CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

THE DEVELOPMENT OF A SMALL PARENTING GROUP REGARDING

IMPACT OF PARENTING, COMMUNICATION, MONITORING &

ATTACHMENT

A project submitted in partial fulfillment of the requirements
For the degree of Master of Science in Counseling,
Marriage and Family Therapy

By

David Nathan Rubin

May 2012

The project of David Nathan Rubin is approved:

_____   _____
Luis Rubalcava, Ph.D.   Date

_____   _____
Bruce Burnam, Ph.D.   Date

_____   _____
Dr. Tovah Sands, Chair   Date

California State University, Northridge

Table of Contents

ABSTRACT

THE DEVELOPMENT OF A SMALL PARENTING GROUP REGARDING

IMPACT OF PARENTING, COMMUNICATION, MONITORING &

ATTACHMENT

By

David Nathan Rubin

Master of Science in Counseling,

Marriage and Family Therapy

Adolescents and preadolescents need positive communication, attention, monitoring, and affection from their parental figures in order to have the most positive outcomes. Research shows that one of the largest groups of violent offenders are those who commit aggressive behaviors as teenagers. There is evidence to suggest that if a child is aggressive from early childhood this trend may likely continue into the adolescent years. For this thesis project, a psychoeducational parenting group was designed around parent-adolescent communication, parental monitoring, attachment, and parenting styles in hopes of preventing or curtailing adolescent poor behavior. The goal is to examine the way parents are currently engaging with their children and have the parents evaluate if they can do better. What is it that parents need to do to become more effective and establish a better relationship with their children? The first step in project development was creating an overview of the parenting group and determining how many weeks would be appropriate. Another important determinant was deciding the duration of the individual group sessions.

Chapter 1

Introduction

This psychoeducational group teaches and explores healthy parenting strategies that may be effective in reducing the output of adolescent poor behavior. Many parents feel that all they need in order to be positive and effective parents is relying on their own intuition and the model under which they were raised. However, the only people's behavior that parents can truly control is their own. This group will teach that if parents first alter the way in which they respond to/interact with their children, then their children's behavior may change in response over time. The group may help modify the way parents interact with their children, promote a more open interaction and communication between parents and their adolescent children, increase parental monitoring, reduce the likelihood of adolescents exhibiting violent behavior, and provide the opportunity to orient families in a more positive direction.

In order to help facilitate more open parent adolescent communication the following areas need to be addressed: consistency, setting clear, flexible boundaries, and open parent-adolescent discussions where the adolescents can freely question why certain rules/boundaries are in place. The author found that there had been little recent research conducted on the above factors combined. As a way to rectify this, the author decided to create a psychoeducational parenting group designed to teach healthy parenting strategies to parents of children aged 11-15. The parenting group was designed to be as manageable as possible for parents' time constraints due to work, child-caring

responsibilities, etc. The group meeting times will be once weekly for 2 hours, over a course of 13 weeks, from approximately 6:00p.m.-8:00p.m.

Although there was a decrease in the number of arrests made for youth violent crime after 1993, the United States Department of Health and Human Services (2001) reported that this decline was not for all types of violent crime. Snyder (1999) noted that during 1998, there were approximately 104,000 adolescents under age 18 who had been arrested for committing homicide, forcible rape, robbery, and/or aggravated assault. What factors might be correlated with this engagement in violent behavior by adolescent youth and what potential effective strategies can be found to combat this phenomenon?

Statement of Problem:

Violence is prevalent in society. Unfortunately, a large number of violent offenders in the United States are adolescents. How can these individuals be reached? What can be done to help improve the situation? Trying to get adolescents to open up in traditional psychotherapy can be difficult as adolescents may not tend to trust adults. Attempting to get adolescents to open up during a small counseling or psychotherapy group can be equally challenging. Adolescents in an attempt to avoid standing out will tend to mimic the other members of a group and blend in as much as possible. If the parents are not on board and working with a psychoeducational program to assist in improving the child/adolescent's behavior the program is likely to fail. Parent buy-in is essential. Parents spend more time with their children than an intervention program could.

While there are many groups that focus on parent-young child relationships, parent-infant relationships and parental relationships (couples, marital, divorced,

separated), there do not seem to be many groups that focus on decreasing poor adolescent behavior or its risk factors through an increase in positive parental attitudes and communication between parents and their adolescent and preadolescent children.

It is essential to have the support of the parents in any adolescent intervention. Therefore it is important to get the parents on board and prepared to support their children via a psychoeducational group. This presents another problem, scheduling. Parenting groups need to be designed to be as manageable as possible for parents' time constraints due to work, child-caring responsibilities, etc. It is important that meetings be scheduled at convenient times, such as the evening hours, when many parents are typically finished with work.

Purpose of the Thesis Project:

The purpose of this thesis project is to develop a psychoeducational group whose purpose is to reduce the risk of adolescent poor behavior by strengthening parent communication skills. The group is designed to facilitate more parent-adolescent interaction and parental monitoring. This group will teach healthy parenting strategies. It is hoped that this psycho-educational group will reduce the potential of adolescents exhibiting poor behaviors. It is additionally hoped that this group will modify parent-adolescent and parent-preadolescent relationships to be more positive and supportive by altering parental beliefs and modifying parental perceptions. This group is designed to be facilitated by licensed marriage and family therapists (LMFT), marriage and family therapy interns, marriage and family therapy trainees, or licensed clinical social workers (LCSW).

This project will be based on research literature on parental communication with adolescents/preadolescents, attachment, various parenting styles. The parenting group that can be created from the above information can potentially improve family relationships within the home and potentially cut down on adolescent violence perpetrated.

In order to create an effective psychoeducational parenting group, it is necessary to review previous studies and research regarding attachment, styles of parenting, and their correlations with adolescent aggressive behavior. These are covered in the following chapter.

Terminology:

- **Secure Attachment**—is typically found in infants with parents who respond to their children's needs in ways that are loving, sensitive, and consistent. An example of this would be if the infant was crying, for the parent to quickly respond to the infants cries by picking him/her up and comforting him/her. This in turn will cause the infant to think that it is alright for him/her to express his/her needs and wants as it will bring him/her the parental figure from whom he/she derives comfort and reassurance (Benoit, 2004).
- **Insecure Attachment**—occurs when the parental attachment figure responds in a negatively consistent way, such as ignoring the child when he/she is distressed, ridiculing the infant for a variety of reasons, or becoming angry or annoyed at having to deal with the child. This in turn would cause the infant to not feel secure enough to express how he/she feels to their parental figure. This can increase the child's risks for exhibiting adjustment problems in later life (Benoit, 2004).
- **Non-attached**—Nonattached infants had delayed attachment, indicating that bonds of attachment had not yet formed between the mother and infant due to the mother being unresponsive to the baby's needs. If the child never has a stable parental figure it is possible he/she will never develop the skills to form bonds of attachment to any other figures throughout his/her life (Ainsworth & Bowlby, 1991).
- **Avoidant Attachment**—is affiliated with risk increases for developing adjustment problems especially social and emotional aspects. This can be caused by speaking in sexy tones to the infant, yelling at the infant, and presenting the infant with a labile affect. Shouting at the infant and ignoring his/her needs can also result in this form of attachment. If the caregivers expect the infant to take care of them or worry about their needs, if they exacerbate the child's distress, the

child is likely to respond to these confusing actions on behalf of the parent by displaying "extreme negative emotion to draw the attention of their inconsistently responsive caregiver, (p. 542)". The reason for the more extreme reactions is the babies think that by making their behavior worse it will get them the attention they so desperately need (Benoit, 2004).

