

AN INVESTIGATION OF PARENTAL ATTENDANCE IN
PARENT EDUCATION PROGRAMS IN MENTAL
HEALTH CENTERS

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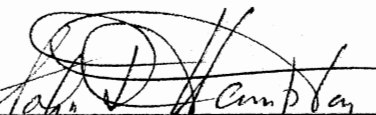
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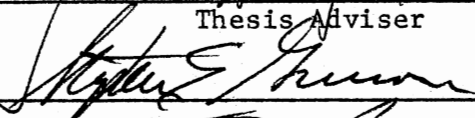


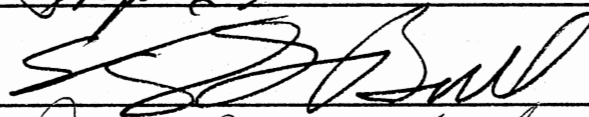
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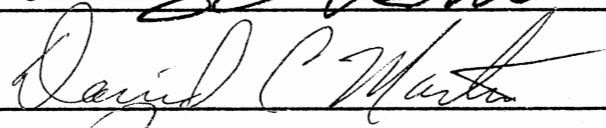
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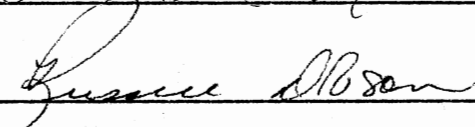


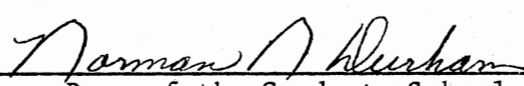
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CHAPTER I

THE RESEARCH PROBLEM

Introduction

Several factors have combined to threaten the existence of family life educational programs in Mental Health Centers (MHC's). Among these factors is the variance between the objectives of direct treatment services and educational programs, pressure from various sources to provide more direct treatment services, and relative inability to improve and demonstrate the cost effectiveness of family life educational programs.

The objectives of educational programs and direct treatment services vary in that the objective of direct treatment services is to remediate existing mental health problems, whereas the objective of family life educational programs is to prevent mental health problems by creating an environment for positive mental health development. The National Institute of Mental Health through evolving literature (Perlmutter, 1974) indicates that educational programs may be eliminated in the overall design of MHC's because of this diversion of objectives. The objectives become even more divergent when viewed from a medical versus an educational model. Perlmutter and Silverman (1973) contend that, because of the difference in objectives, education could best be provided by organizing a separate unit to serve the community. Klein, Alexander, and Parsons (1977), however, advocate that both services can

exist simultaneously in harmony. They contend that the services can augment each other and can be evaluated using different criteria. They also contend, along with Sundberg, Tyler, and Taplin (1973), that education should occupy a central place in the mental health center.

Increased demand from clients has led to an increase in direct treatment services such as treatment of families who are unable to cope with situational life crises, relate with an open pattern of communication, manage available resources, and facilitate intrapersonal development. National and state agencies have also put pressure on mental health centers to provide more direct treatment services. One reason is to meet client demand. Another reason is that the agencies are held accountable by the legislative branch of the government for spending of government funds and direct treatment services have appeared to be more cost effective than educational programs. Typically, attendance at educational programs has been so low that state and federal legislatures have questioned the cost effectiveness of the programs.

Since the objectives of educational programs differ from the objectives of direct treatment services, and the demand for direct treatment services is so great, ability to demonstrate and facilitate cost effectiveness of educational programs is a central issue in determining their survival. According to the legislative branch of the government, agencies and organizations which are concerned with mental health, and even the staffs in many MHC's, educational programs have been unable to develop an attendance level which is financially feasible. If educational programs are to be made feasible, it will be necessary to identify and utilize the factors which influence attendance at the programs.

Increased attendance at the family life educational programs is desirable because attendance is used to measure the cost effectiveness of the programs. Increased cost effectiveness may be important to the continued existence of educational programs, which could shape future development of positive family living, effective parenting, and positive interpersonal relationships.

Statement of the Problem

Parent educational programs which have a primary preventive focus in Mental Health Centers have historically had low attendance. Therefore, parent educational programs in MHC's have not been cost effective when cost effectiveness is based on attendance versus the amount of money spent on staff hours, materials, and other expenses. In the past, attendance, even though it has been low, has not been particularly critical for funding because funds were appropriated for educational programs in MHC's without censorious review by federal, state, or local government officials for cost effectiveness. Now that cost effectiveness of educational programs is being examined by government officials, the problem of attendance is an important factor to be considered. Attendance patterns have become an increasingly critical consideration because government officials are using them as an important measure of the amount of money appropriated for educational programs in MHC's. Other programs such as the diagnostic and treatment services in MHC's have not had the problem with low attendance. In fact, parent educational services in many instances have been partially financed by revenue generated from diagnostic and treatment services.

Many reasons for the low parent attendance at educational programs

are still vague even though some reasons have become more apparent since MHC's became well established through federal, state, and local funding in the late 1960's. There is some support now that content and theory associated with parent education may not be one of the reasons for low attendance. Andrew (1954), Croake and Glover (1977), and White (1977) contend that some content and theory associated with family life education is basically sound and useful. These authors indicate, along with Driekurs and Soltz (1964), that there is a great deal of both reliable and useful information on effective parenting and child development. White states that he hears very few concerns about theory which supports his recommendations and practice. White (1977) contends that effective programs can be implemented which draw from the content and theory that are now available.

The lack of public awareness is becoming increasingly evident as one of the reasons for low parent attendance in educational programs in MHC's. In fact, both marketers and mental health specialists involved in parent educational programs report that the lack of public awareness appears to be the single most recurring reason for low attendance. Marketers from the business world have provided a foundation for the concept of marketing services for the nonprofit organization as a means to make the public aware. Marketers have provided new variables which can be applicable to marketing in the nonprofit organization. The variables that are most applicable to this study include: service definition, message development, media selection, market segmentation, and service delivery system. These variables are referred to as a marketing mix (McCarthy, 1975; Still and Cundiff, 1972).

In their efforts to inform the public, most researchers conducting

studies on parent education programs have used single media approaches and, in some cases, multiple media approaches, without comparing the benefits of selected media. It is clear that in the past emphasis has not been placed on media selection for carrying the message to the target population. Another problem area that mental health professionals have not adequately addressed is various appeals or messages utilized in informing the target populations of an educational program in MHC's. Therefore, media selection and types of appeals or messages could be associated with low attendance of the target population.

There are other variables such as needs, concerns, and demographic characteristics which may be associated with poor attendance, thus reduced cost effectiveness in parent educational programs in MHC's. The program may fail to satisfy the educational and baby sitting needs of a target population. The failure to address the appropriate developmental task which concerns the parents may contribute to poor attendance. Demographic characteristics such as the age of the parent's children, age of the parents, educational level of the parents, length of stay at the present location, and marital status of the parents are variables which may also be related to poor attendance.

Purpose of the Study

The purpose of this study is to investigate selected variables associated with attendance in parent educational programs in Mental Health Centers. In order to investigate the variables associated with attendance from a target population, several applicable concepts of marketing for the nonprofit organization will be pragmatically utilized. An applicable marketing concept which provides the foundation for

development of the overall marketing strategies is the definition of the service. From the definition of the service a message can be developed which will be utilized in the four media selected in this study. The media were selected on the following basis: financial accessibility; usage patterns in previous studies and research; availability of the media in the catchment areas; and the expected coverage. In a pilot study conducted prior to the present study, a message different from the message developed for this study was utilized. Three components of the message were varied from the pilot study to the present study which include: theme selection, message structure, and copy layout. The study will investigate the two types of messages or appeals as they relate to attendance. Media selection was investigated as it relates to attendance.

The variable of market segmentation, also, has a foundation in the definition of the service. The segment of the market or population on which this study will focus is parents and other people who have some interest in or influence on children 0 to 4 years of age. However, no person was excluded from attending the programs. Another concept of marketing which is applicable is delivery system. This variable of marketing for the nonprofit organization called for an efficient system designed to disseminate quality and economically convenient services to the target population. Market segmentation and delivery system will be included in this study as a part of the design for research purposes; however, they will not be directly investigated.

The developmental task that concerns the parents and the educational needs of parents will be directly investigated in order to identify those educational services most appropriate for the target popula-

tion. Demographic variables which include the age of the parents' children, age of the parents, educational level of the parents, length of stay at the present location, and marital status of the parents will be investigated as they relate to attendance, because these factors may need to be considered in determining target populations and appropriate emphasis of future parent educational programs. Babysitting service will also be directly investigated, as it was considered to possibly be a factor related to attendance.

Background and Value of the Study

Reliable and useful information concerning family living has been developed from many fields of endeavor such as education, developmental psychology, clinical psychology, medicine, and technology. The theory, content, and methodology has been more thoroughly investigated than attendance in educational programs in MHC's. One primary reason attendance has not been investigated thoroughly is that this factor is more peculiar to educational programs in MHC's, while theory, content, and methodology in family living have been factors in many other fields of study.

Attendance has been investigated as an afterthought in most studies of family life educational programs, and is most often reported in terms of the number of family members who attended as compared to the number that were contacted or invited. The Michigan State Department of Mental Health (Brim, 1959) in a survey found only 32 parents attended a workshop on effective parenting out of a total of 1000 selected by quota sampling. A few other studies have reported higher percentages of attendance when compared to the total number contacted, but rarely are

the figures higher than one to two percent. None of the studies reviewed had attempted to investigate factors related to attendance.

The National Institute of Mental Health along with the federal and state governments which fund mental health centers are indicating that educational programs may be abandoned due to lack of community support. There are indications, however, that the poor attendance may be due to the lack of public awareness of the services.

This study's value stems primarily from the investigation of variables related to attendance. Investigation of the factors associated with attendance will provide information which can be utilized to develop appropriate educational programs in the mental health centers and enable the staff to make contact with more family members efficiently and increase the cost effectiveness of the programs. Hopefully, the study will enable mental health centers to improve attendance and stabilize the existence of these programs.

Definition of Terms

Attendance. Attendance refers to the number of family members who participate in the educational programs.

Content. Content is the information that is presented to family members during an educational program. The information presented in the programs used for this study is based primarily on the writing, theory, and research of Driekurs, White, and Piaget.

Cost Effectiveness. Cost effectiveness is a measure of how effectively a specific objective is attained in relation to its cost. For this study, cost effectiveness is measured by the number of persons attending family life educational programs.

Developmental Task. A developmental task is a task which has an onset at or about a specific period in an individual's life span (Havighurst, 1972). The developmental task involves the mastery of certain essential skills and the acquisition of certain age appropriate behavior (Hurlock, 1975).

Delivery System. Delivery system may be referred to as dissemination. It is concerned with how the agency or organization plans to make its services available and accessible to the target population.

Educational Program. Educational programs are programs which present information to family members which is designed to enable them to maintain their well-being and facilitate interpersonal and intrapersonal development. Educational programs for parents are commonly referred to as either parent educational programs or family life educational programs.

Family. A family is defined as two or more individuals who interact and depend on one another.

Family Members. Family members are individuals in a family.

Marketing. Marketing is the process directed at satisfying needs, wants, and concerns of a target population. The purpose is to achieve organizational objectives. The organizational objective of this study is to market and provide parent educational services.

Catchment Area. The catchment area includes all those individuals in a county where each educational program is presented. The target market or target population consists of parents of children 0-4 years of age.

Market Segmentation. Market segmentation consists of dividing the market into fairly homogeneous parts where any part may conceivably be

selected as a market target to be reached with a distinct marketing mix (Kotler, 1975). The market segmentation for this study was a county with a target population which included parents with children primarily 0-4 years of age. The major variables of market segmentation are geographic, demographic, and psychographic (Kotler, 1975).

Media Selection. Media selection is another step in the marketing of services in nonprofit organizations. There are two basic substeps which include: decisions about budget allocations and publicity timing.

Message Development. Other names for message development include copy development or appeal development. Message development is one of the steps in the marketing process for non-profit organizations. The three components of the message development include: theme selection, message structure, and copy layout (Kotler, 1975).

Methodology. Methodology refers to the manner in which the content is presented.

Assumptions

The material presented in the educational programs is a collection of information gathered from currently accepted methods of family life education and from theoretical notions and practices. The materials are assumed to be comprehensible by most parents, theoretically sound, and of interest to and beneficial to most parents with preschool age children.

Family life education is a complex matter. Many areas of concern have been voiced. Some researchers contend that family life education is not an effective manner to effect changes in parent attitudes,

improve parenting skills, and facilitate children's development. Others contend that if changes are effected in parenting, these changes may not make any difference in the development of children. They contend that parents' influence is so minimal on children that parent education could not affect children's development. In this study, the dilemma of these issues will not be solved.

Ethics

Confidentiality and humanized treatment are concerns which must be dealt with when conducting psychological research. In conducting research, such major ethical concerns as mental and physical maltreatment, confidentiality of subjects, and reporting of results must be considered.

In this study, family members were invited to voluntarily participate in a one-session program and to complete a short questionnaire. Family members participating in the program were informed in the initial session about the procedures and material to be covered. They were informed that signing their names on the consent forms would not enable the researcher to identify which questionnaire they completed, that no names would be recorded in the results of the study, and that their participation would be held in confidence by the researcher.

Hypotheses

Hypothesis One: There is no difference in frequency of parent attendance for the four media used in the study.

