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INITIAL INFLUENCE OF COUNSELOR CHARACTERISTICS

IN PARENT TRAINING

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Abstract

Forty-eight white mothers, with children between the ages of 5-12 in treatment at one of two southwestern state child guidance clinics, were randomly assigned to one of eight treatment conditions using analogue methods in a field study. A 2 X 2 X 2 completely randomized factorial design was used to determine the effects of counselor professional status (professional, paraprofessional), counselor marital status (married, not married), and counselor child status (children, no children) on initial perceptions of counselor expertness, attractiveness, and trustworthiness, parent expectations of child behavior, and parent willingness to participate in a 9-week Systematic Training for Effective Parenting (STEP) Program. Subjects read, as well as heard, a description of a male counselor along with listening to a 10-minute audiotape explaining the STEP program. The MANOVA yielded a significant interaction between counselor professional status and counselor child status on the expectations for child behavior measure ($p < .01$). No effects due to counselor marital status were found. Results support the use of training paraprofessionals with children in parent training.

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INITIAL INFLUENCE OF COUNSELOR CHARACTERISTICS

IN PARENT TRAINING

How do the characteristics of a parent training group leader initially impact parents? Parents generally find parent training to be a beneficial experience, but many parents may not attend that could utilize the skills development. This decision to attend may be due in part to the counselor's perceived level of influence. Counseling research into the social influence of counselors (Strong, 1968) has typically examined the individual counseling interview rather than other skills training modalities. In addition, college students have been utilized as subjects, rather than community based clients. This study examines the initial influence of counselor demographic self-disclosure such as professional, marital, and child status on parent perception of the counselor, expectations for child behavior, and willingness to attend a parent training group. It extends the social influence model into parent training so that programmatic decisions can be made in parent training, in regards to leader selection and training, to increase parents' willingness to attend.

The importance of parenting and parent training is highlighted by two special issues of The Counseling Psychologist (Gilbert & Richardson, 1982; Levant, 1983b). The parent training literature poses a challenge to psychology to select and train counselors who can lead effective parenting programs. Parents are spending millions of dollars on parent training materials each year. Yet, the effectiveness of these materials is questionable. If clients are going to continue

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to spend money on these programs, then research will need to support the claims made by the service providers (Fishman & Neigher, 1982). In addition, training must be provided to the leaders of these programs if counseling psychology is going to be committed to a prevention orientation (McNeill & Ingram, 1983). Finally, in order to respond to G.A. Miller's (1969) call for psychologists to give psychology away to the public, various parent training programs are going to have to be led by diverse counselors in diverse socioeconomic groups. Program, counselor, and client characteristics may all interact to influence the effective delivery of these parent training services. Each of these areas will be discussed briefly.

The parent training movement has progressed along theoretical lines from a group of parents meeting in Portland, Maine in 1815 (Croake & Glover, 1977) to the wide variety of parent training programs that are offered today. These parent training programs include:

1. Humanistic. Parent Effectiveness Training (PET) (Gordon, 1970)

2. Cognitive-Dynamic. Parent Involvement Program (PIP) (Brown, 1976; Glasser, 1965)

3. Behavioral. Responsive Parent Training Program (Clark-Hall et al., 1978); Behavioral Parent Training (BPT) (Forehand & McMahan, 1981)

4. Psychodynamic. Adlerian Parent Discussion Groups (APG) (Dreikurs & Soltz, 1967); Systematic Training for Effective Parenting (STEP) (Dinkmeyer & McKay, 1976).

General reviews of parent training are provided by Abidin (1980), Arnold (1978), Brimm (1965), Brown (1976), Croake and Glover (1977), Dangel and Polster (1983), Fine (1980), Henry (1981), and Levant (1983a). The better developed programs have extended the theoretical base to include techniques from other

approaches. Research supports attitude and cognitive changes among the parents, but very little behavioral changes among the children, except those rated by the parents. Research supports attitude and cognitive changes among the parents, but very little behavioral changes among the children, except those rated by the parents. Research problems have limited the validity and generalizability of the various parent training programs. Difficulties in leader selection and training, low minority enrollment, and poor attendance have been addressed (Wantz & Recor, in press).

During the emergence of the parent training movement from its early roots in the 19th century to the present, very little mention has been made of the group leaders. Croake and Glover (1977) pointed out that educator variance had not yet been considered in their review of the parent training literature. The early group leaders did not have to be experts, only helpful individuals who could utilize discussion materials (Soltz, 1967). The use of these informal interpersonal help givers, who are not authorities, has been explored by Cowen (1982). He concluded that only a small fraction of people's psychological problems reach the formal mental health establishment. So, if these informal interpersonal help givers can be trained group leders, then perhaps parents might be more willing to attend parenting groups. The use of paraprofessionals in the helping process is strongly endorsed (Brammer, 1973; Zax & Specter, 1974). In fact, Otto (1984) firmly believes that both a paraprofessional facilitator and a professional trained leader must be parents in order to provide group members with specific examples and models of how to implement new parenting strategies.

The popularity (Heesacker, Heppner, & Rogers, 1982) and the theoretical support of the social influence theory appear to offer some insight into the initial influence of the counselor in parent training. Social influence theory

(Strong, 1968) suggests that the counselor's perceived level of expertness, trustworthiness, and attraction are social psychological dimensions attributed by a client that influence attitude change. General reviews of the social influence model have been provided by Corrigan, Dell, Lewis, and Schmidt (1980), Dorn (1984), Goodyear and Robyak (1981), Heppner and Dixon, (1981), Johnson and Matross (1977), and Strong (1979). The internal validity of the social influence model has been a major strength of the counseling research. However, the generalizability to populations outside college settings has been limited since most of research has been conducted with college populations. The primary contribution of the social influence model is clarification of ". . . the theoretical processes studied (e.g., influence, cognitive dissonance, discrepancy) in the artificial experiment which reflect processes that operate in the real-world of counseling interactions" (Stone, 1984, p. 109).

The counseling research on the effects of professional status tend to equate high status with professionals and low status with paraprofessionals. A high status professional male counselor has generally been found to be perceived as more expert than a low status male counselor by female students at the end of the first session but not after 12 sessions (McCarthy, 1982). This was an analogue study in which subjects were told that the session was either the first or the 12th. However, a low status paraprofessional male counselor has been found to be perceived by females as more attractive and trustworthy than a professional male counselor (McCarthy, 1982). High status male counselors have been rated as being more expert and trustworthy than low status male counselors after the first session by an equal number of male and female university students (McKee & Smouse, 1983). So, high status may affect perceptions of expertness; whereas, low status may affect perceptions of attractiveness. The

trustworthiness dimension may be part of a more general credibility dimension which includes the expertness dimension (Barak & LaCrosse, 1975). The counselor ratings tend to separate into the three dimensions at the initial stage of counseling, but merge into a single dimension as counseling proceeds.

The influence of counselor characteristics such as marital status and child status have not been explored in parent training, but inferences can be made from previous research. Some clients prefer professional counselors to use demographic rather than personal self-disclosure; whereas they had no such preference for paraprofessional counselors (Simonson & Bahr, 1974). This may help the client to assess the degree of similarity with the professional counselor, since they may already attribute more similarity to the paraprofessional counselor. However, Strohmer and Biggs (1983) found that group membership is not necessary to influence client perceptions of expertness and attractivenesss. This suggests that a counselor's demographic self-disclosures should not influence a parent's perceptions, even though these demographic self-disclosures are preferred.

A counselor's gender, race, and appearance have also been found to influence client's perceptions. Male counselors have been rated higher than female counselors by 291 male and 246 female university freshmen introductory psychology students (Feldstein, 1982). Yet, counselor gender had no significant effect on 120 male and 120 female university students' expectations (Subich, 1983). The research on counselor race has conflicting results and design limitations (Atkinson, 1983), so no definitive conclusions can be drawn. The counselor's physical appearance has been found to influence client perceptions (Littrell & Littrell, 1982; McKee & Smouse, 1983; Vargas & Borkowski, 1982, 1983). These factors need to be taken into consideration when designing parent

training research. Since these counselor characteristics can be inferred by the mode of presentation (Paurohit, Dowd, & Cunningham, 1982), they may confound, or mask treatment effects.

Parent training is being provided to a rather limited population. Typically, the client population used in research is identified as white, middle-class, mothers of public school children, between the ages of 3 to 13, who may be experiencing behavioral difficulties. Even though research has been done with special populations such as handicapped children, foster children, infants and substance abusers, the generalizability of the results have been limited. As an example, Windell and Windell (1977) surveyed 476 juvenile courts in the United States and Canada regarding the use of parent training programs. A parent training program existed in 21% of the 190 juvenile courts who responded. None of these programs have published studies about their findings. Lack of attendance is a frequent problem for the juvenile court parenting programs. This is also a common problem in research, as well as practice. Parent training groups have reported approximately 40% drop-out rates (Andelin, 1975; Schultz & Nystul, 1980). In effect, the research in parent training may be reflective of a select group of parents who have been willing to participate in a particular program. This experimental mortality may influence both the internal and external validity of the parent training research (Campbell & Stanley, 1963). It also suggests that parent training may not be appropriate for many populations.

Mothers have been the primary participants in parent training programs even though there is no significant difference in outcome between fathers and mothers (Levant, 1983a). Some studies do not report whether the mother, father, or both participate in the program. Other studies, such as Forehand and McMahan (1981) limit participation to mothers only in order to protect internal

validity which limits the external validity of the program. One parenting program, STEP, has been used with a variety of groups. It was used with 14 Chicana mothers which resulted in significant changes in the mother's perception of their identified child (Villegas, 1977/1978). STEP has also been used with parents of handicapped children, with no significant changes in child behavior and parent attitudes (J.H. Miller, 1980). Moline (1979/1980) used STEP with abusive parents and found significant changes in child behavior and parent attitudes. STEP makes use of all three skill components (Interpersonal Skills, Family Management Skills, Knowledge) that Goodyear and Rubovits (1982) propose are necessary to emphasize at different levels for low-income parents. The use of any parenting program needs to take into consideration the psychological, social, cultural, and economic characteristics of the population which is being served. At this time STEP, as well as other parenting programs, are being offered to most populations in the same format.

The purpose of this current investigation is to determine the independent and combined effects of counselor demographic characteristics (professional status, marital status, child status) on parent perceptions of the counselor (expertness, trustworthiness, attractiveness), parent expectations of child behavior change, and parent willingness to attend a parent training program, STEP, while their child is receiving child guidance clinic services, such as psychological counseling, child development, or speech and language therapy. Specifically:

1. Does the counselor's professional status, marital status, and child status influence the parents' perception of the counselor's expertness, trustworthiness, and attractiveness?

2.   Does the counselor's professional status, marital status, and child status influence the parents' expectation of child behavior change?

3.   Does the counselor's professional status, marital status, and child status influence the parents' willingness to attend?

4.   Is there a relationship between parents' perception of the counselor, parents' expectation for child behavior change, and parents' willingness to attend parent training?

5.   What type of program details such as children's groups, cost, location, time and length are preferred by parents?

Based on previous research, and a pilot study with professional counselors responding as parents, it is expected that the professional married counselor will be rated as more expert than the paraprofessional single counselor. However, the married counselor with children should be perceived as more trustworthy and attractive than the single counselor with no children. Counselors with children should be seen as more attractive than counselors with no children. Mothers should expect more positive child behavior from the professional married counselor than the paraprofessional married counselor. The mothers' ratings of the counselor and expectations for child behavior change are not expected to be correlated. The mothers' expectations and willingness to attend are expected to be correlated. Mothers are expected to prefer a children's group, prefer the lowest cost, in a community clinic, during the evening hours, for the regular 9 weekly sessions. All results must be interpreted in terms of initial influence only, within the framework of a field experimental analogue study which uses a short audiotape of a white male counselor with white female respondents.

Method

<u>Subjects</u>

The subjects were 48 white mothers whose children ages 5-12, were registered clients at one of two southwestern state child guidance clinics. These state child guidance clinics provide psychological, social work, speech and language, and child development services to children, birth to 18, and their families. Of the approximately 800 clients seen each year by the two clinics, 90% are White, 7% are Black, and 3% are either Hispanic, American Indian, Asian, or Pacific Islander. Fees are charged based on a sliding scale. A large number of children are referred by the schools, welfare department, and physicians for emotional, learning, social, and speech and language difficulties.

The respondents were selected on the basis of referral by the child's counselor, who was either a Ph.D. or Masters level psychologist, speech pathologist, or child development specialist. The subject was either the natural mother, step-mother, foster mother, or grandmother. In any case, the subject was the legal guardian who could accurately describe the child's behavior, and who would possibly participate in a parent training program. Only one respondent and child was selected from each family. Twenty-four subjects were selected from each guidance clinic, as they were referred by the child guidance clinic staff. Six subjects were independently assigned to each treatment condition, three from each clinic. The subjects were simply administered the experimental treatments as they were referred, without staff knowledge of the condition except by an identifying number.

The demographic characteristics of the subjects were 63% married, 31% single, and 6% other (separated). The mean subject age and grade were 35.56 and 12.02 years, respectively. The mean child age was 8.50 years, with 67%

males identified as receiving guidance services. The modal child grade was 3rd, with a range from kindergarten to 7th grade. No information was gathered about how many of the subjects were natural mothers, step mothers, foster mothers, or grandmothers.

Independent Variables

Counselor description. A counselor description representing 1 of 8 possible treatment conditions was given to the subject. This description was repeated by a male counselor at the beginning of a 10-minute standardized audiotape introduction to the STEP program (Dinkmeyer & McKay, 1976). The STEP program is a 9-week Adlerian based multimedia parent training program which is widely used by the child guidance centers in the state, as well as utilized in previous research by the author. The counselor who narrated the STEP audiotape was a licensed Ph.D. counseling psychologist employed by the state child guidance centers, who did not have any previous contact with the subjects. His name was also changed to disguise his identity. This was done as a result of the pilot study subjects' criticism of the professional narrator used in the STEP audiotapes. The audiotape mode of counselor presentation was utilized to control for appearance and for nonverbal cues. Thus, counselor gender, race, and verbal characteristics were held constant across all treatment conditions. It was likely that racial characteristics could have been inferred from the counselor's voice.

Professional status. A professional is described as "Dr. William Smith, a psychologist with experience leading parent education groups". A paraprofessional is described as "Mr. William Smith, a trained community volunteer, with experience leading parent education groups". The rationale for including the training and experience factor in the professional status factor is

that in some studies, high and low status counselors are often confounded with academic degree and training or experience variables. In this study, the academic degree is varied, while the training variable is held constant in terms of experience.

Marital status. A married counselor is described as "married' and a divorced, widowed, or never married counselor is described as "not married". The rationale for this is to minimize the number of levels on this factor, yet still represent actual conditions that could exist.

Child status. Either the counselor is described as "has children" or "does not have children". This condition was left vague to allow for the large number of various possibilities such as age and sex of children, whether the children are step, adopted, custodial, or foster. The other option is that the counselor may not have ever had children.

An experimental check was designed which required the subject to mark one of two descriptions for each of the three independent variables.

Dependent Variables

Counselor Rating Form-Short Version (CRF-S) (Corrigan & Schmidt, 1983). This is a 12-item 7-point bipolar adjective rating scale which is anchored by the words "not very" and "very". It was constructed using 12 of the 36 adjectives from the original Counselor Rating Form (CRF) (Barak & LaCrosse, 1975). These items were selected on the basis of factor loadings in previous studies and on an eighth grade level of reading comprehension. A replication of Barak and LaCrosse's (1975) methodology resulted in higher interitem reliabilities (.82-.94). Validation of the factor structure of items in the CRF-S revealed that a 3-factor oblique model accounted for a substantial portion of the variance in both a student and a clinical population. The three factors are called expertness,

trustworthiness, and attraction (Corrigan & Schmidt, 1983). Each of the scales consists of 4 items, instead of the 12 items on the original CRF. The CRF has adequate construct validity (Barak & LaCrosse, 1975; LaCrosse & Barak, 1976; Heesacker & Heppner, 1983), predictive validity (LaCrosse, 1980), and internal reliabiity (LaCrosse & Barak, 1976). It appears to discriminate between and within counselors on each of the three factors much more effectively at the initial interview than at later interviews.

Adlerian Parental Assessment of Child Behavior Scale (APACBS). This is a 32-item Likert-type rating scale developed by McKay (1976) for testing STEP. Scores on the APACBS range from 1 (Always) to 7 (Never) with the higher score indicating positive child behavior. The APACBS contains both positive and negative statements of child behavior which are randomly arranged to control for response set. Thus, 17 items are reversed when scored. It is applicable to most parent education programs, especially those based on the philosophy of Adler and Dreikurs. Content validity of the scale was determined by three judges familiar with STEP and Adlerian based programs. Reliability was assessed in a pilot study by McKay (1976) with internal consistency of .91 and stability over time of .97. In the present study, the split-half reliability, using odd and even items, corrected by the Spearman-Brown formula was .93. It is important that parent perceptions of child behavior change since this is one of the primary reasons for referral of children to clinics for treatment of behavior problems (Forehand, Rogers, McMahon, Wells, & Griest, 1981). However, the APACBS has not been validated for use with minority populations and there are no norms available.

Program Questionnaire (PQ). This dependent measure is a 6-item questionnaire developed for use with this study to determine:

1. Willingness to attend: A rating from 1 (not very) to 7 (very).

2. Children's group preference: Yes or no.

3. Fee range: $0 - 19, $20 - 39, $40 - 59, $60 - 79, $80 - 99, Other.

4. Location: Community clinic, school, private practice, church, community center, other.

5. Time: Morning, afternoon, evening.

6. Length: 1-3 weeks, 4-6 weeks, 10-12 weeks, monthly, bimonthly, other.

The purpose of this questionnaire is to gather administrative data for program planning. The willingness to attend measure is consistent with a procedure used by Dowd and Boroto (1982) to measure this variable.

Control Variables

The variables of counselor gender, race, appearance and voice quality are held constant across conditions. In addition, nonverbal cues and experience level were held constant. The child age and level of disturbance is limited to ages 5 to 12, and mild to moderate levels of disturbance as determined by the clinician, respectively. These population characteristics are assumed to be randomly distributed across the eight conditions.

Design

A 2 X 2 X 2 completedly randomized factorial (CRF-222) (Kirk, 1982) design in which the treatments are completely crossed was utilized. Subjects were randomly assigned to treatment groups which received only one treatment combination of counselor professional status (psychologist/high vs. community volunteer/low) X counselor marital status (married vs. not married) X counselor child status (children vs. no children). This is considered an experimental field analogue study (Gelso, 1979) in which the independent and interactive effects of

counselor professional status, marital status, and child status, using controlled treatments, is investigated using actual clients in a natural setting.

Procedure

Parents who requested, or were receiving services for their child were provided with an Informed Consent form by a child guidance clinic staff member. If the parent did not agree to participate in the study, they were thanked for their consideration and they had an option of receiving further information about parent training groups. No parent refused to participate. All materials were kept at between a 5th to 8th grade reading level. Parents who agreed to participate as subjects were given a packet of forms by the receptionist, with a number from 1 to 48 on them. Each subject sat at a table next to the receptionist with a tape recorder and earphones, listening to 1 of 8 audiotapes, which differed only in the introduction.

First, the subject was given an Instruction Sheet describing the study and directions for completing the forms. Second, the subject completed an Information Sheet which provided demographic data. Third, the subject read the counselor description and listened to the 10-minute STEP audiotape. The subject was encouraged to refer to the counselor description as often as necessary. Fourth, the subject completed the 12-item CRF-S, the 32-item APACBS as they would expect their child's behavior to be like if they completed the 9-week STEP program, and the 6-item Program Questionnaire. Finally, the subject was told not to look back at the counselor description while they completed the 3-item check sheet to assess the experimental manipulation. The receptionist reviewed each packet to assure complete compliance with the procedures. No subject discontinued participation during the study. Each subject requesting parent education information or study results was sent the appropriate information.

Analysis

A Multivariate Analysis of Variance (MANOVA) was used to fit each of the five dependent variables to the treatment effects and interactions. This procedure is recommended to control for Type I error rate (Larrabee, 1982). Univariate analysis of variance (ANOVA) was performed on each significant MANOVA effect. Statistical power, for the fixed model ANOVA, to detect a one standard deviation difference with 6 subjects per cell, was computed to be 93%. Fisher's LSD multiple comparisons procedure was conducted on each significant ANOVA to identify differences between levels of each factor. Correlational analyses were performed on each of the dependent variables to determine the degree of relationship between them. In addition, frequency distributions for each of the five items on the Program Questionnaire were computed. A Chi-Square Analysis on the manipulation of counselor variables was done to determine the level of confidence in the results.

Results

The MANOVA resulted in a significant interaction between Professional Status and Child Status (see Table 1). Corresponding ANOVAs on the CRF-S

Insert Tables 1, 2, 3 about here

(see Table 2), APACBS, amd WTA revealed a significant Professional Status and Child Status interaction on the Parents' Expectation for Child Behavior Change variable (see Table 3). Post-hoc comparisons on the APACBS (see Table 4) indicate that subjects expected more positive child behavior from the paraprofessional with children than both the paraprofessional without children and the professional counselor with children. In addition, the professional

counselor without children was rated significantly higher than the paraprofessional without children on the expectancy measure.

Insert Table 4 about here

An ANOVA on the Willingness to Attend measure resulted in a significant Professional Status and Child Status interaction. However, this result is difficult to interpret since the overall ANOVA was not significant. Subjects were more willing to attend a parent training group led by the professional with children ($\underline{M}$ = 6.25) than the paraprofessional with children ($\underline{M}$ = 4.58), $\underline{p}$ < .05.