- Baumrind (1966) & Vernon and Al-Mabuk (1995):
  - **Permissive Parenting**—Permissive parents in general demanded nothing of their children. They helped their children with whatever they wanted. They gave their children few, if any, chores. They did not hold their children accountable for any wrong doing, preferring not to punish them and accepting whatever behaviors they exhibited as to avoid conflict with them. They preferred to allow their children to manage their own behavior. Permissive parents did not have any household rules that their children were required to observe. The only form of control employed by the permissive parent was attempted manipulation/coercion of the child to do what the parent wanted (e.g. the parent would bribe the child with a gift in order to get said child to behave).
  - **Authoritarian Parenting**—Authoritarian parents have black and white standards a 'my way or the highway' policy. If the authoritarian parent is not obeyed he or she will not hesitate to employ "punitive, forceful measures to curb self-will at points where the child's actions or beliefs conflict with what she [or he] thinks is right conduct" (p. 889). These parents will assign chores for their children to complete and they will be granted little or no independence. They will feel no need to explain to the children why to obey them, only that they should, that the parent's word is final.
  - **Authoritative Parenting**—Authoritative parents will try and explain their reasons for the rules they set to their children. They will exert some control but it is not absolute nor without explanation. The authoritative parents will instead encourage collaboration with their children to uphold the rules of conduct. Authoritative parents encourage independence in their children. If the child is misbehaving they attempt to solicit the reason for the behavior and attempt to address the root of the problem. This is different from authoritarian parents who would likely punish the child for his or her transgressions, or a permissive parent who allow their child free reign. These parents recognize that they need to set limits on their children so that they will know how to behave in future situations and will be able to act independently in doing so (1966).
- Dishion and McMahon (1998):
  - **Parental Monitoring**—Attention, tracking, and structuring contexts make up parental monitoring. Parental monitoring is more than parents keeping an eye on their child (although that is part of it), it is about interacting, communicating, conveying a sense of love and care, being attentive to the child's needs. It was concluded that parental monitoring in conjunction with prevention programs focused on the family, could promote better mental and physical health for at risk children. This would significantly

reduce the risk of later poor behavior in the adolescent years (Dishion and McMahon 1998).

- Kumpfer, Whiteside, Greene, and Allen (2010):
    - **Delinquency**—When an individual acts in a manner contrary to that expected of them by society. Those who do not follow the rules put in place by parents, schools, or society in general. Some examples of poor behaviors are: perpetrating violence against others, destruction of property, theft, drug abuse, cheating on exams or helping others to do so, committing fraud, etc. (2010).

Chapter 2

Review of Literature

The major concepts this chapter will cover are the issues of pre-adolescent and early adolescent development, importance of healthy parenting, information on psychoeducational and counseling groups, parental monitoring and parent-adolescent communication. Other concepts that will be addressed are adolescent poor behavior and its possible correlations, and studies on the bonds of attachment. Lastly, parenting styles and the importance of quality of parenting are explored.

The first section of this literature review deals with adolescent development and what parents need to be aware of. The second section discusses small groups of parents of adolescents and parental intervention programs. The third section addresses Studies on the impact of parental communication and monitoring on adolescent behavior. The fourth section addresses adolescent poor behavior and its possible correlations. The fifth section deals with attachment between parents and adolescents and its impact, and lastly, the sixth section deals with three styles of parenting (authoritarian, permissive, authoritative).

Pre-Adolescent and Early Adolescent Development

According to Santrock (2009), adolescents tend to experience numerous interactions with various individuals involved in their lives (e.g. parents, teachers, peers). Adolescence is a time when individuals have to deal with new developmental challenges/milestones (i.e. dating) and biological changes (i.e. puberty, sleep patterns). During this time, relationships with parents, while still important, will take a backseat to

the development of relationships with peers. During adolescence dating will often occur as will different aspects of sexual exploration. One of the most important markers of the start of adolescence is puberty. Puberty involves changes in hormones, height, weight, sexual maturation, and the onset of menarche (the beginning of the girls first menstrual cycle). Girls tend to mature physically faster than boys do and start the process of puberty earlier. During early adolescence girls tend to be taller and outweigh boys their own age. During early adolescence the teenager may challenge the parents on a variety of issues; this is normal for many teens, especially United States youth, and a part of testing newfound limits. Teenagers are essentially testing to see what values they feel they need to follow and what parental values will apply to them.

> According to Santrock (2009), some of the biological changes that an adolescent is likely to experience are: "The **corpus callosum**…thickens in adolescence, and this improves adolescents' ability to process information…the prefrontal cortex…[is] involved in reasoning, decision-making, and self-control…[it] does not finish maturing until…approximately 18-25 years, or later, but the **amygdala**—the seat of emotions such as anger—matures earlier than the prefrontal cortex," (p. 360).

The result of this is that adolescents can appear impulsive and will tend to try things without thinking of the consequences (2009).

Santrock (2009) discussed how Piaget defined the adolescent period as the formal operational stage of development. Adolescents have the capacity to think abstractly and are no longer bound to concrete experiences. "They can conjure up make-believe situations, abstract propositions, and events that are purely hypothetical and can try to reason logically about them," (p. 372). Many U.S. based teens tend to believe they are the center of the universe and that everyone is watching everything they do. They feel this pressure as if they are performing on a stage and they have to get each line exactly

8

right in order to be accepted by their peers. Adolescents feel that they are invincible, and that nothing can harm them. The older the adolescent the better they become at decision-making and the more they will be able to reason and think about the consequences of their actions. Adolescents develop the capability of thinking more critically about a variety of issues, although they still tend to try and reason how something can benefit them (2009).

Santrock (2009) discussed how middle school can be, in many ways, a very rough transition for adolescents. New students have gone from being the biggest, strongest, and toughest at their elementary schools to the smallest and weakest students at their middle school (top-dog phenomenon). Adolescents' when first entering middle school, may feel very out of place because they were typically at an elementary school for many years, and are suddenly uprooted and put in a new situation. As if this was not difficult enough, the adolescent entering middle school must contend with puberty, more difficult social relationships, and more challenging academic classes (2009).

