Behavior therapy techniques and the efficacy of behavior therapy parent training methods

Madalyn Ann J. Shea
BEHAVIOR THERAPY TECHNIQUES
AND THE EFFICACY OF BEHAVIOR THERAPY
PARENT TRAINING METHODS

by
Madalyn Ann J. Shea

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CHAPTER I
Introduction

A common bond between parents whose children are in an educational program for behaviorally disordered students, appears to be a general feeling of loss of control, due to an overwhelming amount of noncompliance from their children. When their frustration intensifies, these parents often give up trying to manage their children's behavior. In a sense, noncompliance silently becomes characteristic of behaviorally disordered (B.D.) children's parents, to such a degree, that parental cooperation/involvement in school B.D. programs often vanishes. Consequently, schools are seeing a never-ending cycle where lack of parental involvement leads to little behavioral change for B.D. students in the school setting. In other words, behavior management programs implemented in the schools are not being reinforced in the home environment which hinders overall growth and progress.

Perhaps the lack of support for parents of B.D. children caused burnout for these parents, which eventually led to the destructive cycle described above. In the larger spectrum, our society has suffered greatly from various issues surrounding
noncompliance - teenage pregnancies, drug additions, crimes of violence and school dropout rates to name a few. Therefore, the problem has shifted from the isolation of the family and school, to a societal problem. Schools and educators have been expected at an ever-increasing rate to service family needs; therefore, the search for helping families deal with behavior problems must continue.

Purpose of the Study

The purpose of this study was twofold. First, it reviewed techniques incorporated into Behavior Therapy - a therapy utilized to train parents in effective strategies for dealing with their B.D. youngster. Second, it analyzed the efficacy of various instructional methods utilized to train parents in Behavior Therapy techniques. The study enabled readers to conclude how Behavior Therapy might work for them. In the future, perhaps school districts will develop and implement a parent training program that is effective with parents of B.D. youngsters - one that encourages positive parental involvement.

Scope and Limitations

The study was conducted in reference to techniques
utilized in Behavior Therapy and the efficacy of Behavior Therapy instruction methods utilized with parents whose children are B.D. At the discretion of the author, the masculine pronoun was chosen.

Definition of Terms

For ease of understanding, the following terms have been defined as they pertain to this study:

**Antisocial Behavior**—Behavior deviant from social norms.

**Behavioral Disorders**—A condition characterized by emotional, social, and behavioral functioning that significantly interferes with an individual's educational program and development in the social systems of school, home, and community. The condition excludes profound disorders in communication or socially responsive behavior.

**Noncompliance**—Refusal to comply with the law or the requests of those in authority.

**Parental Burnout**—A state characterized by emotional exhaustion from mental stress due to unrelenting frustration.

**Parent Training**—Involves teaching parents to modify a wide range of children's behavior through a variety
of behavioral treatment approaches.

Summary

Parents of children with behavioral disorders are often uninvolved in their children's educational and social progress due to intense frustration. As a result, children are not only noncompliant at home, but are noncompliant at school as well. Consequently, our society has suffered greatly from issues surrounding noncompliance. The study involved researching the techniques incorporated in Behavior Therapy as well as the efficacy of instructional methods utilized with the parents of B.D. youngsters. Definitions were presented in order to assist the reader of this study. Chapter II presents the research review.
CHAPTER II
Introduction

The National Association of Secondary School Principals recently printed a profile on America's youth - the following findings are devastating...

Facts:
- 13% of U.S. high school graduates read below a 6th grade level; in 1987, nearly 1.8 million juveniles were arrested; one of four children drops out of school; the leading causes of death to children are drug-and-alcohol-related violence and traffic crashes; 40% of young women become pregnant before they are twenty; youth unemployment is three times the U.S. unemployment rate. ("Report Card," 1989)

More facts:
- About 20% of all children in America live below the poverty line, but among Hispanic children the figure has climbed to 40% and among black children to 43%; children are about 40 percent of the poor in the United States; more than 10% of children live with physical or emotional handicaps; more than 13%
of 18- and 19-year-old women in this country have children - the U.S. teenage birthrate is virtually the highest of any western nation; 60% of today's 3-year-olds will be raised by a single parent by the time they turn 18 - more than half of these children will live in poverty. (Vobejda, 1987, p. 8)

Futurists have predicted that one-third of America's children (40 million) below school age, are in danger of teenaged pregnancy, unemployment, failing in school, dropping out, and/or becoming involved in crime and drugs (Vobejda, 1987). Newspapers such as the Milwaukee Sentinel, The Milwaukee Journal, and the San Francisco Examiner have consistently reported on America's troubled youth and their impact on society.

On May 16, 1990, the Milwaukee Sentinel published an article entitled, "Seven teens held in city gang rape." It was reported that as many as ten to fifteen boys may have assaulted a 17-year-old girl. Thomas R. Cooper, court commissioner, stated that "this is the most outrageous gang rape that I've seen" (Uebelherr, 1990, p. 1). Also, Cooper called it, "the worse sexual assault case he had seen involving numerous assailants"
(Uebelherr, 1990, pp. 1, 7). In his interview, Cooper described the case as "a symptom of a broader community problem" (Uebelherr, 1990, p. 7). He spoke of a breakdown in family life and values. He believes that prevention techniques need to be sought after - that things are out of control. Cooper concluded that, "We have to reconstitute the family so people learn right from wrong, because there's no substitute for learning it at home" (Uebelherr, 1990, p. 7). However, stories like this and the ones following seem to indicate a strong need for learning "it" outside the home.

The Educators' School Improvement Report ([ESIR], 1990) discussed the implications of teenage pregnancy in their recent publication. In the state of Wisconsin, approximately 7,000 teenagers give birth each year. Wisdom through the years has shown that teenage pregnancy can have stifling effects on families and society at large. Statistics show that when a teenage girl becomes pregnant, her education becomes a low priority which, in turn, trickles on down to effect the educational opportunities of her offspring. According to the ESIR (1990), "40% of teenage girls who drop out of school do so because of pregnancy or
marriage. Only half of the teens who become parents before age 18 graduate from high school by their mid-twenties" (p. 10). Furthermore, the ESIR (1990) reports the unexpected burden of an instant family with little time to prepare mentally and financially, "tends to produce abusive, dysfunctional family behavior" (p. 10).