An examination of the Counselor Ratings in Table 5 reveals lower Attractiveness means than Trustworthiness and Expertness means. However, no significant differences were found due to counselor professional status, marital status, and child status.

Insert Table 5 about here

The professional married counselor ($\underline{M}$ = 22.50) was not rated as more expert than the paraprofessional single counselor ($\underline{M}$ = 22.60). The married counselor with children was not perceived as significantly more trustworthy ($\underline{M}$ = 22.33) and attractive ($\underline{M}$ = 18.17) than the single counselor with no children ($\underline{M}$ = 21.08 and $\underline{M}$ = 19.25, respectively). Also the counselors with children ($\underline{M}$ = 19.58) were not seen as more attractive than counselors without children ($\underline{M}$ = 20.21).

Insert Table 6 about here

The cell means for the Parents' Expectation for Child Behavior Change and Willingness to Attend measures are presented in Table 6. A visual examination of the means indicates that the expectations for professional counselors were relatively low; whereas, subjects were more willing to attend with the professional counselor than with the paraprofessional counselor.

This relationship is clarified by the negative correlation between the APACBS and Willingness to Participate in Table 7.

Insert Table 7 about here

The relationship between the APACBS and Willingness to Attend (WTA) is significant ($p < .05$) which further supports the need for a MANOVA across all dependent variables. Each of the counselor dimensions are significantly correlated with each other, but not with the Expectancy and WTA measures. The CRF-S Attractiveness dimension did approach significance in correlating with WTA.

The Program Questionnaire percentages are presented in Table 8. Nearly 70% of the subjects preferred a children's group, most were willing to pay the least amount possible for a 9-week parent training program that would be offered in the evening at either a community clinic or a community center.

Insert Table 8 about here

Finally, the results of the manipulation check are presented in Table 9. Of the 48 subjects, 75% were able to correctly recall the professional status of the counselor. The 25% that recalled the professional status incorrectly, attributed

high professional status to the volunteer paraprofessional. On the other hand, 94% of the marital status conditions were correctly identified with 6% single incorrectly identified as married. The child status was correctly identified 92% of the time, with 8% of the no children condition identified as having children.

Insert Table 9 about here

Discussion

The results of this study do not empirically support any expectancies for significant differences in perceived counselor expertness, trustworthiness, and attractiveness for any of the Professional, Marital, and Child conditions (Question 1). This is contrary to what was expected, especially in regards to expertness. This may be due to the fact that the pilot study was done with mental health professionals responding as if they were parents. Also, in previous social influence studies, expertness has usually been attributed to the professional counselor, who may have general counseling skills, rather than specific knowledge regarding child development and guidance techniques. However, actual clients in a child guidance center may not have been able to discriminate as well on the professional status characteristic due to either the authoritative voice in the analogue experimental manipulation or the lack of clarity in the variable definition. Most likely, professional status does not mean as much to mothers as it does to college students and other professionals. In essence, the counselor characteristics do not appear to influence the mothers' perception of the counselor significantly enough to warrant further investigation.

The counselor's professional and child characteristics play a major role in influencing the subjects' expectations (Question 2). The subjects expected a

greater amount of positive child behavior following participation in the STEP program with the paraprofessional with children than both the professional with children, or the paraprofessional without children. In effect, if expectancies are to be high, then it would be best to include a paraprofessional counselor with children. This is a factor that Strohmer and Biggs (1983) did not take into consideration when examining the effects of group similarity on clients.

In contrast to the previous finding, subjects were more willing to attend the STEP program led by a professional with children than by a paraprofessional with children (Question 3). This may be due, in part, to the attribution of high professional status to the community volunteer, or paraprofessional. However, it may also represent the subjects' desire to attend a group led by a professional who also has children. Otto (1984) is supported in the need for both a paraprofessional facilitator and a professional leader, who are parents, to lead parent training groups. With the paraprofessional counselor, who has children, comes high expectations; whereas, with the professional counselor who has children comes high willingness to attend. This combination may serve to heighten both effects.

The inverse correlation between Expectancies for Child Behavior and Willingness to Attend is surprising since the typical relationship between these two variables in the literature usually has been a positive correlation (Question 4). However, in this study, the counselor characteristics appear to have influenced the Expectations variable to be fairly low ($\underline{M}$ = 4.70), whereas, the Willingness to Participate was characteristically high ($\underline{M}$ = 5.44). The negative correlation may have been due to extreme scores, especially a cluster of high child ratings at a low level of willingness to participate. The most plausible explanation for this finding is that parents who are already satisfied with their

child's behavior may be less likely to attend a parent training program. Nevertheless, the mean Expectancy score on the APACBS is similar to the mean posttest score on the APACBS in previous STEP research (Wantz & Recor, in press). This reflects a fairly accurate expectation for child behavior. The counselor ratings were all significantly correlated with each other but not with the Expectations or Willingness To Attend measures. This does not support Vargas and Borkowski (1983) who found a positive relationship between the counselor attractiveness dimension and future expectancies. However, the correlation between Attractiveness and Willingness to Attend did approach significance (p <.06), which may reflect a similar finding.

The program questionnaire elicited administrative information that is helpful in program planning. As was expected, the subjects preferred to have a children's group provided. This is consistent with Wantz and Recor (in press), Clarkson (1980), Terkelson (1976), and Goodyear and Rubovits (1982). The implication for this finding is that there is an expressed desire for the development of children's groups to accompany the parent training groups. These children's groups could utilize leaders trained in the same strategies that are being taught to the parents. The children's groups may also assist in increasing attendance and compliance which are common problems in parent training (Croake, 1983).

Subjects were also willing to pay as little as possible for the 9-week parent training program. This supports the need for trained community volunteers as facilitators of the STEP program. Considering the use of a child guidance clinic population, it was not surprising to find subjects willing to attend at either a community clinic or community center. Perhaps more outreach into the community would make services more accessible to the general population. As

predicted, most subjects preferred evening sessions for a 9-week period. This reflects a need for counselors to be flexible in scheduling parent training groups.

In summary, counselor demographic characteristics do not appear to influence clients' perceptions of expertness, attractiveness, and trustworthiness. However, paraprofessional counselors with children are rated as more effective in changing children's behavior than paraprofessionals without children and professional counselors with children. Professional counselors without children were also rated higher than the paraprofessionals without children on the expectancy measure. Mothers of child guidance clients are more willing to attend a parent training group led by a professional counselor with children, than a paraprofessional counselor with children. Subjects preferred that a children's group were offered for an inexpensive 9-week STEP program that would be held in the evenings at a community clinic. The implications for practice include flexible scheduling; combining paraprofessionals and professionals, who have children, as leaders; and providing inexpensive outreach parent training programs in the community.

Future research could focus on systematic variation of program, counselor, and client characteristics. The STEP program appears to be a viable option for many parents, but the underlying cultural assumptions have not been examined carefully enough to warrant use with different ethnic groups. Gender and race characteristics of both counselor and client could be varied in order to replicate the findings of this study across conditions. The use of fathers, as subjects, may result in different findings. The limitations of this study to a small number of Anglo mothers of children, ages 5 to 12, in a child guidance clinic setting, restricts the degree to which the results can be generalized. However, the

initial influence of counselor characteristic does appear to significantly impact parents enough to warrant further research.

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Table 1

Multivariate Analysis of Variance on the Professional Status, Marital Status, and

Child Status Variables

Source	df	F	p
Professional (A)	5,36	1.40	.2493
Marital (B)	5,36	.71	.6163
Child (C)	5,36	1.75	.1475
A X B	5,36	.75	.5893
A X C	5,36	2.82	.0300
B X C	5,36	.82	.5468
A X B X C	5,36	.77	.5806

Note. Multivariate analyses used Wilk's criterion.

Table 2

Univariate Analyses of Variance on CRF-S: Professional Status (High, Low) X

Marital Status (Married, Single) X Child Status (Child, No Children)

Source	df	F Expertness	F Attrac- tiveness	F Trust- worthiness
Professional (A)	1	1.51	2.43	1.81
Marital (B)	1	1.20	.08	.29
Child (C)	1	2.65	.16	.22
A X B	1	.58	.31	.11
A X C	1	.00	.12	.07
B X C	1	2.04	2.26	2.19
A X B X C	1	.93	.08	.37
Error	40	1.28 (MS)	.78 (MS)	.72 (MS)

Note.   CRF-S = Counselor Rating Form-Short version (Corrigan & Schmidt, 1983).

Table 3

Univariate Analyses of Variance on Parent Expectations for Child Behavior
Change (APACBS) and Willingness to Attend (WTA)

| | | F | |
Source	df	APACBS	WTA
Professional (A)	1	.01	2.17
Marital (B)	1	.11	1.27
Child (C)	1	1.02	0.01
A X B	1	3.15	0.19
A X C	1	12.50***	3.97*
B X C	1	.60	1.27
A X B X C	1	3.70	0.01
Error	40	3.01 (MS)**	1.27 (MS)

Note. APACBS = Adlerian Parental Assessment of Child Behavior Scale (McKay,
1976).

* $p < .05$.   ** $p < .01$.   *** $p < .001$.

Table 4

Fisher's LSD t test Between Mean Differences on the APACBS Professional

Status (High, Low) X Child Status (Child, No Children) Ratings

Levels	HC	HN	LC	LN
HC				
($\underline{M}$ = 4.43)	-	.889	1.276**	.319
HN				
($\underline{M}$ = 4.96)	-	-	.386	1.209*
LC				
($\underline{M}$ = 5.19)	-	-	-	1.595**
LN				
($\underline{M}$ = 4.24)	-	-	-	-

Note. APACBS = Adlerian Parental Assessment of Child Behavior Scale (McKay,

1976). MS error = .5214, t(.025,40) = 2.021.

* $\underline{p}$ <.05   ** $\underline{p}$ < .01

Table 5

Cell Means and Standard Deviations of the CRF-S Dimensions by Professional Status, Marital Status, and Child Status

Marital Status	Trust-		Expertness		Attrac-	
Child Status	worthiness				tiveness	
	M	SD	M	SD	M	SD

Professional						
Married						
Children	21.17	5.23	22.00	4.69	16.00	4.94
No Children	23.50	5.68	23.00	5.73	20.00	7.67
Single						
Children	22.67	3.20	22.67	3.78	20.16	4.75
No Children	19.83	4.45	17.67	4.72	18.50	5.89

Paraprofessional						
Married						
Children	23.50	3.27	23.83	3.49	20.33	5.16
No Children	23.67	3.56	22.33	1.86	22.33	3.39
Single						
Children	24.33	3.72	24.00	2.77	21.83	6.05
No Children	22.33	4.55	21.33	6.02	20.00	4.90

Note. n = 6 in each cell. CRF-S = Counselor Rating Form-Short Version (Corrigan & Schmidt, 1983)

Table 6

Cell Means and Standard Deviations of the APACBS and Willingness to Attend
(WTA) by Professional Status, Marital Status, and Child Status

| Marital Status | APACBS | | WTA | |
Child Status	$\underline{M}$	$\underline{SD}$	$\underline{M}$	$\underline{SD}$
	Professional			
Married				
Children	4.33	.47	6.33	.82
No children	4.62	.98	6.00	1.27
Single				
Children	4.53	.61	6.17	1.33
No Children	5.30	.99	4.67	2.25
	Paraprofessional			
Married				
Children	5.06	.88	4.50	2.07
No Children	4.67	.48	6.00	1.27
Single				
Children	5.32	.26	4.67	1.97
No Children	3.81	.75	5.17	1.84

Note. n = 6 in each cell. APACBS = Adlerian Parental Assessment of Child
Behavior Scale (McKay, 1976).

Table 7

Correlation Matrix of CRF-S Attractiveness (A), Expertness (E), Trust (T), Parent's Expectation for Child Behavior Change (APACBS), and Parents' Willingness to Attend (WTA)

Variable	A	E	T	APACBS	WTA
A	-	.51**	.53**	.07	.27
E		-	.82**	-.16	.23
T			-	-.04	.12
APACBS				-	-.28*
WTA					-

Note. $\underline{N}$ = 48. APACBS = Adlerian Parental Assessment of Child Behavior Scale (McKay, 1976)

*p < .05   **p < .01

Table 8

Response Percentages for Program Questionnaire (N = 48)

Item	%	Item	%
2. Would you prefer that a children's group were provided?		5. What time during the day would you REALLY attend the sessions for 1½ to 2 hours?	
a. Yes	69	a. Morning	27
b. No	31	b. Afternoon	10
3. How much would you REALLY pay for the entire 9 week training?		c. Evening	63
		6. Would you prefer a different length group other than 9 weekly sessions?	
a. $0 - 19	35	(No)	77
b. $20 - 39	29	(Yes)	22
c. $40 - 59	23	If you marked yes, please indicate your most preferred length.	
d. $60 - 79	-		
e. $80 - 99	6	a. 1-3 weeks	8
f. Other	6	b. 4-6 weeks	8
4. Where would you REALLY attend the sessions?		c. 10-12 weeks	2
		d. Monthly	2
a. Community Clinic	42	e. Other	2
b. School	6		
c. Private Practice	2		
d. Community Center	35		
e. Church	6		
f. Other	8		

Table 9

Chi-Square Analysis on the Manipulation Check (N = 48)

Variable/Level	% Response	% Correct	Chi-Square
Professional Status		75.00	16.00*
Professional	75.00		
Paraprofessional	25.00		
Marital Status		93.75	34.29*
Married	58.33		
Not Married	41.67		
Child Status		91.67	33.57*
Children	54.17		
No Children	45.83		

* p < .0001

APPENDIX A

Prospectus

INITIAL INFLUENCE OF COUNSELOR CHARACTERISTICS ON PARENT

EXPECTATIONS FOR CHILD BEHAVIOR CHANGE IN PARENT TRAINING

What are the characteristics of an effective parent training group leader? Parents who attend parent training often find the experience beneficial for themselves. However, there is a large percentage of parents who drop out prematurely or who choose not to participate. The initial influence of the counselor may influence the parents' decision to attend. Social influence theory (Strong, 1968) suggests that the counselor's perceived level of expertness, trustworthiness, and attraction are social psychological dimensions attributed to a counselor by a client that influences attitude change. This theory emerged from the early speech communication and attitude change literature (Hovland, Janis, & Kelley, 1953; Goldstein, Heller, & Sechrest, 1966). Objective counselor characteristics such as professional status, gender, race, and appearance have been found to influence these attributions. The client's attributions are also influenced by counselor behaviors such as interpretation, self-disclosure, predicate matching, and paradoxical directives. It is possible that the characteristics of an effective parent training group leader can be attributed to the counselor by a client. The problem is identifying those characteristics in order to increase attendance.

Significance of the Study

This study is significant in that it extends the social influence theory into

parent training research. The importance of parenting and parent training in counseling psychology is highlighted by two special issues of The Counseling Psychologist (Gilbert & Richardson, 1982; Levant, 1983c). In addition, the social influence theory is considered to be an emerging classic in counseling psychology literature (Heesacker & Heppner, 1983). This study also explores the role of counselor demographic self-disclosure, such as professional, marital, and child status on parent expectations for child behavior change. Finally, this study collects data regarding administrative characteristics, suggested by previous research, that may influence a parent's willingness to participate in a parent training group. The pragmatic implications are that leaders can be more effectively chosen and the foundation can be established for extending the use of parent training into a clinical setting.

Problem Development

The University of Oklahoma, College of Education, has developed a simultaneous parent-child intervention (Wantz & Recor, in press), involving a combination of Systematic Training for Effective Parenting (STEP; Dinkmeyer & McKay, 1976) and Developing Understanding of Self and Others-1 (Revised) (DUSO-1(R); Dinkmeyer & Dinkmeyer, 1982). It was assumed that by providing child treatment groups, then attendance as well as treatment effects would be enhanced. Program length, treatment settings, and financial cost were varied to promote an ongoing research program into parent training. The results were promising in that a significant improvement in parents' perceptions of their children occurred over a 6 week summer program. As predicted, the mean score on the Adlerian Parental Assessment of Child Behavior Scale (APACBS) (McKay, 1976) increased from the pretest ($\underline{M}$ = 3.94) to the posttest ($\underline{M}$ = 4.32),

$t(8) = -2.53$, p $<.05$. Seventy-five percent of the 32 items showed improvement from pretest to posttest. Attendance was 81% for the six week group. However, no control group was used, so the improvement cannot be attributed entirely to the treatment procedure. The research problems that were discovered in four STEP/DUSO groups include a high drop out rate, poor attendance, difficulty with younger and older children, low minority attendance and inadequate leader training. In addition, the research difficulties of maintaining independent observations, recruiting enough parents to randomly assign to groups, and collection of pre-, post-, and follow-up test data. Many of these problems are typically reflected in the parent training literature.

The problems of leader selection, training, and supervision became focal as practicum students left the program and new students were recruited. Educator variance is a factor that has not been explored in prior parent training research (Croake & Glover, 1977; Levant, 1983b). Previous personality research by the author (Recor, 1983) suggested that attributional processes may play a role in clients' perceptions of the parent group leader. This in turn may affect clients' willingness to attend a parent training program.

Pilot Study

In a pilot study, to field test instruments and procedures, the effects of counselor demographic characteristics on parent expectations for child behavior change, willingness to attend, and administrative preferences were assessed. Professional staff members (N = 16) of two child guidance clinics were randomly assigned to 1 of 8 conditions in a 2 X 2 X 2 factorial design: Counselor Professional Status (Professional vs. Paraprofessional) X Counselor Marital Status (Married vs. Not Married) X Counselor Child Status (Children vs. No Children). The purpose of this research was described to the staff members and

participation was voluntary. No subject identification was made. No subject was aware of the counselor description that any other subject was given. The research was done in a group setting although observations were independent.

The subjects read a written description of a counselor meeting 1 of the 8 conditions which were the experimental treatment groups. Next, the subjects listened to a 10-minute professionally narrated audiotape of a STEP parent group leader describing the STEP program and inviting listeners to participate (Dinkmeyer & McKay, 1976). The narrator, who is a male, was held constant across all 8 experimental conditions. The dependent variables were the Adlerian Parental Assessment of Child Behavior Scale (APACBS; McKay, 1976), Counselor Rating Form (CRF; Barak & LaCrosse, 1975), and a 6-item Administrative Questionnaire. The subjects were asked to rate the taped counselor on the 36-item 7-point bipolar CRF adjectives and to mark items which they thought would be difficult for their clients' parents to understand. They were also asked to rate an identified client on the APACBS as they would expect that a client's parent would respond. The subjects were finally asked to complete the administrative questionnaire as a parent would. All subjects were informed as to the actual research problem and expected results following the data collection.

The results of the pilot study highlighted instrument and methodological difficulties which needed modification. Fourteen of the CRF items received two or more difficulty marks. The instructions were confusing and the rating form was too long. An alternative version of the CRF has been developed which resolves many of the difficulties. The Counselor Rating Form-Short Version (CRF-S; Corrigan & Schmitt, 1983) is a 12-item 7-point bipolar rating scale which eliminated 13 of the 14 difficult items. It also has simpler instructions and uses extreme ends of a single positive adjective. It is designed for use with

an eighth grade reading level. The CRF-S appears to be an excellent replacement for the original CRF, considering the responses in the pilot study.

Several other problems were noted by the subjects. The counselor descriptions were not strong enough to be remembered. It was recommended that both a written description and a verbal description given by the counselor on the tape be used to strengthen the treatment effect. There was some question about the morality and responsibility of an unmarried male counselor with children. However, the incidence of custodial fathers is increasing, so this does represent a realistic condition. Finally, the tape was considered to be too professional sounding to be an actual counselor. Some subjects indicated that the voice did not fit the description, especially of low status conditions. It was recommended that a real counselor be used, perhaps a male and female narrator in a counterbalanced design. This would increase generalizability, yet violate Heesacker and Heppner's (1983) recommendation that all clients assess the same counselor. Varying the counselor's gender would require a minimum of two different sex counselors. Changes in the administrative questionnaire wording was recommended. A few subjects had difficulty changing response sets of the APACBS, but this is why the APACBS is designed with an even number of positive and negative items.

Statistical analysis, using the University of Oklahoma IBM 3081 SAS packages (SAS Institute, Inc., 1982a, 1982b) resulted in non-significant MANOVAs for each of the independent variables and interactions. This was using all 5 dependent variables (Expertness, Trustworthiness, Attractiveness, CRF total score, APACBS) in an H matrix. However, since the hypotheses were on individual tests, 3-way fixed univariate ANOVA F-tests were performed for each of the dependent variables. A significant main effect ($F_{1, 15} = 9.36$)

p <.016 on the CRF Attractiveness dimension (Married $\bar{x}$ = 5.25 > Nonmarried $\bar{x}$ = 4.28) and an interaction effect on the APACBS (F_1, 15 = 10.40) p < .012 (Professional Married $\bar{x}$ = 5.61 > Professional Nonmarried $\bar{x}$ = 4.48) were found. The APACBS and CRF were found to be statistically independent measures (rho = 0.261, p < .329). The CRF Attractiveness dimension was not significantly correlated with the CRF dimension of Expertness (rho = -0.005, p < .985), but was correlated with Trustworthiness (rho = 0.502, p < 0.048). This supports the need for a MANOVA on the CRF dimensions. These findings provide support for further investigation into the effects of counselor demographic characteristics on parents.

Statement of the Problem

The purpose of this current investigation is to determine the effect of counselor characteristics (professional status, marital status, child status) on counselor ratings (expertness, trustworthiness, attractiveness), parents' expectations of child behavior change, and willingness to attend a parent training program while their child is in counseling.
Specifically:

1. Do the counselor's characteristics influence parents' perceived expertness, trustworthiness, and attractiveness ratings of the counselor?