Based on findings of Cromwell and Thomas (1976) and Ortof (1970) in the field of parent education and Engel, Wales, and Warshaw (1967) in

the field of marketing, the following alternative hypothesis was formulated:

Alternative Hypothesis One: There is a difference in frequency of parent attendance for the newspaper media used in the study.

Hypothesis Two: There is no difference in frequencies of parent attendance for the type of appeal.

Hypothesis Three: There is no difference in frequencies of parent attendance for the age of the parents' children.

Hypothesis Four: There is no difference in frequencies of parent attendance for the developmental tasks that concern the parents.

Hypothesis Five: There is no difference in frequencies of parent attendance for the educational needs of the parents.

Hypothesis Six: There is no difference in frequencies of parent attendance for the education level of the parents.

Based on the findings in the pilot study and Borstelman (1969), Croake and Glover (1977), and Sparling, Lowman, Lewis, and Bartel (1978), the following alternative hypothesis was formulated:

Alternative Hypothesis Six: There is a difference in frequencies of parent attendance for parents with a high school education and above.

Hypothesis Seven: There is no difference in frequencies of parent attendance for the age of the parents.

Based on the findings of Sparling et al. (1978), the following alternative hypothesis was formulated:

Alternative Hypothesis Seven. There is a difference in frequencies of parent attendance for parents ages 20 years and older.

Hypothesis Eight: There is no difference in frequency of parent attendance for the marital status of the parents.

Hypothesis Nine: There is no difference in the frequency of parent attendance for the length of stay at the present location.

Hypothesis Ten: There is no difference in frequencies of parent attendance for babysitting being offered.

Hypothesis Eleven: There is no relationship between the frequencies of selection of the most important media associated with parent attendance and the developmental tasks that concern the parents.

Hypothesis Twelve: There is no relationship between the frequencies of selection of the most important media associated with parent attendance and the educational needs of the parents.

Hypothesis Thirteen: There is no relationship between the frequencies of selection of developmental tasks that concern the parents and the educational needs of the parents.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

This chapter is divided into three major sections. The first section deals with a review of the literature related to attendance of parents and parenting professionals in parent education programs. Cost effectiveness will be considered in this section as it relates to attendance. The second section is devoted to marketing in a nonprofit organization as it relates to recruiting for educational services in a mental health center. Five variables related to marketing in a nonprofit organization will be reviewed. The third section focuses on the developmental tasks that concern the parents, educational and baby-sitting needs of parents, and demographic characteristics of parents which the questionnaire assesses. An analysis will be made of the educational needs and other variables addressed in the questionnaire. These variables will be assessed in the questionnaire to facilitate the development of a marketing strategy and a service compatible with the needs of the consumer. The demographic characteristics assessed in the questionnaire of those who utilize parent educational services in mental health centers will be discussed under market segmentation and this section.

Attendance in Educational Services

Parent education, with a contemporary counterpart referred to as family life education (Levin, 1975; Cromwell and Thomas, 1971), dates back to 1800 when information imported from Europe on child care was available to mothers in America (Croake and Glover, 1977). These authors report that the first recorded group meeting of parents in America was held in 1815 in Portland, Maine. Sunley's (1963) review of the literature devoted to child rearing in America in the nineteenth century revealed an increase in the interest of child rearing education between 1820 and 1860. However, reports of attendance patterns were not included. During this period, mothers were often held responsible for the well-being of the children and in most instances parent education was focused on her. In 1909, the first White House Conference on Child Welfare met and soon after, departments within the federal government created agencies for child welfare. After the 1920's, a rapid development of parent education study groups began, partly as a result of scientific endeavors in the field of child development, and partly from the demands by parents (White House Conference, 1932). Because many of the programs were in need of direction and organization, administrative procedures were poor and records are largely unavailable on attendance. From the White House Conference, 1930, on Child Health and Protection, a volume on the philosophy, knowledge, and techniques up to this period was developed in parent education. This subcommittee report was published in 1932. Analysis of the various programs discussed in the report indicated attendance was "low" to "moderate" for the study groups (White House Conference, 1932).

In April, 1930, the Office of Education mailed 2,533 questionnaires

to all types of organizations which might be providing parent education. By August, 1930, 619 had been returned with 378 organizations which reported activities in parent education. A total of 5,687 study groups were reported with an estimated 500,000 parents reached during the year. This was the first national attempt to count the number of parents reached by parent education programs (White House Conference, 1932).

In the early 1930's, parent education programs continued to expand but in the late 1930's the interest in parent education declined (Croake and Glover, 1977). Funding sources diminished and scientific research and professional training declined. However, public organizations such as Agriculture, Education, and Mental Health still supported the parent education movement (Brim, 1959).

In the late 1940's, a renewed interest began in parent education and has continued to the present. Many professionals in mental health considered parent education to be a separate profession. However, low attendance continued to plague the impact of parent education on the general public and the stability of the programs in the mental health centers, particularly in the rural areas.

Cromwell and Thomas (1976) report that it is still exceedingly difficult to recruit parents for new parent education programs. These authors found that direct mail, radio, television, and newspaper media were generally unsuccessful. Borstelman (1969) designed a parent education program to be implemented in a working class neighborhood with the mission of providing knowledge concerning child development and improving self-awareness of parents. He found that lower socioeconomic families were unresponsive to the services. Middle socioeconomic families attended in larger numbers. Attendance was sporadic and difficult

to maintain for all socioeconomic groups. Levin (1975) found that a recruiting technique employing brochures mailed community-wide had poor results. Newspaper advertisement in this project was found to be ineffective in recruiting family members. Others have found it difficult to recruit members for participation in parent educational programs, particularly if the program is new (Nelson and Bloom, 1973; Simon, 1976; White, 1977; Walker, 1975).

The reasons for low attendance in parent education services in mental health centers are probably multiple in number. One, the effectiveness of recruiting media in marketing educational services in mental health centers has not received adequate attention in research. Second, an accountability of the absolute numbers in attendance in parent education programs has been difficult or impossible to accomplish (Brim, 1959). The difficulties in determining an absolute number or level of attendance has been associated with the variety of parent education programs, reporting procedures, the analysis of the reports according to the respective community characteristics, and the propensity of the professional reporting on attendance in parent educational programs. The level of attendance utilized by professionals in parent education may be relative to the absolute number in attendance, attendance levels in previous programs, the perception of the professional as to what constitutes levels of attendance based on absolute numbers, and appropriate numbers in attendance as determined by local, state, and federal legislators and directors. Third, the community populace seldom initiates a request for the services if they have not been previously exposed to the parent education programs in the MHC's (Ketterer and Perkins, 1977).

Mental health education services can be analyzed in business

terminology. There is an imbalance in the supply and demand in direct treatment services and educational services in MHC's (Harper and Balch, 1975). A person who is mentally healthy will place a low value on mental health services of the educational type (Broskowski and Baker, 1974), whereas the person with a mental disorder may place more value on direct services in a MHC. The implication is not that the educational services for the mentally healthy person are less beneficial once they are sought. The greatest demand for educational services in MHC's generally is limited to those people who place a value on mental health and education (Harper and Balch, 1975).

Cost Effectiveness Measured by Attendance

Drawing from business terminology the term "marginal cost," further analysis can be made of the supply and demand equilibrium as it relates to attendance in parent educational programs in MHC's. In the business sector marginal cost relates to the cost of obtaining one additional item of production. The marginal cost will decrease as the production becomes more efficient. However, beyond a certain point, marginal cost will begin to increase. In the mental health sector, marginal cost relates to the cost for one additional unit or person served. In parent educational services in MHC's, marginal cost could decrease as the larger number of people receive the services and ultimately benefit more of the target market per staff hours devoted to the services (Harper and Balch, 1975). This analysis provides a base for parent education in MHC's from which to operate in terms of attendance. The problem of low attendance in parent education programs in mental health increases the marginal cost of the services.

Government Activity Concerning Cost

Effectiveness

Government officials at the local, state, and federal level are closely evaluating funding to mental health centers. Of particular interest to the National Council of Community Mental Health Centers has been the proposed cutback of preventive forms of care. A survey by the Council revealed that of 55 centers planning cutbacks, 39 planned cutbacks in education, prevention, and early intervention programs. More centers planned cutbacks in these services than any other services such as outpatient and emergency services (U.S. Congress, Senate, S2450, 95th Congress, 2nd Session, 1978). These services were cut back as a result of lack of funding sources at the local, state, and federal level. Attendance was not mentioned as a direct antecedent for the cutback; however, attendance does directly affect financial revenue in a mental health center.

Since the advent of Community Mental Health Amendments in 1975 (Public Law 94-63) one of the requirements of which is to monitor and evaluate educational services, there has been increased effort by mental health centers to document their services (Snow and Newton, 1976). Amendments have been proposed which stipulate close monitoring of attendance patterns in early childhood and family education programs (U.S. Congress, House, H.R. 15, 95th Congress, 2nd Session, 1978).

Marketing Concepts in a Nonprofit Organization

The marketing plan for a nonprofit organization providing social services involves a combination of variables with a mission of reaching a specific market segment (Hill, 1976). The organization must convert

the available resources into services which can be distributed to a particular target market by formulation of a marketing mix or strategy.

Kotler (1975) has formulated a definition of marketing for the nonprofit organization:

Marketing is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchange of values with target markets for the purpose of achieving organizational objectives. It relies heavily on designing the organization's offering in terms of the target market's needs and desires, and on using effective pricing, communication, and distribution to inform, motivate, and service the market (p. 5).

The major steps of marketing strategy for the nonprofit organization are defining the market and formulating an effective and appropriate marketing mix. The variables of a marketing mix include product, promotion, pricing, and distribution. For the purpose of the pilot study and the present study, service, message development, media selection, market segmentation, and delivery system are corresponding appropriate terms.

Service

The definition of the market for the nonprofit organization has an interface with the definition of the service (Kotler, 1975). The definition of the service for the pilot study and the present study provides a foundation for identifying the target market. The market identification variable allows the social marketer to select a target market to serve and to direct all resources toward a well-defined goal (Hill, 1976).

The pilot study and the present study were marketed to the parent and parenting professional of children from birth to four years of age. The market definition implies that the actual market for both studies

was comprised of those parents and parenting professionals and others who attended the parent education programs. The potential market was comprised of those people who placed some interest or value in the program but who did not attend the parent education program (Kotler, 1975).

The educational program utilized a lecture type delivery with open discussion concerning influences on child development in the emotional, physical, social, and intellectual spheres, and the implication for the parent of the knowledge of child development. The program was developed from contemporary theory and recommendations (Becker, 1971; Driekurs and Soltz, 1964; Glasser, 1969; White, 1975). The education program was designed to be both comprehensive and applicable for parents and parenting professionals with children from birth to four years of age.

Message or Copy Development

Messages in marketing can be utilized to convey information about a service or product, create a desire for the product or service, or reassure the consumer (Kotler, 1972). Messages are generally developed in marketing to convey a meaning appropriate to the target population and to the media selected in the market strategy. The message is developed in an attempt to convey the meaning and desirability of a service. The message for the nonprofit organization providing mental health services is generally viewed as publicity for their activities. Publicity is an important means for informing the public and developing awareness of the services. Due to budget limitations and professional ethical considerations, publicity is generally the type of promotion used in the marketing strategy (Kotler, 1975). Nonprofit organizations providing

mental health services have budget limitations, organizational standards, and ethical standards to consider when developing a message (Laczniak, Lusch, and Murphy, 1979).

One of the most important factors to be considered in developing a message in the marketing process of mental health services is the limited budgets under which most mental health centers operate. From a period 1963 to 1977, mental health centers increased their services two-fold. These programs were to receive congressionally authorized seed monies. However, funds were appropriated at lower amounts than proposed by the federal government for the mental health services. The requirements and responsibilities of mental health centers were not paralleled by the availability of financial resources (Sharfstern, 1978). As the budget cutbacks took place, the indirect services were curtailed to cut cost (Ruiz, 1979). Even before budget problems began to occur at a level that has faced most mental health centers over the past few years, relatively low percentages of the budget were allocated for such indirect services as community publicity and marketing of services.

A Task Force on Community Mental Health Program Components (1978) in Massachusetts conducted a survey of expenditures for services in mental health centers in the state. The average percentage of allocations for services for all centers surveyed were as follows: inpatient, 67.1%; outpatient, 9.5%; partial hospitalization, 2.2%; community residence, .5%; emergency crises, 1.1%; consultation and education, 2.5%; and other, 6.0%. The "other" allocations were totally administrative in nature. The financial resources assigned to consultation and education were few. No funds were allocated in the itemization of the budget for publicizing or marketing of the educational services.

Organizational standards and policies concerning marketing of a service in mental health centers is an important consideration in developing and publicizing a message (Kotler, 1975). Copy development for both the pilot study and present study was closely examined by the higher echelons of administrators in the Guidance Center Division of the Oklahoma Department of Health and by the staff of several local guidance centers. These personnel were involved in decisions concerning message appeal, message structure, and media selection. The higher echelon administrators were particularly interested in assuring that message appeal conveyed the content of the program while the staff at the local guidance centers were interested in the effectiveness as well as the content of the appeal.