"Divorce and drugs changing the face of the U.S. family" was the title draped across the Milwaukee Sentinel in the spring of 1990. It spoke of divorce rates that have tripled since 1940, the national illegitimacy rate being 25% with the rate in Milwaukee, Wisconsin, being twice that and in Milwaukee's local black community, it is more than three times that. It spoke of more and more single women who have had babies with most of these women being poor. "That almost guarantees a situation of government dependency" (Spring, 1990). Associate director of human services for Milwaukee county, Carol Latham, said, "studies indicate that because of problems such as unemployment and drugs, the pool of marriageable black males is inadequate" (Spring, 1990). Moreover, "the public seems confused and unsure of how to react to the
changes in family structure" (Spring, 1990).
Confusion, however, is quickly transforming into action, in an effort to ensure future societies.

Suggestions on how to manage the ever-increasing numbers of families and their youth in crisis have been printed in droves. The San Francisco Examiner (1989) recently raised the question, "how do you raise your child to be emotionally and mentally healthy?" (B-30). In the article, concerns about drug use and violence in the American culture were addressed as well as behavior management techniques hoped to "foster the most well-adjusted, healthy, academically successful and drug-free teen" (B-30). The Milwaukee Journal (1990) recently printed two articles in close succession stressing the need for unification between parents, children, and schools. "Treatment is not a spectator sport," claims Jay H. Schrinsky, a child psychologist stressing the importance of parental involvement in the maintenance of family stability (Rummiler, 1990, D-1). Furthermore, society cannot afford to lay dormant to the needs of American families. Because U.S. schools have been viewed as the one stabilizing factor in many youths' lives, ready or not, they have been called to
rise to the challenge of effectively dealing with America's troubled youth in a progressive manner. As reported by Hanson (1990) in The Milwaukee Journal article entitled, "Put to the test," "Schools can't answer all of society's problems, but we do have a role to play in helping parents do the best for their children" (D-2). At an ever-exceedingly high rate, "teachers are finding that they need to teach parenting skills" (Hanson, 1990, p. D-2). The reality of this statement has been even more staggering to educators of behaviorally disordered youth and their parents.

Parental Burnout

For years society has accused the families of B.D. youngsters of being the sole cause of their child's behavioral problems and in some social classes, this attitude still prevails. Though more is known today about behavioral disorders and their origin, the fact that family factors do play an intricate role, cannot be denied. According to Rutter (1979) a child is at a greater risk of developing a behavior disorder when a number of factors are simultaneously in play: separation, divorce, illness, and hostility to name a few. Garmezy (1987) concludes that as the number of
risk factors increase and occur at one time, the chance of a behavior disorder developing is greatly increased. Interestingly enough, however, there are children who grow up in a highly dysfunctional family and manage to survive virtually unaffected. Kauffman (1989) states that "no one knows why some children are vulnerable and others invulnerable to negative family influences" (p. 163).

Kauffman (1989) describes conduct disorder as being "characterized by antisocial behavior of various kinds, including fighting and assault, temper tantrums, disobedience, quarreling, fire setting, stealing, truancy, and the like" (p. 167). Patterson has done extensive research on antisocial youngsters and their family environment. As reported by Kauffman (1989), Patterson discovered that, "interaction in families with aggressive children is characterized by exchange of negative, hostile behaviors, whereas the interaction in families with nonaggressive children tends to be mutually positive and gratifying for parents and children" (p. 167). Moreover, Kauffman reported that, in the families with aggressive children, not only do the children behave in ways that are
highly irritating and aversive to their parents, but the parents rely primarily on aversive methods (hitting, shouting, threatening, and so forth) to control their children. Thus, children's aggression in the family seems both to produce counteraggression and to be produced by punitive parenting techniques. (pp. 167-168)

Patterson's work concluded that many nondesirable family interactions remain constant due to negative reinforcement - which, according to Kauffman, "involved escape from an avoidance of an unpleasant condition, which is rewarding (negatively reinforcing) because it brings relief from psychological or physical pain or anxiety" (p. 168). Patterson dubbed these interactions "negative reinforcement traps" and Kauffman explains that these traps "set the stage for greater conflict and coercion; each person in the trap tends to reciprocate the other's aversive behavior and to escalate attempts to use coercion - controlling someone by negative reinforcement" (p. 168). One very interesting finding from Patterson's work is that problem children, as opposed to normal children, react
very differently to parental punishment. In Kauffman's words, "problem children tend to increase their disruptive behavior in response to parental punishment ... in effect, the members of families with aggressive children train each other to be aggressive" (p. 168).

The following is an example of a negative reinforcement trap: A teenager consistently stays out with friends past curfew, an unpleasant condition for parents. When parents request that the teenager be home on time or at least phone to say he will be late, the teenager goes into a fit of rage. The teenager's acting out is extremely unpleasant to the parents, so the parents stop their requests. The parents' constant demands are unpleasant to the teenager, who discovers that his acting out will stop his parents' requests. For the time being, both the parents and the child escape unpleasant situations - teenager stops acting out and parents stop demanding - but the teenager is still staying out with friends past curfew. In the future, the parents cease requesting the teenager to comply with curfew and the teenager learns that by acting out, he can stop his parents from making what he sees as nonsense requests. In essence, both the
parents and the child are negatively reinforced by avoiding what appears to be for both parties involved, unpleasant consequences. Nevertheless, the main problem (an abuse of curfew) still remains and can serve as the culprit for future negative interactions.

The above example leads researchers on a path to discover how it all started. How do these negative reinforcement traps evolve? Kauffman reported on Patterson's extensive research in the following manner:

The model emerging from Patterson's research group suggests that they arise from failure by parents to effectively punish "garden-variety," coercive behaviors. The child begins winning battles with the parents and the parents become increasingly punitive but ineffective in responding to coercion. Coercive exchanges escalate in number and intensity, increasing to hundreds per day and progressing from whining, yelling and temper tantrums to hitting and other forms of physical assault. The child continues to win a high percentage of the battles with parents; parents continue to use ineffective
punishment, setting the stage for another round of conflict. And this coercive family process often occurs in the context of other conditions associated with high risk for psychopathology of both parents and child; social and economic disadvantage, substance abuse, and a variety of other stressors such as parental discard and separation or divorce. During the process, the child receives little or no parental warmth and is often rejected by peers. School failure is another typical concomitant of the process. Understandably, the child usually develops a poor self-image. (p. 169)

This cycle of coercive exchanges has been observed in families with children as young as 3 1/2 years of age (Kauffman, 1989).