2. Do the counselor's characteristics influence parents' expectations of child behavior change?

3. Do the counselor's characteristics influence parents' willingness to attend a parent training group?

4. Is there a significant relationship between parents' ratings of the counselor, parents' expectations of child behavior change, and willingness to attend a parent training group?

5. What type of program details such as children's groups, cost, location, time, and length are preferred by parents?

Method

Population

Forty-eight Anglo mothers of children (5-12), who are currently registered clients at one of two Oklahoma State Health Department Guidance Clinics will be referred for participation by the guidance clinic counselors. Only one mother and child from each family will be included in the study. Anglo mothers are used to reduce the error variance due to parental cultural and gender differences. One guidance clinic is located in a metropolitan Oklahoma City area and provides guidance services to a large urban population. The client demographic characteristics are 24% in the under 6 age range, 38% in the 7-12 age range, 14% in the 13-17 age range, and 25% 18 years and older. Racial characteristics are 87% White, 9% Black, 1% American Indian, 1% Hispanic, and 1% Asian or Pacific Islander. Only 1% are handicapped. The other guidance clinic is located approximately 40 miles east of Oklahoma City and provides guidance services to a large rural area. The client demographic characteristics are 51% in the under 6 age range, 19% in the 6-14 age range, 3% in the 15-17 age range, and 27% 18 years and older. Racial characteristics are 94% White, 2% Black, 4% American Indian, 1% Hispanic, and less than 1% Asian or Pacific Islander. Both guidance clinics provide psychological, social work, speech and language, and child development services to children, birth to 18, and their families. A large number

of children are referred by their family or friends, schools and private physicians, respectively, for emotional, learning, and social difficulties. The primary diagnostic categories are transient adjustment problem, hearing disorder, and learning disability. Socioeconomic status ranges are from low to middle class. Approximately 4% of the clients are welfare recipients. Twenty-four subjects will be selected from each guidance clinic. Six subjects will be assigned to each treatment condition, three from each clinic.

The child's counselor will inform the parent of the study and obtain consent for the parent's participation (see Appendix B). If the subjects agree to participate, an instruction sheet is given (see Appendix C). A research number from 1 to 48 will be assigned to keep the subject's identification confidential. The subject will provide demographic data such as age, sex, and grade of the identified child; as well as the parent's ethnic group, sex, marital status, age, and educational level (see Appendix D). The treatment of participants will be in accordance with the ethical standards of the American Psychological Association (APA).

Independent Variables

Counselor description. A counselor description (see Appendix E) representing 1 of 8 possible treatment condition combinations is given to the subject. This description is repeated by a male counselor at the beginning of a 10-minute standardized audiotape (see Appendix F) introduction to the Systematic Training for Effective Parenting Program (STEP; Dinkmeyer & McKay, 1976). The STEP program is a 9 week Adlerian based multimedia parent training program which is widely used by the Oklahoma State Department of Health Guidance Division. The counselor who narrates the STEP audiotape is a licensed Ph.D. counseling psychologist employed by the guidance division. The

counselor's name is changed to disguise the counselor's identity. This was done as a result of the pilot study subjects' criticism of the professional narrator used in the STEP audiotapes. The use of a male counselor is consistent with McCarthy's (1982) study, and follows Heesacker and Heppner's (1983) recommendation that all clients assess the same counselor. Nevertheless, counselor gender and race may be important variables that could be investigated in further studies. This study is focusing on only a few of many possible variables. Kirk (1982, p. 423) recommends a series of smaller exploratory experiments that build on each other rather than a relatively large experiment. The audiotape mode of counselor presentation is an acceptable procedure (Paurohit, Dowd, & Cottingham, 1982) for use in analogue studies that explore the social influence model of counseling (Stone, 1984). It controls for appearance and visual, nonverbal behaviors. There are eight possible treatment conditions: (a) Professional, married, has children; (b) Professional, married, has no children; (c) Professional, not married, has children; (d) Professional, not married, has no children; (e) Paraprofessional, married, has children; (f) Paraprofessional, married, has no children; (g) Paraprofessional, not married, has children; (h) Paraprofessional, not married, has no children.

Professional status. A professional is described as "Dr. William Smith, a psychologist with experience leading parent education groups". A paraprofessional is described as "Mr. William Smith, a trained community volunteer, with experience leading parent education groups". The rationale for including the training and experience factor in the professional status factor is that in some studies, high and low status counselors are often confounded with academic degree and training or experience variables. In this study, the academic degree is varied, while the training variable is held constant.

Marital status. A married counselor is described as "Married" and a divorced, widowed, or never married counselor is described as "not married". The rationale for this is to minimize the number of levels on this factor, yet still represent actual conditions that could exist.

Child status. Either the counselor is described as "has children" or "does not have children". This condition was left vague to allow for the large number of various possibilities such as age and sex of children, whether the children are step, adopted, custodial, or foster.

Dependent Variables

Counselor Rating Form-Short Version (CRF-S) (Corrigan & Schmitt, 1983) is a 12-item 7-point bipolar adjective rating scale which is anchored by the words "not very" and "very". It was constructed using 12 of the 36 adjectives from the original Counselor Rating Form (CRF) (Barak & LaCrosse, 1975). These items were selected on the basis of factor loadings in previous studies and on an eighth grade level of reading comprehension. A replication of Barak and LaCrosse's (1975) methodology resulted in higher interitem reliabilities (.82-.94). Furthermore, validation of the factor structure of items in the CRF-S revealed that a 3-factor oblique model accounted for a substantial portion of the data in both a student and a clinical population. The three factors are called expertness, trustworthiness, and attraction. Each scale consists of 4 items. The CRF has adequate construct validity (Barak & LaCrosse, 1975; LaCrosse & Barak, 1976; Heesacker & Heppner, 1983), predictive validity (LaCrosse, 1980), and internal reliability (LaCrosse & Barak, 1976). It appears to discriminate between and within counselors on each of the three factors much more effectively at the initial interview than at later interviews.

Adlerian Parental Assessment of Child Behavior Scale (APACBS) (McKay, 1976) is a 32-item Likert-type rating scale. Scores on the APACBS range from 1 (Always) to 7 (Never) with the higher score indicating positive child behavior. The APACBS contains both positive and negative statements of child behavior which are randomly arranged to control for response set. Thus, 17 items are reversed when scored. According to McKay (1976), the APACBS was originally designed for testing STEP. It is applicable to most parent education programs, especially those based on the philosophy of Adler and Driekurs. Content validity of the scale was determined by three judges familiar with STEP and Adlerian based programs. Reliability was assessed in a pilot study by McKay (1976). The internal consistency ranged from .90 to .91 and stability over time yielded a coefficient of .97. Since parent perceptions of child behavior are the primary reason for referral of children to clinics for treatment of behavior problems, then changes in this variable must occur for parents to view therapy as effective (Forehand, Rogers, McMahon, Wells, & Griest, 1981). The nature ot the APACBS items reflect Anglo core culture values which restricts its use to that population. The use of the APACBS with various ethnic groups has not been validated.

Program Questionnaire (PQ) (see Appendix G). This dependent measure is a 6-item questionnaire developed for use with this study to determine:

1. Willingness to participate: A rating from 1 (not very) to 7 (very).

2. Children's group preference: Yes or no.

3. Fee range: $0 - 19, $20 - 39, $40 - 59, $60 - 79, $80 - 99, Other.

4. Location: Community clinic, school, private practice, church, community center, other.

5. Time: Morning, afternoon, evening

6.   Length: 1-3 weeks, 4-6 weeks, 10-12 weeks, monthly, bimonthly,

other.

The purpose of this questionnaire is to gather administrative data for program planning. The willingness to participate measure is consistent with a procedure used by Dowd and Boroto (1982) to measure this variable.

Check Sheet (see Appendix H). This dependent measure is a 3-item questionnaire developed to assess the parent's recollection of the counselor's characteristics. Each independent variable level is represented so that the parent places a check next to one of two choices. In addition, an open question is posed which asks the parent to comment on any other things that might influence their decision to attend a parents' group.

Control Variables

The variables of counselor gender, race, appearance, and voice quality were held constant across conditions. The child age and level of disturbance is limited to ages 5 to 12, and mild to moderate levels of disturbance, respectively. These population characteristics are assumed to be randomly distributed across treatment groups. The parents' characteristics of ethnic status and gender are controlled through experimental design.

Design

A 2 X 2 X 2 completely randomized factorial (CRF-222; Kirk, 1982, p. 350) design in which the treatments are completely crossed is utilized. Subjects are randomly assigned to treatment groups which receive only one treatment combination of counselor professional status X counselor marital status X counselor child status. This is the simplest factorial experiment from the standpoint of data analysis and assignment of subjects (Kirk, 1982, p. 351). It also permits efficient use of resources and allows for the evaluation of

interaction effects (Kirk, 1982, p. 423). The disadvantages of this design are that the number of treatments must be kept fairly low if the number of subjects required is limited and the interaction effects are complex to interpret if they are present (Kirk, 1982, p. 423). This is considered an experimental field analogue study (Gelso, 1979) in which the independent and interactive effects of counselor professional status, marital status, and child status, using controlled treatments, is investigated using actual clients in a natural setting.

Procedure

Parents who have requested, or currently are receiving services for their child will be provided with an Informed Consent form (see Appendix A) by the guidance clinic counselor. This was written at a 5th grade estimated readability level taking into consideration syllables per word and number of sentences. If the parent does not agree to participate in the study, they will be thanked for their consideration, and will continue with regular clinic procedures. Nonparticipants also have the option of receiving further information about parent training groups. All completed consent forms will be placed in a locked cabinet at each of the respective guidance clinics in order to maintain confidentiality as well as to establish a list of parents who would like results of the study and further information about guidance clinic parent training groups.

Parents who agree to participate will be given a packet of forms by the receptionist. These forms will have a number from 1 to 48 on them. This will be the subject number. The receptionist will set each subject at a table with a tape recorder and earphones. A tape will be placed in the recorder that corresponds with the counselor description. These will be lettered a-h, for each of the eight treatment conditions. Subjects will be randomly assigned to groups as they are

selected with group (a) first, followed by group (b), and so on until 24 subjects are selected from each guidance clinic.

First, the subject is given an Instruction Sheet describing the study and directions for completing the forms. This was also written at a 5th grade estimated readability level. Second, the subject will complete the Information Sheet which provides demographic data. Third, the subject reads the counselor description and listens to the 10-minute audiotape. The subject is encouraged to refer to the counselor description as often as necessary. Finally, the subject completes the 12-item CRF-S, the 32-item APACBS, as they would expect their child's behavior to be like if they completed the 9-week STEP program, and the 6-item Program Questionnaire. An experimental check to determine the subject's recollection of the counselor's characteristics is used. A subject may discontinue participation at any point in the study, and the materials will be destroyed. A new packet of materials with the same subject number will be provided to the next subject. The receptionist will notify the guidance clinic director if any distress is being experienced either by the subjects, clients, or staff.

The completed materials will be returned to the receptionist who will check them over to assure accuracy and completion of all items. Subjects will be thanked for their cooperation and they will receive the results and further information about parent training groups if requested. These materials will be placed in a locked cabinet until they are picked up by the experimenter. Each guidance clinic, as well as the state office will receive complete results of the study.

Analysis

The University of Oklahoma IBM 3081 Statistical Analysis System (SAS Institute, Inc., 1982a, 1982b) will be used to analyze the data which will be stored in a password account with a backup tape. Consultation with University Computing Services (UCS) software consultants, prior to data collection and analysis, will be completed to insure efficient utilization of resources.

A Multivariate Analysis of Variance (MANOVA; SAS Institute, Inc., 1982b, chap. 9) will be used to fit each of the three CRF-S dimensions (Expertness, Trustworthiness, Attractiveness) to the treatment effects and interactions. Four test statistics (Wilks' lamda, Pillai's trace, Hotelling-Lawley trace, and Roy's maximum root) will be used to test for main effects and interaction effects. This procedure is recommended to control for Type I error rate (Larrabee, 1982). However, even if the MANOVA is not significant, it has been recommended to use multiple univariate F-tests if the predictions, or hypotheses are based on individual dependent measures (Merluzzi & Brischetto, 1983; Strahan, 1982). There is no consistent agreement in the literature, especially regarding the CRF, as to whether univariate analysis of variance (ANOVA) should be done only if the corresponding MANOVA is significant.

Based on the pilot study, and the purpose of this study, 3-way ANOVA's with Scheffe's test will be done for each dependent variable. Statistical power, for the fixed model ANOVA, to detect a one standard deviation difference with 6 subjects per cell, is computed to be 93, for the main effects. Scheffe's test controls the Type I experimentwise error rate but generally has a higher Type II error rate for all pairwise comparisons.

Correlational analysis will be performed on each of the dependent variables to determine the degree of relationship between the parents' expectations and

perceptions of the counselor and willingness to attend (SAS Institute, Inc., 1982a, chap. 18). In addition, frequency distributions for each of the five items on the Program Questionnaire will be examined and reported (SAS Institute, Inc., 1982a, chap. 19).

Based on the previous research, it is expected that the professional married counselor will be rated as more expert than the paraprofessional nonmarried counselor. However, the married counselor with children should be perceived as more trustworthy and attractive than the unmarried counselor with no children. Counselors with children should be seen as more attractive than counselors with no children. Parents should expect greater changes in child behavior from the professional married counselor than the paraprofessional nonmarried counselor. The APACBS and the CRF-S are not expected to be correlated. All 3 counselor dimensions are expected to correlate significantly with the CRF-S, yet attractiveness is not expected to correlate with either trustworthiness or expertness. This study is limited to initial influence only, within the framework of an analogue study in a field setting which uses a short audiotape of a male counselor. It is also limited in generalizability to Caucasian mothers of children who are guidance center clients. Future research will be discussed in terms of the program characteristics, counselor characteristics, and client characteristics.

The following section reviews the literature regarding the influence of parent training group leader characteristics. This review will include parent training programs, counselor characteristics, and client characteristics that influence parents' willingness to attend, counselor ratings, and expectations for child behavior change.

REVIEW OF RELATED LITERATURE

Influencing parents to participate in parent training is an important issue in counseling children. This is because parent training is an indirect and cost-effective approach to influence the family system. It is also a mode of treatment that can possibly reach a diverse population if the appropriate program content, and service delivery can match the needs and values of various socioeconomic and cultural groups. Parent training uses a skills training approach which utilizes various treatment components to encourage parents to learn skills in behavioral management. This can enhance the effect of individual or group children counseling. The initial influence of the counselor's demographic characteristics may affect a parent's perception of the counselor's credibility, expectations for child behavior change, and willingness to attend. A research model is offered which evaluates parent training program characteristics, counselor characteristics, and client characteristics. Even though this study will focus on a limited number of these characteristics, it is important that a literature review highlight the more salient features. In this review, the following questions have been employed as guidelines for inclusion of literature relating to parent training leader characteristics:

1. What type of parent training programs are being offered to consumers? What research supports the programs? What are common research problems?

2.   What influences do counselor characteristics have on clients? What conclusions can be drawn from analogue studies on counselor influence? Can these conclusions be generalized to group parent training?

3.   What type of clients are best suited for parent training? Do particular clients prefer specific counselor characteristics? How does this influence parent training leaders?

The topical sequence followed in this section on the literature relating to parent training leader characteristics is as follows:

I.   Parent Training Programs

    A.   Historical development

    B.   Classification systems

        1. Theoretical

        2. Skills

        3. Focus

    C.   Psychodynamic programs

        1. Family-in-Focus

        2. Adlerian Parent Study Groups

        3. Systematic Training for Effective Parenting (STEP)

    D.   Behavioral programs

        1. Group Behavioral Parent Training

        2. Behavioral Parent Training

        3. Behavior Modification

    E.   Humanistic programs

        1. Parent Effectiveness Training (PET)

        2. Client-centered programs

3. Human resources development (HRD)

4. Microcounseling

5. Personal Development Program (PDP)

F. Cognitive-Dynamic programs

1. Theory based programs

2. Combination programs

II. Counselor Characteristics

A. Social Influence Theory

B. Counselor Rating Form (CRF)

1. Validity

2. Reliability

3. Modifications

C. Cue Classifications

D. Objective Counselor Characteristics

1. Professional Status

2. Counselor Gender

3. Counselor Race

4. Counselor Appearance

E. Counselor Behaviors

1. Training

2. Skills

III. Client Characteristics

A. Clinical

1. Parent

2. Child

B. Personal

1. Socioeconomic status (SES)

2. Gender

3. Race

4. Marital Status

5. Child Status

IV. Summary and Critique of Literature

Parent Training Programs

The purpose of this section is to review the various types of organized parent training programs that are currently being offered to consumers. Specific attention will be given to existing research that supports or fails to support any claims of program effectiveness. Research problems will be highlighted to identify possible areas of concern about the validity and generalization of research results. First, a broad overview of the parent training movement will be presented in order to place the research problem of leader influence in a historical perspective. Second, several models of program classification will be explored to identify the most parsimonious method of describing the parent training programs. Finally, each program will be reviewed in regards to applicability within a counseling clinic. These parent training programs include: Parent Effectiveness Training (PET; Gordon, 1970), Parent Involvement Program (PIP; Glasser, 1965, 1982; McGuiness & Glasser, 1978), Responsive Parent Training Program (Clark-Hall, et al., 1978a), Adlerian Parent Discussion Groups (APG; Dreikurs & Soltz, 1964; Soltz, 1967), Systematic Training for Effective Parenting (STEP; Dinkmeyer & McKay, 1976), and Behavioral Parent Training (BPT; Forehand & McMahan, 1981), among others.

Historical Development

The parent training movement has progressed from a group of parents meeting in Portland, Maine in 1815 (Croake & Glover, 1977) to the wide variety of parent training programs that are offered today (Brown, 1976). Many of these are mentioned above. General reviews of parent training are provided by Abidin (1980), Arnold (1978a), Brimm (1965), Brown (1976), Croake and Glover (1977), Dangel and Polster (1983), Fine (1980), Henry (1981), and Levant (1983b). The terms parent training, parent counseling, and parent guidance are all used interchangeably in this review with parent education which is defined by Croake and Glover (1977) as ". . . the purposive learning activity of parents who are attempting to change their method of interaction with their children for the purpose of encouraging positive behavior in their children" (p. 151). This is consistent with the shared meaning of these terms which is ". . . to cause to acquire knowledge or skill" (Websters, 1975, p. 1195). Thus the terminology may have varied from the first recorded parent group 169 years ago, even though the general focus has been similar. Despite the previous assumptions that the group approach has come to be associated with parent education, whereas the individual approach is associated with counseling (Croake & Glover, 1977), the emphasis in this review is placed on skill development rather than group versus individual approaches.

The initial parent training groups were actually parent discussion groups (Croake, 1983). The emphasis was placed on parental motives, thoughts, and feelings rather than overt behavior (Brimm, 1965). In the 1820's, maternal associations were organized to discuss child rearing problems. The groups focused on the religious and moral improvement of their children. Several parents' magazines were published from 1832-1850. In 1888, the Society for the

Study of Child Nature was established. This was to become the Child Study Association of America (Croake & Glover, 1977).

The twentieth century brought Federal involvement with parent training. The First White House Conference on Child Welfare was held in 1909, followd by the creation of the Children's Bureau. In 1917, homemaking as a basic vocation for women was defined. Immediately, the United States Public Health Services began support for parent education programs that were health related. In 1930, the White House Conference on Child Health and Protection defined the types, content, and methods of parent education. This stimulated early research which is reviewed in Croake and Glover (1977). However, the early research was primarily descriptive in nature and did not utilize experimental design. The emphasis during these years was on educating parents to raise healthy children. Then World War II interrupted the Federal Government's involvement in parent education.

The period from 1940 to the present has seen a number of changes in parent training since the societal values of the past could no longer be accepted (Bernard, 1982). By 1979, 59% of all mothers were in the work force. Career seeking women were lowering the marriage rate. In addition, the role of the father began changing and men's gender identity was challenged, especially during the 1960's and mid-1970's. The focus in parent training began to change from a unidirectional emphasis on the influence of the parent on the child to a bidirectional emphasis which acknowledged the reciprocal developmental influence of parent-child interaction (Anderson, 1982). The evolution to an interaction approach may also be due to the utilization of systems theory to family systems (Buckley, 1967; Scovern et al., 1980). The early parent discussion groups became discussion/didactic groups since specific content was being taught

(Croake, 1983). Health service providers began to become interested in the parent training movement, due in part to Miller's (1969) call for psychologists to "give psychology away" to the public. The popularity of bibliotherapy, or parent manuals written by psychologists for parents became evident in Clarke-Stewart's (1978) review of popular parent books. The resurgence of psychology's investment in parent training is also reflected in two recent issues of The Counseling Psychologist devoted exclusively to parenting (Gilbert & Richardson, 1982) and family counseling (Levant, 1983c).

During the emergence of the parent training movement from its early roots in the 19th century to the present, very little mention has been made of group leaders. The early group leaders did not have to be experts, only helpful individuals who could utilize discussion materials (Soltz, 1967). The use of these individuals, who are not authorities, has been explored by Cowen (1982) as informal interpersonal help givers. He concluded that only a small fraction of people's psychological problems reach the formal mental health establishment. Hence, parent group leaders, who are trained mental health professionals, may not be reaching the majority of parents who are experiencing difficulty. Perhaps the informal interpersonal help givers can be integrated within the formal mental health establishment, or vice versa, to provide parent training in a more effective manner.