What Parents Need to Know about Adolescents

If one follows the stages of development according to Erik Erikson, the stages of industry vs. inferiority (school-age children) and identity vs. role confusion (adolescents) are essential in their development as adults. Each of these conflicts must be resolved positively if these children are to be well-functioning adults. Industry versus inferiority can be defined as school age children trying to refine the skills they possess in order to hold themselves in esteem. In identity versus role confusion, adolescents are essentially trying to figure out who they are, and experimenting with a variety of roles, in order to determine who they want to become. This is an especially trying time for parents.

Santrock (2009) discusses how it is important to think of an adolescent as a speeding car without the capacity to stop quickly. Adolescents tend to be driven by emotion. This makes things especially complicated when referring to areas of adolescent sexuality. During this time frame many adolescents develop a sexual identity and determine whether they are gay, lesbian, bisexual, or heterosexual (straight). However some adolescents may not be sure about their sexual preferences or identity at this time and may develop a different one later on in life. Adolescents will likely have a lot of questions about the changes their bodies are undergoing. This is when the stereotypical 'talk' will usually take place. It is important for parents to talk to their children about sex. Parents need to talk to their children about the different types of sex, what the risks are, use of contraceptives, sexually transmitted infections, and adolescent pregnancy. Parents need to stress that while an adolescent may be physically ready for sexual activity that does not mean that he/she is emotionally ready for the responsibility or consequences that may result. There are many individuals (e.g. peers, parents) who can have a strong impact on reducing adolescent drug use. If an adolescent has a positive relationship with parents and peers this can help can help reduce the likelihood of an adolescent abusing substances. Parents also need to be mindful of their adolescent child exhibiting signs of an eating disorder. Eating disorders are becoming more and more common in society especially among adolescents. If parents demonstrate healthy eating behaviors for their children as they grow, they are more likely to follow that example. Other potential correlations with eating disorders can be issues of body image, sexual activity, and the media. The most import thing parents can do is be aware, and be supportive of their adolescent's needs (2009).

Healthy Parenting

  Joussemet, Landry, and Koestner, (2008), reviewed literature on preadolescent

reports of parent behavior. Preadolescents were interviewed on what their parents' levels

of involvement with them were, and how supportive parents were toward their

preadolescent becoming more autonomous. Joussemet et al (2008) found that the more

strongly parents believe their children are following the proper path, the more likely they

are to trust in their children to be capable of developing autonomously. Self-

determination theory holds that children have an innate ability to act in a way that is

appropriate to the environment in which they are raised. The less parents base their own

sense of worth on their children's success, the less stressed they will likely be, and the

more supportive they may be toward their preadolescent child's autonomy. Parents want

to instill their values in their children, when this is done effectively, children benefit from

their parents' instructions, "make them their own, and eventually self regulate

autonomously," (p. 194). How can a parent instill values in children when the activities

themselves are not fun for the preadolescent? Parents utilizing self-determination theory

want their children to function competently and somewhat independently. Autonomy is

about "volitional, harmonious, and integrated functioning, in contrast to more pressure,

conflicted, or alienated experiences," (p. 194). It is important to get the preadolescent to

self-motivate him/herself on activities that benefit him/her and the parent-child

relationship. Getting the preadolescent to self-motivate is especially important when the

task does not seem beneficial from the preadolescent's perspective. Parents need to

support their preadolescent child's need to function more independently as they seek their

own values and make their own way in society. Parents need to be careful not to exert so

much control over the child/preadolescent that he/she ends up doing everything the parent(s) want the adolescent to do at the expense of his/her autonomy. According to Joussemet et al (2008), there are three essential components of effective healthy parenting: autonomy of the child, involvement between parent and preadolescent, and structure (having rules in the household and explaining to the preadolescent why these rules are in place). If parents want their child to participate in activities that he/she may not want to do, choice is a major factor. For example, telling the preadolescent child that he/she needs to help clean the house and allowing him/her to choose to vacuum, do the dishes, or make the beds, provides the preadolescent with power and control over what he/she would prefer to do, while still getting them to comply with what the parent needs done. Psychological control is more likely to be harmful to the preadolescent as the parent is conditioning the child to think the same way he/she does, to feel the way the parent wants him/her to, and to act in the way the parent wants the child to. Upon review of previous research Joussemet et al (2008), found that authoritative parenting often contributes to more positive preadolescent-child outcomes. Subsequent studies found that the more adolescents' perceived their parents as being supportive of their autonomy, the greater the likelihood that adolescents would have higher degrees of success in school, feel more competent, have an easier time adjusting, and have a greater ability to self regulate. These results were found from self and peer reports. The greater the pressure (stress), the busier parents are (job-related), the more likely parents were to be more controlling and less supportive of adolescent autonomy. The more effectively parents dealt with their internal and external stress, the more likely they were to exhibit healthy parenting toward their preadolescent child (2008).

Psychoeducational and Counseling Groups

According to Corey, Corey, and Corey (2010), "Psychoeducational groups focus on developing member's cognitive, affective, and behavioral skills through a structured set of procedures within and across group meetings...these groups are increasingly common in agencies, schools, and college counseling centers," (p. 13). The purpose of psychoeducational groups is to impart factual information, facilitate discussion, and increase participant awareness (2010).

Corey, Corey and Corey (2010) state it is essential that the group facilitator inform group participants of the following, in writing (Association for Specialists in Group Work (ASGW) (1998) 'Best Practice Guidelines'): what the goals of the group are for participants, what confidentiality is as well as its limitations, what the services of the group are, what responsibilities the group members have to each other, what the group facilitator's responsibilities are, what prior experience the group facilitator has in leading groups.

The goals of the parenting group of this thesis project are to promote awareness and educate parents on alternative, positive, and effective parenting strategies available to them. Additionally, the group will provide instruction to parents on how to implement these healthy parenting techniques. The group adheres strictly to the policies of confidentiality. The exceptions for confidentiality are if a group member is going to hurt him/herself or someone else or if a child or dependent elderly person are being abused (physically, sexually, emotionally/psychologically, or neglected) (2010).