Kauffman (1989) goes into great detail in explaining the effects of family dynamics in the behavioral development of children. He points to two main factors that contribute to behavioral development in children: discipline utilized by parents and the intactness of the family unit. In addition, individual
members that constitute a family unit, and the position they hold in relationship to other family members, are not significant determinants in the development of behavior disorders. However, as reported by Kauffman, "Level of conflict among family members, security of parent-child emotional attachment, temperamental characteristics of children and parents, and availability of extrafamilial resources appear to be important influences on behavioral development" (p. 171). These are the issues that appear to have a strong influence on behavior disorders.

First, family intactness is rapidly starting to take on a whole new dimension in American culture. Its meaning is quickly shifting from a traditional family with a mother, father, and children pictured to include families characterized many times, by a single parent, stepparents and stepchildren.

Secondly, discipline techniques used to maintain control within families can have various effects on a child's behavior (Kauffman, 1989). Back in 1964, Becker described parental discipline as basically following one of two paths - restrictiveness versus permissiveness and warmth as opposed to hostility
He discussed in this research that "warm, love-oriented methods of discipline permissiveness (a high degree of tolerance in areas such as neatness, orderliness, toilet training, sex play, modesty, manners, noise, obedience, and so on) foster desirable social growth" (Kauffman, p. 171). However, "Power-assertive, hostile methods of discipline and restrictiveness (strict rule enforcement) inhibit sexual development. At the same time, the two dimensions of warmth - hostility and restrictiveness - interact to affect the child's social development" (Kauffman, 1989).

Finally, Kauffman (1989) states that the effects of discipline techniques highly depends upon the personalities and behavioral characteristics of the individuals utilizing the techniques. Research suggests, however, that "parents who are hostile and permissive to their discipline will tend to have highly aggressive, noncompliant, delinquent children" (p. 171). Also of significance is Kauffman's mention of Becker's research on the importance of consistency in parental discipline. As reported by Kauffman, "consistency in discipline - sameness over time,
agreement between parents, predictability of consequences, and congruity between instructions, rewards, and models — is a critical factor in the outcome" (of the use of discipline techniques) (p. 172).

Understanding parents of behaviorally disordered adolescents is essential for professionals who undertake the task of instructing these parents in Behavior Therapy techniques. According to Miles (1987) "The factor of stress and the part that it plays in dysfunctional families must be taken into account when parent training is deemed necessary" (p. 10). Parents are never free from the responsibility of their children. Rarely do they take a vacation away from the constant day to day battle of raising their child. The professionals that work with B.D. adolescents, however, see these children approximately eight to ten hours a day. If the stress on the job becomes too much, these professionals have many options: relocate, quit, sometimes professionals can even change case loads. It is inevitable then, that the parents of B.D. children tend to burnout, at a faster pace than do the professionals that work with the same children.
Problems Innate With the Handicap

Depending upon the severity of their children's emotional disturbance and their own personality, parents feel stress at varying levels. What may appear to be a severe handicap to one set of parents may be viewed as a minor problem by the professional involved in the case (Buscaglia, 1983).

Lack of Progress/Development

The "normal" track of child development is an exciting one to follow for almost all new parents. First smiles shown, steps taken, and words spoken produce unremarkable emotions and rewards for parents. On the other hand, when progress is not being made or occurs so slowly that advances are nearly invisible, despair and sadness seem to overshadow all hope. Encouraging though, is that when progress finally appears, parents of B.D. children seem to wallow in the job of their children's accomplishments for a more extended period of time.

Public Opinion

Facing the public and appearing to be in control at all times even when they do not always feel in control is something parents of B.D. children face each
time they have the privacy of their own home. They are constantly challenged with the decision to either ignore inappropriate comments made by outsiders or take on the role of teacher and try to explain their child's handicapping condition to those in full view of their family.

**Pressure From Spouse or Family Members**

Family units operate in unique ways. It is not often the case where all family members agree on how various situations should be handled. This is especially true within a home where a child is emotionally disturbed. Though harmony in family living is the goal, it is often clouded over by feelings of guilt, shame, embarrassment, and frustration felt by immediate and extended family members. Each parent, sibling, and relative of an emotionally disturbed child has their own perception of the causes of and influences on the handicapping condition at hand. Best stated in the words of R. Overs and J. Healy (1979) in their book, *Medical and Psychological Aspects of Disability:*

**Probably the single most important influence on a person's action or decision is the**
person's attitudes, beliefs, and values. As structuring and ordering devices, attitudes, beliefs, and values precede logical thinking and do not derive from logic or rationality. Therefore the influence of basic attitudes, beliefs, and values on actions or decisions is primarily of an emotional, not an intellectual nature. (p. 90)

When family members cannot come to an agreement on varying topics surrounding the emotionally disturbed person, stress becomes an overwhelming felt emotion.

Pressure From Support Groups
Support groups can serve as a wonderful support system for parents of an emotionally disturbed child when they provide a comforting, informative, safe environment in which parents can feel free to give and take at their own discretion. Too often, however, parents are made to feel as if they are not extending themselves enough to the cause of the group. They are made to feel as if they need to give more and do more in the name of their handicapping child. This is where support groups can hinder rather than help parents.
Loneliness

Feelings of isolation pool around the parents of emotionally disturbed children. Child care is often difficult to obtain for children with emotional needs. This, in turn, cuts parents off from healthy contact with other adults. When contact is made, parents can still feel alone even amidst a crowd. Concerns about child behaviors from "other parents" often appear minor and mild compared to the behaviors parents of B.D. children must deal with on a much more consistent basis.