If parents are going to continue to spend money on parent training materials then research will need to support the claims made by the program authors (Fishman & Neigher, 1982). In addition, training must be provided to the leaders of these programs, especially if counseling psychology is going to be committed to a prevention orientation (McNeill & Ingram, 1983). The initial influence of these group leaders may impact parents' willingness to seek parent

training. This area needs further exploration since many mental health professionals are reluctant to involve themselves in the area of marriage and family enrichment. This may be due to the professional esteem placed on psychotherapy over enrichment (Levant, 1983b). The future development of the parent training movement appears to be a further refinement of program content as well as service delivery.

The development of parent training programs has emerged from various theoretical and applied areas. The next section will explore different models for classifying these programs.

Classification Systems

There have been three primary strategies offered to classify parent training programs: Theoretical, skill, and focus. The approach that appears to be the most parsimonious will be identified for use in describing the parent training programs.

Theoretical. This approach has been utilized in the description of psychotherapies by Belkin (1980) and in classifying psychological-educational and skills-training programs for treatment, prevention, and development of family process (Levant, 1983b). The value of this approach is that there has been several major theories advanced which account for behavior change in clearly identifiable ways. For example, Adlerian parent discussion groups are classified as psychodynamic since the origin and rationale of the program is grounded in neo-Freudian dynamic psychotherapy. Belkin (1980) classifies psychotherapies as psychodynamic, behavioral, humanistic, and cognitive-dynamic. Levant (1983b) classifies skill training programs as client-centered, behavioral, psychodynamic, and communication systems. The first two categories emerged from the field of family therapy; whereas, the other two categories that Levant describes

originated in other fields. The psychodynamic category includes Adlerian, Kohlbergian, systemic, transactional analysis, rational-emotive therapy, reality therapy, eclectic, and a-theoretical programs that have come from parent education, family life education, and childbirth education (Levant, 1983b, p. 7). The communication systems category includes gestalt, transactional analysis, Rankian, eclectic, and a-theoretical programs that have originated in the fields of marriage enrichment, premarital counseling, and divorce counseling (Levant, 1983b).

The approach utilized by Belkin (1980) can be applied to Levant's (1983b) psychodynamic theoretical orientation which he believes originated in the parent education field. This would expand the parent education area to incorporate exclusively theoretical approaches which are currently being duplicated in Levant's (1983b) scheme. Each skill program shares components which belong in other theoretical areas, yet the emphasis in many parent training programs appears to be placed within a primary theoretical area. This is a salient feature of the parent training programs that offers a fairly rational approach to classification.

Skills. This classification was used by Goodyear and Rubovits (1982) as a model for low-income parents. It focuses upon the skills that are emphasized in each parent training program. There are three components in this model which are labeled Interpersonal Skills (IP), Family Management Skills (FM), and Knowledge. The Interpersonal Skills component emphasizes communication processes to change attitudes, values, and self-concepts. Parent Effectiveness Training (PET; Gordon, 1970) is a representative program which utilizes communication skill to enhance the quality of interpersonal skill within the family. The Family Management Skills component focuses on teaching parents

behavioral strategies to shape their child's behavior. This is based on behavioral principles even though various programs may use differing terms to arrive at the same goal which is child management. Behavioral Parent Training (BPT; Forehand & McMahon, 1981) is a parent training program which utilizes family management skills. Finally, the Knowledge component concentrates on information or content rather than on actual skill acquisition. Nearly all the parent training programs utilize this component to present a conceptual framework, such as the concept of encouragement in Systematic Training for Effective Parenting (STEP; Dinkmeyer & McKay, 1976). A program such as STEP makes use of all three components (Goodyear & Rubovits, 1982).

The skills approach has an advantage over the theoretical approach in that the components represent the content of parent training programs. Thus, the contents can be combined in numerous ways to meet the needs of the parent populations. For example, Goodyear and Rubovits (1982) point out ". . . that most low-income parents will be more receptive initially to acquiring FM skills than to acquiring the IP skills" (p. 410). In addition, the Knowledge component will be kept simple for those having less education. However, Levant (1983b), does not recommend this approach since he sees the ". . . value in maintaining the theoretical integrity and conceptual consistency of intervention programs" (p. 20). Levant (1983b) observed that the better developed programs extend their own theoretical orientation in order to incorporate aspects of other models. In addition, the skills approach does not allow for the classification of programs into exclusive categories. The primary value of this approach appears to be more in clarifying program components rather than in classifying programs.

Focus. The focus of parent training as a treatment modality versus enhancement or developmental modality has been offered by Levant (1983b) as a

means for classification within theoretical orientations. This is similar to a model that views the parameters of the group process as radiating from and contributing to a learning core on a spectrum that utilizes teaching technology, extensional processes and remedial approaches (Bates & Johnson, 1972). Programs are classified as appropriate in public institutions, working with students or appropriate in private practice, nonpublic settings, working with nonstudents. Whatever the focus, learning is the central key or core.

Levant (1983b, p. 7) categorizes family skills programs as "Training for Treatment", "Training as Treatment", and "Training for Enhancement". The Training for Enhancement category appears to be the most relevant area for parent training. This category is defined as using ". . . psychological educational methods to enhance the quality of family life as a means of either preventing the emergence of problems or of stimulating the development of family members" (Levant, 1983b, p. 6). The programs with the Training for Enhancement focus, that are specifically directed at helping parents improve their parental functioning " . . . are those which are most commonly thought of as parent education, or parent education proper" (Levant, 1983b, p. 13).

The focus, or objective of parent training programs as being directed at specific levels of functioning appears, at first glance, to be logical. However, this approach lacks the ability to discriminate between parent training programs since most are clustered within the Training for Enhancement category, under the field of parent education. This classification is helpful to visualize the relationship of parent training programs to other family skills training programs, but its value is limited. The theoretical approach to classification appears to be the most parsimonious strategy to categorize parent training programs. This also will maintain what Levant (1983b, p. 20) refers to as "the theoretical

integrity and conceptual consistency of intervention programs". The review of parent training programs will include elements of the skills and focus approaches to classification.

Psychodynamic Programs

The earliest theoretically based parent training programs were psychodynamic in nature and grounded in Freudian psychology. It was assumed that ". . . parental motives, thoughts, and feelings were more important than overt behavior" (Brim, 1965). This is reflected in the discussion group format in which the parents attempted to be more loving, understanding, and able to solve problems. Many of these programs were sponsored by the Child Study Association of America (Auerbach, 1968). The group leaders were supportive, yet there was still a failure to attract and hold many parents (Levant, 1983b). There was a concerted effort in the 1950's to train professionals to lead these parent groups (Auerbach, 1968, chap. 14). The programs described in this section are derived from Freudian psychodynamic theories which rely on the primacy of an unconscious force comprising key memories of early childhood memories (Belkin, 1980). The psychodynamic parent training programs reviewed are Alfred Adler's Family-in-Focus (Ansbacher & Ansbacher, 1956), Rudolf Dreikurs' Adlerian Parent Study Groups (Dreikurs & Soltz, 1964), and Dinkmeyer and McKay's Systematic Training for Effective Parenting (STEP; Dinkmeyer & McKay, 1976). Special emphasis will be placed on STEP since no comprehensive review of the literature currently exists.

Family-in-Focus. This is the original Adlerian parent study group that utilizes audience participation or private consultation as a mode of parent education (Levant, 1983b), child treatment (Ansbacher & Ansbacher, 1956), and prevention (Ansbacher & Ansbacher, 1956, p. 399). Adler dealt with most of his

child patients in clinics which were conducted in front of an audience. Before he saw the child, he read and interpreted the case history to the audience which was prepared by the referring school. Then he introduced the parent and finally brought in the child (Ansbacher & Ansbacher, 1956). Adler believed that the ". . . life-style of every individual can be altered only by the individual's own recognition of his faults and errors" (Ansbacher & Ansbacher, 1956, p. 397). His technique was ". . . to convince the child that at a certain point he has made a misstep which must necessarily prove injurious to him if he continues in the mistaken direction" (Ansbacher & Ansbacher, 1956, p. 397). The first child guidance clinics were began in Vienna as early as 1922 and were thought to have a stimulating effect upon the child since the chlid's problems became public and other people became involved.

By 1930, there were 32 clinics which were conducted by the schools and parent-teacher associations (Croake, 1983). No empirical studies were conducted on these programs that were available in the literature. This may have been due to the lack of training in research methods and the focus on service delivery (Croake, 1983). This large group education took the form of smaller discussion groups in the 1950's and early 1960's (Auerbach, 1968), eventually paving the way for Adlerian Parent Discussion Groups.

Adlerian Parent Study Groups. These parent training programs are based upon Children: The Challenge (Dreikurs & Soltz, 1964) and Study Group Leader's Manual (Soltz, 1967). The groups are typically led by mothers whose only background was previous participation in a parent group (Croake, 1983). The text is the source of authority and the leader is to only invite the parents to examine the principles. The group leader is not a counselor since there is no attempt to motivate individual parents to change their behavior. According to

Soltz (1967, p. 9) "essentially, the group is concerned with principles. Neither the leader nor other members of the group give advice". Chaney (1979) believes that being a professional leader in these groups is a disadvantage since parents become dependent and do not accept sufficient responsibility for adapting the material to their own needs. The sole criterion of previous group participation for leader selection as adequate preparation for leading groups has been questioned by Bates and Johnson (1972), and has led to research difficulties (Croake, 1983) such as lack of standardization and erroneous content due to shallow grasp of theory. It is vital that the theory underlying Adlerian Parent Study Groups be understood in order to be an effective group leader. Despite these difficulties, Adlerian Parent Study Groups remain a popular mode of parent training (Brown, 1976). They have potential for reaching a large segment of the parent population and they do not require a substantial number of professionals (Chaney, 1979).

The goal of the Adlerian Parent Study Groups (ASG) is to assist parents in learning the principles of Adlerian psychology so that the parents can ". . . rear children and behave toward themselves and others in a salubrious [healthy] manner" (Croake, 1983, p. 65). The ASG research literature has been reviewed by several sources (Christensen & Thomas, 1980; Croake, 1983; Croake & Glover, 1977; McDonough, 1976). Generally, the parent training groups have positively increased the parents' attitudes toward child rearing (Berrett, 1975; Croake & Burness, 1976; Frazier, 1975/1975; Freeman, 1975; Hamilton, 1979/1980; Hinkle, Arnold, Croake, & Kelley, 1980; Kamali, 1969; Moore & Dean-Zubritsky, 1979; Morse, 1981; Noble, 1976/1977; Schultz, Nystul, & Law, 1980; Stolzoff, 1980; Zuckerman, 1978), increased parental behavior specific to Adlerian theory (Berrett, 1975; Croake & Burness, 1976; Freeman, 1975; Hinkle, Arnold, Croake,

& Keller, 1980); increased family interaction (Schultz & Nystul, 1980), and improved parental perception of child behavior (Berrett, 1975; Croake & Burness, 1976; Freeman, 1975; Hinkle et al., 1980). Two studies found increases in child self-esteem (Downing, 1971; Hinkle et al., 1980) and one study revealed improved school behavior (Taylor & Hoedt, 1974). This study found parent training to be more effective than eclectic group counseling in improving the children's school behavior. Only one study dealt with special populations and found no significant differences in parent attitudes and knowledge about Adlerian principles among 14 parents of children enrolled in high school mentally retarded classes (Black, 1980). This may be due to the mode of training which was a 4 week self-instruction program using <u>Children: The Challenge</u>, rather than a parent discussion group. The evaluative research appears to support the effectiveness of the ASG to change both parent and child attitudes and behaviors.

There have been problems in research with ASG (Croake, 1983). First, the impact of the leader has not been investigated. The leader is typically a parent, and may lack group skills as well as theoretical knowledge enough to effectively and consistently guide parent learning. Some studies use counselors or graduate students, so leader variability may influence outcome research, and therefore needs to be assessed (Croake, 1983). Second, the groups are not standardized in terms of format, which makes generalization across groups difficult. Third, only two studies conducted follow-up research at 4 weeks (Hamilton, 1979/1980) and 12 months (Moore & Dean-Zubritsky, 1979). Fourth, there is a lack of population specificity that would allow for the generalization of results to populations other than middle class Anglo parents, mostly mothers, of elementary children. The small sample sizes, which are also a problem in generalizing outcome, are

typically convenience samples. Nevertheless, the research appears to be improving and the results are promising (Croake, 1983).

A similar parent training program, STEP, using a more structured format and extending the theoretical base has received more recent attention in the literature. This program will be discussed in the next section. Another Adlerian program Coping With Kids by Thomas Sweeney, is an 11-week series of half hour programs shown on television, three times per week and utilizes appropriate workshops, reading assignments, and supervised examinations to assist parents and university students in learning about child rearing and discipline. It consists of 10 films featuring counseling demonstrations with various children. These are available from American Personnel and Guidance Association, Order Services Department, 2 Skyline Place, Suite 400, 5203 Leesburg Pike, Falls Church, VA 22041. A study guide is available through Ohio University, Independent Study, 302 Tupper Hall, Athens, OH 45701. There is no research available through the literature that supports this program. The expense and time involvement may prove prohibitive to many parents unless public television, schools, churches, or public agencies could show the films and provide discussion forums.

Systematic Training for Effective Parenting (STEP). This is a 9-week multimedia parent training program which extends Adlerian theory with the combination of communication skills and the Adlerian principles of understanding the goals of behavior, encouragement, natural and logical consequences, and the family meeting (Dinkmeyer & McKay, 1976). This program is a further refinement of Dreikurs' Parent Study Groups, and the two approaches are often grouped together when discussing Adlerian parent education (Croake, 1983). However, no extensive review of the STEP program has been published. Even

Levant (1983b) felt like research is clearly needed with STEP since its use is so widespread.

There have been 20 research studies which have used STEP, or a variation of STEP as an independent variable. Several of these studies have been reviewed by Recor and Keithley (1983a, 1983b), Wantz, Recor, and Millican (1983), and Wantz and Recor (in press).

A major factor in the lack of visible research studies is that only 4 out of the 20 studies are published in professional journals (McKay & Hillman, 1979; Merideth & Benninga, 1979; Sharpley & Poiner, 1980; Summerlin & Ward, 1981). In fact, two of those four studies were based entirely on doctoral dissertations (McKay & Hillman, 1979; Summerlin & Ward, 1981) which leaves only 18 original studies. One of those studies was a convention presentation (Clarkson, 1980), and the other 17 studies were doctoral dissertations and masters theses. Thirteen of the 18 studies used a control group, and 10 of those 13 used random assignment to groups. The remaining five studies were descriptive in nature, involving instrument validation (Dinkmeyer, 1981; Sharpley & Poiner, 1980), comparison groups (Miller, 1980), or exploratory investigations (Dodley, 1981; Seynaeve, 1977). Most of the experimental studies were pretest posttest designs although a few included follow-ups after 8 weeks (Bellamy, 1979; Kozlowski, 1978). One descriptive study interviewed parents three months after completion of the STEP program (Seynaeve, 1977), and another surveyed parents who had completed STEP 3-40 months earlier (Dinkmeyer, 1981). In addition to empirical research, general reviews of the STEP program have been done by Dinkmeyer and Dinkmeyer (1979), Hillman (1976), and Reddy (1976). The general conclusion of these reviews is that STEP makes a meaningful contribution to both school and agency parent education programs. Dinkmeyer and Dinkmeyer (1979)

emphasize the importance of parent education, particularly in our current rapidly changing society. Despite the research limitations, STEP is gradually emerging as a popular new parent training program with a research backbone of its own.

The STEP research studies have typically used the standard 9-week format with 1½ to 2 hour sessions, composed of white middle-class parents of regular elementary school children. One study allowed parents to make up three sessions (Cronauer, 1981); whereas, others have included parents who have completed 6 out of 9 sessions (Miller, 1980) or 7 out of 9 sessions (McKay, 1976; Villegas, 1979). Summerlin-Belanger (1978) used a 6-session group. Kozlowski (1978) administered STEP in the standard format with nine 2½ hour sessions. Four studies compared the standard STEP format with variations. Bellamy (1979) did not find any difference between the standard format and parents' use of the parents' manual only. This is in contrast to Sellick (1979) who found STEP, with consultation and bibliotherapy, to be superior to both STEP with bibliotherapy and bibliotherapy alone. Clarkson (1980) used a concurrent children's group (DUSO; Dinkmeyer & Dinkmeyer, 1982) with no significant results. Finally, STEP has been used with populations such as language learning disabled, mentally retarded, speech handicapped children (Miller, 1980), Chicana mothers (Villegas, 1977), and abusive parents (Moline, 1979/1980). The results suggest that STEP is not effective with all populations and should be adopted with each parent/client group or another program should be considered.

Dependent variables have focused on the family, parents, and children. The only study looking at the family found no significant change in the family environment following the STEP program (Dodley, 1981). Two studies revealed decreases in parental authoritarian personality characteristics (Meredith &

Benninga, 1980; Kozlowski, 1978). Parents, participating in STEP, who have endorsed successful child-rearing practices tend to exhibit more intelligent and less anxious personality factors than unsuccessful parents (Misja, 1980/1981). No significant increases in parents' self-concept occurred as a result of the STEP program (Bellamy, 1979). Thus, STEP appears to influence self-report indices of parental personality functioning.

Parents report cognitive and behavioral changes after participating in STEP. There appears to be an increase in successful child rearing practices (Misja, 1980/1981) and an increase in knowledge of Adlerian principles (Sharpley & Poiner, 1980). Relationship enhancement has been mentioned (Seynaeve, 1977) in addition to increased acceptance and trust (Summerlin-Belanger, 1978; Summerlin & Ward, 1981; Kozlowski, 1978). Bellamy (1979) did not find any change in parent attitude, and Villegas (1978) did not find any increase in Chicana mothers' parental competency. A majority of studies, 6 out of 7, that studied child behavior, elicited improved parental perceptions of child behavior using the Adlerian Parental Assessment of Child Behavior Scale (APACBS; McKay, 1976). Only one other study found a positive increase in parent perceptions of child behavior, using another instrument (Misja, 1980/1981). Four of the 12 significant other perception studies did not find any change in parent or teacher perceptions of child behavior. The only two child dependent variables which were directly assessed were child self-concept and academic achievement. Summerlin-Belanger (1978) found a positive change in child self-concept, yet this was not duplicated in other studies (Bauer, 1977/1978; Clarkson, 1980; Dobson, 1979; Kozlowski, 1978; Meredith & Benninga, 1979). No changes in academic achievement have been found (Clarkson, 1980). The wide variety of results

appears to be due more to design and analysis problems than to actual treatment differences. These problems have been discussed earlier.

In summary, STEP studies generally support claims of parent attitude change and parental perception of child behavior change. However, these claims are questionable due to design and methodological difficulties. Clinical use with a more diverse population, using trained leaders has been suggested as new directions for future research (Clarkson, 1980; McKay, 1976). The leaders must be trained in cross-cultural counseling if STEP, which is an intrapsychic program, is used with minorities (Atkinson, Morten, & Sue, 1979). Despite its use with Mexican and Japanese populations, the values underlying the STEP program remain Anglo core culture values.

Behavioral Programs

The behavioral parent training programs that comprise this section consist of approaches which emphasize the environmental factors that shape a child's behavior. The focus on external determinism is in reaction to the internal determinism of the psychoanalytic approaches (Belkin, 1980). The therapeutic strategies within the behavioral realm include: classical (respondent) conditioning, systematic desensitization, implosive therapy, operant (instrumental) conditioning, and modeling (Belkin, 1980, p. 125). The basic principles of these therapeutic strategies have been extended to parent training to either train parents as therapists, or to develop parenting skills (Levant, 1983b). This philosophy is characterized by Wilson's (1983) discussion about how parents' mistakes produce "brats" and "delinquents". The failure to socialize young children is accounted for as being due to a defect in parental skill, rather than personality, mental health, or economic resources. In fact, 49% of the parent training programs used by the juvenile courts use behavior modification,

or social learning approaches (Windell & Windell, 1977). The emphasis on skill development is a common theme in the behavioral parent training literature. Besides molding appropriate social behavior, parent skill training using behavioral principles has been proposed as an intervention with divorced families (Schwebel, Moreland, Steinkohl, Lentz, & Stewart, 1982). The application of behavioral principles to parent training has resulted in numerous programs.

The literature regarding behavioral programs has recently been reviewed by Graziano (1983). The beginning of behavioral parent training is traced to the 1930's with the modification of normal children's behavior. The early research maintained a low profile until the 1970's following the resurgence of a behavioral emphasis in applied psychological research during the 1960's. There appeared to be a growing array of empirical studies that supports and validates parent behavioral training. The maintenance of effects that would generalize is important to the concept that individuals and families have personal control over their lives. Thus, parents and children can be trained to control the external contingencies that control their behavior. However, Graziano also believes that practitioners should guard against uncritical, overgeneralized application. This opinion is supported by earlier reviews of the behavioral parent training literature (Berkowitz & Graziano, 1972; O'Dell, 1974). O'Dell (1974) reviewed 70 studies, which were mostly single case studies, and concluded that ". . . the usefulness of behavioral parent training is more promise than fact" (p. 430). Whether parents actually acquired skills and utilized them in the home was questioned. Berkowitz and Graziano (1972) reviewed 32 similar single case studies of mild to severe child behavioral disorders and found a shift from a unidirectional approach of modifying a parent's behavior in order to modify a child's behavior towards modifying the parent-child interaction system. The

behavioral literature appears to reflect Anderson's (1982) emphasis on the reciprocal developmental influence of parent-child interaction.

The primary behavioral parent training programs which have emerged from the research literature can be classified as: (a) group behavioral programs which emphasize the social learning approach; (b) individual parent training programs, which emphasize individual skill development; and (c) behavior modification approaches. This last category includes the more traditional conditioning procedures rather than modeling procedures. Each program will be described briefly, in addition to the types of skills emphasized, and the research that supports the program.