Ethical standards in marketing a mental health service are a function of the individual's own ethical standard and the norms of ethical standards of the profession (Laczniak et al., 1979). Professional ethical standards in publicity of mental health services dictate that the message should be dignified, constrained, and discreet (Ethical Standards of Psychologist, 1971). The Ethical Standards and guidelines for announcement of non-clinical services in mental health centers stipulate that professionals adhere to a description of the services rendered without an evaluation of the services. The services should not be compared with other services or the corresponding benefits of the service. Further, the announcement must not give the public exaggerated ideas of the efficacy of the services. Mental health centers or agencies which make announcement of mental health services to the public must not make repeated public notices of the services (Ethical Standards of Psychologist, 1971).

With the budget, organizational standards and policies, and professional ethical standards providing the social marketer with some basic foundations in message development, other factors can be considered. It is common to refer to message development in marketing as a creative art (Engel et al., 1967; Kotler, 1976). Effectiveness of marketing messages is largely related to the competence of the individual developing the message. However, procedures for developing messages have been established through research.

The evaluation process of the communication effect element in a message has received the most emphasis in marketing research. Research in this area has been conducted to determine the effectiveness of the message. Copy testing, a common term in marketing communication effectiveness, can occur before or after the ad is printed or broadcasted. The primary purpose of copy pretesting is to make improvements prior to the message being printed or broadcasted (Kotler, 1976). Copy pretesting can take three forms, which include (1) a judgemental evaluation; (2) pretesting with survey tools developed from marketing advertisement; and (3) combination of the use of judgemental and survey techniques (Engel et al. 1967; Kotler, 1975).

Evaluation of a message can be conducted in terms of readability and attention strength (Kotler, 1975). Flesch (1974) developed a readability formula which provides a writer with a description of the style of writing, estimated school grades completed necessary for reading the message and the estimated percent of the United States adults who complete particular grades. The Reading Ease Score is computed from the average number of syllables per 100 words. Also, Flesch developed a measure of human interest which can be computed by dividing the total

number of personal words in a sample of message by the total number of words and multiplying by 100. This procedure gives the percentage of personal words in a message.

Message Appeal. Message appeal is related to the marketer's communication with the consumer in an effort to bring about a desired effect. The appeal gives the message a central theme and a means to integrate the overall message (Farlow, 1979). Appeal generation for the nonprofit organization can be conducted in four ways (Kotler, 1975). First, the social marketer can approach members of the target market concerning their ideas of the service and implement these ideas into the appeal. Second, staff members in an organization can be requested to provide input for the appeal. Third, a survey can be made for the services for the actual and desired position in the market and produce a theme to alter the target direction. Fourth, the social marketer can utilize a scheme of deductive reasoning which classifies appeals. The approach utilized in this study to generate an appeal involved a combination of assessing the target market's ideas of the service primarily from indirect input from guidance center staff who were in contact with the target market, requesting staff input, and using a deductive classification scheme.

The deductive reasoning scheme can be used to classify appeals into several categories. The classification of the appeals is somewhat arbitrary and can be broad or narrow. The message appeals may be classified as fear, distraction, participation, arousal of aggression, humor, rational, emotional, and moral appeal (Delozier, 1976; Kotler, 1975). The classification which appears most suitable for the pilot study and the present study would be the rational and emotional appeal. These

appeals can provide the consumer with a readable, clear, believable, and narrative description of the services.

Message Structure. Message structure is of primary relevance to marketers making claims or presenting arguments (Kotler, 1975). Decisions are necessary concerning how the arguments are phrased and sequenced in order to effect maximum impact. However, due to the professional ethical standards and organization standards in marketing mental health services, evaluating mental health services in a marketing message is generally prohibited. There is even evidence that the comparative message is less effective than the non-comparative message (Wilson and Mudenesogler, 1979). Although a comparative message is generally not used in marketing mental health services, the order of presentation has some relevance. There is some evidence which indicates that the appeal of the message has more impact if it is placed in the first or last of the message (Engel, Kollat, and Blackwell, 1973).

Message Layout. The layout of the message provides a frame and is generally considered to be an inconspicuous element of the message (Industrial Marketing Panel, 1980). Decisions concerning copy layout include such elements as illustrations, color, typography, size, and the use of space. These elements in the message have been found instrumental in arousing attention and interest (Kotler, 1975).

The elements which have been utilized to create interest and attention with the layout of the message in mental health services include the headline, type, and use of space (Kotler, 1975, p. 207). The headline is often used to focus the reader's attention on the services to be provided. Various type groups can be utilized; however, the

semi-bold 18 point pica type series is generally utilized due to the availability, common use, and low cost. Various type groups can be used to create attention and interest, but the decision of the type group to be used is somewhat arbitrary (Farlow, 1979). The primary criteria to be considered in decisions concerning type group is legibility.

Media Selection

Media selection is a major step to be considered in marketing for the nonprofit organization. According to Kotler (1975), media selection should be given some consideration prior to development of the budget and message. The nonprofit organization attempts to reach a target population or market with a certain frequency and impact under limited budget restrictions (Kotler, 1975). In order to assure consistency in marketing of mental health services, it is necessary to determine which media channels are financially accessible, usage patterns of media in previous parent educational programs, the availability of media channels in the target market, the expected coverage of the target market, and the effective time for the message to reach the target market in the media selected.

Publicity is frequently used by the nonprofit organization because of their limited budget resources for marketing their services (Kotler, 1975). Publicity is unlike advertising in that it is not paid for by the marketing organization, whereas advertisement is paid for by the organization. The disadvantage of publicity for the nonprofit organization is that the organization has less control of the timing and placement of the message in the marketing process. The nonpersonal mass media most receptive to publicizing services for the nonprofit

organization are most generally newspapers and radio stations. In the marketing of mental health services, non-commissionable media or personal channels of media such as direct mail and marketing specialties are more costly than nonpersonal mass media, even though they are generally accessible in most mental health catchment areas (Kotler, 1975).

Most agencies providing educational services for parents have used both nonpersonal mass media and personal contact media. Newspapers have been a common media used in recruiting parents for parent educational programs (Cromwell and Thomas, 1976; Ortof, 1970). Business marketers have also found the newspapers to be a valuable source of marketing. Newspapers have a broad consumer use and acceptance and are available in most mental health catchment areas (Rosen, 1980). In a national study of newspaper reading in 1961 (Engel et al., 1967; Advertising Age, 1961), newspapers were found to be read in 86.4% of the U.S. households. For adults over the age of 21, 80% read a newspaper on an average weekday. On an average weekday, 86% of the adults in a household read a newspaper in cities with a population of 2,500 to 49,999. Of the education levels, 89% of the high school graduates read a newspaper. Further, 45% of those with educational levels up to the fourth grade read a newspaper on an average weekday.

Radio has also been utilized by agencies publicizing parent education programs (Borstelman, 1969). Also, radio stations can be found in catchment areas of most mental health centers. In a study by Schultz, Block, and Custer (1978) using three methodologies to determine the number of listeners and to calculate the audience of listeners during different time frames, they found 19.7% of those surveyed listened to the radio 2.1 hours during a period from 8:00 a.m. to 8:00 p.m. Another

study by Montesano (1970) revealed that radio reached 50% of those surveyed an average of 2.9 times a week.

Direct mail has been used in publicizing parent education services (Levin, 1975). This personal media is available in all catchment areas of mental health centers. In a survey by McCann-Erickson (1966), direct mail accounted for 15.2% of the ad volume in the United States. Direct mail has the advantages of ability to publicize a service to a specific target market and to personalize the nature of the message (Engel et al., 1967). In one study by McIntyre (1963), a 75% readership was found.

Flyers have also been utilized for marketing by agencies providing parent education services (Brim, 1959). Flyers can be made available to any catchment area of a mental health center. Research is lacking concerning the expected coverage of the target market.

Timing of Marketing Effort in the Media. The timing of the marketing effort in the media involves decisions about when the message should reach the target market via the media selected (Farlow, 1979; Kotler, 1975). For services provided by the social service agency, there appears to be a variation in the intensity of interest during the year. Climatic conditions may also have an effect on client utilization of services. Most publicity efforts have the greatest impact during a time of natural interest. Counterseasonal publicity in social services is an infrequent practice (Kotler, 1975).

Following consideration of the seasonal efforts of marketing services, the short-run timing of marketing services for mental health services must be considered. Three patterns of marketing timing include

burst, continuous, and intermittent (Kotler, 1975). Burst publicity for mental health services has financial, control, impact, and ethical advantages for the mental health center. Financially, expenditures for publicity for an educational program can be concentrated in a short period of time, preferably shortly before the service is offered (Kotler, 1976). Burst publicity allows a dimension of control in marketing of services by reducing the carryover effect when several media are utilized (Kuehn, 1962). Also, Rothschild and Huston (1979) have found that there is evidence that one to seven repetitions in 30 second commercials have only subtle effects on response variables. Under the auspices of mental health marketing, continuous marketing of this nature may not be appropriate.

The delayed effect of marketing timing suggests that the publicity impulse of media can carry over to the future use of the same or different media. Further, institutional marketing has been demonstrated to carry over at a higher rate than even sale-price marketing (Kuehn, 1962). Kotler (1975) indicates that if interest and recall are good among the target market, burst publicity will gain maximum attention.

Market Segmentation

Mental health services are generally developed to meet the needs of the client population or target market. This is particularly true for diagnostic and treatment services. For parent education services in the mental health center, the process of tailoring the services for the client population is more difficult due to the numbers that are actually or potentially served, the lack of available information on the consumer of parent education services, and the ability of the mental health

center to focus its marketing efforts on a particular target market. A variable drawn from the business world referred to as market segmentation can be beneficial in tailoring parent education services to the consumer's needs.

Market segmentation has been one of the most fundamental variables of marketing for the past 20 years. Smith (1956) was instrumental in establishing the precedence of market segmentation in marketing in the late 1950's through his research and writing. The variable has received some academic attention for the nonprofit organization since the mid-1970's (Hill, 1976, Kotler, 1975).

The purpose of market segmentation is to divide the client population, or, in the case of mental health services, catchment areas, into fairly homogeneous parts in order that any part may be selected as a market target to be reached with a particular marketing mix (Still and Cundiff, 1972). Ultimately, market segmentation provides the organization with a means to increase the effectiveness of meeting the needs and wants of the client population (Hill, 1976). However, at the present time, even in the profit sector, market segmentation is considered a creative art which may give the marketer a partial view of the market structure.

The market segmentation model utilized for mental health services generally includes characteristics of organization, objectives of the organization, services provided to the target market, and characteristics of the target market. The organizational objectives of an agency which provides a target market with parent educational services presupposes a concentrated marketing effort (Kotler, 1975). Concentrated marketing is most suited to the nonprofit organization with limited financial and personnel resources. The nonprofit organization which utilizes concentrated

trated marketing can provide services to a large segment of a particular client population. The characteristics of parent educational services are best suited to a concentrated market effort in order to provide services to a descriptive group or client population.

The characteristics of the client population found primarily in rural Oklahoma are most suitable to a segmenting model utilizing developmental marketing (Kotler, 1975). Developmental marketing is effective for converting a latent demand into an actual demand for the services. The developmental marketing approach is beneficial where no previous programs have been offered of the type being marketed.

Presently, there is no single or unique way to divide the market into segments. The market structure becomes comprehensible as the market is analyzed by the use of "segmenting variables" (Kotler, 1975). Segmentation of a market requires the marketer to select criteria and research variables. Wind (1978) refers to the dependent variables as basis for segmentation and the independent variables as descriptors. Wind further divided the variables into general consumer characteristics which include demographic and socioeconomic characteristics and situational-specific consumer characteristics which include such characteristics as product or service usage, and response to marketing.

The variables selected for market segmentation have been selected in previous research and studies on the following basis: (1) the variables have been previously proposed as measures of needs and characteristics of a client population seeking mental health services in a mental health center (Rosen, Lawrence, Goldsmith, Windle, and Shambaugh, 1975); (2) the variables have been previously proposed as being useful in comparing the demographic characteristics of various catchment areas (Rosen

et al., 1975); (3) measures chosen in previous studies have been found to have highly significant relationships to mental health services usage (Bloom, 1976; McWilliams, 1975); and (4) variables are generally selected that are pertinent to the study. The variables that are discussed include general population data, mean and median family income, percent in poverty, occupational status, labor force participation, educational level, household composition, and family structure and community instability.

According to Still and Cundiff (1972), market segments which are utilized in the analysis of consumer markets are a result of income, age, degree of urbanization, and geographic location. Kotler (1975) has developed three major classes of segmenting variables which include geographic, demographic, and psychographic variables. The geographic and demographic variables refer to such variables as the different locations in which the market target is found and to the age, sex, family size, income, educational level, and marital status. The psychographic variables refer to such variables as life style, attitude, and behavior pattern in the consumer market.

The segmenting variables in the area of mental health have been developed only to the lowest segmenting base (Hill, 1976). The lowest segmenting base according to Enis (1974) is the state-of-being data which includes geographic and demographic information such as income and educational level. Other segmenting bases include state of mind and behavior intentions. State of mind data includes mental attributes such as personality traits and service preference, and behavior intentions include past actions and future plans of the individual organization such as purchase plans (Enis, 1974). The relationship between consumer

concept (geographic and demographic variables) and specific market response (product usage, product preference, etc.) is only beginning to be established through research (Wind, 1978).

The National Institute of Mental Health developed a Mental Health Demographic Profile System (MHDPS) for client usage of services in a mental health center and the comparison of demographic characteristics of mental health in catchment areas (Rosen et al., 1975). The MHDPS was developed primarily for planning, and evaluation of mental health services and comparing mental health catchment areas. The value of each indicator was ranked by the catchment areas from the lowest to the highest. Rosen et al. (1975) provided means, standard deviation, and shapes of the distribution for the variables in the MHDPS. The data was derived from the 1970 U.S. Census of Population and Housing. The data from the MHDPS includes 130 items of information categorized into six social and economic areas. The social economic status items include economic, occupational, labor force, and education variables. There are 48 items in the social status area.