Parental Death

Parents of B.D. children appear more conscious of their own mortality much earlier in life than do parents of "normal children." Parents of B.D. children worry about the survival of their children after their own death. Who will openly, lovingly, and willingly take on the responsibility of raising a child with emotional needs for ten, twenty, possibly forty years? According to Morrison, "the frustrations met in trying to make adequate provisions for the child are definitely added stressors" (p. 88).
Financial Needs
Raising children in general is a financial stressor. Adding to that the cost of medical bills, latest technologies deemed to help the emotionally disturbed child to progress, along with the legal costs, costs and stress levels can skyrocket.

Lack of Relief
As stated earlier, parents of B.D. children will always be parents of B.D. children. As a result, exhaustion accompanied by the loss of personal identity often manifests itself deep within these parents. An appropriate outlet needs to be found and utilized in order to maintain individualism and sanity.

Dealing With Professionals
Parents of B.D. children often find themselves feeling misinformed, uninformed, totally to blame for their children's actions and even sometimes isolated from their own children. They have often sat in meetings with school personnel and felt only certain biased interventions for working with the children were presented. They have also felt a lack of involvement in school meetings. For the amount of information parents have concerning their own child, parents of
B.D. children have often felt as if they were being treated by professionals as an uninformed participant in the treatment of their own children.

Along with stressors, parents of disabled children experience a number of feelings and reactions in regard to the acceptance of their handicapped child. These too contribute to parental burnout. In a handbook developed by Katharin Kelker (1987), it has been stated that many parents experience withdrawal, anger, depression, fear, and ambivalence. In the words of Kelker, when the realization of an emotional disorder becomes evident, parents of the disabled seem to distance themselves from the world around them as a means of defense. Withdrawal seems to serve as a protective shield against unwelcomed questions and lengthy explanations. Anger spreads like wildfire amongst all interrelated parties. Anger stems from feelings of "why me?" It stems from the lack of services for their child and support for them. Anger stems from the vast amount of information that is unknown about emotional disturbances. Depression plants itself deep within the hearts of parents of B.D. children. The condition of the handicap and the affect
of the handicapped child can serve as an overwhelming burden that must be dealt with on a consistent basis. Many parents also feel real fear. Realistic fear. Parents fear for the future. They wonder whether or not their child will receive the services and help they need. Parents fear for the present. They fear constantly having to convince others that their child needs help before he does some serious damage to himself or others. Lastly, Kelker spoke of ambivalence - of how parents of B.D. children can love their children very much, and at the same time, have feelings of hatred. Sometimes these parents feel real hate for what their child does to them, or their other children, relatives, and even their community and school. Then parents feel guilty for having felt feelings of hatred for their own child whom they love so very much.

Leo Buscaglia, a well-known author and speaker, elaborates on the topic of feelings felt by parents of emotionally disabled children in his book, entitled The Disabled and Their Parents. Buscaglia includes feelings of denial, guilt, confusion, and despair as characteristic features of these special parents. Denial is felt by these parents at first. Denial that
something really wrong, in fact, does exist. Guilt for having caused their child to have an emotional disturbance is also felt. Confusion exists. Feelings of where to turn next, or what to do about the situation now that the fact that there is a problem, has been confirmed. Finally, there is despair. The loss of all hope for help.

The feelings and reactions described above by Kelker and Buscaglia are real and active in the lives of the parents of the disabled. Before professionals can attempt to help and assist these parents towards living a healthier, happier life along with their disabled child, they must take the time to understand the uniqueness of each individual family living with a B.D. child as well as the commonalities that unite them.

Behavior Therapy Techniques

In the 1970s, mental health professionals began to instruct parents of behaviorally disordered children in techniques believed to be effective for intervening with behavior problems (Moreland, Schwebel, Beck and Wells, 1982). With the help of professionals, parents have been taught to modify behaviors such as compliance
(Barnard, Christopherson, and Wolf, 1977; Clark, Greene, Macrae, McNees, Davis, and Risley, 1977). Much of the research employed behavior techniques such as contingency management, token economies and time-out just to name a few (Moreland et al., 1982). Research indicates that any method considered behavior modification can also be considered Behavior Therapy. According to Flanagan, Adams, and Forehand (1979) training parents as behavior therapists has been effective in decreasing inappropriate child behaviors in the home. This researcher reviewed some of the more common Behavior Therapy techniques utilized by both professionals and nonprofessionals in an attempt to modify the misbehaviors of adolescents.

Basically, there are two methods of altering behavior - those techniques utilized to increase behavior and those utilized to decrease behavior.

Bandura (1969); Cullinan, Epstein, and Kauffman (1982); Nelson and Polsgrove (1984); and Simpson and Regan (1986) incorporated social learning theory to manage behavioral problems associated with children. This approach targeted specific environmental variables and manipulated these variables in such a way that
observable behavior was either increased or decreased. In order for this method to be effective, a complete analysis of the antecedent-behavior-consequence (A-B-C analysis) cycle, in a given environment needs to be done. According to Kerr and Nelson (1989) A-B-C analysis "involves carefully observing and recording events that occur immediately before the target pupil's behavior, the behavior itself, and the events that take place immediately afterward" (p. 50). Once an A-B-C analysis has been performed, there is a high probability that the positive manipulation of environmental variables will decrease problem behaviors. Evans and Meyer (1985) discovered that children's misbehaviors may come from an increase in demands that are placed on them. For example, if a child has a tantrum when asked to complete a task at home, perhaps the parent(s) might decrease the requirements of that task so it is manageable for their child.

Differential reinforcement involves reinforcing appropriate behaviors and ignoring inappropriate behaviors (Kerr et al., 1989). Differential reinforcement of incompatible behaviors (DRI) and
differential reinforcement of alternate behaviors (DRA) according to Kerr et al. (1989) "involve reinforcing behaviors that are functionally incompatible with (i.e., cannot occur at the same time) or that are simply alternatives to the target behavior" (p. 110). Both DRI and DRA techniques have been noted to lower inappropriate behaviors (Deitz and Repp, 1983). One major advantage of DRI and DRA is that the follow-up results of positive treatment outcomes over long periods of time are favorable (Deitz et al., 1983). Differential reinforcement of the omission of behavior (DRO) involves incorporating time intervals, in which a youngster must not perform inappropriate behaviors in order to receive reinforcement (Deitz et al., 1983). For example, a parent might set a timer to a five minute interval and give their child something (points, gum, sticker) reinforcing at the end of the interval if the child has avoided a specified behavior during the given frame of time. The idea is to gradually lengthen the time of the interval while reinforcement (praise, attention, encouragement) of other, more positive behaviors is given. DRO has been effective in reducing
aggressiveness (Patterson, Jones, Whittier, and Wright, 1965). Differential reinforcement of low rates of behavior (DRL) is defined by Kerr et al. (1989) as "providing reinforcement when the targeted behavior occurs no more than a specified amount in a given period of time" (p. 110). For example, if fewer than two swear words are observed in a one-hour period, the youngster earns 3 points.