Group behavioral parent training. The focus in the group behavioral parent training is on groups of parents, and sometimes children, acquiring social learning principles. A typical text which is utilized in these groups is Living With Children: New Methods for Parents and Teachers byPatterson and Gullion (1971), or Parents as Teachers: A Child Management Program by Becker (1971). Alexander, Barton, Schiavo, and Parsons (1976) reported a study they conducted to treat juvenile delinquency with social learning principles. They randomly assigned adolescents who were involved with the juvenile court for various reasons to one of four programs: (a) behavioral program, (b) conventional group discussion counseling program, (c) church sponsored family program, or (d) no treatment program. The behavioral program consisted of inducing family members to talk more constructively with one another, to tolerate interruptions, and to agree on certain standards of conduct, as well as the consequences of conforming to those standards. A 1½ year follow-up study resulted in the behavioral group appearing half as many times in juvenile court as the other groups. The brothers and sisters in all four treatment groups were less likely to

get in trouble with the legal system than the siblings of the control group members. This study may have been influenced by a variety of external factors, but it still reflects the type of program research that is being conducted. Patterson and Fleischman (1979) reviewed data from comparison studies which showed social learning procedures to be more effective than no treatment, client-centered, or traditional treatment. They found support for the hypothesis that treatment alters the family system, as well as the child. The social learning principles, presented in group format, appear to be a viable parent training approach. However, there are other group behavioral approaches utilized to assist parents in learning parent training skills.

There are four representative studies that have incorporated group behavioral parent training as treatment variables. Webster-Stratton (1980, 1981) utilized four 2-hour videotaped modeling parent education sessions with 35 middle-class mothers of non-clinic children, 3-5 years of age, to assess the effect of videotape modeling on mothers' attitudes and mother-child interaction. A delayed treatment control group was utilized in a pretest-posttest-6 week follow-up design. The treatment group was significantly more confident in parenting abilities, trusting in their children, and perceived fewer behavior problems than the control group receiving treatment. There was an increase in the mothers' affective behavior and a significant decrease in the mothers' dominance behavior and nonacceptance behaviors. There was also a decrease in the children's negative affective behavior and submissive behavior. The results were replicated and maintained at follow-up. Thus, modeling as a behavioral strategy, presented via videotape, served as an effective parent training technique.

A similar 7-week parent counseling program (Reiter & Kilmann, 1975) focusing on the teaching of behavior change principles and skills, was utilized to assess the effects of parent counseling on the family system. The study had methodological flaws in that it included both parents, in some cases, as respondents regarding the same child. The independence of observations assumption was violated since both parents were rating the same child in some cases, which provides two dependent observations; whereas, only one parent rated a single child in other cases, which provides an independent observation. Yet, it still demonstrates the attempt to expand the behavioral model with communication techniques. Each session lasted approximately 2 hours which included various forms of didactic instruction, modeling, behavioral rehearsal, homework assignments, group discussion, and positive reinforcement feedback. Empathic-reflective responding was taught, so the program contained both behavioral child management and communication training components. The program resulted in increased marital satisfaction and child self-esteem. Family concept and school behavior were not significantly different from the control group (Scovern et al., 1980). In essence, this program extended the behavioral model to include communication skill, which is what Levant (1983b) observed in the better developed programs.

The third group behavioral parent training study utilized inhibited discrimination of skills for obtaining transfer of parent training (Nidiffer, 1980). The experimenter systematically varied settings, therapists, and meeting times in order to increase generalization of skills during a 7-week parent training program. Each session lasted approximately two hours which included behavioral instruction. The generalization group did improve parenting skills significantly more than the waiting list control group, but no more than the regular parent

training group which maintained a constant setting, therapist, and meetimg time. Thus, the variation of behavioral treatment strategies did not inhibit the discrimination of skills, when compared in the clinic, home, and supermarket settings. This study reflects the attempt that the group behavioral parent training programs are making to transfer learning from the group experience to everyday living.

The fourth behavioral parenting study compared the effects of assertive training versus discussion group parenting programs with 95 city and suburban parents in a 2 X 2 factorial design (Rickel, Dudley, & Berman, 1980). All parents, regardless of group, showed a significant decrease in restrictiveness. A significantly greater change occurred for the parents from the city. This study is interesting in that it demonstrates one of the many approaches that group behavioral parent training programs utilize to assist parents in learning parenting skills. Goldstein (1980) also used an assertiveness training group to impact women's parent attitudes and behavior style of parenting. This group was more effective than a PET group in changing the dependent measures. So, some programs may use modeling, group discussion regarding behavior, assertive training, or behavioral instruction in order to modify the parents' behaviors, who in turn will modify the children's behaviors. The attempt to generalize effects to the family system as well as to the community are themes in the behavioral research.

Behavioral Parent Training (BPT). These behavioral parent training programs are unique in that the focus is on training individual parents in child management techniques. Both a behavioral training program and a contingency contracting approach were offered to three abusive mothers and their families over 10 sessions (Wolfe & Sandler, 1981). Using a 2-variable withdrawal design,

behavioral training methods significantly reduced high-risk interaction patterns that were maintained at 3-, 8-, and 12-month follow-ups for the separate families. Another behavioral program appears to be the most extensively researched and is centered at the University of Georgia (Forehand & McMahan, 1981).

The Behavioral Parent Training Program (BPT) has generated ongoing research into generalization of treatment effects across time, settings, and subjects. The emphasis in BPT is ". . . in the parent-child interaction. Therefore, it is necessary for both the parent and child to be a part of the therapy process" (Forehand & McMahan, 1981, p. 101). Typically, two therapists are used to work with each family. Five 40-minute home observations are made both prior to treatment and following treatment. A coding form indicating compliance to maternal requests is utilized, in addition to measures of marital satisfaction parent attitude. Griest, Wells, and Forehand (1979) noted that since parent perceptions of child behavior are the primary reason for referral to clinic for treatment of behavior problems, then changes in this outcome measure should occur and be maintained at follow-up in order for parents to view therapy as effective. Thus, parents receive training both through modeling with the therapists as well as direct reinforcement through interaction with the child. The one hour sessions typically last for 9 sessions. Parents are taught to reward compliance and appropriate behavior. They are also taught to use time out procedures for noncompliance and inappropriate behavior. Children range in age from 3 to 8 years. Leader qualifications are generally graduate psychology status at the University of Georgia. This has limited the amount of research conducted outside the University of Georgia Psychology clinic setting.

The extensive research on Forehand's behavioral parent training is summarized elsewhere (Forehand & McMahan, 1981, chap. 6). Briefly, treatment effects have generalized to non-treatment behaviors from the parent training program (Wells et al., 1980). Increased compliance was noted along with significant decreases in other child deviant behaviors after treatment. In addition, treatment effects were generalized across time (6 to 12 months), and from home to school (Forehand et al., 1979). These findings have been maintained at 8 month follow-ups (Forehand et al., 1981) and up to 4.5 years (Baum & Forehand, 1981). Increased marital satisfaction has been found for low maritally satisfied couples but this effect did not maintain after a 2-month follow-up (Forehand, Griest, Wells, & McMahon, 1982). The major strength of this program is the extensive research over a long period of time with a large number of subjects. The treatment program is standardized, yet it can be applied individually. However, the weakness is that only mother-child pairs were used in the program and the research has only been replicated in the same setting. Also, the value of child compliance is culturally specific and so BMT may not be applicable to many ethnic groups. The therapist and observer involvement may not be cost effective for large scale application. The behavioral parent training program is theoretically consistent and clearly defined enough to be applied in nearly all child clinic programs. Further research is still needed with various populations and clinic settings.

Behavior Modification. The Responsive Parenting Program (Brown, 1976; Clark-Hall et al., 1978a, 1978b, 1978c) is a relatively unknown program that was developed at the University of Kansas. It was assisted by a National Institute of Mental Health grant of almost half a million dollars (Brown, 1976). Standard behavior modification techniques are taught in a standard lecture/small group

format. Parents keep baselines and institute behavioral programs to increase appropriate behaviors. Research is currently not available on the Responsive Parenting program effectiveness, as a behavior modification program.

Several studies have compared behavior modification techniques with other programs. P.L. Miller (1979/1980) compared a behavior modification group with a developmental group, and a combination group. Thirty mothers of preschool children were randomly assigned to six weekly 2½ hour training sessions which were led by the experimenter. The combination of the behavioral and developmental programs were found to be more effective than either approach alone, in changing the children's target behaviors and improving the maternal self-concept. The maternal self-concept of the female children increased significantly greater than the maternal self-concept of the male children. This finding suggests a gender influence in parent training research that needs to be taken into account when interpreting results. It also indicates that behavior modification, by itself, is not as effective as a combination of methods.

Three studies compared a behavior modification (BMod) group with an Adlerian parent study (ASG) group and a Parent Effectiveness Training (PET) group (Schultz & Nystul, 1980; Schultz, Nystul, & Law, 1980; Stolzoff, 1979/1980). Two of those studies used a placebo and a nonattendant control group (Schultz & Nystul, 1980; Schultz, Nystul, & Law, 1980), whereas, the other study (Stolzoff, 1979/1980) used only a volunteer control group. Schultz and Nystul (1980) found the PET and BMod groups to be most effective in influencing the relations between 47 mother-child dyads. However, they found the PET groups to be the most effective treatment modality on a 12 month follow-up. A 38% attrition rate at follow-up may have influenced the results. Schultz, Nystul, and Law (1980) revealed a significant increase in democratic attitudes toward

children of 120 Australian mothers who participated in one of the three programs listed above (BMod, ASG, PET) or one of the two control groups. The PET group increased most immediately after treatment, but all three programs produced significantly more liberal attitudes one year after the group experience. Finally, Stolzoff (1979/1980) found the ASG groups to be more effective in changing maternal democratic attitudes and maternal knowledge of theoretical concepts after a 6 month to 2 year period than either the PET group or the BMod group. The use of 80 mother-child dyads, as well as a volunteer control group, may have influenced the results since there was no random assignment to groups and the control group was not matched in any way. In essence, BMod programs appear to have promise, yet the BMod programs listed above do not appear to be significantly more effective in changing parent attitudes and child behavior than other theoretical approaches.

This section reviewed the group and individual behavioral parent training programs that rely upon social learning principles as the principle technique to training parents. These programs have received empirical support, and they appear to be well defined with clear objectives. The behavior modification programs are much more focused on specific behaviors, yet appear to benefit from the addition of other components that would extend the theoretical orientation. The behavioral programs differ from the psychodynamic programs primarily on the internal-external dimension of behavioral control. This shift in focus has influenced the behavioral programs to develop parenting skills, rather than changing personality or attitudes. The next section will concentrate on humanistic approaches to parent training.

Humanistic Programs

The humanistic parent training programs emphasize communication and

interpersonal skills in order to enhance parent-child relationships. These programs are derived from the humanistic psychotherapies which include: client-centered therapy, existential therapy, gestalt therapy, and marathon group therapy (Belkin, 1980). These therapies arose in response to the psychodynamic-behavioral dicotomy of "mechanistic" extremes, where the control is either internal or external. In the humanistic model, the control is within the parent-child relationship which is governed by a self-actualizing attitude, or tendency. The original humanistic parent education programs were Ginott's Parent Discussion Groups which utilized Between Parent & Child (Ginott, 1965). Levant (1983a) reviewed the history, development, and evaluation of client-centered skills-training programs for the family. He concluded that there is support for the efficacy of these approaches. The humanistic parent training programs discussed in this section are Parent Effectiveness Training (PET; Gordon, 1970), client-centered approaches (Rogers, 1961), Human Resources Development (HRD; Carkhuff, 1967), and Microcounseling (Ivey, 1971). Each program will be described briefly, along with representative supporting studies.

Parent Effectiveness Training (PET). This is a popular parent training program that utilizes Gordon's (1970) Parent Effectiveness Training text in a small group format to teach active listening, I-messages, and conflict resolution. Lectures, readings, role plays, discussion, and homework are used in an 8-week program with sessions that last approximately 3 hours. A parent pays $50.00 to $90.00 for the course which is led mostly by members of the professions or interested parents (Brown, 1976). Windell and Windell (1977) indicated that 49% of the juvenile courts in the United States and Canada use the PET techniques in parent training programs. Levant (1983a) reviewed 23 studies (17 doctoral

dissertations and 6 published studies) which were typically 2-3 group pretest posttest designs. There were four follow-up studies that ranged from 6 weeks to 12 months. The samples were mostly suburban parents, but also learning disabled, emotionally troubled, and eneuretic children. Black parents of potential high school dropouts, single parents, rural subjects and highly educated parents were included. Levant concluded that: ". . . PET appears to result in positive changes in parent attitudes (self-report) and behavior (child-rated) and in children's self-concept (self-report) and behavior (teacher-rated)" (Levant, 1983a, p. 41). The purpose of this section is to illustrate variations of the PET program as well as to review comparative evaluation studies.

A unique PET program that had 33 parents and 22 children taking PET was compared to a conventional PET group with only 19 parents. The 13 children of these parents were not allowed to participate in the treatment (Andelin, 1975). The combined parent-child group significantly increased parent confidence and trust, as well as improved overall parent attitude and parent problems. The children in the parents only condition rated their parents as more hostile and detached. However, the children's self-concept regarding work habits and happy qualities improved significantly more than the parent-child condition. Even though there were problems of no random assignment, no controls for experimenter or demand bias, no control group, and a 40% dropout rate for children, this study reflects a move towards including children in the treatment. A similar study explored the effect of PET on both parent attitude and parent behavior, as rated by the children (Watson, 1980). Parents reported a significant attitude change, which was maintained at a 12-week follow-up. Unlike the previous study, no significant change in parental behavior was indicated. As Levant (1983a) pointed out, there appears to be positive changes in parent

attitude, and behavior even though the results may not be consistent across studies.

Comparative studies are mixed regarding PET effectiveness. These studies were reported earlier in the behavioral programs section, but are worthy of mention again. Goldstein (1980) found PET (n = 18) to have a negative effect on parent attitudes and behavior style of parenting when compared to an assertiveness training group (n = 18), or a control group (n = 12). This negative result is the only inconsistent outcome in the literature. It may be due, in part, to the cultural and socioeconomic biases of democratic attitudes. Schultz and Nystul (1980) revealed that PET and BMod groups were able to positively influence mother-child relations, although PET groups showed more effective parent-child interaction behavior than both BMod and Adlerian group 12 months after treatment. Schultz, Nystul, and Law (1980) provided further support for PET, over BMod and Adlerian programs, when the PET group displayed significantly more democratic attitudes toward children immediately after treatment. However, all three programs produced significantly more liberal attitudes one year after the group experience. Stolzoff (1979/1980) surveyed 80 mother-child pairs who had completed either PET, Adlerian Study Group (ASG), or a BMod group, six months to two years earlier. PET and ASG resulted in significantly greater increases in democratic attitudes, even though the ASG increased mothers' knowledge of theoretical constructs more than either the PET or BMod groups.

In summary, the PET literature is quite extensive and has been recently reviewed. There is empirical support for the PET program, especially for parental attitude change. The variation of PET research, by including children and children's perceptions, offers useful data regarding the impact of PET on the

family system. Comparative studies generally support PET as an enrichment program. However, much more research is needed with minority populations before PET is used with non-Anglo parents.

Client-centered Programs. There are a variety of parent training programs subsumed under this heading that encourage the development of facilitative conditions in the parent-child relationship (Rogers, 1961, chap. 16). There has been a shift in focus away from individual parent counseling to task groups that utilize coleaders who use personal confrontation as a therapeutic strategy (Landreth, 1984). An example of a client-centered communication skills parent training was presented by Judah (1979) in a comparative study with a multimodal parent training program. Seventy-two parents with 45 children were randomly assigned to three groups, the two treatment conditions and a waiting list control group, in a pretest-posttest-4 week follow-up design. Both the multimodal and client-centered programs resulted in increased parental acceptance and decreased authoritarian ideation. In effect, the emphasis in the client-centered programs is on acceptance and mutual respect.

The Filial approach is a parent education course that trains the parent in the application of client centered therapy as a method for treating mild to severe emotional disturbance in preadolescent children (Brown, 1979/1980; Guerney, 1976; Levant, 1983b). Typically, groups of six to eight parents meet weekly for two hours for 12-18 months. Brown (1979/1980) randomly assigned 14 low SES parents from three classes in a northeastern metropolitan Title One school to either a filial group (n = 7) or a control group (n = 7). The parents were typically in their mid-30's with five children. The children were approximately 8½ years old with IQ's between 81-105. The children were considered to be underachievers by classroom teachers. The filial approach demonstrated play

sessions, didactic discussions, and reflective client-centered discussions, to assist parents in providing a climate of empathic understanding in play sessions with their own children. The art room in an elementary school served as a play room. The experimenter used coded tape recordings to measure the changes in maternal verbal statements in a pretest posttest design. There was a 76% increase in reflective statements and a 73% decrease in directive statements. There was a movement towards more satisfying parent-child relations which was generalized to the siblings. The filial group also helped the mothers see school authorities in a positive light. Levant (1983b) pointed out that further research is needed to support the filial approach, yet M.L. Brown's (1979/1980) study illustrates an attempt to validate the program.

Another client-centered program that trains parents and children is Terkelson's (1976) parent-child communication skills program. Terkelson described the changes that occur in parent-child communication behaviors of intermediate school age children in grades 4 through 6. The program consisted of 6 weekly two hour sessions with the parents while the children are in another group. After the six week simultaneous group, the parents and children were together for another six week group. The experimenter found a greater change in parents' behavior toward children on a questionnaire than parents reported with written comments. There was also an increased awareness of feelings and a willingness to express them. This study did not utilize any control groups and there may have been experimenter bias. However, the focus in this program is on the parent-child relationship and includes the children in the program.

Numerous parent training programs have been developed to enhance parent-child relationships (Levant, 1983a). The programs are all variations of Guerney and Vogelsong's (1980) Relationship Enhancement Program. The content

and training is trainee-centered. Relationship enhancement utilizes didactic and experiential methods to increase self-awareness and self-expression, to listen and respond, and to change modes to facilitate communication. The trainee then helps others to learn these skills in addition to problem-solving and conflict resolution. Finally, maintenance and generalization skills are taught. These methods are also used in parent-child enrichment. Parent-adolescent relationship development (PARD; Grando & Ginsberg, 1976) involves training both parent and child in a two-hour group which lasts 10-15 weeks. This is a variation of the filial approach used with adolescents rather than young children. Levant (1983a) reviewed several studies that provide empirical support for the PARD program. Communication and parenting skills (CAPS; D'Augelli & Weener, 1978) is a Relationship Enhancement related program developed for parents. Parents enrolled in CAPS (n = 36) were compared to a control group (n = 22), in a study reported by Levant (1983b). The treatment group increased their use of empathic responding skills, self-expressive communication skills, anticipatory-structuring and limit-setting behavior, as well as decreased their use of less desirable responses. Both the PARD and CAPS are enrichment programs designed for either a parent-adolescent group or for a parent group. The Relationship Enhancement programs appear to be excellent client-centered skills training programs.

Human Resources Development (HRD). This is a brief group program developed by Carkhuff (1969) to train parents in interpersonal skills. It involves training parents in the dimensions of responsiveness, initiative, and concreteness. First, discrimination training occurs, followed by communication training. Trainers must be functioning at high levels on the facilitative conditions and be able to provide a student-centered climate for the trainees (Carkhuff, 1969).

HRD has been used in a brief group format with parents of disturbed children (Carkhuff & Bierman, 1979). The focus in this program was on developing interpersonal skills with the parents to improve the parent-child relationship. However, there has been little empirical support for the HRD program (Levant, 1983b).

Microcounseling. This program is related to Carkhuff's HRD approach, yet, it focuses on specific skills and uses videotaped feedback (Ivey, 1971). Bendix (1977) has used microcounseling with parents as trainers of their children. This is primarily a development program since it strives to develop interpersonal skills in parents, rather than remediate a deficiency. Microcounseling has also been applied with parents of disturbed children (Durrett & Kelly, 1974). However, Levant (1983b) reviewed the literature, and found only a few studies which have been limited in scope and complicated by methodological problems.

Personal Development Program (PDP). This is a recently developed program by Levant, Slattery, and Slobodian (1981) designed as a client-centered skills training program. It includes a set of modules focusing on specific communication and interpersonal skills. The program is a brief didactic and experiential group training program which includes homework assignments. According to Levant (1983b, p. 9) the evaluative research provides support for this program. However, the program is only in the beginning stages of development, so the support is only modest.

This section has reviewed the major humanistic parent training programs that are extensions from the humanistic psychotherapies. The parent training programs are characterized by Ginott's early parent discussion groups that emphasized communication as the key to establishing a relationship of mutual responsibility and respect. The focus in the humanistic programs has been on

developing communication and interpersonal skills. The PET program is the most extensively researched parent training program. It is very popular and highly marketable. There is support for the PET programs, especially for parental attitude change. The client-centered programs are clustered under an umbrella that encourages the development of facilitative conditions in the parent-child relationship. There were eight client-centered programs discussed: (a) Communication skills training, (b) Filial approach, (c) Parent-Child Communication Skills Training, (d) PARD, (e) CAPS, (f) HRD, (g) Microcounseling, and (h) PDP. The empirical support for each of these client-centered, humanistic programs is limited. As a collection of similar theoretical and methodological approaches, the client-centered programs offer an extensive research base. The combination of the PET programs and client-centered programs provides a challenge to the more traditional psychodynamic and behavioral parent training programs.