The economic status items from the MHDPS items include median and mean income of families and percentage of families below poverty level. These items are also used in other studies and research to predict mental health usage and to compare mental health catchment areas (Bloom, 1976; McWilliams, 1975). Zautra and Simons (1976) used family income and percent in poverty as indicators of utilization of mental health services.

The occupations and employment status items utilized in the MHDPS included percent in high and low status occupations. These items were also utilized in other research to predict mental health usage and

compare catchment areas (Bloom, 1976; McWilliams, 1975). Linkages have been found between occupational status indicators and mental health usage (Markham and Scudieri, 1976). Zautra and Simons (1976) selected percent of persons in high status occupations as one of the indicators of mental health usage and a comparison of the various catchment areas of mental health centers.

The labor force participation items from the MHDPS provide information on degrees of employment (Rosen et al., 1975). The labor force participation was not included in other research in mental health services utilization due to the high correlation and, therefore, redundancy with other indicators such as income level and educational level (Markham and Scudieri, 1976; Zautra and Simons, 1976)

Educational level was included as a valid indice by the National Institute of Mental Health in the MHDPS (Rosen et al., 1975). The MHDPS reported the school years completed as a valid indice. Zautra and Simons (1976) and Markham and Scudieri (1975) utilized educational level as an means to compare catchment areas on mental health usage and to predict mental health services utilization.

Household composition and family structure included a broad category of items on the MHDPS. The median household size, number of children under age 6 and 6-18 living with their parents, and age of household head (parents) were indicators utilized in previous research in mental health services (Bloom, 1976; McWilliams, 1975).

The community instability indicator in MHDPS included several items. These items provided percentages of recent movers. The 1970 U.S. Census provided information on changes in residence. These items were included in research on mental health usage (Bloom, 1976;

McWilliams, 1975.)

Delivery System

Distribution of services in a nonprofit organization generally involves the consideration of the level and quality of the services (Kotler, 1975). The convenience of the service for the consumer must be considered. However, the organization must also give practical consideration to cost and staff hours. The general approach is to make the service convenient for the majority of the population in terms of distance. The quality of the service is influenced by such matters as a waiting list. A waiting list would mean some people would have to defer their participation in a parent education program.

Developmental Tasks, Educational and Babysitting Needs, and Demographic Characteristics

In the following sections, the developmental tasks, educational and baby sitting needs, and demographic characteristics will be discussed which the questionnaire assesses. Demographic characteristics have also been previously discussed under market segmentation. A review of the literature of these variables was made in order to select parent information as to the interests and demographic characteristics which could be linked to attendance.

Developmental Tasks

A market analysis of the developmental tasks which concerns parents and parenting professionals was included based on the following criteria. First, care was taken to include developmental tasks from

previous studies and research. Second, the developmental tasks of life are a part of the learning process of an individual (Havinghurst, 1972). The phrase developmental task is based on biological development and social expectations. Changes take place throughout the life span and provide the direction, force, and substance necessary for personality development (Havinghurst, 1973). The inclusion of the developmental task approach in education of parents has been beneficial in providing a life space approach to education and parent-centered intervention programs (Shaefer, 1977). Third, assessing the developmental task which concerns the parents and parenting professionals could be an important step in the market analysis process.

The terminology "developmental task" came into use in the 1940's as a result of the research and development programs of the General Education Board financed by the Rockefeller Foundation. The developmental tasks of life are thought to "constitute healthy and satisfactory growth in our society" (Havinghurst, 1972, p. 2). The tasks arise from physical maturation, environmental forces and the values, desires, and aspirations of the emerging personality.

Havinghurst (1972) indicates that there is an arbitrary number of developmental tasks due to relativeness of the biosocial factors and the delineation of the tasks by the writer. The process involved in delineating the developmental task can be narrow or broad. Motor development may include turning over, sitting up, crawling, standing up, and walking.

The developmental tasks which appear to have a balance in terms of items for the ages 0-4 years include: relationships with the parents; language; intelligence; motor skills; control of own actions; sharing

with others; curiosity; and independence (Bernard and Gortner, 1977; Havinghurst, 1972; Hurlock, 1975; Sheridan, 1976; Yarlow, Rubenstein, and Pedersen, 1975). These developmental tasks are those with an onset during infancy and early childhood. The tasks are broken down into eight units. Havinghurst (1972) generally breaks the task down into six to ten units for each age grouping.

Educational and Babysitting Needs

The educational needs of parents and parenting professionals were selected using the following criteria. First, the marketing strategy involves a process of identifying the needs, desires, and requirements of the consumer (Kotler, 1976). Service development and marketing of educational services is generally challenging because the needs, desires, and requirements of the consumer vary so dramatically (Hill, 1976). Various services must be developed in which each may make a partial contribution to fulfilling the social objectives. Therefore, a market analysis of the educational needs of the parents who attend parent education programs may be beneficial in developing educational services in accordance with parents needs and improve marketing efficiency. Second, effort was taken to include the educational needs of parents and parenting professionals with children in infancy and early childhood in order to more specifically delineate the needs of these parents. Third, care was taken to include educational needs of these parents utilized in previous research and programs in parent education services.

The content of previous programs in parent education have been voiced as well as could be expected. The purpose of most of the programs has been to help parents facilitate the development of their

children (Croake and Glove, 1977). Seven educational needs which fit the above criteria were selected.

A number of authors have emphasized the importance of providing parents with information concerning interpersonal relationships (Adams, 1978; Aimsworth, 1972; Dinkmeyer, 1973; Sparling et al., 1978; Spodek, 1972). Development of language skills, intellectual skills, motor skills, and social skills received considerable emphasis by several authors (Fowler, 1968; Lane, 1975; White, 1977). Emotional growth was often viewed as having an interface with cognitive development (Dinkmeyer and McKay, 1973). Emotional growth and relating to others was rated high in importance in terms of educational needs among parents in a national survey in Sparling et al. (1978). Discipline which deals with logical and natural consequences was considered an important element to be provided to parents in an educational setting (Dinkmeyer and McKay, 1973).

Babysitting services may be a need parents have who attend parent educational services. Badger (1971) and Walker (1975) relate that parent attendance appeared to stabilize as support services such as babysitting services were offered. These authors indicate that support services may be helpful, particularly to families with limited financial resources.

Demographic Characteristics

The demographic characteristics of parents assessed on the questionnaire included: the age and number of the parents children, marital status of the parents, educational level of the parents, age of the parents, and the length of stay at the present location. According to

Bloom (1976), McWilliams (1975), Rosen et al. (1975), and Zantra and Simons (1976), these demographic items are useful in predicting mental health usage. These items were included on the questionnaire to facilitate the process of tailoring both a marketing approach and service compatible with needs of consumers of parent education services.

Summary

The process of marketing parent educational services utilizing many of the variables available in both the profit and nonprofit sector is a novel and challenging project. The marketing approaches taken from the profit sector had begun to be established in the nonprofit sector in the mid 1970's. There are Mental Health Professionals who advocate utilization of the marketing variables in social services, including parent education services. Those who advocate the use of marketing variables tend to do so based on the benefits of cost effectiveness which is related to the number of parents reached in relation to staff hours and other costs involved in providing the services. Also there are those who advocate using a marketing approach in parent education based on the benefits concerning tailoring the marketing mix and service to consumers of parent educational services. Finally, there are MHP's who advocate the restriction and, in some cases, the elimination of a marketing approach in mental health services. There are questions as to the ethics, appropriateness, effectiveness, and expense of marketing in mental health services.

This study attempted to integrate a marketing approach into parent education while dealing realistically with budget limitations, ethical standards, and professional policies in order to assess the relationship

of the media and message appeal to parent attendance. The study also attempted to assess the needs, concerns and demographic characteristics of the parents who attended as these variables related to parent attendance in parent educational services in mental health centers.

CHAPTER III

METHOD AND PROCEDURE

Introduction

The methodology utilized in this study was developed to evaluate the correlates of family members' attendance in family life educational programs. The research was not intended to examine the program on family education. The results of the attendance in this study were analyzed in an effort to determine the relationship of various messages or appeals and of four selected media for carrying the message to the target population. The relationships of the two recruiting messages, or appeals, and attendance were analyzed by using the attendance data from the pilot study and the present study. The questionnaire enabled the researcher to analyze the following other correlates of attendance: age of the parents' children; age of the parents; developmental task that most concerns the parents; educational needs of the parents; educational level of the parents; length of stay at present location; marital status of the parents; and provision of babysitting services during the educational program.

Population and Sample

Since this study was conducted in the local guidance centers, a service of the Oklahoma State Department of Health, the research could effect the image of and create a liability for the agency. It was

therefore necessary that several directors and committees, particularly the Human Risk Committee, closely examine and approve all aspects of the study. This requirement made the process of gaining approval both time consuming and difficult. One of the most difficult adjustments to be dealt with in the study was the unavailability of birth records for selection of a subject population. Originally, the subject population was to be selected from the birth records on file in the Oklahoma State Department of Health. However, nine months after the request to use the birth records was made, the State Registrar of Vital Statistics denied use of the records based on a state statute intended to protect the confidentiality of the records. If the birth records could have been utilized, they would have enabled the researcher to focus on parents of children of a specific age group and provided an optimal way to select a subject population. However, since birth records were not available, it was necessary to restrict the recruiting media to the use of various types of impersonal mass communication and restricted personal media, for the most part eliminating personal communication with the selected subject population.

A pilot study was previously conducted in three different counties, and the present study was conducted in three counties in Oklahoma, sponsored by the local guidance center in each county. The three counties in the pilot study and the three counties in the present study were fairly homogeneous according to the major segmentation variables and their typical breakdowns (Frank, Massey, and Wind, 1972; Rosen et al., 1975; 1970 U.S. Census Data). The major variables were geographic and demographic. Also, all counties were further selected because a family life education program was not previously in existence, so that the

population in these counties would not have been previously exposed to a family life education program by the guidance center. In marketing terminology the process for changing a latent demand into an actual demand is developmental marketing (Kotler, 1975). There were very few counties that fit the developmental marketing category due to the fact that some parent education services were being provided by local guidance centers in most counties.

The data generated from the 14 parents in the pilot study and the data generated from the 21 parents in the present study were combined based on geographic, demographic, and marketing strategy similarities of the counties in the two studies. The demographic segmenting variables for the three counties in the pilot study and the three counties in the present study included:

1. General Population Data:
 - a. Total population
2. Socioeconomic Status:
 - a. Economic status
 - (1) Median income of families
 - b. Occupational status
 - (1) Low occupational status
 - (2) High occupational status
3. Educational Status:
 - a. Median school years completed by persons 25 years of age and over
4. Family Composition:
 - a. Children under three years of age in the family
 - b. Children under six years of age in the family

c. Number of families

5. Community Instability:

a. Numbers who moved into present location in 1969

Table I represents the market segmentation data for the three counties in the pilot study, numbered 1, 2, and 3, and three counties in the present study, numbered 4, 5, and 6. The selected statistics are taken from the 1970 Census of Population and Housing and from analyses of the selected data by computer data processing of the Oklahoma State University Computer Center. The ranks of counties range from 1 to 77 with 1 the lowest and 77 the highest value for the census variables. A county with a rank of 77 for median income would rank the highest of all the counties for median income. The percentile ranks range from 0 to 100 with 0 the lowest value and 100 the highest value for a variable--a percentile rank of 17 for a particular variable would mean 16 percent of the counties have a lower value for that particular value.

Rosen et al. (1975) indicates that "high risk" comparisons fall in the extremes which is defined 0-9th percentile to the 90-100th percentile. An examination of Table I indicates only the percentile rank of 92 for median income in one county in the pilot study falls in that category. The raw scores, ranks, and percentile ranks fit overall into the guide-lines for comparison of counties or catchment areas.