Crispin, Michelson, Thompson, Penney, and Draper (2012), evaluated the 'Empowering Parents, Empowering Communities Programme'. This is a peer led

13

parenting program that trains parents living in communities to become facilitators of this

peer led program. The evaluators of this parenting program tested the program out on

participants in 2010. One hundred sixteen families from Southwark, England were

eligible for the study. Fifty-nine families were assigned randomly to the professionally

led intervention group whereas 57 were randomly assigned to control groups. The

participants came from an economically disadvantaged location in London known as

Southwark. The evaluators conducted randomized trials in three schools, two children's

centers, and a church.   This is a predominantly black and minority populated inner city

area. In this area youth exhibit "severe emotional and behavioural difficulties," (p. 2). In

order to qualify for the program the caregiver had to have difficulty in managing the

behavior of one of their children aged 2-11 years. The sessions the peer led parenting

program entailed are the following:

> "Session 1: being a parent, "Good enough" versus "perfect" parent,
> Taking care of ourselves; Session 2: feelings, communication, and culture,
> Remembering what it was like to be a child, Acknowledging, accepting,
> and expressing feelings; Session 3: play and listening, Non-directive play
> ("special time"), Practising listening; Session 4: labels and praise,
> Avoiding "labels" when describing behaviour, Using descriptive praise to
> change behaviour; Session 5: understanding children's behaviour,
> Understanding children's behaviour in response to needs, Discipline;
> Session 6: setting boundaries, Understanding boundaries, Rewards,
> Assertive versus aggressive behaviour, Time out, challenging, and saying
> no; Session 7: listening; Session 8: review and coping with stress," (p. 3).

The results of the study seem to indicate that a parent-education program led by peers can

improve beneficial aspects of parenting and decrease behavior problems among children.

The peer led groups had 92% of the participants remain with their group throughout its

duration. This suggests that peer led psychoeducational groups may be an appropriate

medium for this particular population to learn healthy parenting practices. The parental

interventions seemed to be more effective and have a larger impact on the children of the

14

participating parents than on the parents themselves (2012). This demonstrates that psychoeducational groups can facilitate parents learning healthy parenting strategies which can in turn help their children be at decreased risk for exhibiting poor behaviors.

Berge, Law, Johnson, and Wells (2010) developed and reported on the effectiveness of a psychoeducational parenting group; the purpose of which was to modify the behavioral problems of participants' children. More than 65% of those adult participants' self-reported symptoms of depression and anxiety in their adolescent children and in themselves; the parents conveyed that the main cause of these feelings were relationship difficulties. Many parents who come in for visits to a community center state that they have frequent difficulties with their children and this in turn causes them to be stressed out. It is possible that psychoeducational groups could be used to help decrease difficulties in the parent-child relationship. This study used the Love, Limits, and Latitude curriculum (LLL) as the focus of the parenting group.

> The study addressed the following research questions: "(a) Does self-reported family functioning increase after participation in the LLL parent psychoeducational group? (b) Does self-reported child misbehavior decrease after participation in the LLL parent psychoeducational group? and (c) Does self-reported couple relationship distress decrease after participation in the LLL parent psychoeducational group?," (p. 225).

Thirty-five out of 47 participants stayed throughout the duration of the 12 session psychoeducational group. Each small group contained 10-14 parents. Eighty-five percent of the 35 participants were female, 15% were male. The breakdown of ethnicities participating was 79% African-American, 11% white/Caucasian, 6% Native American, 2% Hispanic/Latino, and 2% unknown. Approximately 68% of parents participating in the psychoeducational group were single parents. The parents all had children between 5-10 years of age. This is just below the target age range for the parenting group for this

thesis project. Those individuals who did not complete the 12 session group had more

children than those who did. The group's duration was 12 weeks and the families were

invited to bring their offspring with them. Babysitting was provided for younger

children. The sessions took place once a week for two-hours. Parents attended a group

and children attended a class designed to teach various social skills. Dinner was provided

during the last half hour and an activity was conducted to help strengthen family

relationships. Parents received a $25 gift card to a grocery store in their neighborhood as

incentive.

> The breakdown of the 12 group sessions is as follows: "love through play,
> love through attention and praise, love through conversation, love through
> teens, values help connect and set limits, limits through effective
> commands, limits through rewards, limits through consequences, limits
> through time out, latitude through understanding self, latitude through
> being flexible when your children are inflexible, the art of parenting:
> putting it all together," (p.228).

The LLL parenting group examined whether there were significant changes in couple

functioning, child misbehavior, and family functioning due to participating in the

psychoeducational group. The group was effective in increasing family functioning and

decreasing the children exhibiting poor behaviors as self-reported by parent participants

responding to the Youth Outcome Questionnaire. Parents participating in the group

stated their relationship with their partners had improved significantly according to

questionnaires they completed. The majority of the group members were recruited by

staff: doctors, nurses, etc. at the primary care clinic. The results indicated that this type

of group could be conducted at a primary care facility. The parenting group was effective

with minority clients and clients of lower socioeconomic status who, according to Berge

et al. (2010) are a typically underserved group of clients. The group had a dropout rate of

25% which is low, considering the group members were from an underserved population.

16

The researchers believe that the LLL parenting program will be applicable to all those referred by primary care clinics. One of the major limitations of this type of psychoeducational group is that the sample size of 37 participants was rather small. Although there was significant change a larger sample size needs to participate to determine group effectiveness. There was also no control group within the study (2010).

Bogenshneider and Stone (1997) examined how effective psychoeducational newsletters that addressed the needs, interests, and potential worries exhibited by parents of adolescent children were in modifying adolescent outcomes. Bogenshneider and Stone (1997) theorized that if the participants read the newsletters they would exhibit a higher degree of responsiveness to their adolescent child. A survey was sent to 726 parents who had adolescent children in the 9th-12th grades. The parent participants were of white/Caucasian descent. Each parent received a questionnaire pertaining to: how aware parents were about alcohol use amongst teenagers, what values parents held about teenagers using alcohol, the level of understanding parents had regarding the developmental changes of teenagers, and parental monitoring. Each family was assigned to one of four groups.

> "The first condition received the local data newsletters and consisted of parents randomly selected from those parents who had previously completed a parenting survey and whose teen had completed a survey in school (n = 200)...The second condition received the local data newsletters (n = 158)...the third condition received the generic data newsletters (n = 162)...The fourth condition, the control group, received no newsletters (n = 206)," (p. 127).

