | 3 | 4 | 20. My child tells me all about his or her friends. |
| 1 | 2 | 3 | 4 | 21. I wish I could set firmer limits with my child. |
| 1 | 2 | 3 | 4 | 22. I get a great deal of satisfaction from having children. |
| 1 | 2 | 3 | 4 | 23. I sometimes feel if I don't have more time away from my child I'll go crazy. |
| 1 | 2 | 3 | 4 | 24. I regret having children. |
| 1 | 2 | 3 | 4 | 25. Children should be given most of the things they want. |
| 1 | 2 | 3 | 4 | 26. My child is out of control much of the time. |
| 1 | 2 | 3 | 4 | 27. Being a parent isn't as satisfying as I thought it would be. |
| 1 | 2 | 3 | 4 | 28. I feel that I can talk to my child on his or her level. |
| 1 | 2 | 3 | 4 | 29. My life is very stressful right now. |
| 1 | 2 | 3 | 4 | 30. I never worry about my child. |
| 1 | 2 | 3 | 4 | 31. I wish my child would not interrupt when I'm talking to someone else. |
| 1 | 2 | 3 | 4 | 32. Parents should give their children all those things the parents never had. |
| 1 | 2 | 3 | 4 | 33. I generally feel good about myself as a parent. |
| 1 | 2 | 3 | 4 | 34. I sometimes feel overburdened by my responsibilities as a parent. |
| 1 | 2 | 3 | 4 | 35. I feel very close to my child. |
| 1 | 2 | 3 | 4 | 36. I'm generally satisfied with the way my life is going right now. |
| 1 | 2 | 3 | 4 | 37. I have never had any problems with my child. |
| 1 | 2 | 3 | 4 | 38. I can't stand the thought of my child growing up. |
| 1 | 2 | 3 | 4 | 39. My child would say that I am a good listener. |

PCRI

Anthony B. Gerard, Ph.D.

Name (Optional): _____ Date: _____

ID Number: _____ Age: _____

Ethnicity: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White ☐ Other _____

Parent: ☐ Mother ☐ Father

Child's Age: _____

Child's Sex: ☐ Male ☐ Female

Examiner's Name: _____

PLEASE TURN THE FORM OVER NOW AND COMPLETE STATEMENTS 40 THROUGH 78.

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- | | 1 | 2 | 3 | 4 | |
|---|---|---|---|-----|---|
| 1 | 2 | 3 | 4 | 40. | I often lose my temper with my child. |
| 1 | 2 | 3 | 4 | 41. | I am very involved with my child's sports or other activities. |
| 1 | 2 | 3 | 4 | 42. | My spouse and I work as a team in doing chores around the house. |
| 1 | 2 | 3 | 4 | 43. | I have never been embarrassed by anything my child has said or done. |
| 1 | 2 | 3 | 4 | 44. | My child really knows how to make me angry. |
| 1 | 2 | 3 | 4 | 45. | Parents should be careful about whom they allow their children to have as friends. |
| 1 | 2 | 3 | 4 | 46. | When my child has a problem, he or she usually comes to me to talk things over. |
| 1 | 2 | 3 | 4 | 47. | My child never puts off doing things that should be done right away. |
| 1 | 2 | 3 | 4 | 48. | Being a parent is one of the most important things in my life. |
| 1 | 2 | 3 | 4 | 49. | Women should stay home and take care of the children. |
| 1 | 2 | 3 | 4 | 50. | Teenagers are not old enough to decide most things for themselves. |
| 1 | 2 | 3 | 4 | 51. | My child keeps many secrets from me. |
| 1 | 2 | 3 | 4 | 52. | Mothers who work are harming their children. |
| 1 | 2 | 3 | 4 | 53. | I feel I don't really know my child. |
| 1 | 2 | 3 | 4 | 54. | I sometimes find it hard to say no to my child. |
| 1 | 2 | 3 | 4 | 55. | I wonder if I did the right thing having children. |
| 1 | 2 | 3 | 4 | 56. | I would really rather do a lot of other things than spend time with my child. |
| 1 | 2 | 3 | 4 | 57. | It's a parent's responsibility to protect his or her child from harm. |
| 1 | 2 | 3 | 4 | 58. | Sometimes I wonder how I would survive if anything were to happen to my child. |
| 1 | 2 | 3 | 4 | 59. | I miss the close relationship I had with my child when he or she was younger. |
| 1 | 2 | 3 | 4 | 60. | My child rarely talks to me unless he or she wants something. |
| 1 | 2 | 3 | 4 | 61. | A father's major responsibility is to provide financially for his children. |
| 1 | 2 | 3 | 4 | 62. | It's better to reason with children than just to tell them what to do. |
| 1 | 2 | 3 | 4 | 63. | I spend very little time talking with my child. |
| 1 | 2 | 3 | 4 | 64. | I feel there is a great distance between me and my child. |
| 1 | 2 | 3 | 4 | 65. | For a woman, having a challenging career is just as important as being a good mother. |
| 1 | 2 | 3 | 4 | 66. | I often threaten to punish my child but never do. |
| 1 | 2 | 3 | 4 | 67. | If I had it to do over, I would probably not have children. |
| 1 | 2 | 3 | 4 | 68. | Husbands should help with child care. |
| 1 | 2 | 3 | 4 | 69. | Mothers should work only if necessary. |
| 1 | 2 | 3 | 4 | 70. | Some people would say that my child is a bit spoiled. |
| 1 | 2 | 3 | 4 | 71. | I worry a lot about my child getting hurt. |
| 1 | 2 | 3 | 4 | 72. | I seldom have time to spend with my child. |
| 1 | 2 | 3 | 4 | 73. | Below age four, most children are too young to be in a regular preschool or day-care program. |
| 1 | 2 | 3 | 4 | 74. | A woman can have a satisfying career and be a good mother too. |
| 1 | 2 | 3 | 4 | 75. | I carry a photograph of my child in my wallet or purse. |
| 1 | 2 | 3 | 4 | 76. | I have a hard time letting go of my child. |
| 1 | 2 | 3 | 4 | 77. | I feel I don't know how to talk with my child in a way that he or she really understands. |
| 1 | 2 | 3 | 4 | 78. | Having a full-time mother is best for a child. |

VITA

Susan L. Seymour

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Master of Science

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