Procedure

Media Selection

The four media selected for carrying the message to the target market included newspaper, radio, flyer, and letter. The method of distribution and staff making the distribution of the messages for both

TABLE I

SELECTED STATISTICS FROM 1970 CENSUS OF POPULATION AND HOUSING, SECOND PLUS
FOURTH COUNT FOR COUNTIES IN PILOT AND PRESENT STUDY

	Pilot Study			Present Study		
	1	2	3	4	5	6
A. General Population Data						
1. Total population	12,837	11,338	14,537	13,228	10,043	29,750
2. Rank by county for total population	31	25	35	33	21	58
3. Percentile rank of total population by county	40	32	49	42	27	75
B. Socioeconomic Status						
Economic Status						
4. Median income by family	8,382	6,644	8,259	5,330	6,702	7,640
5. Rank of median income of families by county	72	44	69	18	50	64
6. Percentile rank of total median income by county	92	56	89	23	64	82
Social Status						
7. Total employed	4,609	3,765	6,218	4,335	3,576	10,912
8. Rank by county of total employed	35	27	41	31	25	62
9. Percentile rank of total employed by county	45	34	53	40	32	88
10. Low occupational status, male and female over 16, who are operatives, service workers, and laborers, including farm laborers	2,987	2,257	4,082	2,675	2,054	5,994

Table I (Continued)

	Pilot Study			Present Study		
	1	2	3	4	5	6
11. Rank of total low occupational status by county	37	26	43	31	23	59
12. Percentile rank of low occupational status by county	47	33	55	40	29	76
13. High occupational status, male and female 16 and over who are professionals, technical, and kindred workers, and managers, except farm	1,622	1,508	2,136	1,660	1,522	4,918
14. Rank of high occupational status male and female 16 and over who are professionals, technical and kindred workers, and managers, except farm	32	29	39	34	30	64
15. Percentile rank of high occupational status by county	41	37	50	44	38	82
Educational Status						
16. Median school years completed, males	11.9	10.6	11.1	8.9	11.9	11.3
17. Percent high school graduates	49.3	42.5	51.9	30.9	49.4	46.0
18. Median school years completed, female	12.0	10.9	12.0	10.0	11.8	11.6
19. Percent high school graduates	51.2	42.3	51.7	34.6	48.9	46.8
Family Composition						
20. Number children under three years in families by counties	455	292	450	296	299	949

Table I (Continued)

	Pilot Study			Present Study		
	1	2	3	4	5	6
21. Rank of number of children under three years in families by counties	37	21	36	22	25	52
22. Percentile rank of children under three years in families by counties	47	27	46	30	32	69
23. Number of children under six years in families	734	517	934	376	523	1,673
24. Rank by county of number of children under six years in families	34	22	40	17	23	56
25. Percentile rank of children under six years in families by county	44	28	51	21	29	72
26. Number of families	3,488	3,219	4,153	1,693	2,778	8,173
27. Rank of number of families by county	32	28	39	9	24	61
28. Percentile rank of families by county	41	36	50	14	30	78
Community Instability						
29. Number who moved into present location in 1969	2,573	2,098	4,294	2,026	2,085	6,735
30. Rank of number who moved into present location in 1969	36	28	46	25	27	60
31. Percentile rank of number who moved into present location in 1969	41	36	59	32	34	77

the pilot and present study is detailed in Appendix A. The timing of the marketing effort was conducted in such a manner as to allow the message to reach the target market precisely seven days prior to the delivery of the service. The pattern used was burst marketing, which allowed for the message to be concentrated in the target market over a short time period (Kotler, 1976).

Message Development

Due to budget limitations, ethical standards, and organizational policies, the development of a message for marketing parent educational services in a mental health center was challenging. The message was developed using the judgemental and survey techniques. Most of the development was conducted by the staff of the guidance center central and local offices. This is in keeping with procedures used in many other mental health centers. Generally, funds are not available in most mental health centers to obtain the services of professionals in marketing to create a costly message.

Message Appeal. The approach utilized in both the pilot study and the present study to generate an appeal involved a combination of assessing the consumer ideas of the service, requesting staff input, and using a deductive classification scheme. The staffs of several local guidance centers were instrumental in providing ideas for a message appeal for parent educational services. The local guidance center staff had been in contact with some consumers of parent educational services and were beneficial in relaying these ideas for implementation in the message appeal. The appeal for the pilot study was primarily of the rational classification (Appendix B, C, D, and E.). The appeal for the

present study was also of a primarily rational classification with more prevalence of an emotional classification (Appendix F, G, H, and I). The appeals in both studies were developed to provide the consumer with a readable, clear, believable, and narrative description of the services. The messages in both studies had five content areas: theme of the program, speaker, data, time, and location.

The readability and human interest of the appeal in the present study was modified as compared to the pilot study. An analysis of the pilot study appeal indicated it had an average sentence length of 12.5 words, an average number of syllables per 100 words of 1.67. According to Flesch (1974), this gave the pilot message a reading ease score of 30 to 50. The message was estimated to be readable for a person completing high school or some college which includes 33 percent of the adults in the United States. The message was estimated to be academic reading. The percent of personal words for the pilot message was two percent or less, and the percentage of personal sentences was zero. The human interest score was 0 to 10. Flesch described these scores as dull reading and scientific in nature.

The present message had a sentence length of 8.3, an average number of syllables per 100 words of 1.3. The message had a reading ease score of 70 to 80, which made it sixth grade reading according to Flesch (1974). The message was estimated to be readable for 88 percent of the adults in the United States. The percentage of personal words was 12 and the percentage of personal sentences was 55. This gave the message a human interest score of 40 to 60, which, according to Flesch, is highly interesting.

The message appeal in the present study as indicated above was

revised to be more readable and to have more human interest. The classification remained essentially the same except the appeal contained more of an emotional aspect. The message appeal classification remained essentially the same due to ethical, professional, and organizational standards.

Message Structure. Neither the pilot message nor the present message contained any elements of a comparable message. However, the appeal or theme of the service was placed in the center of the message in the pilot study. The appeal or theme was placed at the first of the message in the present study. The speaker, sponsoring agency, location, date, and time were embedded in the middle of the message in the present study.

Copy Layout. The copy layout for both the pilot study and the present study did not include illustration and color. In the pilot study, as in the present study, the printed message, typography, size, and use of space were held constant. However, for appeal the size of the print was enlarged on the flyer for the present study. In the present study, the headline in the newspaper and flyer was developed in an attempt to focus the reader's attention on the services to be provided.

Questionnaire. The development of the questionnaire involved a review of the literature to select parent information as to the interests and demographic characteristics which could be linked to attendance. A review of the literature concerning media selection, and concerns, needs, and demographic characteristics of parents can be found in Chapter II. After reviewing the literature and consulting with

mental health professionals providing services in parent education, the questionnaire was generated and categorized into four content areas. Refinements were made in the questionnaire after the pilot study. A balance was sought using interrogative, informative, and directive grammatical styles in the present study questionnaire. A balance was also sought to the items for children of the ages 0-4 years.

The basic design on the questionnaire in the pilot study (Appendix J) and the questionnaire in the present study (Appendix K) comprises four areas of information made up of closed-ended questions. The first part was designed to gather information concerning media which reached parents in the target market. The second part was designed to identify the developmental task which concerns parents. The third part on the pilot study questionnaire was designed to identify the educational needs. However, the present study questionnaire was designed to identify both the educational and babysitting needs of the program participants. The fourth part assesses the demographic characteristics of participants. Although family income was frequently cited in the research literature as a useful variable in predicting mental health usage and comparing catchment areas, the variable was not included in the questionnaire due to the request of the Human Risk Committee of the Oklahoma Department of Health which reviewed the study to be conducted in local guidance centers.

The Family Life Educational Program. The program was designed to be presented by a lecture type delivery with open discussion in one and one-half hours, followed by approximately one-half hour for questions. The program was developed from contemporary theory and recommendation (Becker, 1971; Driekurs and Soltz, 1964; Glasser, 1969; White, 1975).

The program was presented in four segments which included:

1. The interrelation of the four spheres of development.
2. Three influences in a child's development.
3. The parents' role in facilitating a child's development.
4. Implications of the parents' knowledge of child development.

See Appendix L for details.

Data Collection

When the participants gathered at the designated time and place, the director of the local guidance center gave a brief description of the services in the center and introduced the speaker. Prior to the presentation of the program, the participants were informed that they were participating in a study of attendance in family life education programs. Each group of participants in the pilot study was given the same information (Appendix M) prior to completing the questionnaire (Appendix J) and signing the consent form (Appendix N). Similarly, in the present study, the same information was given to each group of participants (Appendix O) prior to completing the questionnaire (Appendix K) and signing the consent form (Appendix P). All participants in each group in both the pilot study and the present study were informed that completion of the questionnaire was optional. The questionnaire and consent forms were collected separately, and the program began.

Statistical Design

The relationship between the types of message or appeal and difference in frequency of parents' attendance was examined using the

total number of parents in attendance in the pilot study and in the present study. The counties in the pilot study and in the present study were geographically and demographically similar. The questionnaire in both the pilot study and the present study provided the raw data for the comparison of the types of message or appeal. The questionnaire in the present study provided raw data to test the remaining 12 hypotheses.

Hypotheses One through Ten were investigated using the one sample Chi-square for more than one degree of freedom (Siegel, 1956). Hypotheses Eleven through Thirteen were investigated using two sample Chi-square for more than one degree of freedom (Siegel 1956).

Due to the small sample size, a discussion of small expected frequencies for Chi-square is germane. Previously, it was considered that Chi-square should not be utilized if the minimum expected frequencies were less than 5 in each cell. However, in the last decade several authors have provided information that Chi-square is an appropriate statistical tool when the average expected frequency is as low as 2 (Canover, 1974; Roscoe and Byars, 1971).

Summary

This study was designed to investigate the correlates of attendance in the family life educational programs in MHC's. The four media utilized in this study were considered the most feasible. Three media selected were impersonal mass communications. More personal media such as telephone and personal contact were eliminated because of possible abrogation of confidentiality in obtaining names.

The questionnaire was designed to investigate a number of possible correlates of attendance in family life educational programs. These

correlates were gathered from a number of sources which were considered by the researcher to indicate some relationship to attendance at family life educational programs.

CHAPTER IV

RESULTS

Introduction

The purpose of this chapter is to discuss the results of the statistical analysis for the hypotheses formulated in the present study and one hypothesis formulated from both the pilot study and the present study. The major focus of the study was to identify the needs, concerns, and demographic characteristics of participants in parent educational programs in mental health centers and to examine the association of various media and types of appeal with attendance. The study is expected to provide information for future development of services for parents in an educational setting in mental health centers and information concerning future marketing strategies for parent education services.

The centers in which the programs were conducted were located primarily in rural counties in Oklahoma, none of which had been previously exposed to the type of program presented. Three geographically and demographically similar counties were selected for the pilot study and three for the present study in which to market and provide the parent education services. A total of 14 parents participated in the pilot study. A total of 21 parents participated in the present study. The data from the parents in both the pilot study and the present study were utilized to analyze the association of types of appeal with parent attendance. The data concerning the type of appeal for the present study was weighted for

babysitting. The number that declared that they would not have attended if babysitting services were not offered was deducted from the total. For the present study, due to the nature of the hypotheses, responses of only the parents (n = 21) were analyzed. (See Table II.)

The association of needs, concerns, demographic characteristics, media, and types of appeal with attendance were examined using the one sample Chi-square for more than one degree of freedom. The relationship of needs, concerns, and media were examined by using two samples Chi-square for more than one degree of freedom.

Test of Hypotheses

Hypothesis One: There is no difference in frequency of parent attendance for four media.

The data generated to answer Hypothesis One were analyzed through the use of a one sample Chi-square. Table III presents the tabulations of the responses for the most important media in the parents' attending the educational program. The categories of possible recruiting media are represented numerically as follows:

1. letter,
2. personal contact,
3. radio,
4. newspaper,
5. flyer, and
6. other.

An examination of Table III indicates that the Chi-square value of 18.143 is significant at a probability level of .005 for a one-tailed test. Therefore, the null hypothesis is rejected in favor of the

TABLE II
PARTICIPANT GROUPS

	Parents	Grandparents	Parenting Professionals	Mental Health Professionals	Total
Pilot n =	14	3	1	0	18
Present n =	21	1	0	5	27

TABLE III
CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED
VALUES OF MEDIA SELECTED BY PARENTS

	Media Categories					
	1	2	3	4	5	6
Expected Frequency	3.5	3.5	3.5	3.5	3.5	3.5
Observed Frequencies	4	6	0	9	2	0
Calculated Values	.071	1.786	3.500	8.643	.643	3.500

$$\chi^2 = 18.143 \text{ (df = 5) } p < .005.$$

alternative hypothesis. There is a significant difference between the newspaper media and the frequency of the parents' attendance. The differences between the observed and expected frequencies for newspaper contribute largely to cumulative Chi-square value.

Hypothesis Two: There is no difference in frequencies of parent attendance for the type of appeal.

The data generated to answer Hypothesis Two were analyzed with a one sample Chi-square. Table IV presents the tabulation of the data. There were two categories, with the first category representing the participants in the pilot study and the second category representing the participants in the present study. The "no" responses for those who would not attend if baby sitting services were not offered were deducted from the number of participants on the present study. This was done to eliminate the influence that babysitting may have had on attendance when analyzing the attendance associated with the appeal.

An examination of Table IV reveals that the Chi-square value of 1.4 does not reach a .05 level of significance. The Chi-square test performed reveals that the relationship of type of appeal and parents' attendance could have occurred more than 30 times in a hundred by chance. The results of the Chi-square fall below the acceptance level of .05. Hypothesis Two is not rejected and there is no indication of a significant difference between type of appeal and frequency of parents' attendance.

Hypothesis Three: There is no difference in frequencies of parent attendance for the age of the parents' children.

The data generated to address Hypothesis Three were analyzed with the use of the one sample Chi-square. Table V represents the

TABLE IV
 CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED
 VALUES OF PARENT ATTENDANCE ASSOCIATED WITH
 TYPES OF APPEAL

	Categories of Appeals	
	1	2
Expected Frequency	14.5	14.5
Observed Frequency	14	15
Calculated Value	0.700	0.700

$\chi^2 = 1.4$ (df = 1) Not significant ($p > .20$).

TABLE V
 CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED
 VALUES OF AGES OF CHILDREN BY AGE GROUPS

	Age Groups					
	1	2	3	4	5	6
Expected Frequency	3.5	3.5	3.5	3.5	3.5	3.5
Observed Frequency	2	5	4	6	10	12
Computed Values	3.115	0.346	0.960	0.038	1.885	4.654

$\chi^2 = 10.998$ (df = 5) Not significant ($p > .05$).

tabulations of the expected and observed frequencies and computed values for the ages of children of the parents who attended. There are six categories of age with a total of 39 children. The categories of children's ages are as follows:

1. 0+ years,
2. 1 years,
3. 2 years,
4. 3 years,
5. 4 years, and
6. other (please specify).