Response cost is another technique utilized to reduce inappropriate behaviors. In the words of Smith (1989) "fines, often referred to in the research literature as response cost, usually are tied to rewards" (p. 100). As a youngster "can earn a privilege through good behavior," that youngster can also "lose that privilege because of poor behavior" (Smith, 1989, p. 100). Parents can be taught to withdraw valuable reinforcers (TV, allowance, telephone use) when their youngster displays undesirable behavior. Response cost is a technique that is utilized in the American culture quite readily. Citizens often suffer legal response cost consequences via traffic fines and bail procedures. Because response cost is so effective and easy to implement, it
is very useful in reducing inappropriate behaviors with youngsters of all ages and with varying types of disabilities (Walker, 1983). There are some dangers in using this method in complete isolation of any other method however. Response cost alone may give rise to inappropriate behaviors especially when appropriate behaviors are not being maintained.

Time-out is a technique widely used to reduce negative behaviors in youngsters of all ages. Walker and Shea (1988) define time-out as "the removal of a child from an apparently reinforcing setting to a presumably nonreinforcing setting for a specified and limited period of time" (p. 132). It is a process of restricting a youngster from receiving reinforcement based on their display of inappropriate behavior (Zabel, 1986). Examples of time-out include restricting a youngster to a chair for a short period of time, or guiding the youngster to a deserted area where they can quietly spend time alone. Time-out has varying levels of restrictiveness. A youngster can be placed in time-out and be required to observe other youngsters who are behaving appropriately; a youngster can be isolated completely from others; or a youngster
can be placed in seclusion time-out where he is placed in a safe and secure room (Nelson and Rutherford, 1983). Many factors play into the effectiveness of time-out. The way it is used, the length of time it is used for and the background of the youngster it is used on all play a significant role in its appropriateness. The general procedure in the use of time-out is as follows: first, the reason why time-out is being enforced must be relayed to the youngster; second, directions on expected time-out behaviors should be clearly stated; next, an appropriate place for time-out to occur must be found; and finally, it is imperative that the time-out area has been released of any potential reinforcers (Harris, 1985).

Time-out has been noted as having both positive and negative side effects. Though the documentation of the negative side effects is scarce, Carr, Newscom, and Binkoff (1980) stated that aggression may increase as a result of time-out. The research documenting the positive side effects of time-out is more substantial. Wahler and Nordquist (1973) affirmed that attention and social appropriateness have been noted to increase due to the effective use of time-out.
Kauffman (1989) describes overcorrection as: either requiring the student to make restitution or to engage in a more appropriate form of behavior. Restitution may mean repairing damaged property and working to improve the damaged environment, or returning stolen property plus giving something in addition. To use positive practice overcorrection, one has the individual repeatedly practice a more desirable or correct form of behavior. (p. 279)

Sasso, Simpson, and Novak (1985) have cited that restitution and positive practice overcorrection helped to reduce the inappropriate behaviors of children and adolescents that have a behavioral and/or emotional handicap. Overcorrection required a one-on-one approach (parent to child, for example) whereby the parent, or professional, needs to manually assist a youngster with an overcorrection exercise. Overcorrection is not without its negative and positive side effects as well. Aggression, avoidance and tantrums have been some of the negative side effects recorded (Watson, 1975). However, attention and
appropriate behavior have been noted as positive side effects of overcorrection (Simpson and Swenson, 1980). The long-term effects of this technique with handicapped adolescents is unknown.

Lastly, corporal punishment is a technique that is not supported by current research as an effective means of reducing inappropriate behavior displayed by youngsters but nonetheless, a technique that is recognized, utilized and even supported in American society. Weilkiewicz (1986) described corporal punishment as hitting with a hand or an object. It often involves abusive physical contact. Corporal punishment has been used in public schools as a means to discipline youngsters who display inappropriate behaviors but appears that its use has been incorporated by individuals untrained in behavior analysis. Rose (1984) claims that corporal punishment is more widely used with nonhandicapped youngsters. Surprisingly, 70 to 80 percent of teachers were noted as being in favor of corporal punishment by Hyman, McDowell, and Raines in 1977. McDaniel (1980) found that the public in general was in favor of the mild use of corporal punishment. Though corporal punishment has
been widely used and mildly accepted, research suggests that it has not proven to be effective in managing inappropriate behaviors in youngsters of all ages.

Walker et al. (1988) states that "the five most common techniques applied in behavior modification interventions for increasing a target behavior are (1) positive reinforcement, (2) shaping, (3) modeling, (4) contingency contracting, and (5) the token economy" (p. 94).

Walker et al. (1988) claims that "positive reinforcement is known by various other labels, such as positive attention, approval, social reinforcement, and rewarding" (p. 95). Walker et al. (1988) interprets it to mean "the process of rewarding an appropriate target behavior in order to increase the probability that the behavior will recur" (p. 95). The use of positive reinforcement has the advantage of giving youngsters the attention they need and yearn along with decreasing the chances of a youngster displaying inappropriate behaviors in order to gain attention (Walker et al., 1988).