Each parent was asked to fill out a 42 question survey which asked about what types of parenting they believed were effective and what their beliefs about parenting were. Those parents who were in one of the treatment groups were asked 12 more questions about the psychoeducational newsletters they received. A total of 726 (51%) parents

completed the survey. Those parents who read the psychoeducational newsletters sent to them were positively correlated with an increase in parental monitoring. Those parents who reported not reading the newsletters did not engage in parental monitoring as closely. Those parents reading the newsletters were better prepared and felt more competent in meeting the needs of their changing adolescent children. Regarding the teenage use of alcohol, parents who read the newsletters reported less awareness of their adolescent's alcohol use than did those parents who did not read the newsletters. Reading and newsletters did not seem to change what parents thought about alcohol use among adolescents. Those parents who read the newsletters have higher self-reported scores on parental monitoring, parent adolescent interaction, and parental responsiveness. Evidence seems to support the fact that parents of adolescents at lower risk may derive the most benefit from psychoeducation. Alternatively, parents of adolescents at high risk may be more likely to not believe the information presented to them in the newsletters. Those parents most isolated in raising their children were more likely to read books or documents on child care. However, the lower the socioeconomic status the less likely parents would be able to do this. Those mothers with less parental experience were more likely to read about beneficial parenting information. Bogenshneider and Stone (1997) feel that newsletters would be an effective parent education medium because: newsletters provide relevant information, at a teachable moment, to a clearly defined audience, newsletters benefit high risk, hard-to-reach parents, and newsletters provide information in the written format parents rely on. The research seemed to indicate that the more positive the mother-child relationship the greater the likelihood of fewer problems being exhibited by the child/adolescent. It is important for parents to respond to their children

in a positive and supportive manner. It is necessary for parents to discuss what their values, rules, and policies are. Parents experiencing the most difficulties with their adolescent children will likely turn to professionals. The group participants were more likely to believe the results of the data collected and presented to them if it was taken from their own communities. Bogenshneider and Stone (1997) found that newsletters had a significant positive impact on parent adolescent relationships. By mailing as few as three newsletters to parents, the level of parental monitoring of their adolescent's behavior increased. There was an overall significant increase in communication between partners/spouses/significant others. In one-third of the participants (those most at risk for poor behaviors such as underage drinking), the newsletters appeared to be effective. Psychoeducation may indeed be more effective for those parents most in need of assistance. It is important when utilizing newsletters to provide needed information at the most opportune moment, when parents are most likely to use and learn from said newsletters. Newsletters present results of research findings directly to those people for whom it could most benefit. In addition, newsletters are both effective and inexpensive. Bogenshneider and Stone (1997) warn that newsletters are no substitute for more intensive psychoeducational programs. Newsletters can be used as a stepping stone into further treatment if necessary, and may increase the effectiveness/support for positive types of parenting (1997). Psychoeducation of parents seems to be effective in decreasing adolescent poor behavior, therefore this thesis project may be effective in moderating adolescent poor behavior via the psychoeducation of parents.

Small and Eastman (1991) conducted a review of literature that addressed four needs that families of adolescents had to meet: 1.) Providing basic needs and taking care

of the home, 2.) Protection of offspring, 3.) Supporting the development of offspring (psychological, physical), and 4.) Child centered advocacy by the parents at schools and in their community. Parents of adolescents have to deal with 1.) the changing relationship between them and their adolescent-child; 2.) personal developmental changes the parents are going through. Adolescence is no longer just the teenage years and may continue through an individual's mid-20s. Parents face uncertainty when attempting to prepare their adolescent child for the role that he/she will play in the future. There are decreasing numbers of people and places that parents can turn to for advice on child rearing, especially the rearing of adolescents. The greater the degree of parental supervision, the lower the rates of a variety of poor behaviors. Parental monitoring "implies that parents show active interest in the lives of their children and a willingness to enforce family rules and raise issues that concern them," (p. 456). In order for parents to help facilitate their adolescent's development they need to set limits, reinforce positive behavior, provide natural consequences for poor behaviors, have positive parent-adolescent communication, and demonstrate parenting by example (modeling). Communication is one of the most effective ways that family members can convey their feelings toward each other, demonstrate respect, make important decisions, and set appropriate boundaries. The more effective the communication between parents and their children, the more effectively parents will be able to monitor their children's actions. Parents need to follow the rules that they themselves set. Parents who are psychologically healthy and have more stable personalities are more likely to be able to meet their adolescent's needs. A parent's financial resources may have a direct correlation to how well parents can meet their child's needs. A way that parents can

increase their parenting abilities is via parent education. Parents' marital relationships/statuses, social networks, work and social resources are all potential sources of stress or support depending on circumstances. It is important for parents to provide basic necessities and not choose to purchase other unnecessary amenities (i.e. alcohol, cigarettes, etc.). One way parents can help protect their adolescent children is by making sure they receive adequate health care. It is essential that parents teach their adolescents of future dangers they my face, for example, sexually transmitted infections, teen pregnancy, drug abuse, peer pressure, etc. Parents with adolescent children experience a great deal of stress which can impact marital satisfaction in a negative way and in turn make the parents feel more hostile toward the adolescent. The more children parents have, the more stressful the family environment, and the less monitoring and support parents can invest in their adolescent children. Parents to the extent possible should know who their adolescents' friends are. It is equally important for parents to establish social connections with and receive support from other parents, especially parents of their adolescent's friends. The more parents work the less time they have to devote to parental monitoring; alternatively, parents who are employed at home or are stay-at-home parents may have a difficult time allowing their adolescent-child greater autonomy. If the parent loses his/her job there could be few family resources which would have a tremendous negative impact on family life and relationships. Important resources that can benefit a family can be parenting psychoeducational programs, social services, and/or religious organizations.

> Important aspects that can be addressed in a formal parenting psychoeducational group are as follows: "meeting basic needs (offering childcare, providing referrals to social service, use of home visitors to provide support and education in a participants home), protecting

adolescents (emphasizing the importance of parental monitoring, provide parents information on how to identify symptoms of common adolescent problems), guiding development (provide opportunities for parents to learn and practice guidance competencies including warmth, demanding this, balance of power, communication, conflict resolution, and positive role modeling), advocating (make parents more aware of their right and responsibility to be advocates for their teens), addressing personal needs of the parents (developmental changes of midlife adults and how these changes affect relationships with teens), providing contextual sources of stress and support to parents (include opportunities to enhance the marital relationship in two-parent families, provide training on how to relates in care for aging parents, help parents maintain contact after formal programs and, consider the effects of families' ethnic or cultural heritages on their values and child-rearing methods)," (pp. 460-461).

A parenting group needs to address basic needs so that it can more applicable to families of lower socioeconomic status (1991). In addition to monitoring and communicating with their children, parents need to take care of themselves and their relationship as a couple, so they in turn can utilize more healthy parenting techniques on their adolescent children.

According to Noble, Adams, and Openshaw (1989) the purpose of their study was to determine if it was possible that a social skills group for both parents and their adolescent children could increase both groups' capabilities to communicate and solve family problems. Parent-Adolescent "conflict resolution…includes in descending order of frequency (a) withdrawal, (b) authoritarian demands, and (c) negotiation. Negotiation, and problem-solving attempts, are [not commonly observed but] are the fundamental bases of effective social skills," (p. 485). The sample of parent adolescent dyads that completed the program was 25 out of 43 (a 42% drop out rate). Eighteen of these families participated in the experimental groups versus the remaining seven families participating in the control groups. Each of these families were a two-parent household and from the middle class. All participants were Mormons (members of the Church of

Jesus Christ of Latter Day Saints). The families on average had 4 to 5 children each.