An examination of Table V indicates that the Chi-square value of 10.998 is not significant at a probability level of .10. The null hypothesis is not rejected. That is, there is no significant difference between the ages of the parents' children and the frequency of the parents' attendance.

Hypothesis Four: There is no difference in frequencies of parents' attendance for the developmental tasks that concern the parents.

The data generated to answer Hypothesis Four was also analyzed using a one sample Chi-square. Table VI reflects the tabulation of the data. There are nine categories of responses which are listed below:

1. relationships with parents,
2. intelligence,
3. motor skills,
4. control of own actions,
5. sharing with others,
6. language,

TABLE VI
 CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES
 AND COMPUTED VALUES FOR DEVELOPMENTAL TASKS

	Developmental Tasks								
	1	2	3	4	5	6	7	8	9
Expected Frequency	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3
Observed Frequency	10	0	1	5	1	0	4	0	0
Computed Values	25.778	2.300	0.734	3.169	0.734	2.300	1.256	2.300	2.300

$$\chi^2 = 40.871 \text{ (df = 8) } p < .001.$$

7. curiosity,
8. independence, and
9. other.

Table VI shows that the Chi-square value of 47.998 is significant to a probability level of .001. The null hypothesis is rejected. There was a clear difference between the response to the selection "relationship of the child to the parent" category and the frequency of the parents' attendance. The difference between the observed and expected frequency for the above category was significant at the probability level of .001. The category "control of own actions" made a partial contribution to the Chi-square cumulative value.

Hypothesis Five: There is no difference in frequencies of parents' attendance for the educational needs of the parents.

The data provided by the questionnaire to answer this hypothesis were analyzed by the use of a one sample Chi-square. Table VII represents the tabulations of the categories of educational needs as follows:

1. development of language skills,
2. development of social skills,
3. development of intellectual skills,
4. development of motor skills,
5. emotional growth,
6. how to relate to your child,
7. discipline, and
8. other.

An examination of Table VII reveals that the Chi-square value of 20.722 is significant at a probability level of .01. The null

TABLE VII
 CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND
 COMPUTED VALUES FOR EDUCATIONAL NEEDS

	Educational Needs							
	1	2	3	4	5	6	7	8
Expected Frequency	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6
Observed Frequency	2	2	1	1	3	9	3	0
Computed Value	0.138	0.138	0.985	0.985	0.061	15.754	.061	2.6

$$\chi^2 = 20.722 \text{ (df = 7) } p < .01.$$

hypothesis is rejected. The difference between the expected and observed frequencies for "how to relate to your child" was found to be significant at the .01 level which contributed to the Chi-square cumulative value. There is a significant difference between the frequency of parents' attendance and their educational needs concerning children.

Hypothesis Six: There is no difference in frequencies of parents' attendance for the education level of the parents.

The data to answer Hypothesis Six were analyzed through the use of a one sample Chi-square. Table VIII presents the tabulation of the responses for the six categories of educational level which are as follows:

1. elementary school or less,
2. some high school,
3. high school graduates,
4. some college, junior college, vocational or business school,
5. college graduate--4 years or more, and
6. graduate degree.

An examination of Table VIII reveals that Chi-square value of 9.572 is significant at a probability level of .05 for a one-tailed test. The null hypothesis is rejected in favor of the alternative hypothesis. There does exist a significant difference between the parents with high school education and above and the frequency of their attendance.

Hypothesis Seven: There is no difference in frequencies of parent attendance for the age of the parents.

The data generated to assess Hypothesis Seven was analyzed through the use of a one sample Chi-square. Table IX and Table X represent the

TABLE VIII
 CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES
 AND COMPUTED VALUES OF EDUCATIONAL
 LEVELS OF PARENTS

	Educational Levels of Parents					
	1	2	3	4	5	6
Expected Frequency	3.5	3.5	3.5	3.5	3.5	3.5
Observed Frequency	1	0	6	6	5	3
Computed Values	1.786	3.500	1.786	1.786	0.643	0.071

$$\chi^2 = 9.572 \text{ (df = 5) } p < .05.$$

TABLE IX
 CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND
 COMPUTED VALUES FOR FATHERS' AGES

	Fathers' Ages					
	1	2	3	4	5	6
Expected Frequency	3.5	3.5	3.5	3.5	3.5	3.5
Observed Frequency	0	0	10	5	2	1
Computed Value	3.500	3.500	12.071	0.643	0.643	1.786

$$\chi^2 = 22.143 \text{ (df = 5) } p < .001.$$

TABLE X
 CATEGORIES OF OBSERVED AND EXPECTED FREQUENCIES AND
 COMPUTED VALUES FOR MOTHERS' AGES

	Mothers' Ages					
	1	2	3	4	5	6
Expected Frequency	3.5	3.5	3.5	3.5	3.5	3.5
Observed Frequency	0	3	9	5	1	3
Computed Value	3.500	0.071	8.642	0.643	1.786	0.071

$$\chi^2 = 16.716 \text{ (df = 5) } p < .001.$$

tabulations of the responses for both the father and mother. The categories for the ages are as follows for both the father and the mother:

1. 19 and under,
2. 20 through 24,
3. 25 through 29,
4. 30 through 34,
5. 35 through 39, and
6. 40 or more.

An examination of Table IX reveals that the Chi-square level for the father's age reaches a .001 level of significance. Table X reveals that the Chi-square level for the mother's age reaches to a .001 level of significance for a one-tailed test. Thus, both results of this analysis fall above the acceptance level of .05. The hypothesis is rejected in favor of the alternative hypothesis, and a significant difference between parents' ages and frequency of attendance is obtained. The difference in observed and expected frequencies for the age category of 25 through 29 for both the mother and father contributed to the Chi-square cumulative value. The 25 through 29 age category for fathers was significant to the probability level of .02 for a one-tailed test.

Hypothesis Eight: There is no difference in frequency of parents' attendance for the marital status of the parents.

The data gathered to answer Hypothesis Eight were analyzed with the use of a one sample Chi-square. Table XI represents the tabulation of the data. The categories are:

1. married parents and
2. single parents.

An examination of Table XI reveals that the Chi-square value of

TABLE XI
 EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED VALUES IN
 CATEGORIES OF MARRIED PARENTS AND SINGLE PARENTS

	Marital Status	
	1	2
Expected Frequency	10.5	10.5
Observed Frequency	15	6
Computed Value	1.928	1.928

$$\chi^2 = 3.856 \text{ (df = 1) } p < .05.$$

3.856 is significant to a a probability level of .05. Therefore, the null hypothesis is rejected. There is a significant difference between marital status and the frequency of attendance for parents.

Hypothesis Nine: There is no difference in frequency of parents' attendance for the length of stay at the present location.

The data gathered to answer Hypothesis Nine were analyzed with a one sample Chi-square. Table XII represents the tabulation of the data. There were five categories delineated in the following manner:

1. 0-1 years,
2. 1-2 years,
3. 3-4 years,
4. 5-6 years, and
6. 7, 8, and 9 years.

An examination of Table XII reveals that the Chi-square value of 2.095 does not reach a .05 level of significance. The Chi-square test performed reveals that the relationship of length of stay at the present location and the frequency of parents' attendance could have occurred more than 80 times in a hundred by chance. Hypothesis Nine is not rejected, and there is no indication of a significant difference between length of stay and frequency of attendance.

Hypothesis Ten: There is no difference in frequencies of parents' attendance for babysitting being offered.

The data generated to answer Hypothesis Ten were analyzed using a one sample Chi-square. Table XIII reflects the tabulation of the data. There are two categories which include yes and no answers to the question, "Would you attend if babysitting had not been offered?" These categories are numbered 1 for yes responses and 2 for the no responses.

TABLE XII

CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED
VALUES FOR LENGTH OF STAY AT PRESENT LOCATION

	Length of Stay at Present Location				
	1	2	3	4	5
Expected Frequency	4.2	4.2	4.2	4.2	4.2
Observed Frequency	5	4	6	2	4
Computed Value	0.152	0.010	0.771	1.152	0.010

$\chi^2 = 2.095$ (df = 4) Not significant ($p > .70$).

TABLE XIII

CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED
VALUES FOR BABYSITTING SERVICES

	1	2
Expected Frequency	10.5	10.5
Observed Frequency	15	6
Computed Value	1.928	1.928

$\chi^2 = 3.856$ (df = 1) $p < .05$.

An examination of Table XIII reveals that the Chi-square value of 3.856 is significant to a probability of .05. The null hypothesis is rejected and there is a significant difference between babysitting services being provided and the frequency of parents' attendance.

The remainder of the hypotheses in this study deal with the relationship of educational needs, media selection, and developmental tasks. The various categories of frequencies were combined so as to create comparable numbers of categories and increase the expected frequencies in the various cells of the tables. It may be well to mention that no parents selected radio as the most important media associated with their attendance nor did any parents select the "other" categories on the questionnaire dealing with developmental tasks, educational needs, and media. This information is mentioned here due to the relevance to the combining of the categories for statistical analysis of the remaining hypotheses.

Hypothesis Eleven: There is no relationship between the frequencies of selection of the most important media associated with parents' attendance and the developmental tasks that concern the parent.

The data generated to address Hypothesis Eleven were analyzed with the use of two sample Chi-square. Table XIV represents the tabulation of expected and observed frequencies and computed values for the selection of the media and developmental task. The media categories are numbered as follows:

1. letter and flyer,
2. personal contact and other, and
3. newspaper and radio.

TABLE XIV

CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED VALUES
FOR SELECTION OF MEDIA AND DEVELOPMENTAL TASK

		Media			
		1	2	3	
D e v e l o p m e n t a l T a s k	1	3.143 3 .006	3.143 4 .234	4.714 4 .108	11
	2	1.428 1 .128	1.428 1 .128	2.143 3 .343	5
	3	1.428 2 .229	1.428 1 .128	2.143 2 .009	5
		6	6	9	21

$\chi^2 = 1.313$ (df = 4) Not significant ($p > .80$).

The developmental task categories are numbered as follows:

1. relationship with parents and sharing with others;
2. control of own actions, independence, and other; and
3. curiosity-desire to learn, motor skills, intelligence, and language.

An examination of Table XIV indicates that the Chi-square falls below the acceptance level of .05. Hypothesis Eleven is not rejected. There is no relationship between the selection of the most important media concerned with parents' attendance and the selection of the developmental task. Parents who selected newspaper and radio as the most important media in their attendance showed an interest in the developmental tasks "control of actions," "independence," and "other." This was particularly true for newspaper media since radio and newspaper were combined into one category and in no instance did parents select radio as the most important media in their attendance.

Hypothesis Twelve: There is no relationship between the frequencies of selection of the most important media associated with parents' attendance and the educational needs of the parents.

The data generated to answer Hypothesis Twelve were analyzed using two sample Chi-square. Table XV reflects the tabulation of the data.

The media categories were combined as follows:

1. letter and flyer,
2. personal contact and other, and
3. newspaper and radio.

The educational needs categories were combined as follows:

1. "how to relate to your child," and discipline;
2. development of intellectual skills, development of language

TABLE XV

CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED
VALUES FOR MEDIA SELECTION AND EDUCATIONAL NEEDS

		Media			
		1	2	3	
E d u c a t i o n a l N e e d s	1	3.428 4 .095	3.428 3 .053	5.143 5 .004	12
	2	1.143 2 .642	1.143 0 1.143	1.714 2 .048	4
	3	1.428 0 1.428	1.428 3 1.731	2.143 2 .009	5
		6	6	9	21

$\chi^2 = 5.153$ (df = 4) Not significant ($p < .20$).

skills, and development of motor skills; and

3. emotional growth, development of social skills, and other.

Table XV indicates that the Chi-square value of 5.153 is significant to a probability level of .30. The null hypothesis is not rejected. There is no relationship between the most important media associated with the parents' attendance and the educational needs of the parents.

Hypothesis Thirteen: There is no relationship between frequencies of selections of developmental tasks that concern the parents and the educational needs of the parents.

The data used to address Hypothesis Thirteen were analyzed using two sample Chi-square. Table XVI represents the tabulation of expected and observed frequencies and the computed values for the categories of developmental tasks and educational needs. The developmental tasks categories were combined as follows:

1. relationship with parents, and sharing with others;
2. control of own actions, independent, and other; and
3. curiosity, desire to learn, motor skills, intelligence, and language.

The educational needs categories were combined as follows:

1. "how to relate to your child," and discipline;
2. Development of intellectual skills, development of language skills, and development of motor skills; and
3. emotional growth, development of social skills, and other.

An examination of Table XVI indicates that the Chi-square value of 5.499 is significant to the .30 level. Since this level of significance does not reach .05, Hypothesis Thirteen is not rejected. Cumulatively,

TABLE XVI

CATEGORIES OF EXPECTED AND OBSERVED FREQUENCIES AND COMPUTED
VALUES FOR DEVELOPMENTAL TASKS AND EDUCATIONAL NEEDS

		Developmental Tasks			
		1	2	3	
E d u c a t i o n a l N e e d s	1	6.286 8 .467	2.851 2 .257	2.857 2 .257	12
	2	2.095 0 .128	.952 2 .128	.952 2 .343	4
	3	2.619 3 .055	1.190 1 .030	1.190 1 .030	5
		11	5	5	21

$\chi^2 = 5.499$ (df = 4) Not significant ($p > .20$).

the value in all the categories of Table XVI are not large enough to reach the .05 level of significance. Therefore, there is not a relationship between the frequencies of selection of developmental tasks that concern the parents and the educational needs of the parent.