Showing approval for appropriate behaviors is very effective in reducing inappropriate behaviors in
youngsters — especially when it is accompanied by the display of disapproval for inappropriate behaviors. Rosen, Gabardi, Miller, and Miller (1990) found that "the students whose parents delivered both positive and negative consequences contingent upon appropriate or inappropriate school behavior demonstrated a significant decrease from pre- to posttreatment in their rate of referrals to the office for conduct problems" (p. 230). However, according to Rosen et al. (1990) "the students whose parents delivered only positive consequences (and gave no consequences for inappropriate behavior) showed no significant pre- to posttreatment changes on these measures" (p. 230). Therefore, Rosen et al. (1990) concludes that the results indicate that a home-based treatment approach which combines both positive and negative consequences (delivered contingent upon appropriate and inappropriate school behavior, respectively) caused greater changes in conduct problems, and associated depressive symptoms, than an approach which only emphasizes positive consequences. (p. 231)
Shaping is a technique that reduces the possibilities of a youngster learning incorrect responses when being exposed to a new skill (Smith, 1989). Smith (1989) states more specifically that this procedure involves the careful reinforcement of successive approximations of the target response. The student is rewarded first for attempting to perform the new skill. Gradually, rewards are offered only as closer and closer approximations of the skill are performed by the student. Finally, only accurate responses are rewarded. (p. 184)

Walker et al. (1988) adds that "to initiate an intervention for the purpose of increasing a behavior, the teacher or parents need only wait until the target behavior is emitted by the child" (p. 96). Shaping involves a specific set of six sequential steps: selecting a target behavior, obtaining reliable baseline data, selecting potent reinforcers, reinforcing successive approximations of the target behavior each time they occur, reinforcing the newly established behavior each time it occurs and reinforcing the behavior on a variable reinforcement
schedule (Walker, et al., 1988). Walker et al. (1988) made it very clear that the behavior chosen to be shaped, needs to be clearly defined and that the "parent must be positive that the selected behavior is meaningful to the child in terms of the child's present life situation and developmental level" (p. 96). In the process of shaping, parents may experience two major obstacles to progress. The first obstacle involves lingering too long on one level of approximation to the point where the youngster is unlikely to move forward in the behavior-shaping process. The second obstacle involves the rapid movement from one level of approximation to another - this may diminish the new behavior altogether.

In 1969, Bandura discovered that modeling could be utilized as a technique to increase and maintain behaviors. Walker et al. (1988) states that modeling "is a potentially effective preventive technique" (p. 126). Walker et al. (1988) also claims that "one of the most common forms of human learning is accomplished through the processes of observation and imitation" (p. 123). Modeling has also been referred to as observational learning, copying, vicarious
learning and role playing (Walker et al., 1988).

Social skills therapy, which is defined by Turner and Ascher (1985) as "a direct and systematic attempt to teach interpersonal skills and strategies to individuals with the intention of improving their individual interpersonal competency in specific types of social situations" (p. 122) can be taught via modeling (Smith, 1989). According to Schloss, Schloss, Wood, and Kielhl (1986) social skill development may be one of the most crucial skills needed by behaviorally disordered youngsters. Social skills can be taught via parents of behaviorally disordered youngsters via instruction and discussion, modeling, behavior rehearsal, performance feedback, reinforcement and shaping procedures and transfer-inducing procedures (Turner et al., 1985).

During social skills training, usually some form of modeling is used to introduce the skills to be taught. The model often is the therapist. Some training programs make use of videotape models. In some cases, inappropriate and appropriate strategies are modeled in order to contrast these styles and
demonstrate the likely consequences of each strategy. (Turner et al., 1985, p. 132)

Social skills therapy has gained the respect of professionals in the field because it is performance based and Bandura (1977) noted that performance based treatments are very effective. "Because of its appealing quality, social skills therapy has been used as a treatment procedure for just about every major form of psychopathology and for many other types of disorder behaviors" (Turner et al., 1985, p. 135).

Contingency contracting is an excellent technique that is often performed in order to increase appropriate behaviors in individuals. Contingency contracting is another method heavily emphasized in American society. Contracts are developed and implemented at varying levels of personal and professional relationships. Walker et al. (1988) defines a contract as "an agreement, written or verbal, between two or more parties, individuals, or groups that stipulates the responsibilities of the parties concerning a specific item or activity" (p. 101).

The theory behind contingency contracting was developed by Premack in 1965. Basically, this theory states that
a frequently occurring behavior can be used to increase occurrence of a low-rate behavior (Walker et al., 1988). Developing costs of these contracts is inexpensive and, they work! Rutherford and Polsgrove (1981) concluded that the use of contingency contracts were extremely useful in assisting adolescents in making decisions about their goals. Kaplan and Hoffman (1981) claim that many home situations have improved based on informal contingency contracts.

The steps to creating and implementing contingency contracts have been noted by Walker et al. (1988) as the following:

1. The contract needs to be negotiated and freely agreed upon by all parties.

2. The contract must include clear expectations.

3. All reinforcers need to be consistently adhered to as per the terms of the contract.

4. A date to revise the contract and its terms needs to be established.

Youngsters appear to buy into ideas that they themselves were involved in brainstorming; therefore, their involvement in the formation of any contingency contract, is imperative.
Finally, token economies have "proven to be an effective behavior change intervention" (Walker et al., 1988, p. 110). A good description of what a token economy is, follows -

Token economy consists of an incentive system in which a particular medium of exchange (the token) is provided for well specified behaviors. Delivery of the tokens (e.g., stars, points, tickets, checkmarks, money) is contingent upon performance. The tokens can be exchanged for a variety of other rewards, referred to as backup reinforcers. (Foa and Emmelkamp, 1983, p. 335)

Essentially, three ingredients are utilized to start a token program: a medium of exchange (a token), backup reinforcers, and ground rules that clearly express how these three things are all interrelated (Turner et al., 1985). Token economies are strengthened by daily reviews of expectations and consequences (Kerr et al., 1989). Once again, involving youngsters in the development of token economies greatly enhances the success of the program (Kerr et al., 1989).

With having introduced some of the more common
techniques incorporated into Behavior Therapy practice, this researcher would now like to lead the reader to the following section where the efficacy of the varying ways to teach Behavior Therapy techniques to parents is discussed.

Efficacy of Behavior Therapy Parent Training Methods

The importance of considering parental satisfaction with the use of Behavior Therapy (B.T.) techniques is of great value. Logically, if parents feel confident and comfortable with their newly acquired skills, the probability of parents utilizing these skills with their own children, is heightened.