Cognitive-Dynamic Programs

The most recently developed theoretical school is the cognitive-dynamic, or rational approach. This approach emphasizes the cognitive dimensions of emotional conflict and integrates a variety of dynamic and behavioral constructs into therapeutic practice (Belkin, 1980). The therapies which represent the cognitive-dynamic school are operationally unique in that there is a synthesis of techniques. These therapies include Reality Therapy, Rational-Emotive Therapy, and Transactional Analysis (Belkin, 1980). The parent training programs in this section are classified as theory based, or combination. Research is limited in the combination programs to one or more studies and the theory based research is either not available or nonexistent. Many of the program descriptions will be brief except when research is published.

Theory Based Programs. These parent training programs are extensions of cognitive-dynamic psychotherapies into the parenting field. Reality therapy (Lamb & Lamb, 1978; McGuiness & Glasser, 1978) has been termed "Reality Guidance" or "Parent Involvement Program" which is abbreviated as PIP, in order to help parents help their children. Brown (1976) provided the most extensive review of PIP, which is an adaptation of William Glasser's Reality Therapy for use by parents with children who do not have any severe behavior problems. The goal of PIP is to develop a warm, honest, affectionate relationship in order to encourage responsible behavior. The parents meet in groups to discuss Glasser's (1965) Reality Therapy and various mimeographed articles. No research is available on PIP. However, in a recent interview with Glasser, Donna Evans (1982) elicited Glasser's difficulty in enunciating the differences between Reality Therapy and other therapies such as Adlerian Therapy and Rational Emotive Therapy. The success of PIP may be due to the large number of certified Reality therapists and the synthesis of techniques from other therapies.

The other three theory based programs have received less attention in the literature. Rational Emotive Therapy (RET) has been extended for use in parent training by Ellis (1978) and Lamb and Lamb (1978). Transactional Analysis (TA; James & James, 1978; Lamb & Lamb, 1978; Sirridge, 1980) and Systems Theory (Arnold, 1978a; Benson, Berger, & Mease, 1975) are the other programs which have been described but not empirically researched. Generally, the procedures involve teaching parents how to apply the therapeutic techniques to parent-child relations.

Combination Programs. These programs integrate one or more theoretical procedures in a parent training program for either entire families, or large groups of parents who have special concerns.

Four combination programs have been developed for groups which may include several families. These programs have been briefly reviewed in Levant (1983b). First, Kohlbergian Family Education (Stanley, 1978) is a 10-session, 25-hour program which combines PET and Adlerian Parent Education to increase the families' collective decision-making abilities and the moral reasoning of adolescent participants. In a study of 16 couples and their adolescent children, Stanley (1978) found that both a parent-adolescent group and a parents only group, increased their equalitarian attitudes toward family decision making and their effectiveness in collective decision making, significantly more than the control group. The adolescents who participated in the training significantly improved their scores in moral reasoning. This gain was maintained at a 1 year follow-up. The parent-adolescent group showed greater improvement than the parent group on most of the variables measured.

Second, Structured Family Enrichment (L'Abate, 1977) is a didactic, general information processing program which varies in complexity and matched to the families' educational level. It is actually 26 different programs with 139 structured lessons. Each program has 3-6 lessons with 5-6 exercises. The strength of this program is the flexibility that it allows a group leader to meet the needs of the family.

Third, Understanding Us (UU; Carnes, 1981a, 1981b) is an interpersonal communication program for parents and adolescents. It consists of four weekly sessions which are two hours in length.

Fourth, Downing (1971) developed a parent training program in family relationships and management skills. The program consists of six weekly evening classes which last approximately 2½ hours. Adlerian, Rogerian, and behavioral approaches are synthesized through lectures, class discussion, small group

problem solving, role plays, and psychodrama. Significant changes in parent attitudes toward controlling techniques, parent awareness of emotional needs of their children, parent expression of trust and respect for their children, and parent confidence in their child rearing practices occurred as a result of parent participation. The focus of these four combination programs is on family relationships and may include one or more members of each family in a group format.

The rest of the combination programs discussed in this section emphasize special concerns such as alcoholism, infant and child development, and special families. Only one combination program is designed specifically to prevent alcoholism. The power of positive parenting (NIAAA, 1977) is a seven session program for parents. Mimeographed handouts are provided for the group leader to encourage group discussion. The focus is on self-esteem because it is believed that a person who grows to adulthood with a positive self-image is more likely to make choices which reflect self-respect in important decision areas (including drinking) than a person who has not developed self-esteem. An emphasis is placed on understanding alcoholism and assumptions about parenting. This appears to be a parenting program that could prevent problems before they begin.

Combination programs have been developed for use in schools and for parents with special characteristics. The emphasis in these programs is on younger children. Crary (1979) combined Adlerian, humanistic, and behavioral approaches in a descriptive manual for parents of preschool children and toddlers. The manual is designed for use by parents alone or in a group. Keen (1979) designed a 3-month high school parenting program for 22 mother-infant dyads. The focus was placed on infant development and each mother-child

interaction was videotaped. There was a decrease in parental interference behaviors and an increase in cooperative behavior toward the infants. The longer the mother attended the program, the more cooperative and less interfering her behavior towards her infant became. The mothers' total language correlated with the length of attendance in the program. Sundem (1979/1980) developed a 9-month community college parenting program for 57 middle class mothers and their normal infants. No significant changes in mother-infant interaction, home environment, maternal feelings, and caregiving skills were found. A similar program for 125 students enrolled in a parent education class at two different community college locations did result in signficant parent attitude changes (Harris, 1979/1980). Socioeconomic status was found to be related to attitude change. Parent and child age, and number of children in each family was not found to be related to attitude change. So, the use of parent training in high school and community college settings may be an efficient way of changing parent attitudes toward their children.

Several programs have combined developmental information with child management skills. Hoffman (1979/1980) used 8-weekly, 2-hour sessions to assist parents in developing positive childrearing attitudes and practices which promote healthy child development in 39 parents of elementary school children. Forty-one parents were assigned to a control group. Significant changes were found in the parent attitudes of understanding and causation as well as the practice of recognizing the goals of children's behavior and to know correct responses for these goals. The SES of the parents was not reported, which may have influenced attitude change. P.L. Miller (1979/1980), in a study reported in the behavioral section of this literature review, found a combination of behavior modification and developmental approaches to be significantly greater than

either approach alone, in changing preschool children's behavior and self-concept. Solomon (1979/1980) developed a parent education course to increase skills in problem identification, goal generation, the generation of alternative solutions, and perspective taking. These cognitive skills were found to be deficient in a high problem target group of upper middle class parents of elementary school children. Michel (1980/1981) found parent attitude changes in a 16-hour Positive Parenting course over a 6-week period. Twenty-three parents were more accepting and trusting than 23 parents in a control group. Abidin (1982) designed a complete program for parent training workshops that can be utilized in a group setting to facilitate the development of effective skills and objectives in child rearing. These parent training programs all combined both developmental and child management skills to improve parent-child relations.

Parent training programs have been developed for special families that are divorced, single-parent, foster-parent, or who have handicapped children. Sheila Kessler (1979) and John Whiteley produced a film series for parents who are divorced. Stimulus vignettes are used to encourage group discussion. Whiteley and Kessler (1982) also developed a similar film series for single parenting. Both film series have leader's guides to assist in group leadership. D.L. Brown (1980/1981) found a 10-week group Foster Parent Skills Training Program to be more effective than an Issues in Fostering program in changing 59 foster parents' acceptance and sensitivity to foster children. Both programs were more effective than a no treatment control group. A combination of both programs was recommended in a 12-week format. Finally, Parker (1980/1981) used a 5-session education group with five couples of Down's Syndrome children. Two years after the group program, the couples were more satisfied with the retarded child's progress compared to a control group of five couples. Enhanced social

relationships within and outside the family, as well as willingness to rear a second child with Down's Syndrome were other benefits of the program. This collection of special parent training programs utilizes didactic knowledge with management skills to assist parents in coping with difficult relationships. Research is limited on these combination programs even though they appear to be useful parent training programs.

The cognitive-dynamic programs reviewed in this section are either extensions from theory based psychotherapies or combinations of techniques designed to effect a dynamic change in cognitive dimensions. The integration of dynamic and behavioral constructs into parent training programs offers a unique approach to parent-child relationships. The research is limited on the cognitive-dynamic programs, but the practical application into practice seems encouraging.

This concludes the review of parent training programs. The historical development of the parent training movement was traced from the early 1800's to the present. Classification systems were explored to identify a parsimonious method of describing parent training programs. Psychodynamic, behavioral, humanistic, and cognitive-dynamic programs were described, along with supporting research. The next major section will focus on counselor characteristics followed by a major section on client characteristics. All three sections will be summarized and critiqued in a last section of the Review of Related Literature.

Counselor Characteristics

The purpose of this section is to examine the influences that counselor characteristics have on clients. Analogue studies on counselor influence will be reviewed to determine whether research conducted in university counseling

centers with individual college student counseling simulations is generalizable to child counseling clinics with group parent training simulations. Clinical characteristics such as status and skills will be reviewed followed by personal characteristics such as appearance, race, marital status, and child status. First, the social influence theory of counseling and associated measurement issues will be explored to provide background for the literature review.

Social Influence Theory

The social influence theory states that counseling represents an interpersonal influence process (Strong, 1968). Counselors perceived by clients as expert, attractive, and trustworthy should be more influential with clients than counselors not perceived as such. This social influence theory is based on social psychology research that suggested the importance of a communicator's perceived credibility and attractiveness for inducing attitude change (Hovland, Janis, & Kelley, 1953). Goldstein, Heller, and Sechrest (1966) proposed that the client's perception of the therapist is influenced by counselor behavior indicative of expertness, credibility, trustworthiness, and attractiveness. Strong's (1968) article in which he first proposed the social influence theory, has become the fifth most frequently cited paper in counseling journals since 1957 (Heesacker, Heppner, & Rogers, 1982). The Barak and LaCrosse (1975) article which first provided an instrument for the measurement of counselor behavior is the third most frequently cited counseling paper since 1957 (Heesacker, Heppner, & Rogers, 1982). These papers are emerging classics in counseling psychology. General reviews of the social influence model have been provided by Corrigan, Dell, Lewis, and Schmidt (1980), Dorn (1984), Goodyear and Robyak (1981), Heppner and Dixon (1981), Johnson and Matross (1977), and Strong (1979). This review of the social influence model will focus on the most recent papers that

are relevant to the current study. The popularity and the theoretical support of the social influence of the counselor in parent training.

The paradigm for investigating the social influence model of counseling is to expose subjects, usually college students, to a brief individual counseling analogue. The subjects then rate the counselor's behavior on a variety of Likert-type scales. According to Scofield and Yoxtheimer (1983), 70% of the counselor studies of clinical competence used rating scales. Only 43% of the measurements included reliability data, and only 12% included validity data. The analogue studies have been both criticized as being artificial, and praised as providing a theoretical understanding of the counseling process (Stone, 1984). In dealing with the criticism, Gelso (1979) urged counselors to extend the analogue experiment into field settigs to increase generalizability.

The internal validity of the social influence model has been a major strength of the counseling research, yet the generalizability to populations outside college settings has been limited. The primary contribution of the social influence model is clarification of ". . . the theoretical processes studied (e.g., influence, cognitive dissonance, discrepancy) in the artificial experiment which reflect processes that operate in the real-world of counseling interactions" (Stone, 1984, p. 109). In essence, experimental analogue studies conducted in an artificial setting need to be replicated in actual clinical settings.

Counselor Rating Form

The Counselor Rating Form (CRF) (Barak & LaCrosse, 1975) is the most frequently cited competency assessment instrument in the counseling literature 1977-1982 (Scofield & Yoxtheimer, 1983). It was developed in an attempt to predict the existence of Strong's (1968) three dimensions of perceived counselor behavior: Expertness, attractiveness, and trustworthiness. It was assumed that

these three dimensions exist in the perceptual processes of the perceivers. Eighty-three adjectives were presented to four expert judges who classified the items into three categories. Thirty-six adjectives that reached an interjudge agreement of at least 75% were selected, with 100% agreement on 22 items. Twelve items represented each of the three dimensions. Seven-point bipolar scales were constructed. This represents the intial state of development.

Validity. The construct and counseling predictive validity of the CRF have been investigated in several studies. Films of counseling interviews given by Carl Rogers, Albert Ellis, and Fritz Perls were watched by 202 introductory psychology students, who rated each counselor on the 36 bipolar scales. The ratings were then factor analyzed, using the verimax method, which revealed 3 orthogonal factors for each counselor. The results supported the existence of the three dimensions for Rogers and Perls (i.e., expertness, attractiveness, and trustworthiness), but only two dimensions for Ellis (i.e., expertness and attractiveness), which may have been attributable to a different stimulus value. For Ellis, expertness and trustworthiness load on the same factor of credibility. This is consistent with Hovland, Janis, and Kelley's (1953) definition of credibility. Across ratings of all counselors, the factors of expertness and attractiveness appear to be distinct from each other. Nevertheless, the construct validity of the CRF was established.

Later research in the construct validity of the CRF found evidence for only one major factor underlying clients' perceptions of counselors (Heesacker & Heppner, 1983; LaCrosse & Barak, 1976). According to LaCrosse and Barak (1976), this factor may be related to what has been described as influence, persuasion, power, persuasivenes, charisma, or impressiveness. The intercorrelations between the three dimensions of expertness, attractiveness,

and trustworthiness have been moderately high, ranging from .53 to .93 (Heesacker & Heppner, 1983). However, research into specific source cues has been found to differentially effect all three dimensions which supports their conceptual utility (Heesacker & Heppner, 1983). Furthermore, the intercorrelations among the three scales increases over time (LaCrosse, 1980), which suggests that the three dimensions may be more distinct in the clients' perceptual processes at the beginning of counseling than at the end of counseling (Heesacker & Heppner, 1983, p. 185). So, the initial impact of the counselor is best determined prior to the beginning of counseling.

The predictive validity of the CRF was established by LaCrosse (1980). Thirty-six clients (average age = 19.7 years, range 15-32), from a rural midwestern outpatient drug treatment program were asked to rate counselors after their initial interview and then after their final counseling session. The 36 clients had a mean of 11 sessions each with a range from 4 to 31 sessions. A measure of counseling outcome known as Goal Attainment Scale (GAS) (Kiresuk & Sherman, 1968) was also used to study the relationship between initial client perceptions and post-counseling outcomes. A significant positive relationship occurred between final perceptions and outcomes. A cognitive consistency model was offered to account for the finding that clients who had higher precounseling GAS scores produced the highest CRF total score on outcome. Similarly, clients who had relatively higher post-counseling GAS scores gave more favorable ratings to their counselors. The results provided support for the social influence model of attitude and behavior change in counseling, as well as provided support for the predictive validity of the CRF.

Reliability. The internal reliability of the CRF was established by LaCrosse and Barak (1976), using the same methodology as the construct validity

study (Barak & LaCrosse, 1975). However, two new trustworthiness items were selected to replace two deleted trustworthiness items because the original two had very low loadings on that dimension. One hundred twenty-seven undergraduate introductory psychology students were shown one of the three counseling interviews given by Perls, Rogers, and Ellis. After watching one of the interviews, each subject rated the counselor's behavior on the CRF. The corrected split-half reliability coefficients for the scales across counselors were .87 for expertness, .85 for attractiveness, and .908 for trustworthiness (LaCrosse & Barak, 1976). There was a Counselor X Dimension interaction in which Perls and Ellis were both perceived as more expert than Rogers. Also, Perls was perceived as more expert than attractive or trustworthy, and more trustworthy than attractive. In general, the reliability coefficients suggest that the CRF can reliably measure the dimensions of expertness, attractiveness, and trustworthiness. Test-retest reliabilities have not been established.

Modifications. The CRF has been modified for use with clients in various settings (Bernstein & Figioli, 1983; Corrigan & Schmidt, 1983). Since most of the validation studies for the CRF were conducted on samples drawn from college populations, using analogue methods, and respondents who do not use the full range of ratings available on the 7-point, bipolar scales, then the internal and external validity has been questioned. In addition, 18% of the adjectives used in the CRF require a 10th grade or above reading comprehension level (Corrigan & Schmidt, 1983). This poses a difficulty for researchers extending the use of the CRF to non-college clinical populations.

The Counselor Rating Form-Short Version (CRF-S) (Corrigan & Schmidt, 1983) was constructed using 12 of the 36 adjectives from the original CRF. These items were selected on the basis of factor loadings in previous studies and

on an eighth-grade level of comprehension. The structure of the items was revised for the CRF-S by dropping the negative adjective to increase the variance in ratings. Volunteer college students (n = 133) were asked to rate the counselor on a 7-point Likert scale anchored by the words "not very" and "very". Of these subjects, 83 were female and 50 were male. "The average age of subjects was 20 years; 89% were Caucasian; 94% were unmarried, and 16% reported they had seen a therapist to talk about a personal problem" (Corrigan & Schmidt, 1983, p. 66). A replication of Barak and LaCrosse's (1975) methodology resulted in higher interitem reliabilities (.82-.94). Furthermore, validation of the factor structure of items in the CRF-S revealed that a 3-factor oblique model accounted for a substantial portion of the data in both the student and a clinical population (n = 155). In the clinical sample, the ratings of counselors' attributes decreased as client income increased. Of these clients, 105 were female and 50 were male. The average age of subjects was 32 years; 86% were Caucasian; 38% were married; one-half of those not married had been previously. Clients who were not married currently but had been previously tended to rate their counselors higher on the expertness dimension. The clients who had received 10 or more previous sessions rated their counselor lower on expertness as number of sessions increased. Attractiveness and trustworthiness ratings were higher and remained constant. The results suggested that the CRF-S could be used with college and noncollege populations, in experimental and field settings. However, research needs to take into consideration characteristics of the sample and the treatment situation when assessing the generalizability of results.

In an unrelated study, Bernstein and Figioli (1983), modified the original CRF to nine bipolar items on an 8-point scale. The three adjective pairs for each dimension were selected on their factor loadings in Barak and LaCrosse's

(1975) study and their comprehensibility to a pilot group of 240 eighth graders (120 males, 120 females). Surprisingly, eight of the items selected were included in the CRF-S. The independent development of an instrument that is similar to the CRF-S provides further support for the CRF-S.

Cue Classifications

The three social influence constructs measured by the CRF are expertness, trustworthiness, and attractiveness. Dorn (1984) has offered definitions for these constructs. Expertness is when the client perceives the counselor as someone who possesses specialized training, when the counselor confidently offers knowledgeable arguments that dispute those of the client, and when the client becomes aware of the counselor's credibility and reputation. Trustworthiness is when the client perceives that the counselor is not involved in the relationship for personal gain. Attractiveness is when the counselor is perceived as someone who is similar and compatible. These constructs have received empirical support from numerous studies designed to influence each dimension via experimental cue manipulation (Dorn, 1984).

Several definitions for categories of cues have been offered. Corrigan et al. (1980) reviewed more than 60 studies published since 1970 that varied: (a) evidential (nonbehavioral aspects of the counselor such as appearance and attire), (b) reputational (indications of the counselor's social or professional role made by introductions and information about background), and (c) behavioral (counselor's insession verbal and nonverbal behavior) cues. Bernstein and Figioli (1983) suggested that a new classification scheme for types of cues could be either (a) counselor behaviors (behaviors such as verbal or nonverbal counseling interventions), or (b) objective counselor characteristics (objective characteristics like gender, dress, highest degree). These cues could be either

observed first hand (observable by subject or client) or attributed to the counselor (reputational by introduction, description, or rumor). This scheme incorporates evidential and reputational categories into a single objective counselor characteristics category. Finally, Dorn (1984) classified cues as relating to: (a) counselor social power (legitimate, expert, reference, information, ecological), and (b) counselor reattribution behavior (interpretation of causality as being internal or external). In order for the counselor to have the client accept the counselor's suggested causes of the client's behavior, the client must perceive the counselor as credible. This is similar to Johnson and Johnson's (1982) trait-factor approach to counselor power which states that influence is a function of the characteristics of the person exerting the influence and the person receiving the influence. Thus, it is difficult to separate the mutual influence even though an attempt has been made to control at least the counselor cues.

Objective Counselor Characteristics

The importance of objective counselor characteristics has been underestimated in parent training research. It is generally agreed that parent groups are an effective means of dealing with child problems and counselors are encouraged to learn how to lead them (Taylor, 1978). Parent groups are also an effective way for enhancing parent-child relationships. However, the parents of these problem children may have to search through a smorgasbord of parenting techniques, styles, and groups before they can choose an appropriate guide (Taibbi, 1983), or counseling professional. Cost effectiveness, confidentiality issues, and the similarity of expectations for goals, process, and outcome are the most important issues to the consumer when choosing a counseling professional (Netzky, Davidson, & Crunkleton, 1982). This may be why Levant (1983b)

discussed staffing and training issues as an important factor in parent training research. This is not a recent problem since Croake and Glover (1977) pointed out that educator variance had not yet been considered in their review of the parent training literature. Parent training research is not available that has assessed the impact of counselor characteristics on expected, or actual outcome. This section will explore the counseling research on objective counselor characteristics such as professional status, gender, race, and physical appearance.

Professional status. Clients, like any perceiver, play a dominant role in selecting the characteristics of the counselor to be observed. This helps to provide structure to the client's experience (Hastorf, Schneider, & Polefka, 1970). In perceiving attributes of the counselors, clients may focus on the counselor's invariable intents and purposes, rather than on behavior which is variable. This helps to provide stability in the client's perception of the counselor (Hastorf et al., 1970). Finally, the client's perception of the counselor is given meaning through the attribution of personality traits that may be inferred by the client's implicit personality theory (Hastorf et al., 1970). These stereotypes may not be accurate but they do create structure, stability, and meaning for the client. Professional status is a salient characteristic of the counselor which has many associated stereotypes.