CHAPTER V

SUMMARY AND CONCLUSIONS

Introduction

The present study examined the relationships between the utilization of four media, development tasks that concern parents, the educational needs of parents, the demographic characteristics of parents, and parents' attendance in parent educational programs in mental health centers. Also, the present study examined the relationship between media, developmental tasks that concern the parents, and the educational needs of the parents. The pilot study and the present study examined the relationship of the message appeal in the marketing of parent educational services in mental health centers and parents' attendance. Thus, the focus of this study and the pilot study was to market and provide parent educational services to target markets or, in the case of this study, selected catchment areas, in order to provide information concerning the development of future marketing strategies for services in parent education. The information in the research literature, particularly with marketing of parent education services, is limited. Kotler (1975) established some general marketing strategies for marketing services in the nonprofit organization. However, the research in the area of marketing parent educational services in mental health centers has not gained recognition or acceptance.

Previously, professionals in the field of parent education and

other mental health professionals, as indicated by the research literature, have examined content, methodology, and the influence of parent education on the parent and child. Consistently, low attendance and difficulty in attracting parents to attend was discussed in this literature. However, evidence was not found in the research literature where attendance was examined as part of the research questions. Further, there was no evidence found in the research literature where a marketing strategy had been utilized as a means to improve the marketing process of parent educational services in mental health centers.

A marketing approach appropriate for a nonprofit organization with a limited budget, ethical standards, and organizational policies to consider was implemented in this study in order to examine the relationship of attendance in parent educational services in mental health centers with other variables discussed in this study which are not examined in the research literature up to this time. Thirteen hypotheses were formulated.

Summary of Findings

The findings, in view of the limitations of the study, indicate that consideration of media selection, developmental tasks that concern the parents, the educational needs of parents, and demographic characteristics of parents may be beneficial information in developing a marketing strategy and program for parent educational services in a mental health center. When the needs, desires, and ideas of consumers of parent educational services in mental health centers are considered, hopefully, the marketing of the service can be effective and the service will be beneficial to parents. The variables assessed in the study the

consideration of which appear to be most beneficial when marketing and providing parent educational services in MHC's are media, developmental tasks that concern the parents, educational needs of the parents, and age of the parents.

Conclusions

Considering the design of the study, the limitations, the size of the sample, and the findings, the following conclusions are developed:

Hypothesis One: There was a difference in frequency of parent attendance for the four media.

Hypothesis Two: There was no difference in frequencies of parent attendance for the type of appeal.

Hypothesis Three: There was no difference in frequencies of parent attendance for the age of the parents' children. The age of the parents' children was not significantly related to the frequency of attendance of the parent.

Hypothesis Four: There was a difference in frequencies of parents' attendance for the developmental tasks that concern the parents.

Hypothesis Five: There was a difference in frequencies of parents' attendance for educational needs of the parents.

Hypothesis Six: There was a difference in frequencies of parents' attendance for the educational level of the parents.

Hypothesis Seven: There was a difference in frequencies of parent attendance for the age of the parents. There was a significant difference between the frequency of attendance and the age of both the father and the mother.

Hypothesis Eight: There was a difference in frequency of parent

attendance for the marital status of the parents.

Hypothesis Nine: There was no difference in frequency of parents' attendance for the length of stay at the present location. Thus, there was no difference between the length of stay at the present location and the frequency of the parents' attendance in the parent educational programs.

Hypothesis Ten: There was a difference in frequencies of parents' attendance for babysitting being offered.

Hypothesis Eleven: There was no relationship between the frequencies of selection of the most important media associated with parents' attendance and the developmental tasks that concern the parents.

Hypothesis Twelve: There was no relationship between the frequencies of selection of the most important media associated with parents attendance and the educational needs of the parents.

Hypothesis Thirteen: There was no relationship between frequencies of selection of developmental tasks that concern the parents and the educational needs of the parents.

Limitations

The limitations of this study were multiple in number. Possibly the most significant limitation was the small sample size in both the pilot study and the present study. Based on this limitation, caution should be considered when generalizing from the data analyzed in this study to other populations. Low attendance, as noted in Chapter I, is a limiting problem for most parent education programs of this type in mental health centers. This appears to be particularly true in rural areas and where the service has not been previously offered.

The counties which were selected as being demographically similar were somewhat diverse according to the segmenting variables. However, the Mental Health Demographic Profile System was not independent of arbitrary decisions in comparing catchment areas. Comparative norms were based on rank and percentile ranks of the values of the indicators. The values were categorized into six levels from extremely low to extremely high.

The research literature has not advanced past the lowest segmenting base for mental health services (Hill, 1976). The lowest segmenting base according to Enis (1974) is the state-of-being data which includes geographic and demographic information. Only a few generalizations have been made concerning the relationship of segmenting variables and the consumer's concepts of the service (Wind, 1978). Kotler (1976) contends that marketing segmentation remains a creative art.

The number of counties in which the study could have been conducted was limited due to the lack of geographic and demographic similarity and the small number of counties where developmental marketing was appropriate. The present study practically exhausted the number of counties in which to conduct the marketing process and provide the services in parent education.

Additionally, 1970 U.S. Census of Population and Housing, although a uniform and comprehensive resource for use in marketing segmentation, is dated and outmoded. The 1980 U.S. Census is predicted to be more useful and comprehensive in demographic studies. However, this study was completed prior to the tabulation of the 1980 U.S. Census.

The budget limitations, professional ethical standards, and organizational policies concerning marketing of parent educational services

reduced the options in developing a message. Kotler (1975) discussed pretesting a message based on available research. He advocated the combination of judgment and survey techniques in developing a message. The message development for both the pilot and the present study involved the judgemental method and modified survey technique. The staff of the Guidance Center was used to survey the consumer of parent education services indirectly.

Another limitation of the study was associated with the use of letters as a personal media where the other three media used were impersonal mass media. The letters were received by only a limited number of people in the counties (Appendix A). The impersonal mass media could potentially reach more of the target market.

The basic design of the questionnaire was made up of closed-ended questions. This design could restrict the responses of the participants. However, most questions contained an "other" category. The "other" category was only used by the parents on the question assessing the age of the parents' child in cases where the data from the question was analyzed in the study. Also, the questionnaire did not allow the participants to select a developmental task or educational need relevant to each child in the family. Thus, a comparison of the ages of the children and the developmental tasks and educational needs was restricted.

Recommendations

The study was conducted to examine the relationship of attendance in parent educational programs in MHC's with media, developmental tasks that concern the parents, educational needs of parents, demographic

characteristics and the type of appeal used to publicize the programs. Through the utilization of a marketing strategy appropriate for a non-profit organization, the researcher intended to provide information for services for parent education compatible with the needs, concerns, and characteristics of the consumer and for the marketing of those services. Although some findings in the study were significant several limitations were also noted. Based on the findings and limitations, three recommendations are made.

One, future research in marketing and providing educational services to a target market should continue to focus on methods which provide services compatible with needs of the consumer of parent educational services. Hopefully, as the marketing strategy and educational service are made compatible with the needs, concerns, and characteristics of the consumer of parent education, attendance can be improved.

Two, the assessment of needs, concerns, and characteristics of parents attending a parent education program in a mental health center requires the consideration of several factors. First, the time taken to administer a questionnaire should be limited. This researcher found that parents came to benefit from the program, and even though the use of the questionnaire was explained and took a few minutes to complete, they were often disgruntled concerning the time taken to complete the questionnaire. Second, this researcher found that many parents questioned the intent and practicality of the questionnaire. A thorough explanation of the purpose and use of the questionnaire might be helpful. The attitude of the parents toward completing the questionnaire could influence their responses on the questionnaire. Finally, parents who attend parent education programs are probably different than those

who do not attend. An experimental design which assesses the needs, concerns, and characteristics of non-participants could be beneficial.

Three, in an attempt to assess the relationships of several different variables, the design of this study was developed to be too comprehensive. Future research should not attempt to duplicate this study, but perhaps to examine the variables in a more singular approach.

Message development, for example, could be examined in a more singular approach. The components of message development require careful consideration. Research literature is lacking for nonprofit organizations which are attempting to develop a message, specifically concerning research in the area of message development for parent education services in mental health centers. Future research should attempt to focus on the standards and guidelines for developing a message for parent educational services.

Research to delineate the level of demand in particular target markets could be beneficial as marketing and providing parent educational services should focus on the demand level of the target market. Each level of market demand, from no demand to imbalance in the supply and demand such that the demand surpasses the supply, must be considered. The latter situation in parent educational services could mean that there are more parents requesting the services than the staff could effectively provide the services for. The sample size in this study may lead a marketer in parent education to believe there is no demand for the services. If this is true research should focus on creating demand. However, caution should be taken when stimulating a market for social services, as there are professionals who question the ethics of stimulating a market for services in a mental health center.

Market segmentation for catchment areas for mental health centers providing parent educational services could be examined in future research to more clearly define the variables for comparison in various target markets for catchment areas and provide some analysis for the appropriate marketing strategy for a particular catchment area. Market segmentation has an interface with the demand of the market, therefore marketing researchers in parent educational services in MHC's may want to consider both variables when attempting to analyze the segmenting variables involved in comparison of target markets or catchment areas, and appropriate marketing strategies.

Media selection, another step in the marketing of parent educational services in MHC's, as supported by this study, has a relationship to parent attendance in parent educational programs. Budget limitations in MHC's reduce the options available in media selection. Future research could explore a broader base of options for media selection than presented in this study.

Concluding Statement

Using a market strategy appropriate for a nonprofit organization for marketing and providing parent education services, this dissertation examined the relationship of several variables to parent attendance in mental health centers. The small sample which was recruited in both the pilot study and the present study limited the generalization from the data analyzed in this study to other populations. Considering that low attendance was a problem in this study and in other parent education programs in mental health centers, perhaps the approach currently utilized in marketing and providing parent education services in mental

health centers should be more closely investigated. Another approach that might be investigated further is sponsorship of parent education programs by established agencies or places of employment in a community. The actual demand for parent education services in a catchment area and the quantifying of an appropriate parent response to parent education services for funding and operational purposes might also be studied more closely.

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APPENDIXES

APPENDIX A

METHODS UTILIZED IN RECRUITING FAMILY MEMBERS

Recruiting Methods	Distribution of Invitations	Staff Making Distribution
Newspaper	Local newspapers were contacted to place a recruiting notice in the Public Notice Section	The Director of the Project made contact with Editor of each newspaper to gain permission to print notice on specific date (seven days prior to presentation)
Radio	Local radio stations were requested to air the recruiting notice as a part of their Public Notice Program. The Station Broadcaster aired the notice.	The Director of the Project made contact with Radio Station manager to gain permission to air the notice on a specific date (seven days prior to presentation)
Flyer	Flyers were placed in local physicians' offices, Hospitals, Health Departments, Welfare Offices, Guidance Centers, and grocery stores.	The Director of the Project made contact with each location to gain permission to place flyer in visible location for the public (seven days prior to presentation)
Letter	Directors of local Head Starts and Oklahoma State University Home Extension Programs were requested to mail letters to all the parents enrolled in these programs. The letters were placed in a stamped envelope. The staff at these locations addressed the letters and mailed them.	The Director of the Project made contact with each director to request they mail the letters to parents nine days prior to the presentation to allow two days for delivery.

APPENDIX B

NEWSPAPER RECRUITING

The _____ Guidance Center is sponsoring a Family Life Educational Program. The topic of the program will be the emotional, intellectual, and physical development of children from birth to four years of age. The speaker will be _____, Child Development Specialist. The program will be presented at the _____ Guidance Center located at (street) on (date) at (time). The program is free to family members. We look forward to having you join us.

APPENDIX C

RADIO RECRUITING DIALOGUE

The _____ Guidance Center is sponsoring a Family Life Educational Program. The topic of the program will be the emotional, intellectual, and physical development of children from birth to four years of age. The speaker will be _____, Child Development Specialist. The program will be presented at the _____ Guidance Center located at (street) on (date) at (time). The program is free to family members. We look forward to having you join us.

APPENDIX D

FLYER RECRUITING

FAMILY LIFE EDUCATION PROGRAM

"EMOTIONAL, INTELLECTUAL, AND PHYSICAL DEVELOPMENT
OF CHILDREN FROM BIRTH TO 4 YEARS"

Child Development Specialist

Speaker

Month 11, 1980

0:00 p.m.

Free of Charge

We look forward to having you join us!

APPENDIX E

LETTER RECRUITING

Date

Dear Parents:

The _____ Guidance Center is sponsoring a Family Life Educational Program. The topic of the program will be the emotional, intellectual, and physical development of children from birth to four years of age. The speaker will be _____, Child Development Specialist. The program will be presented in the (location) in (town), Oklahoma, on (date) at (time).

The program is free to family members. We look forward to having you join us.

Sincerely,

Walter R. Davis
Program Director

WRD:dah

APPENDIX F

NEWSPAPER RECRUITING

HOW DO CHILDREN LEARN TO GROW?