In the research that has been reviewed for this study, it was found that there have been a number of ways to instruct parents on B.T. techniques: live modeling, homework assignments, videotape modeling, written presentation and lecture presentation. Various combinations of these methods have been tested. Instruction has been offered and tested in the form of group and individual therapy sessions. All methods attempted to alter parent-child interactions to a more positive form of communication. Also of concern to many researchers reviewed, was the cost effectiveness
of the various models. With an increase in patient load and so few professionals able to serve parents in need of help, cost and program effectiveness is a must for consideration. Most assessment procedures were found to come in the form of questionnaires such as the Therapy Attitude Inventory (TAI) (Eyberg and Johnson, 1974). This inventory assessed satisfaction with treatment outcome along with satisfaction with the therapist.

In 1980, Christensen, Johnson, Phillips, and Glasgow tested client satisfaction with the use of individual, group, and bibliotherapy (minimal contact) as a means of parent training. Mothers that were part of individual therapy were much more satisfied than those mothers involved in group therapy. Eyberg and Matarazzo (1981) also reported the same results - mothers participating in individual training were excessively more satisfied than those participating in group therapy. Perhaps the security of confidentiality heightened the level of comfort for these mothers; which, in turn, may have increased their ability to acquire new skills.

According to McMahon and Forehand (1983),
Practice with the child in the clinic was generally rated as the most useful teaching method at posttreatment and follow-up. However, at both assessments, mothers reported it to be more difficult than therapist demonstration. At posttreatment, the more performance-oriented teaching methods tended to be rated as the most useful, while written materials was rated as least useful. Therapist demonstration was rated as the easiest to follow at both posttreatment and follow-up. (p. 217)

In light of the above, it appears that parent training that is able to actively involve parents in actual hands-on role plays with their own children, seem to be the most effective.

On the other hand, a study conducted by O'Dell (1980) has discovered that equal satisfaction was found with parents who were trained in time-out or positive reinforcement when taught in any number of styles whether it be via written material, audio, videotapes, or individual training.

Baker & Heifety (1976) found more parental satisfaction in training when the use of written
materials along with group or individual training was incorporated rather than just the use of written materials. Parents reported feeling more confident when confronted with stressful interactions with their child.

Through this writer's researching, an interesting point was brought forth by the article written by McMahon and Forehand (1983) when assessing consumer satisfaction with the use of B.T., the majority of the targeted clientele are parents and teachers - mostly those adults who participated in the instruction. Very rarely are the children, to whom the techniques are directed towards, considered. McMahon et al. (1983) warned against the danger of such practices. For children "have the right to participate in treatment decisions and activities on a level commensurate with their maturity and the complexity of the issues involved" (p. 218).

Furthermore, there is some evidence that proves assessment of the children involved may be a more useful piece of information than is information gathered from adults. For example, McMahon et al. (1983) claims "that youth evaluations of satisfaction
with the Achievement Place Program were more highly correlated with a reduction in both criminal and total offenses than any of the evaluations by other consumer groups, including group home parents, teachers, or parents" (p. 218). Though this is only one study and more research in the area is needed before generalizations can be made, the point should be well taken. More attention given to therapists or treatment outcome rather than "satisfaction with treatment procedures or teaching format" (McMahon et al., 1983).

The idea of assessment has been an afterthought in many instances. Measures include questionnaires, surveys, and telephone calls. Reliability and validity of such measures has been questioned. One main reason to assess had been the assumption that satisfaction in training is related to future performance and transference of skills.

Most studies have reported overall parental satisfaction. Caution in interpretation of parental satisfaction needs to be taken. McMahon et al. (1983) states that

a possible explanation for uniformly high
levels of satisfaction is a sampling bias
whereby only those clients who complete the treatment are contacted. Thus, clients who drop out of therapy or who fail to respond to follow up assessments do not contribute to the assessment process. (p. 221)

Other issues that "fall under the heading of method variance," as McMahon et al. (1983) calls it (p. 221), may affect parental satisfaction scores. These include such things as "the format of the instruction, time of assessment (posttreatment vs. follow-up), the procedure for contact (telephone interview, mailed questionnaire), and so forth. McMahon et al. (1983) goes on to say that "Only when more basic issues, such as adequate test construction are dealt with, will it be possible to address these and other considerations in a systematic fashion" (p. 222).

Studies which have evaluated long-term outcomes for parent training had some problems. For example, in many instances, only one outcome measure was utilized. This measure was often in the form of parents' verbal or written opinion, questionnaire, or telephone contact (Webster-Stratton, 1982). The value in assessing is
that some programs may produce massive initial changes in parent-child interaction, but have no lasting effects (Webster-Stratton, 1982).

Results from the Webster-Stratton (1982) study which assessed 32 families who received videotaped instruction in a parenting program showed that at the short term follow-up most behavioral changes were maintained. At the one year follow-up, improvement in parent-child interactions increased. Interactions were reported as being less negative, nonaccepting, and domineering, than at baseline (Webster-Stratton, 1982). There was also a reduction in child behavior problems noted at the one year follow-up. Mothers involved in the study viewed their own children as having more behavioral problems than did mothers of so called "normal" children. These mothers were also observed as being more submissive to their children prior to intervention. However, at the one year follow-up, this was not the case (Webster-Stratton, 1982). Despite these accomplishments, at the one year follow-up, these same mothers "reported feeling less confident and less able to manage behavior problems" (Webster-Stratton, 1982, p. 712). Perhaps treatment did not stimulate
generalizations to be made to various behavioral situations. Patterson, known for his work in the area of B.T. during the 1970s, suggested "booster" training for those participants that felt the need for refresher courses (Patterson, 1974).

Behavior Therapy works as a means of training parents of conduct-disordered children. Several reports have indicated this according to studies done in the 1970s and 1980s (Berkowitz and Graziano, 1972; Graziano, 1977; Johnson and Katz, 1973; Moreland, Schwebel, Beck and Wells, 1982; Pawlicki, 1970).

In order for parent training to be more readily available for consumer use, cost effectiveness needs to be addressed. Videotape approaches seem to be very promising because they have "the advantage of mass dissemination and low individual training costs" (Webster-Stratton, 1984, p. 666).