The image that a counselor presents may have strong influence on the client. If a counselor is culturally competent and professionally skilled and people know it, then a favorable image will be created. Kleinke (1975) reviewed research which suggested that individuals of varying status will behave accordingly and create images that may not be favorable. If clients have

stereotypical perceptions of counselor professional status then their perception of the counselor's ability to influence them will be affected.

In parent training, there is a belief that a group can be led by a helping professional or a lay person who is willing to study the manuals and has the ability to lead discussion groups. In STEP, the program itself serves as the authority, rather than the leader (Dinkmeyer & McKay, 1976). One comprehensive mental health center provides STEP leader training which consists of completing a 9-session STEP group, a 4-session STEP Training course, and leading a 9-week supervised STEP group (Clegg, 1982). Even though there are regular scheduled in-service training and sharing sessions, there is no control over the professional status of the leaders. In fact, Crabb, Moracco, and Bender (1983) developed a 3-hour programmed group instruction program in empathy training for paraprofessionals that was more effective than 8-hour microtraining or 8-hour systematic human relations training in enhancing empathy. Brammer (1973) strongly endorses the use of paraprofessionals in the helping process. Otto (1984) firmly believes that both a paraprofessional facilitator and a professional trained leader must be parents in order to provide group members with specific examples and models of how to implement new parenting strategies. So, the general attitude among parent training program developers is that it is helpful if a leader is a professional, but that a paraprofessional or lay person, can be trained. In addition, it may be helpful if both a professional and a trained paraprofessional, who are parents, would lead the parent group.

The counseling research on the effects of professional status tend to equate high status with professionals and low status with paraprofessionals. This research has been conducted primarily with college students. High status individuals have generally been found to be more favorably perceived than low

status individuals at the end of the first session but not after 12 sessions (McCarthy, 1982). Thus, the initial impression may influence clients more who rely on status than clients who do not care about status. However, McCarthy (1982) found that a paraprofessional male counselor was perceived by females as more attractive and trustworthy than a professional male counselor. The implications of this finding for the current study are that a paraprofessional male counselor may be perceived more attractive and trustworthy than a professional male counselor after the initial session. Some clients prefer professional counselors to use demographic rather than personal self-disclosure; whereas, they had no such preference for paraprofessional counselors (Simonson & Bahr, 1974). Personal demographics may inlude degree, experience level, sex, age, marital status, and child status. This may help the client to assess the degree of similarity with the counselor. However, Strohmer and Biggs (1983) found that group membership similarity is not necessary to influence client perceptions of expertness and attractiveness. High status male counselors are typically perceived as being more expert and trustworthy than low status male counselors (McKee & Smouse, 1983). So high status may affect client perceptions of credibility, whereas, low status appeals to attractiveness. Nevertheless, high status male counselors are more favorably regarded and elicited greater amounts of self-disclosure from both males and females than low status male counselors (Brooks, 1974). Conversely, low status female counselors are more favorably regarded than high status female counselors (Brooks, 1974). The research on professional status seems to interact with counselor gender, so this needs to be taken into consideration when interpreting results.

The paraprofessional, or nonprofessional is defined as ". . . any individual who is recruited to provide mental health services without having completed

customary professional training in one of the traditional mental health disciplines" (Zax and Specter, 1974, p. 369). So, the paraprofessional may be a volunteer or a paid staff member who is a professional in some other field. The paraprofessional and nonprofessional are considered to be similar for the purposes of this study. Zax and Specter (1974) see the paraprofessional as meeting the demands of the community and capitalizing on the paraprofessional's unique assets to benefit both the service provider and the consumer. Selection procedures may vary but training must be both didactic as well as experiential. There are numerous problems involved in using paraprofessionals, including the reactions of professionals and the newness to the mental health role. Despite these difficulties, the use of paraprofessionals in parent training appears to be an essential feature of these groups. The primary value of low status paraprofessionals may be in their perceived attractiveness as change agents. This effect may be enhanced especially when the paraprofessionals are parents.

Counselor gender. Generally, research studies provide a wide range of examples showing a positive relationship between similarity and interpersonal attraction (Kleinke, 1975). This positive relationship has not been consistent in counseling research. Subich (1983) investigated the effect of counselor gender specification and subject sex on expectancies about counseling. The results indicated that specification of the counselor's gender had no significant effect on subjects' expectations, but that sex of the subject was a significant factor. Females expected stronger facilitative conditions, more personal involvement in counseling, and a more positive counseling outcome than did males. So, it may be important to control for subject sex when designing research in parent training. Feldstein (1982) found contradictory results when showing a six-minute videotape of a client of the same sex with either a vocational or personal social

problem, counseled by either a male or female gender counselor who played either a masculine or feminine sex role. Females gave higher unconditional positive regard ratings than male subjects. However, male counselors were rated higher than female counselors on all three CRF variables. Equal numbers of male and female subjects were used in both studies, so it appears that even though male counselors are rated higher than female counselors there is no difference in expectancies about outcome. There has been no research conducted on the gender of parent group leaders.

Counselor race. There has been an extensive body of research regarding the effects of race in counseling. The literature has been recently reviewed by Atkinson (1983). The racial groups included in the review were Blacks, Whites, Hispanics, American Indians, and Asian Americans. Within-group differences were generally ignored. The results suggest that Blacks prefer the same race counselor, but that there is no effect regarding perceived counselor credibility (Atkinson, 1983). There is also no consistent effect of counselor race on outcome variables for Black clients (Atkinson, 1983). Surprisingly, Porche' and Banikiotes' (1982) study of 247 Black male and female adolescents resulted in higher attractiveness ratings for White counselors than Black counselors. In addition, White female counselors were perceived as more expert than Black female counselors. The research regarding White clients' preference for counselor race has been mixed (Atkinson, 1983), although Lee, Sutton, France, and Uhlemann (1983) did find that White clients preferred White counselors. There are no consistent process or outcome effects for White counselors (Atkinson, 1983). In the few studies regarding racial preference, Hispanics (Sanchez & Atkinson, 1983) and American-Indians (Haviland, Horswill, O'Connell, & Dynneson, 1983) preferred the same race counselor which is contradictory to

Atkinson's (1983) review. Asian-Americans also have nonconclusive preferences for counselors (Atkinson, 1983). Atkinson (1983) concluded that ". . . there is no conclusive evidence that minority clients are better served by minority counselors than by White counselors" (p. 83).

The research on counselor race has conflicting results and design limitations. This may be due to methodological problems. An example is Paurohit, Dowd, and Cunningham's (1982) study of verbal and nonverbal cues on first impressions of White and Black counselors. White undergraduate psychology students (N = 184) were exposed to a 5-minute interview of a Black or a White counselor. The interview was presented in the form of a typescript, audio only, video only, or audiovisual. The ratings for the audiovisual channel were significantly lower than those for the other three channels. The Black counselor was rated significantly higher than the White counselor on expertness for the audio, audiovisual, and typescript conditions. The Black counselor was rated higher on attractiveness in the audio and audiovisual channels. The White counselor was rated significantly higher on the video channel than the other three. In effect, the channel chosen to present the cues may confound, or mask treatment effects.

Counselor appearance. The importance of physical attractiveness in first impressions is well documented (Kleinke, 1975, chap. 1; Vargas & Borkowski, 1982, 1983). The initial impact of counselor weight and status was investigated by McKee and Smouse (1983). They randomly assigned university counseling service clients to 1 of 8 treatment conditions which included either a normal or overweight counselor. The results suggested that there may be an interaction between counselor status and counselor weight on the variables of expertness and trustworthiness. However, the statistical tests only approached significance.

Another study investigated the effect of counselor dress, counselor sex, student sex, and student race on high school student preference (Littrell & Littrell, 1982). Reservation Indian students (n = 140) preferred "fashionable, coordinated, up-to-date" dress, while the "conservative, out-of-date" dress was their last choice. White students (n = 226) preferred "casual, young, and comfortable" dress, while the "conservative, out-of-date" dress was least preferred. Many of the physical attractiveness cues, which are objective counselor characteristics, have not been explored. These studies only suggest that physical attractiveness may have an initial impact on counseling.

The impact of objective counselor characteristics such as professional status, counselor gender, counselor race, and counselor appearance have received very little attention in the parent training literature. However, it is clearly evident that these objective characteristics may have at least an initial influence on clients. These effects may include a parent's willingness to attend, due to racial preference or expected outcome, or their attribution of particular personality traits to the leader because of professional status.

Counselor Behaviors

The behaviors that a counselor exhibits during counseling have been shown to influence counseling outcome. Bates and Johnson (1972) pointed out that "a counseling group draws definition from its leader. It will be only as good as the leader, as good as his skills, and as good as the being of the leader himself" (p. 43). Despite the reference to male gender, Bates and Johnson intended the statement to generalize to all counselors. Since parents develop impressions of a counselor based partly on counselor behaviors, it is important to examine this factor. Some parenting program authors insist on careful leader preparation. This may require intensive studying of the manual, as well as outside readings

(Dinkmeyer & McKay, 1976). Other researchers report that it is the therapists' use of warmth, humor, genuiness, and honesty that is critical for parent training to be effective (Alexander et al., 1976; Forehand & McMahon, 1981). However, Forehand and McMahon (1981, p. 50) noted ". . . that an empathic understanding of the parent's point of view is essential in handling situations. . . that arise in parent training." Despite the fact that Forehand and McMahon are authors of a behavioral program, there is awareness of the humanistic skills that are necessary in parent training. This section will first examine parent group leader training then review research into specific counseling skills.

Training. Leader training is available for PET groups, but the other programs will typically use either counselors-in-training, or paraprofessionals who have completed a parent training group. Forehand and McMahon (1981) will often use two therapists to work with each family to enable therapists to be more flexible in demonstrating various skills and to enable inexperienced therapists to learn experientially. Dinkmeyer and McKay (1976) believe that leaders can learn the STEP program through reading the manual. They included guides for group leadership, as well as methods for promotion and recruitment. Forehand and McMahon (1981) doubt that use of their book alone to train therapists without extensive didactic and guided practice is enough. Furthermore, Ahia (1984) and LeVine and Padilla (1980) provide cogent arguments for special training in pluralistic and cross-cultural counseling. It is doubtful that paraprofessionals, as well as many professionals, have received this training. Most of the counseling research has focused on the effect of specific skills that counselors exhibit.

Skills. Specific counselor skills have been investigated that may relate to the skills that a parent group leader might utilize. These skills include

interpretation, self-disclosure, predicate-matching, and paradoxical directives. Claiborn (1982) examined the function of interpretation in counseling as presenting the client with a way of perceiving life events that is different from the client's own way. "Interpretations are used less to establish the source of the client's problems than to describe the client's present behavior and experiencing and to point out the interpersonal effects of these" (Claiborn, 1982, p. 440). Clients prefer counselors who provide discrepant interpretations (Claiborn, Crawford, & Hackman, 1983). Dorn (1984) reviewed the interpretive literature, which was referred to as "causality through reattribution". This suggests that people need to attribute their behavior to something. Counselors who use interpretive statements are usually seen as more expert and trusting, in addition to increasing the clients' motivation. Behavior change is generated when the counselor's interpretation stresses that the client can control many of life's circumstances (Dorn, 1984). This may be an Anglo specific cultural belief, especially when considering the existence of external injustices that oppress minority clients (Atkinson, Morten, & Sue, 1979). Beck and Strong (1982) investigated the effects of positive connotation interpretations versus negative connotation interpretations on 30 depressed college students. Students receiving negative connotative interpretations experienced relapse following treatment; whereas, students receiving positive connotative interpretations continued in symptom remission. In effect, even though a significant reduction in depression occurred, the students in the positive connotative interpretations saw the experience as more positive since they perceived more control over their behavior.

Additional studies on interpretation have provided support for the perceived control hypothesis. Forsyth and Forsyth (1982) found that stressing

internal controllable causes produced more positive affective and performance evaluations among internal locus of control subjects, than the more variable external locus of control subjects. Thus, the effectiveness of causal attribution counseling may depend more on the individual's locus of control than the actual skill. Hoffman and Teglasi (1982) explored the effect of two structured 50 minute counseling sessions on shyness. The cognitive behavioral and analytic attribution treatments were superior in the initial sessions of counseling to a no theoretical or no causal framework control group. They increased motivation to change expectancies, as well as involvement in and utilization of counseling sessions. So, interpretation of parents' behavior as internally controllable may be a useful skill as long as the parents have an internal locus of control.

Counselor self-disclosure is another skill which parent group leaders may utilize. Dowd and Boroto (1982) compared interpretation and self-disclosure. Counselors who used self-disclosure were perceived as more attractive than counselors using interpretation. Simonson and Bahr (1974) found that demographic self-disclosure by either a professional or paraprofessional counselor elicited greater client self-disclosure and client attraction than did counselor self-disclosure of more intimate information. In addition, clients preferred professional counselors to use demographic rather than personal self-disclosure. However, Carl Rogers finds that using personal confrontation with feelings in relation to the clients' behavior is more useful in groups than individually (Landreth, 1984). McCarthy (1982) refers to this counselor behavior as being self-involving. Both types of self-disclosures result in the counselor being perceived as expert and trustworthy (McCarthy, 1982). The use of demographic self-disclosure and self-involving self-disclosure by parent group leaders may assist in increasing counselor credibility.

Predicate matching, which involves the use of representational systems, has received popular attention in the counseling literature. However, the effectiveness of predicate matching does not appear to consistently affect client perceptions of counselor characteristics. Hammer (1983) found that 63 female undergraduates rated counselors higher on perceived empathy who matched visual, auditory, and kinesthetic perceptual predicates, in an analogue counseling interview. On the other hand, Dowd and Pety (1982) randomly assigned 84 undergraduates to 1 of 4 audiotape conditions which involved male or female counselor, matching or mismatching predicates. The only significant result was that the clients (60% female) were most willing to see the male counselor. Despite this finding, parent group leaders may want to utilize congruent representational systems to increase rapport as well as attractiveness.

The last counseling skill in this section is that of counselor directives. The use of paradoxical directives, or directives that encourage clients to engage in symptomatic behavior have been more effective in symptom remission and maintaining change than directive requests for change (Feldman, Strong, & Danser, 1982; Lopez & Wambach, 1982; Wright & Strong, 1982). The explanation is that paradoxical directives encourage clients to attribute their change to spontaneous nonvolitional causes rather than volitional choosing and doing. Even though research has dealt with depression and procrastination, the skill of paradoxical direction may be more effective with resistive parents who have difficulty following program principles. If change occurs spontaneously, then the family system should improve.

This section dealt with counselor behaviors which are variable counselor characteristics. These included both skills such as interpretation, self-disclosure, predicate matching, and paradoxical directives. It is questionable

whether these skills are taught through parent group leader training programs. It can be speculated that incorporating these skills in parent training may increase the social influence of the counselor. Further research into both objective counselor characteristics and counselor behaviors is needed to determine whether research findings can be generalized to parent group training.

Client Characteristics

Parent training research would imply that parents are a single population from which to sample clients. However, parents are a diverse group of individuals who vary widely in their characteristics. These characteristics may be clinical in that the parent, or child, may be emotionally disturbed, or experiencing adjustment difficulties. The characteristics may also be personal in that socioeconomic status, gender, race, marital, and child status could influence research outcomes. The purpose of this section is to review the research that relates to client characteristics and parent training. Typically, the client population is identified as parents, usually mothers, of public school or clinic referred children. These clinical and personal characteristics of parents will be investigated following a discussion of client drop-out.

Client Drop-out

A major problem in parent training is client drop-out. Parent training groups have reported approximately 40% drop-out rates (Andelin, 1975; Schultz & Nystul, 1980). This is consistent with the 30-50% group counseling drop-out rate for psychology clinic (M.J. Miller, 1983). The 20-57% individual counseling rate is nearly the same, so the mode of service delivery does not seem to be a factor. The failure of the program content may be a factor in parent group training. A popular newspaper columnist expressed this concern when discussing personal failures with positive reinforcement and how the children understand it

better than adults do (Bombeck, 1984). Lockman and Brown (1980) evaluated dropout clients and perceived usefulness of a 9-session parent education group which included both behavior modification and communication training. Thirteen of the 31 parents failed to complete the program. Parents who dropped out of the groups initially reported they were happier within their family, happier with their child management skills, and more patient than the parents who completed the groups. Parents who finished treatment, but who felt the groups were relatively less useful, had a lower income, older children, and children who had more difficulty understanding their parents. In effect, the program content may not be appropriate for some groups of parents, which may influence drop-out rate.

The drop-out rate may be even more pervasive in parent training groups than previously reported. Windell and Windell (1977) surveyed 476 juvenile courts in the United States and Canada regarding the use of parent training programs in juvenile courts. With a 40% response rate, 21% indicated that a parent training program existed, of which 51% were limited to 3-10 weeks. Nine of the 150 juvenile courts which did not have a program cited lack of attendance and parents needing therapy as reasons why parent groups were not established. Only 29% of the 41 juvenile courts which have a program reported attendance figures which ranged between 75-100%. However, one court had only 22% attendance which may be closer to actual attendance for the other programs which did not respond to the attendance question. Many of these programs were either voluntary (63%), court ordered (15%), or both (22%). This may account for the wide variation in juvenile court parent training attendance figures. Haney (1982) suggested that fees may play a role in attendance. The free classes, offered in an elementary school, seemed to attract fewer participants than did

the classes offered for a fee. The actual factors involved in client drop-out may be more complex than either program content, referral source, or fees.

Several studies have explored the client drop-out phenomenon which appears to involve both client and counselor qualities. M.J. Miller (1983) describes the client interpersonal factors as lack of group affiliation, sociopathic features, a high need for approval, and disturbed significant others. The intrapersonal factors are low self-satisfaction, less motivation, low self-disclosure rate, less suggestibility, and impulsivity. Other factors included less education and less intelligence, lower socioeconomic status, institutional referral and difficulty paying for services. Delays in being assigned a counselor and a high drop-out rate among younger clients were also cited as reasons for premature termination. Heilbrun (1982) found cognitive factors such as social insight and level of defensiveness, interacted significantly to influence drop-out rates in 134, white, middle-class college freshmen. Males with high social insight and high levels of defensiveness were more prone to drop out of insight oriented counseling early, as were females with low social insight and high levels of defensiveness. It appears that clients who are not ready to participate in counseling will drop out early. This readiness may involve interpersonal, intrapersonal, and other factors such as cognition and financial preparation. So, the client could benefit from an explanation of the therapeutic process prior to commitment of resources.

The counselor characteristics influencing client drop-out have been discussed in a previous section, although specific studies may be relevant to the counselor-client interaction. College students are most willing to see counselors for personal problems when the counselors offer dynamic interpretations at the end of the initial interview, despite rating the counselor low on attractiveness

(Dowd & Boroto, 1982). College students also are more willing to return when the counselor uses probing techniques rather than reflective techniques (Borrego, Chavez, & Titley, 1982). The dynamic interpretations and probing techniques may serve to enhance problem recognition. Clients are likely to terminate after one session if problem recognition is absent, especially when seeing experienced counselors and female counselors (Epperson, Bushway, & Warman, 1983). Clients are also not as willing to see an explicit feminist therapist as they are a traditional therapist or a female therapist (Lewis, Davis, & Lesmeister, 1983). It appears as though problem identification and philosophical orientation strongly influence drop-out rate.

The important characteristics of the counseling relationship that are vital to maintain attendance are treating the client as an equal, confronting the client, and terminating the client if no benefits are achieved (Netzky et al., 1982). A socially attractive counselor is best when the client is resistant to the counseling process; as is an expert counselor when the client is opposed to the content of counseling (Kerr, Olson, Claiborn, Bauers-Gruenler, & Paolo, 1983). Even though the counselor's behavior is vital to maintaining attendance, administrative factors may also play a role. Rodolfa, Rapaport, and Lee (1983) found administrative variables such as length of initial interview, days from intake to assignment, and days from intake to first session to be the major factors related to premature termination. There was also a higher drop-out rate among clients of practicum students which may be related to perceived credibility. It is vital that counselors examine their attitudes toward clients and offer them a choice of counselors in order to increase attendance.

Client drop-out is a major problem in parent training as well as in other areas of counseling. The primary client factors include lack of preparation, low

socioeconomic status, and personality characteristics that impede group involvement and trust. The primary counselor factors are perceived expertness, trustworthiness, and attractiveness, in addition to treating the client like an equal. Administrative variables such as fees and scheduling may be important. Finally program content may not be appropriate for some groups.

Clinical Characteristics

Parent training programs are typically directed towards either enhancing or developing parenting skills of normally functioning parents of elementary school children. The parent-child relationship problem is viewed as a skill-deficit that can be enhanced or remediated through training. However, there is a wide range of clientele which are served by parent training programs. This section will examine the clinical characteristics of both parents and children.

Parents. The parent is the primary socializing agent in the child's early life. Day care teachers and babysitters are also strong influences but not as pervasive as that of a parent. Bassoff (1982) reviewed the literature on parent-originated disturbances between parents and their infants. Individual counseling, support system development, and parent education were recommended interventions for the disturbed relationships. Parents may be emotionally disturbed, psychotic, or be maladjusted in their work and love relationships. This may have a definite impact on a parent's ability to function within a parent training group and in turn influence outcome research. The parents groups reviewed in the previous sections did not assess the level of parental pathology, prior to the first session. However, this may have been done informally through a screening procedure that was not reported in the selection process. Windell and Windell (1977) suggested that parents who lack normal child rearing skills

and have deficit ego skills very likely need a more intensive, therapeutic, and researched intervention approach.