Noble et al (1989) utilized a group experiment with a pre and post- test. The pretest was

completed via self-reported behavioral assessments. A psychoeducational social skills

program followed over the course of 8 weeks for 1-2 hour sessions each week. One week

after the program concluded there was a post-test. During the course of the pretest

participants utilized vignettes designed by those who developed the Adolescent Social

Skills Effectiveness Training (ASSET). Another tool used by the researchers was the

Parent-Adolescent Relationship Inventory which assessed parent and adolescent

communication. Each adolescent participant was taught the following skills: following

instructions, conversation, resisting peer pressure, negotiation, problem-solving, giving

negative feedback, giving positive feedback, and accepting negative feedback. Parents

underwent various skills training in order to learn to be more effective and accepting in

the giving and receiving of negative and positive feedback, "giving rationales,

negotiation, facilitating [of] problem-solving, giving instructions, and teaching

interactions," (p. 487). Lastly, after parents of adolescents learned each of the social

skills with their cohort of peers, they were assigned to work together (parents and

adolescents) to practice the skills.

Noble et al (1989) stated that among parents and adolescents, problem-solving,

parent-adolescent communication, and those behaviors self-reported in the ASSET

measure were relatively consistent. The social skills exhibited by parents and adolescents

were much less stable. "Adolescents who reported more effective and positive

communication and problem-solving abilities with parents were observed in their pretest

behaviors with the ASSET measure to be more effective at resisting peer pressure. They

were also more sophisticated in their ability to give positive feedback," (p. 488). Noble et al (1989) theorized that by teaching social skills to families experiencing a great deal of conflict, positive parent-adolescent relationships would improve and that the overall level of family conflict would decrease. The teaching of core social skills to both parents and adolescents reduced levels of conflict in the family and improved the parent-child relationship. Parents seemed to derive more of a benefit from the social skills group than did their adolescent children. ASSET can have a direct impact on improving the parent-adolescent relationship and would be a useful part of future parent psychoeducational groups. Parent-adolescent arguments typically occur every day. These findings took place in families that did not have to deal with a variety of intense stressful factors. Families dealing with a tremendous amount of conflict are likely to experience more, longer-lasting arguments. The high school years appear to be the most straining on the parent-adolescent relationship and on their ability to communicate. The more stressful the parent-adolescent relationship, the more conflict that is likely to occur.

Grady, Gersick, and Boratynski (1985), created a six session-program entitled Preparing Parents for Teenagers. This program targeted the parents of students in the sixth grade in order to provide parents with more effective techniques in preventing their preadolescent children from engaging in poor behaviors such as substance abuse. This program focused on techniques to help modify adolescent behavior by increasing positive parent-adolescent communication. There were 181 participants with children in the sixth grade who took part in this study. Participants were from two different towns. Each of the parent participants had children concurrently enrolled in another psychoeducational group. Each parent participating was given $25-$60 depending on whether or not both

parents attended and how often they attended. This study did not analyze the impact of

the parenting group in decreasing the poor behaviors of adolescents. Parents were taught

how to assist their children while at the same time fostering adolescent independence.

> The following six sessions are brief summary of what is covered in each of the two-hour weekly sessions: [session 1 covers] "developmental issues for preadolescents and young teenagers and provides an opportunity for parents to discuss their specific parenting problems…[session 2 covers]...Participants [learning] the steps in the decision-making process: defining problems, identifying goals and values, generating alternatives, generating consequences, identify risks, and select alternatives…[session 3 covers]... Listening skills…why listening is important, and what the differences are between good listening, communication roadblocks, and discipline techniques…[session 4 covers] 'I messages'…reviews positive discipline [and] parents are given an opportunity to apply concepts and share concerns a small group activity. [Session 5 covers]…Parents [examining] ways they can help prevent adolescent substance abuse…reviewing specific drug and alcohol situations and appropriate parent responses…[session 6 reviews]…all the skills covered in the course…facilitation of decision-making, communication skills, discipline techniques, and drug and alcohol use are briefly summarized," (p. 543).

Gray et al. (1985) found that through participation in the six session program, parents

became more empathic toward their teenage children. They moved from an average

empathic score of 9.62 and ended with an average score of 14.80. The group also helped

parents become more effective in assisting their adolescent-children in making decisions.

The score for parents went from an average of 47.84 and had a concluding average at the

end of the six session group of 54.59. These scores were analyzed via the pretest and

posttest that occurred at the beginning and end of the group respectively. The majority of

parents stated how beneficial for them the group was and that they would have

participated even without financial compensation. The majority of participants stated that

they would like to continue with more sessions. It is important for parents to set limits on

their adolescents and help guide them toward more positive actions. It is a balancing act

in that parents need to be consistent but not overly harsh as the adolescent would then be

more likely to defy the parents. Group participants were able to participate in role-plays to implement what they learned. As the group went on the role-plays increased in difficulty as the parents learned more strategies and techniques (1985). The Preparing Parents for Teenagers program helped teach parents how to cope with their adolescent children seeking increasing independence via role plays. This thesis project will help teach parents more positive and effective communication skills via role plays and vignettes.

Brotman, O'Neal, Huang, Gouley, Rosenfelt, and Shrout (2009) conducted a study in Manhattan and the Bronx in New York in order to examine if alterations in the ways parents raised their children could mediate "the effects of a family intervention on observed physical aggression among," younger siblings of adjudicated youths of Latino and African-American descent (p. 235). Each of the families that participated in this study was selected over the course of five-years (1997-2001). Ninety-two families participated in the study, each with a minimum of two children. These families were randomly split into an intervention group (47 families) and a control group (45 families). Each family had one member who was an adjudicated adolescent (about 16 years of age) and a younger child between 33 to 63 months of age. Of the preschool-aged children the breakdown of ethnicities was as follows: African-American (64%), Latino (28%), Caucasian (1%), Asian (1%), mixed ethnicity (6%). At the start of the (2009) study, 57% of the preschool-aged children were enrolled in a preschool program, school, or a group day care, 43% were not. Fifty-three percent of the preschool-aged children were girls, 47% were boys. The following is a breakdown for primary caretakers: mothers (86%), fathers (2%), grandmothers (10%), other women relatives (2%). The average age of the

caregivers was approximately 36. Fifty-five percent of the parents had completed high

school or the equivalent; 45% of the caretakers did not complete a high school education.

Forty-one percent of the participant families had incomes of more than $15,000 a year,

the remainder (59%) had incomes below that. Other eligibility criteria were: English

speaking caregivers, the family living in Manhattan or the Bronx, caregivers had to be

clean and sober, caregivers could not have a psychotic disorder, nor could the preschooler

have a pervasive developmental disorder.