Repeatedly in this author's research, certain studies have been cited in reference to the effectiveness of videotaping as a means of parent training. Especially in regards to teaching time-out to parents. Nay (1976) determined that the use of videotape modeling was just as effective as the use of
videotape modeling along role playing and more successful than the use of written material or lectures. Flanagan, Adams, and Forehand (1979) found videotape modeling to far supercede written presentation, lecture, and role playing. O'Dell, Mahoney, Horton and Turner (1979) and O'Dell, Krug, Patterson, and Faustman (1980) discovered that videotape modeling accompanied by individual checkout with a trainer held a higher precedence over live modeling and role-played rehearsal put together. Finally, O'Dell, O'Quin, Alford, O'Briant, Bradlyn, and Giekenhain (1982) found videotape modeling to be equivalent to live modeling with rehearsal when teaching parents reinforcement skills. Though the studies produced exciting results, limitations were recognized. All of the studies assessed single target parent behavior rather than child behavioral changes or interactions between parent and child. Also, absent from the studies were "less well educated clinical parents who have children with clinically significant behavioral problems" (Webster-Stratton, 1984, p. 667).

Webster-Stratton (1984) conducted a study that compared two parent training programs for families with
conduct disordered children. The main thrust of the study was to compare the cost of a videotape modeling, therapist-led group discussion parent training program to an individualized, one-to-one parent training program with a clinical population. Characteristic of the subjects studies were a "number of single parents, low socioeconomic status, low mean education, high prevalence of child abuse and the deviant nature of the child" (Webster-Stratton, 1984, p. 675). At first, it was believed that individualized programs would produce far greater parental satisfaction than videotaped group programming. The results were surprisingly desirable. Based on multiple assessment measures, two findings arose repeatedly. First, at the end of training, both groups had improved their attitudes and interactions with their children in comparison to the untreated control group. The children in treatment were found to show a reduction in noncompliant behaviors when compared to the control group children. One year later, the results were still valid. The two groups were parallel in their findings. Less behavior problems were noted by parents in relationship to their child's behavior. Noncompliant and deviant behaviors
all decreased (Webster-Stratton, 1984).

Secondly, there were no significant differences noted between the studies as far as parental attitude or behavior. Problems in these two areas that existed pretreatment were reduced and maintained at the one year follow-up study (Webster-Stratton, 1984).

Finally, parental evaluations for both groups were nearly identical. Both groups were highly satisfied with the results and attendance was excellent (Webster-Stratton, 1984). These findings are "consistent with earlier videotape modeling studies and reinforcement skills" (Nay, 1976; Flanagan et al., 1979; O'Dell et al., 1980; O'Dell et al., 1982). Videotape modeling and therapist-led group discussion appear to be highly effective in training parents (Webster-Stratton, 1984, p. 676). Perhaps success was abundant because parents provided support for one another - this support may have empowered them to deal with their children's behavior more effectively.
CHAPTER III
Summary

At an ever exceedingly high rate, America's public schools are being called upon to capture, rescue and cure its B.D. population. Progress is greatly hindered due to the enormous lack of parental support of B.D. programs.

The overwhelming demands that hover over educators of the behaviorally disordered and the lack of parental involvement in programs for the behaviorally disordered, continue to jeopardize the safety of society in general.

In order to effectively work with the parents of B.D. youngsters to elicit their support for the health and safety of every human life, this researcher felt professionals must first understand some of the common feelings and frustrations often experienced by these parents. Therefore, the possible causes to parental burnout were reviewed. It was found that parents of B.D. children often feel stressors (e.g.; loneliness, working with professionals, minimal progress) that may lead to intense frustration and possible burnout.

Equally important was the review of family interactions
among its members. Negative reinforcement traps, for example, and the contributions they make to dysfunctional families were discussed. The general consensus was that parents who fail to effectively deal with inappropriate behaviors displayed by their children, often set themselves up for negative parent-child interactions which may lead their children to further act out inappropriately.

This study reviewed techniques commonly associated with Behavior Therapy as well as the efficacy of instructional methods utilized to train parents of B.D. children in these techniques.

Basically, Behavior Therapy techniques were referred to in one of two ways - those techniques applied in order to increase behaviors and those applied to decrease behaviors. Time-out was among the techniques discussed and was noted for its longevity in the field. Corporal punishment was also reviewed as a technique not supported by the research to be effective.

The instructional method that appeared to be the most effective (as far as actual skills being taught and by being financially workable) was the use of
videotape modeling with parents of B.D. children. According to the research, videotaping allows for many skills to be taught across numerous settings. It also has the advantage of keeping training costs to a minimum. Moreover, maintenance of skills was documented during a follow-up study as having favorable results.

Discussion

Behavior Therapy was heavily documented in the 1970s as a major intervention for helping individuals deal with a family member that is behaviorally disordered. Research into the 1980s has produced useful information on the most effective ways to train parents in Behavior Therapy techniques. Because youngsters are more apt to buy into a program they have helped to develop, perhaps more research on how B.D. youngsters would rate the parent training programs their individual parents were involved in, would provide greater insight on what makes one training program more successful than another.

It is also the opinion of this researcher that alternate methods/models of training parents to work and live cooperatively with their B.D. children need to
be researched. The Systematic Training for Effective Parenting (S.T.E.P.) program/model would seem to be a good place to start. Presently this program is actively implemented in mental health institutions and public school settings that specifically deal with behaviorally disordered youth. Its success is noted frequently on an informal basis yet no documented research-based studies on this model are known to this researcher. Moreover, this writer feels a formal, research-based, parent training program, detailed in training start-up, procedures and follow-up, would be very beneficial to professionals in the field.

Lastly, this researcher strongly believes that parent training needs to be implemented at the high school level as a mandatory requirement for all eligible graduates. The skills involved in nurturing a human life from infancy to legal adulthood are not skills that can be taken for granted any longer. No longer can Americans depend on the family to serve as an effective model where healthy attitudes and practices are taught. Divorce rates and substance and other abuse issues all contribute to the increase in dysfunctional families in American society and are all
indicators that the teachings of basic family needs and communication skills are desperately in need. Americans live in a society where an individual needs to acquire a license in order to drive a motorized vehicle and participate in certain recreational activities. How ironic it appears then, that the quality of a human life can be disregarded to the extent where seemingly no formal training in the rearing of one human life by another human life is formally required.
REFERENCES