Parents who experience difficulties with their children may have cognitive differences from parents who do not have child behavior problems. Solomon (1979/1980) found that poorer cognitive problem solving skills were correlated with child difficulties. Specifically, parents with child difficulties were less able to view problems from several perspectives, employ means-end thinking, predict consequences, and reevaluate problem situations in face of failure. If parents have these cognitive deficits, then parent training programs, or leaders skilled at working with these type of deficits, may assist in skill development.

There have been a number of parental antecedents of desirable developmental outcomes identified. Many of these variables have been studied in research reviewed by Anderson (1982). Parents' warmth and responsiveness, firm and consistent discipline, high demands for mature and responsible behavior, and purposeful modeling, teaching, and reinforcement of desired behavior have been associated with successful developmental outcomes. If these parental characteristics are encouraged by any one of the various parenting training programs, then successful outcomes should be achieved. However, the cookbook approach offered in parent training programs is deceptively simple and not individualized. This may lead some parents who are not clinically healthy, to misinterpret principles and apply the wrong strategies inconsistently. This may serve to reinforce the parent's disturbed view of themselves and their child's behavior. This is why a trained professional leader is needed when working with a potentially disturbed clinical population.

The final clinical consideration of the parent is the effect of parenting on the parent. Alpert (1982) developed an integrated framework for understanding

the family life cycle. Besides the normative age graded influences and normative history-graded influences, there are non-normative events that influence parents. The life stages of a parent are strongly affected by life events such as the birth of a baby, death of a parent, divorce and financial changes. The stress of being a parent can, in itself, induce clinical symptoms. Unresolved parent-child issues within the parent may carry over into the parent-child relationships of later generations. Furthermore, the conflict between occupational and family roles may create stress in the parent which is displaced onto the child or other parent (Richardson, 1982). Parent training has been shown to increase marital satisfaction (Scovern et al., 1980) in some cases, but not in others (Oltmanns, Broderick, & O'Leary, 1977). The side effects of parent counseling on marital satisfaction have had the greatest impact on low marital satisfaction groups (Forehand, Griest, Wells, & McMahon, 1982). In essence, the parents' clinical characteristics, whether biological, developmental, or situational, need to be taken into consideration when planning a parent training group.

Children. The children, whose parents are subjects in the parent training groups, are usually classified as noncompliant behavior problems, or healthy elementary school children. Only a few programs have included children in a treatment component. These are a PET group (Andelin, 1975), a behavioral parent training program involving a parent-child dyad (Forehand & McMahon, 1981), and a communications program (Terkelson, 1976). Wantz and Recor (1984) have discussed a simultaneous parent-child group intervention in which the parents participate in a STEP group while the children participate in a Developing Understanding of Self and Others group (DUSO; Dinkmeyer & McKay, 1982). Few attempts have been made to clearly identify the level of child

disturbance as a criterion for the parent's participation in a parent training group.

The reciprocal effect of parent-child relations has been discussed by Anderson (1982, 1984), and Bassoff (1982). It is generally acknowledged that the child develops within the context of a family system, and makes an active contribution to their own socialization experiences (Anderson, 1982). This can be helpful to parents in offering new perspectives, introducing previously ignored pleasures, and encouraging personal challenges (Anderson, 1984). However, the interdependency within the family system can be harmful when the infant, or child has a disturbance, such as an inherited disease, inflicted physical or emotional distress, or perceptual disorder. At this point, individual counseling, marital counseling, support system development, and parent education is recommended (Bassoff, 1982). Thus, the child's clinical characteristics need to be taken into account, in addition to the parent's clinical characteristics when selecting parents and children for a parent training group.

Personal Characteristics

Much like the counselor, each parent brings into the parent training group particular personal characteristics which may influence both the process and outcome of parent training. Some of these personal characteristics were discussed in the section on client drop-out. Nevertheless, there are salient characteristics such as socioeconomic status, gender, race, marital status, and child status that need to be taken into account when planning a parent training group.

Socioeconomic status (SES). A factor in parent drop-out is SES. This does not appear to be a factor in terms of outcome. T.R. Rogers (1981) divided 31 mother-child pairs into low, medium, and high SES groups with the mean age of

the children ranging from 58-64 months. There were no significant differences in the groups on measures of parent attitudes and behavior, prior to behavioral training, or upon outcome. All groups showed positive changes in parent attitudes and behaviors, following the behavioral training. Plambeck (1980) found no significant differences in child rearing attitudes between parents of lower SES (n = 16), parents who favored the Montessori approach (n = 32), military parents (n = 30), and parents who never sent their children to either a preschool or a daycare center (n = 22). Furthermore, there are no significant differences in parent attitudes between part-time working mothers (n = 22), full-time working mothers (n = 47), and student mothers (n = 20). These studies suggest that a parent training group may be used across a few socioeconomic levels, but not across ethnic groups. Also, these findings are limited to behavioral training.

The issue of working mothers appears to be a relevant SES issue since some mothers may be single parents and be the sole support for a family and/or combined with child support and/or alimony. Some might be married in which their income is either the sole support and/or combined with a spouse's income to affect SES. Juneja (1979) found differences in childrearing practices between 25 working and 25 nonworking mothers aged 25-35 years. The results indicate that working mothers stop breast feeding earlier and are more concerned about the child's diet. They are more attached to their children, exercise stricter toilet training, and used milder discipline. As a result, the children were more independent, adjusted, socialized, and well-behaved. This study reflects the positive effects that a working mother can have on a child. However, there is still resistance to women working. Even though over 50% of mothers work, 70% of the public says they should not work (Gilbert, 1982). SES may influence a

parent's willingness to attend a parent training group in terms of lack of money, or time, due to a work commitment. It may also influence a parent's willingness to attend if a child's behavior is perceived as independent and well-adjusted.

Gender. Parenting research has been obstructed by beliefs about gender roles (Gilbert, 1982). There has been a transition through the second half of the 20th century in the values of parenting. The role of many women has changed from caretaker to career, as has the role of many men from career to caretaker. The shared parenting trend has challenged men's gender identity and created stress among women in defining their role (Bernard, 1982). Mothers have been the primary participants in parent training programs. However, fathers are becoming more actively involved with children which has led to the development of psychoeducational programs for fathers (Moreland & Schwebel, 1982). Research into sex-role stereotyping regarding parent training is an issue Levant (1983b) believes is a direction for the future.

A father's participation in a parent training group is an unusual phenomenon, even though there has been no significant difference in outcome between fathers and mothers in the few studies that have been done (Levant, 1983b). This needs further research. Harriman (1979/1980) surveyed 289 fathers of infant children six-months of age or younger. Fathers' most desired educational supports were pamphlets, books, and television programs. The least desired were tape recorded lessons and correspondence courses. Even though they did not rate emotional support highly, they did prefer relatives over friends, much more than visiting homemakers. The implications of this survey are that fathers may not seek out support through parent training groups, although they may rely upon books and television for guidance.

Mothers have been the typical participant in parent training groups (Levant, 1983b). Resnick (1982) explored the frequently associated relationship between the parental role and the maternal role. The mother goes through a developmental cycle of expectant motherhood and early motherhood. Then comes the stages of preschool and school age children and finally late motherhood. In addition, are the special situations of multiple female roles, adolescent motherhood, single motherhood, and minority motherhood. Minority motherhood is the experience of being an ethnic minority mother in an oppressive society. Many of these special situations have not received attention in the parent training literature. However, mothers have frequently been associated with child disturbances. This is primarily because most research has been done with mothers. This association is likely to change as fathers are included in research studies.

Studies have been conducted primarily on the influence of mothers on children. Many of these were discussed in earlier sections. Brunnquell, Crichton, and Egland (1981) surveyed 267 high-risk mothers prenatally and three months after the birth of their first child. They found that the level of personal integration yielded the strongest differentiation with regard to adequacy of maternal care. This is important in terms of parent training in that leaders need to encourage personal integration before an effort is made to teach child management skills. Another study examined the interconnection of maternal determinants and personality attributes of adolescent male tobacco users (Brook, Whitman, & Gordon, 1981). The mothers of smokers were less traditional, less affectionate, and less likely to serve as models for their sons, who were impulsive, rebellious, and aggressive. These studies focus upon the mother's

influence on the child, but it was mentioned earlier that a strong reciprocal parent-child relationship exists that may be more valuable to examine.

Race. The parent training programs appear to be aimed at a white, middle-class population. This may be a hinderance to research in parent training (Gilbert, 1982). Counselor and client similarity over race and social class is desirable when high counselor empathy, client-counselor attraction and cognitive similarity, and client improvement is the goal (Sladen, 1982). Mexican-American college students with a strong commitment to the Mexican-American culture expressed the greatest preference for an ethnically similar counselor and the least willingness to self-disclose (Sanchez & Atkinson, 1983). In the same study, Mexican-American females expressed a greater willingness to use professional counseling services than did males. Research discussed earlier suggested that most racial groups preferred a racially similar counselor, at least in the initial session. However, Atkinson, Morten, and Sue (1979) point out that:

> while similarity in race, ethnicity, and culture may be highly correlated with counseling success, we believe that other attributes (ability to share a similar world view, appropriate use of counseling strategies, awareness of own values, etc.) may be equally important factors in cross-cultural counseling (p. vii).

The ability to sample various racial populations would allow greater insight into parents' view of their life circumstances and how they act on their perceptions, particularly towards their children. A wider adaptation of the parent training programs for use with different sociocultural groups will be helpful in recruiting minority parents. This will require an examination of the values and beliefs underlying the content and delivery of the programs. Finally,

training in cross-cultural counseling for all parent training group leaders may decrease drop-out rates and increase minority attendance.

Marital status. There are a wide variety of parenting forms, depending upon marital status. A parent may, or may not, be married one or more times, a step-parent, a divorced parent, a single parent, or a non-custodial parent. Programs have been developed for many of these marital statuses. How children feel about living in these families is an important issue since the traditional Anglo family has undergone a tremendous change ("Parenting expert", 1983). The experience of being a nontraditional parent is both traumatizing and enriching. There are no set rules which require adaptability and creativity on the part of the parents. The vital concern in parent training is that the leaders be trained to adapt the principles contained in the parent training programs to the parents. A detailed description of the subjects may also be necessary to determine the external validity of a study.

Child status. The majority of children, whose parents participate in parent training, are normal, well adjusted elementary school children. A few groups have been designed for use with special populations such as handicapped children, foster children, infants, and substance abusers. Capuzzi and Lecoq (1983) summarized the studies that linked parental drinking patterns, communication of caring and interest, and use of social control to eventual adolescent use and abuse of alcohol and marijuana. It was recommended that counselors design programs around family counseling or parent education models. In contrast, Brook, Gordon, and Brook (1980) found that paternal factors and adolescent female personality attributes have independent effects upon adolescent marijuana use. So, this study does not support the use of fathers in parent training if female adolescent marijuana use is the presenting problem. However,

the father may play a vital role within the family system that influences the marijuana use. Alexander et al. (1976) found a group behavior modification program useful for a small number of families with delinquent minors. Parker (1980/1981) was successful in providing a short-term educationally oriented group with parents of retarded Down's Syndrome children. So, the use of parent training with families who have children that are handicapped, abuse alcohol and marijuana, or who are delinquent may be warranted. It is important that these child characteristics are considered when planning a parent training group for a specific population.

This section has reviewed the major clinical and personal parent-child characteristics that may influence parent training. The impact of client drop-out was examined in order to illustrate the influence that experimental mortality (Campbell & Stanley, 1963) might have on the internal validity of the parent training research. Parent training programs may not be available to particular populations due to a number of factors, including program, counselor, and client characteristics. Hopefully, these characteristics will be taken into consideration by counselors when selecting a parent training program to deliver to clients.

Summary and Critique of Literature

This review of the literature relating to parent training leader characteristics has examined parent training programs, counselor characteristics, and client characteristics. Parent training programs began in 1815 with a meeting of parents and progressed along theoretical lines. The programs are best classified according to these theoretical approaches, which are also psychotherapeutic methods. Four major categories of parent training programs are being offered to consumers. These include psychodynamic, behavioral, humanistic, and cognitive-dynamic programs. The better developed

programs have extended their theoretical base to include techniques from other approaches. Research supports attitude and cognitive changes among the parents, but very little behavioral changes among the children, except those rated by the parents. Common research problems include the use of convenience groups, poor randomization and control procedures, and experimenter bias. In addition, long-term follow-up and generalization studies have only recently been conducted, primarily by behavioral researchers. Populations have not been well defined and replication studies are nearly non-existent. Finally, many studies have not been published, other than as dissertations, which makes research difficult.

Counselor characteristics have been examined through the social influence theory. It has been over 15 years since the counselor's perceived level of expertness, trustworthiness, and attraction were first suggested as salient features for inducing client change. These influences are cued by objective counselor characteristics, such as professional status, gender, race, and appearance. They are also influenced by counselor behaviors such as interpretation, self-disclosure, predicate matching, and paradoxical directives. The conclusions drawn from analogue studies, using the Counselor Rating Form, are generalizable in some respects to parent group leaders. However, the nature of the program content and the associated child rearing skills, suggests that additional leader qualities such as parent status and even paraprofessional status may be important influences. It has been recommended that both a professional and a paraprofessional leader, who are parents, be used to lead groups. The issue of leader training is still unresolved.

The type of clients that are best suited for parent training are parents who are prepared for the training process, similar in race and SES as the leaders, and

who are emotionally intact. These clients are typically parents who would like to enrich their parent-child relationship through the enhancement and development of child management skills. The focus in the parent training programs should be placed in areas that are important to the clientele. This includes being aware of the client's SES, marital status, and child status. An initial screening interview between the group leader and the potential client may serve to increase attendance and decrease the drop-out rate. Various administrative characteristics may also affect the parent group process and outcomes. These are fees, scheduling, and termination issues. Clients prefer counselors whom they can trust and be treated like equals. Becoming aware of the client's clinical and personal characteristics can assist in a positive parent training experience.

The present state of knowledge regarding the initial influence of parent training leader characteristics is only inferred from counselor analogue studies which used essentially a college freshman population. These studies are related to the one being proposed in that an experimental field analogue procedure is being used in which a brief stimulus is presented, and the counselor is rated using the Counselor Rating Form. It also utilizes an expectancy measure which is an accepted outcome rating for Adlerian parent training programs. Furthermore, data is being collected regarding administrative characteristics suggested by previous research.

The quality of the studies reviewed vary from weak to excellent. The problems in parent training research hae already been reported, and the weaknesses of the analogue studies are also their strength. They are limited in their generalizability, yet consistent in their internal validity. There has been some movement towards the use of analogue studies in field settings, using

experimental procedures. This study will contribute to the existing literature by extending the social influence theory into parent training research and by exploring the role of counselor demographic self-disclosure on parents' expectations.

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APPENDIX B

Informed Consent Form

INFORMED CONSENT FORM

The Guidance Clinic is trying to improve its services. We are asking parents to take 20 minutes to help us in a study. You will be asked to do three things:

1. Answer 6 short questions about you and your child.

2. Listen to a 10-minute tape about a parent education project.

3. Complete 3 questionnaires about the counselor, your child's behavior, and the program.

This study may help us in planning parent groups. It also helps parents learn about a parent education program. If you would like to help us in the study, mark the box and sign your name. You do not have to help us in this study. Your child will still receive services. If you just would like parent education information or study results, mark the circles below. Please print your name and address.

All your answers will be kept private. You can stop at any time.

I have read the above consent form.

☐ Yes, I will help.

☐ No, I will not help.

_____   _____
(Signature)   (Date)

Please Print: _____   _____
                      (Name)   (Address)

               _____
                      (Witness)

○ Please send parent education information.

○ Please send study results.

APPENDIX C

Instructions

INSTRUCTIONS

Dear Parent:

Parents can tell a lot about counselors just by knowing a little about them. A parent's initial impression can play a big role in counseling. Please follow these 8 steps:

_____Step 1.   Complete the Information Sheet on the next page.

_____Step 2.   Read the Counselor Description.

_____Step 3.   Listen to the tape.

_____Step 4.   Rate the counselor on the tape.

_____Step 5.   Rate your child's behavior as you would expect it to be like if you completed the program.

_____Step 6.   Fill in the 6 questions about the program.

_____Step 7.   Complete the last sheet.

_____Step 8.   Return all materials to the receptionist.

REMEMBER: Your first and honest impression is needed. It is okay to go back to the Counselor Description for Steps 1 to 6. You can place a check mark next to each step that you have completed. Thank you for your help.

If you have any comments or suggestions about the study, please contact me at the address and telephone number above. Please keep this sheet for further information.

Sincerely,

Richard D. Recor, M.S.
Psychology Intern

APPENDIX D

Information Sheet

Research # _____

INFORMATION SHEET

<u>PLEASE NOTE</u>: All the requested information is for the purpose of research. Individual responses will be held in <u>strictest confidence.</u>

1. Your child who is currently in counseling at the Guidance Clinic.

    AGE _____ SEX _____ GRADE _____

2. Your ethnic group: ( ) Caucasian, ( ) Black, ( ) Hispanic,

    ( ) Asian, ( ) American Indian, ( ) Other _____

3. Your sex: ( ) Male   ( ) Female

4. Parent status: ( ) Married, ( ) Single Parent, ( ) Other:

    Please describe _____

5. Your age: _____

6. Your highest <u>completed</u> grade: _____

APPENDIX E

Counselor Descriptions

Counselor: A (HMC)

COUNSELOR DESCRIPTION

The counselor you will hear on the tape is Dr. William Smith, a psychologist with experience leading parent education groups. He is married, has children, and will be leading the group.

COUNSELOR DESCRIPTION

The counselor you will hear on the tape is Dr. William Smith, a psychologist with experience leading parent education groups. He is married, has no children, and will be leading the group.

Counselor: C (HSC)

COUNSELOR DESCRIPTION

The counselor you will hear on the tape is Dr. William Smith, a psychologist with experience leading parent education groups. He is not married, has children, and will be leading the group.

Counselor: D (HSN)

COUNSELOR DESCRIPTION

The counselor you will hear on the tape is Dr. William Smith, a psychologist with experience leading parent education groups. He is not married, has no children, and will be leading the group.

COUNSELOR DESCRIPTION

The counselor you will hear on the tape is Mr. William Smith, a trained community volunteer, with experience leading parent education groups. He is married, has children and will be leading the group.

Counselor: F (LMN)

COUNSELOR DESCRIPTION

The counselor you will hear on the tape is Mr. William Smith, a trained community volunteer, with experience leading parent education groups. He is married, has no children, and will be leading the group.

Counselor: G (LSC)

COUNSELOR DESCRIPTION

The counselor you will hear on the tape is Mr. William Smith, a trained community volunteer, with experience leading parent education groups. He is not married, has children, and will be leading the group.

Counselor: H (LSN)

COUNSELOR DESCRIPTION

The counselor you will hear on the tape is Mr. William Smith, a trained community volunteer, with experience leading parent education groups. He is not married, has no children, and will be leading the group.

APPENDIX F

Audiotape Introduction

Introduction

Condition A

I am Dr. William Smith. I am a psychologist with experience leading parent education groups. I am married, and I have children.

Condition B

I am Dr. William Smith. I am a psychologist with experience leading parent education groups. I am married, and I do not have any children.

Condition C

I am Dr. William Smith. I am a psychologist with experience leading parent education groups. I am not married, and I have children.

Condition D

I am Dr. William Smith. I am a psychologist with experience leading parent education groups. I am not married, and I do not have any children.

Condition E

I am Mr. William Smith. I am a trained community volunteer with experience leading parent education groups. I am married, and I have children.

Condition F

I am Mr. William Smith. I am a trained community volunteer with experience leading parent education groups. I am married, and I do not have any children.

Condition G

I am Mr. William Smith. I am a trained community volunteer with experience leading parent education groups. I am not married and I have children.

Condition H

I am Mr. William Smith. I am a trained community volunteer with experience leading parent education groups. I am not married, and I do not have any children.

APPENDIX G

Program Questionnaire

Research # _____

PROGRAM QUESTIONNAIRE

NOTE: Completion of this questionnaire does NOT obligate you to participate in a parent training program. We are only interested in your opinions. Please mark only one response to each question.

1. How willing would you be to attend this 9 week parent training group?

WILLINGNESS TO ATTEND
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

2. Would you prefer that a children's group were provided?

Yes _____ No _____

3. How much would you REALLY pay for the entire 9 week training? (Mark only one).

   a. $0 - 19 _____   b. $20 - 39 _____   c. $40 - 59 _____

   d. $60 - 79 _____   e. $80 - 99 _____   f. Other _____

4. Where would you REALLY attend the sessions? (Mark only one).

   a. Community clinic _____   b. School _____   c. Private Practice _____

   d. Community center _____   e. Church _____   f. Other _____

5. What time during the day would you REALLY attend the sessions for 1½ to 2 hours? (Mark only one).

   a. Morning _____   b. Afternoon _____   c. Evening _____

6. Would you prefer a different length group other than 9 weekly sessions? Yes _____ No _____. If you marked yes, please indicate your most preferred length. (Mark only one).

   a. 1-3 weeks _____   b. 4-6 weeks _____   c. 10-12 weeks _____

   d. monthly _____   e. bimonthly _____   f. Other _____

COMMENTS:

APPENDIX H

Check Sheet

Research # _____

CHECK SHEET

Please DO NOT look at the counselor's description.

Mark those descriptions that best describe the counselor:

1. Professional Status

    _____a. professional psychologist

    _____b. community volunteer

2. Marital Status

    _____a. married

    _____b. not married

3. Child Status

    _____a. has children

    _____b. does not have children

Please comment on any other things about the counselor that might influence your decision to attend a parents' group.

_____

_____

_____

_____

_____

_____