> The prevention program utilized was an adaptation of the Incredible Years Series (IYS), which was an evidence-based intervention curriculum created and utilized by Webster-Stratton in 1987. Brotman et al's (2009) adaptation was implemented as follows: "6 to 8 months of active intervention (November-June), followed by a 3-month booster intervention (October-December) initiated approximately 4 to 6 months after the end of the intervention. The 8 month active intervention included 22 group sessions for parents and 22 group sessions for preschoolers, 10 home visits, and additional contacts (in the home or community), as needed, to respond to family requests for support and referrals to services" (p. 237).

The study conducted by Brotman et al (2009) found that approximately 40% of the

family interventions effectiveness on the at risk children, (African American and Latino

youth who were younger siblings of offenders), were accounted for by alterations in

parenting practices such as a reduction in more harsh parenting, and an increase in

stimulating and responsive parenting. This in turn was significantly impacted by the

(2009) study's family intervention model. Brotman et al's (2009) study indicated that the

more stimulating and responsive parenting used by families participating in the study,

and the decreased use of harsh parenting were significantly correlated with a decrease in

the aggression in younger siblings of adjudicated youth as observed when the parents

were interacting with their children. Changes in parenting practices made the

intervention more successful in decreasing the aggressive behavior of individuals who

had older siblings who exhibited poor behavior. Approximately 38% of the decrease in physical aggression was due to effects of the intervention program. The results of Brotman et al's (2009) study seemed to indicate that there was a significant correlation between levels of physical aggression in children and alterations in harsh parenting. Brotman et al (2009) suggested that their study should be replicated by a larger sample of children at high risk for aggressive behavior to better measure the intervention program's effectiveness (2009). The psychoeducational group for this thesis project will address potential positive changes in parental thinking and promote more effective parent-preadolescent communication.

Parental Monitoring and Parent-Adolescent Communication

According to Tabak, Mazur, del Carmen Granado Alcón, Örkenyi, Zaborskis, Aasvee, and Moreno (2012), the purpose of their study was to collect and analyze data on parent-child (ages 11-13) communication over a 12 year period. The sample size of participants totaled 199,411 students drawn from 16 Western and Eastern European countries. Each country participating in the study utilized the Health Behavior in School-Aged Children (HBSC) survey, a standard questionnaire translated from English to the language of the country. Each country had to include the mandatory section of the HBSC survey in order to be included in the international study. Two questions regarding parent adolescent communication remained the same throughout all four years of the study. It is important for families to have positive communication as this helps family members feel supportive of, supported by, cared for, and valued by one another. Adolescents and preadolescents really need this assistance from their parents. Tabak et al's (2012) review of the literature found communication to be a significant contributing factor to how

adolescents and preadolescents psychologically develop and how they relate to other people. The results of Tabak et al's (2012) study indicated that the older the adolescents across the European countries, the greater the difficulty in parent-child communication. Eighteen point eight percent of the older adolescent participants had a more difficult time communicating with their mothers compared to 12.5% of younger adolescents of both genders. In regards to difficulty in communication with fathers 39.5% of older adolescents of both genders had difficulty communicating compared with 27.9% of younger adolescents. More females than males had difficulty communicating with their fathers. The findings indicated that the younger the child, (in the case of this study 11-year-old preadolescents), the greater the likelihood of him/her perceiving parents as easy/very easy to communicate with. Additional results of Tabak et al's (2012) study were that the level of communication between parents and their preadolescent children was strongly correlated with poor behaviors (e.g. substance abuse). Family connectedness and parental social support were strongly correlated with ease of parent-child communication. During the adolescent years the higher the degree of parental support, the more likely there may be positive outcomes for adolescent children. "Easy communication with parents can also facilitate self-disclosure, which is the best predictor of 'monitoring', (parents' knowledge of the child's whereabouts, activities, and associations), preventing children from risky behaviors," (p. 29).

The older the adolescents the more difficult it was for them to communicate with their parents. Girls are much more likely to have a difficult time communicating with their fathers than their male counterparts; all of these communication problems may be due to different gender roles and expectations. It is also a possibility that fathers' are more likely

to be involved in sons' activities. If there is a poor economic situation communication between parents and their preadolescent or adolescent children will be much more difficult. Negative changes in the economy resulted in more irritable spouses, a more hostile marital relationship, "harsh parenting, and adolescent emotional and behavioral problems," (p. 43). When children reach the ages of 11-13 parents may have increased difficulties in communicating with their preadolescent child. As children become adolescents, and throughout that time frame, communication becomes much more difficult between parents and their children. To increase the chances for better communication the adolescent needs to have a say in his/her own life (there needs to be discussion and negotiation). This may in turn facilitate a stronger supportive relationship between a parent and adolescent. Boys tend to be direct when they disagree on something with their parents whereas girls tend to be more indirect and subtle in disagreeing with parents. The more open and supportive the communication between parents and their adolescent children the greater the likelihood of higher adolescent self-esteem, better coping skills, and better conflict management skills. One limitation of this study was that when each of the adolescent students was interviewed other aspects of parent-child communication were not addressed (2012). This thesis project will address parent-child communication and work with participating parents on how to moderate their interactions with their preadolescent and adolescent children.

Segrin, Woszidlo, Givertz, Dauer, and Murphy, (2012), defined an overparenting style referred to as helicopter parenting. The term helicopter parents applies to those parents who try to shield their children from as many obstacles and difficulties possible; even long after the young adults are capable of making their own decisions. Segrin et al

(2012) conducted a study to determine the level of correlation between "over parenting, parent-child communication quality, and both negative and positive child traits that are presumably influenced by this parenting practice," (p. 238). There were three purposes to this study: 1.) To analyze the correlation between parent-child communication and overparenting, 2.) To determine if helicopter parenting may lead to a more significant sense of entitlement in adolescents, and 3.) If helicopter parenting will significantly reduce the adolescents' capacity to regulate their emotions adaptively. The study had 538 groups of parents and their adolescent children. The parents averaged approximately 51 years of age (78% female, 22% male). The breakdown of parent ethnicity is as follows: 83.8% white; 6.1% Hispanic/Latino, 4.3% African-American, 3.3% Asian/Pacific Islander, 2.2% unknown and 0.2% American Indian/Alaskan native. Forty-five percent of parents had two children, 32% had three children, 10% had four children, 9% had one child, and 6% of parents had five or more children. The average age of young adult children in the study was approximately 20 years. Approximately 64% of the young adult participants were women and 36% were men. The ethnic breakdown was very similar to that of the parents. Segrin et al (2012) assessed parenting style, family environment, overparenting, open parent-child communication, family satisfaction, entitlement, self-efficacy, emotional intelligence, and positive relationships with others. The following data was gathered from parents via the Parental Authority Questionnaire (which had 30 questions which produced information on authoritarian, permissive, and authoritative parenting), the Family Adaptability and Cohesion Evaluation Scales (which assessed level of enmeshment within in families), and the Parent-Adolescent

Communication Scale (20 questions that measure how open parent-child communication

is and the amount of problems in communication within the family).