Parents, do you want to know how children learn early in their lives! How they grow physically! How they make friends! Parents, do you want to learn about what you can do to help your children grow physically, mentally, and socially! The _____ Guidance Center is presenting a program about the growth of children ages birth to four years of age.

The program will be held at the _____ Guidance Center, located at (street) on (date) at (time). (Name), a Child Development Specialist, will talk about how your child will grow.

The program is free. All parents or future parents are welcome to come. Free babysitting will be available. We look forward to having you join us!

APPENDIX G

RADIO RECRUITING DIALOGUE

Parents, do you want to know how children learn early in their lives! How they grow physically! How they make friends! Parents, do you want to learn about what you can do to help your children grow physically, mentally, and socially! The _____ Guidance Center is presenting a program about the growth of children ages birth to four years of age.

The program will be held at the _____ Guidance Center located at (street) on (date) at (time). _____ (Name) _____, a Child Development Specialist, will talk about how your child will grow.

The program is free. All parents or future parents are welcome to come. Free babysitting will be available. We look forward to having you join us!

APPENDIX H

FLYER RECRUITING

PARENTS! DO YOU WANT TO KNOW
HOW YOUR CHILDREN LEARN!
HOW YOUR CHILDREN GROW PHYSICALLY!
HOW YOUR CHILDREN MAKE FRIENDS!

PARENT EDUCATION PROGRAM

"CHILDREN FROM BIRTH TO 4 YEARS"

Child Development Specialist

Speaker

April 24, 1980

7:30 p.m.

Free of Charge

Free Babysitting

We look forward to having you join us!

APPENDIX I

LETTER RECRUITING

Date

Dear _____ :

Do you want to know how children learn early in their lives! How they grow physically! How they make friends! Do you want to learn about what you can do to help your children grow physically, mentally, and socially! The _____ Guidance Center is presenting a program about the growth of children ages birth to four years of age.

The program will be held at the _____ Guidance Center, located at (street) on (date) at (time). _____ (Name), a Child Development Specialist, will talk about how your child will grow.

The program is free. All parents and future parents are welcome to come. Free babysitting will be available. We look forward to having you join us!

Sincerely,

Walter R. Davis
Program Director

WRD:dah

APPENDIX J

PARENT QUESTIONNAIRE

How were you informed about this family life educational program?

- | | |
|--|---|
| <input type="checkbox"/> a. telephone | <input type="checkbox"/> g. flyer-location (please specify) |
| <input type="checkbox"/> b. letter | <input type="checkbox"/> store |
| <input type="checkbox"/> c. personal contact | <input type="checkbox"/> doctor's office |
| <input type="checkbox"/> d. radio | <input type="checkbox"/> bank |
| <input type="checkbox"/> e. newspaper | <input type="checkbox"/> hospital |
| <input type="checkbox"/> f. word of mouth | <input type="checkbox"/> other (please specify) _____ |
| | <input type="checkbox"/> h. other (please specify) _____ |

Please check the age of your child or children:

- a. birth to 1 year
 b. 1-2 years
 c. 3-4 years
 d. other (please specify) _____

Which of the following concerns you most in the growth of your child?

- a. child's relationship with parents
 b. intelligence
 c. motor skills such as running, jumping, drawing, throwing, writing, etc.
 d. sharing with family members and friends
 e. children's control of how they act
 f. language
 g. curiosity - their desire to learn
 h. independence - desire to do things on their own
 i. other (please specify) _____

Which of the following do you most want to learn about while attending this program?

- a. your child's development of language skills
 b. your child's development of social skills
 c. your child's development of intellectual skills
 d. your child's development of motor skills
 e. your relationship with your child
 f. discipline
 g. other (please specify) _____

How much education have you had?

- a. 1-12 years
 b. 12-16 years
 c. graduate degree
 d. technical degree
 e. other (please specify) _____

What is your age?

- Mother
 Father

How long have you lived at your present location? _____

APPENDIX K

PARENT QUESTIONNAIRE

1. Person completing this form:
 (1) mother
 (2) father
 (3) expecting parent
 (4) other (Specify _____)
2. If you do not have children in 0-4 age group, then are you
 (1) a preschool day care employee
 (2) a baby sitter
 (3) grandmother or grandfather
 (4) other (Specify _____)
- If you are not a mother or father of children in the 0-4 years age group, answer questions 6, 7, & 8 as the person you checked in answer 2.
3. How were you informed about this program?
 (1) letter
 (2) personal contact
 (3) radio
 (4) newspaper
 (5) flyer
 (6) other (Specify _____)
4. Which of the above was the most important in helping you decide to come?

5. If you heard about this from someone else, did they come?
 (1) yes
 (2) no
6. How old are your children? Specify number of children for each age group.
 (1) Less than 1 year
 (2) 1 year
 (3) 2 years
 (4) 3 years
 (5) 4 years
 (6) other (Specify number of children and their ages _____)
7. Which of the following concerns you in the growth of your child? If you choose more than one, number in the order of importance.
 (1) relationship with parents
 (2) intelligence
 (3) motor skills such as jumping, drawing, etc.
 (4) control of own actions
 (5) sharing with others
 (6) language
 (7) curiosity—desire to learn
 (8) independence
 (9) other (Specify _____)
8. Which of the following do you want to learn about in the parent education program? If you choose more than one, number in the order of importance.
 (1) development of language skills
 (2) development of social skills
 (3) development of intellectual skills
 (4) development of motor skills such as jumping, drawing, etc.
 (5) emotional growth
 (6) how to relate to your child
 (7) discipline
 (8) other (Specify _____)
9. Are you a single parent?
 (1) yes
 (2) no
10. How much schooling did you complete?
 (1) elementary school or less
 (2) some high school
 (3) high school graduate
 (4) some college, junior college, vocational or business school
 (5) college graduate—4 years or more
 (6) graduate degree
11. Father's age:
 (1) 19 and under
 (2) 20 to 24
 (3) 25 to 29
 (4) 30 to 34
 (5) 35 to 39
 (6) 40 or more
12. Mother's age:
 (1) 19 and under
 (2) 20 to 24
 (3) 25 to 29
 (4) 30 to 34
 (5) 35 to 39
 (6) 40 or more
13. How long have you lived at your present location? _____
14. Would you have come if babysitting had not been provided?
 (1) yes
 (2) no

APPENDIX L

THE FAMILY LIFE EDUCATION PROGRAM

I. Development

- A. Think of the child as a whole.
- B. Emotional, intellectual, social, and physical spheres of development are very interrelated.
 - 1. A child's emotional development affects his intellectual development.
 - 2. Physical development affects emotional development.
 - 3. Social development affects emotional and intellectual development.
 - 4. No sphere of development exists in a vacuum.

II. Three major influences in child's development.

- A. Organic factors.
- B. Environment.
 - 1. A child has experiences interacting with the world around him.
 - 2. A child acts on his environment while his environment acts on him.
- C. Emotional.

III. Role of parents in facilitating a child's total development.

- A. To establish the child's security.
 - 1. Many times feelings of security are taken for granted.
 - 2. Think of the child's position.
 - a. The world consists of extremely tall adults.
 - b. Adults exercise a great deal of control.
 - c. Sometimes the control is placed very arbitrarily over him.
 - 3. Provide consistency and structure or limits.
 - a. This may require a great deal of thought on the part of the parent.
 - 4. Help the child feel secure.
 - a. Hold him when feeding him.

- b. Attend to him when he is uncomfortable.
 - c. Let him know where he stands as he becomes a toddler and preschooler.
5. Emotional security helps the child develop an adequate self image.
- a. A child's self image affects his social, intellectual, emotional, and physical development.
- B. Provide the child with creative experiences and stimulating surroundings.
- 1. Stimulation is important in all areas of development.
 - a. Provide the child with interesting surroundings.
 - b. His natural curiosity will go a long way in helping him understand his world.
 - c. Children learn by doing and being actively involved in things around them.
 - 2. Consider the way a child learns.
 - a. Children learn differently than adults, not more or less than adults.
- *Note: Present example of Burton White, i.e., mixing bowls --what are they beginning to learn?
- C. Increase the child's responsibility.
- 1. Children need to assume progressively more responsibility as they grow older.
 - 2. It is often difficult to progressively increase responsibility.
 - a. Very few parents have any real preparation for being parents.
 - b. It is difficult to know just what a child is capable of doing at any given age.
 - c. It is difficult to know what to expect at any given age.
 - d. Both parents and children experience the difficulty.
 - e. It is often easier to do a task yourself than to have the child do it. (Give examples.)

- D. Help the child feel accepted by the family, then later by the community.
 - 1. A child needs to be given the opportunity to share in work and play of the family.
 - 2. Respect the child's feelings--all feelings are legitimate (positive, negative, and ambivalent).
 - 3. Guide the child's feelings within the limits of reality.

IV. Implications from what we know about infants and young children.

- A. A child should be actively involved in learning from his environment. Parents can assist by giving him freedom to explore.
- B. A child should be allowed to relate to the environment in his own way and be accepted.
 - 1. Infants suck, shake, look, taste, feel.
 - 2. Toddlers build on previous experiences, but also are able to combine some language. They are more social.
 - 3. Preschoolers use language, motor coordination.
- C. Intellectual and all other areas of development are gradual and dependent on previous stages and experiences, i.e., reading and math.
- D. The individuality of the child should be recognized and accepted.
- E. A child should be provided with experiences that are appropriate to his development, but also challenging.
 - 1. Exploration and examination should be encouraged.
 - 2. Example: Young children like small, manipulative, colorful objects; too much time in a play pen may not be beneficial.

APPENDIX M

INFORMATION AND INSTRUCTIONS PRESENTED
TO FAMILY MEMBERS PRIOR TO SIGNING
CONSENT FORM AND COMPLETING
QUESTIONNAIRE

The program which is being presented is a regular part of many Guidance Center educational services. However, this particular program is being presented in order to study those factors which are important in attracting family members to attend these kinds of programs. You are asked to sign the consent form and complete a one page questionnaire. Please choose only one answer of the third and fourth question. The questionnaire will examine those factors discussed above.

You may participate in the program without answering the questionnaire.

APPENDIX N

INFORMED CONSENT

Dear Family Member:

The program which is being presented is a regular part of many Guidance Center educational services. However, this particular program is being presented in order to study those factors which are important in attracting family members to attend these kinds of programs. The study will attempt to examine those recruiting methods which are most effective in attracting family member. Also, the study will examine the educational needs of a family in terms of child development and family living conditions which influence them most to attend.

You are being asked to complete a one page questionnaire on child development and family living. The questionnaire will examine those factors discussed above. An abstract on the study will be available to you upon request.

The questionnaire will not require a name or signature; therefore, no one will know how you answered the questionnaire. The information on the questionnaire will remain confidential.

We are pleased to have you attend this program and hope you find it interesting and helpful.

Please sign below if you consent to answering the questionnaire. You may participate in the program without answering the questionnaire.

Signature of Family Member

Date

APPENDIX O

INFORMATION AND INSTRUCTIONS PRESENTED
TO FAMILY MEMBERS PRIOR TO SIGNING
CONSENT FORM AND COMPLETING
QUESTIONNAIRE

The program which is being presented is a regular part of many Guidance Center educational services. However, this particular program is being presented in order to study those factors which are important in attracting family members to attend these kinds of programs. You are asked to sign the consent form and complete a questionnaire. The questionnaire will examine those factors discussed above.

You may participate in the program without answering the questionnaire.

APPENDIX P

INFORMED CONSENT

Dear Family Member:

The program which is being presented is a regular part of many Guidance Center educational services. However, this particular program is being presented in order to study those factors which are important in attracting family members to attend these kinds of programs. The study will attempt to examine those recruiting method which are most effective in attracting family members. Also, the study will examine the needs, concerns, and demographic characteristics of family members who attend.

You are asked to complete a one page questionnaire. The questionnaire will examine those factors discussed above. An abstract on the study will be available to your upon request.

The questionnaire will not require a name or signature; therefore, no one will know how you answered the questionnaire. The information on the questionnaire will remain confidential. Your consent form and your questionnaire will be collected separately so that your name cannot be matched with your questionnaire.

Please sign below if you consent to answering the questionnaire. You may participate in the program without answering the questionnaire.

Signature of Family Member

Date

VITA²

Walter Ralph Davis

Candidate for the Degree of

Doctor of Education

Thesis: AN INVESTIGATION OF PARENTAL ATTENDANCE IN PARENT
EDUCATION PROGRAMS IN MENTAL HEALTH CENTERS

Major Field: Educational Psychology

Biographical:

Personal Data: Born at Poteau, Oklahoma, March 31, 1946, the son
of Benjamin F. and Mary L. Davis.

Education: Graduated from Eufaula High School, Eufaula, Oklahoma,
in May, 1964; received Bachelor of Arts degree in Speech
Pathology with a minor in Psychology from the University
of Oklahoma in 1968; received Master of Arts degree in Speech
Pathology from the University of Oklahoma in 1973; enrolled in
doctoral program at the University of Missouri at Columbia,
1973; completed requirements for Doctor of Education degree at
Oklahoma State University in December, 1980.

Professional Experience: Speech Pathologist, Cerebral Palsy
Center, Norman, Oklahoma, May, 1968 to December, 1968;
Commissioned officer in the U.S. Army, December, 1969 to May,
1972; Speech Pathologist, Payne County Guidance Center,
December, 1973 to December, 1977; Coordinator, Payne and
Pawnee County Guidance Centers, January, 1978 to present.