> There were no were no measures available for analyzing overparenting,
> therefore Segrin et al (2012), developed questions to "assess such
> phenomena as offering advice, problem solving for the child, providing
> tangible assistance to the child, protecting the child from risk, monitoring
> and attention to the child, removing obstacles for the child, and
> management of the child's emotions and moods, based on descriptions of
> over parenting that appear in the clinical literature and professional
> literatures," (p. 242).

The following data was collected from adolescent children of parent participants via the

Family Satisfaction Scale (10 questions which ask how the adolescents rate their

satisfaction with parents), Entitlement Rage subscale of the Pathological Narcissism

Inventory (measures anger of the adolescent when he/she does not get what he/she

wants), the Entitlement Subscale of the Narcissistic Personality inventory (measured the

expectations and beliefs of adolescents (narcissistic in nature), Psychological Entitlement

Scale (9 questions which measured the degree to which the participant felt entitled to

various things), Self-Efficacy Scale (measured social and generic self-efficacy), the

Emotional Intelligence Scale (which measures how effectively people work through and

convey their emotions), and the Positive Relations with Others Scale (measured the

capacity for adolescents to have positive relationships with others). The findings from

the study indicate that by having parents who are overly involved with them, children

will feel more privileged, have a greater sense of entitlement, and have difficulty self-

regulating their emotions. The child in this environment would have further difficulty

believing in his/her own ability to meet goals. Research indicates that over parenting

may be correlated with enmeshed family systems. Sergin et al (2012) believe that some

aspects of overparenting may benefit young adult children when exhibited in moderation.

While enmeshment does not cause helicopter parenting, it presents opportunities in which the parenting behaviors are more likely to occur and cause more negative outcomes in the young adult child. It is important for parents to step back and allow their children greater degrees of autonomy as they become capable of it. Segrin et al. (2012) found that parents who exhibited qualities of a helicopter parent had a "lower quality [of] parent-child communication, as reported by both parents and their young adult children," (p. 248). The greater the degree of over parenting the greater the sense of entitlement found in preadolescent and adolescent children. Helicopter parenting does not appear to harm the adolescent's ability for self-efficacy, positive relationships, or emotional intelligence. This style of parenting seems to have a negative impact on parent-child communication. Both the parent and the young adult child feel that they cannot be completely honest with one another. Helicopter parenting can be considered its own parenting style. Helicopter parents tended to rate their communication with their children as better than young adult children rated it. A major limitation of this study is that the majority of the sample was of white/Caucasian descent and helicopter parenting may have a different impact on members of other ethnicities and cultures (2012). Accordingly, the psychoeducational group developed for this thesis project will address positive and negative aspects of parenting and provide parent participants with the opportunity to practice healthy parenting strategies.

Rhucharoenpornpanich, Chamratrithirong, Fongkaew, Rosati, Miller, and Cupp (2010), examined the various parenting behaviors among parents in Thailand and how these behaviors influenced or were connected to poor behaviors amongst their adolescent children of both genders. They found that different genders tend to be raised and

33

communicated with differently by their parents. "Approximately 30,471 households were identified across the seven districts [of Bangkok]…in total 420 households with 13 or 14-year-old adolescents, 60 households per district, were randomly selected for interview and assessment," (p. 294). Both parents were interviewed via a 'structured interview questionnaire'. Data on adolescents was gathered from a questionnaire the teenagers filled out individually. Either the mother (85%) or the father (15%) and their adolescent children (aged 13-14) participated in the study. Approximately 50% of those parents interviewed completed primary school, about 37% completed high school, and the remaining 13% attained a high school diploma or higher education. The rate of male to female adolescents living in the 420 households was about 50-50. Monthly income in these households varied. 52% of the households made less than 20,000 baht monthly, 22% made 20 to 40,000 baht, and 26% made more than 40,000 baht a month. Rhucharoenpornpanich et al (2010) found that the higher the level of education among parents the greater the likelihood of them utilizing an authoritative parenting style. Those parents earning more than 40,000 baht a month were more likely to be permissive than were those with the moderate to low incomes. Daughters tended to be more closely supervised and have to follow stricter guidelines than did boys. As part of Thai culture parents are not as likely to discuss the concept of sex with their adolescent children. The results of the study seemed to indicate that those parents of teenage girls are much more likely to pay attention to their child's sexual activity than were those with teenage boys. Male adolescents seemed to exhibit more poor behavioral issues "than [did] daughters in every kind of behavior [measured by the study], although not in sexual experience or aggressive/poor behaviors," (p. 296). Male and female adolescents are each impacted in

different ways by the manner in which their parents raise them. Training parents to have more effective communication skills and providing them with greater understanding and practice, may result in a greater ability of parents to protect their male adolescent-children from exhibiting problematic behaviors. According to the results of the Rhucharoenpornpanich et al (2010) study, in order to decrease the risk of adolescent daughters engaging in risky sexual behaviors and provide a more positive outcome for female adolescent-children, parents' need to provide consistent, clear, and understandable rules in their household. Previous research indicated that parents in the United States tended to be more easy-going and less strict with their sons versus being more controlling with their daughters. This seems to indicate that males are much more likely to engage in deviant/poor behaviors than are girls. Those adolescents who engage in substance use will likely have less parental supervision and monitoring than those who do not engage in that behavior (2010). Parental monitoring is essential to having healthy parent-child communication and to increase the likelihood for more positive outcomes among preadolescent and adolescent children.

Bing, Nelson, and Wesolowski (2009), conducted a study, the purpose of which was to examine what impact the four levels (dissolution, divorce with little litigation, divorce with moderate litigation, and divorce with high litigation) of divorce had on children whose parents were going through a divorce. Levels of litigation: low litigation means there are little disagreements, moderate litigation means the case was referred for mediation, and high levels of litigation involve issues about custody or property. The participants in Bing et al's (2009) study included 76 individuals between 22-53 years of age. Thirty-one of the participants were men and 45 of them were women. Each

divorcing couple had 1-5 children (aged 2-17 years). Twenty-four of the divorcing

couples were at the dissolution level, 16 were in divorce proceedings with low conflict,

18 were going through a divorce with moderate conflict, and 18 were going through a

divorce with high conflict. Eighty-four percent of the participants were of

white/Caucasian descent. The participants were well educated, and had incomes ranging

from $20,000-60,000 annually. The DAI—R (Divorce Adjustment Inventory) was

completed by the parents and utilized in order to asses how the children and family

functioned after the divorce had been finalized. The results of the study indicate that the

lower the level of conflict between parents the greater the likelihood that the children will

have a stronger ability to cope with the divorce and be at decreased risk for exhibiting

aggression or poor behavior. The higher the level of parental conflict in divorce the

greater the levels of child aggression, delinquency, and defiance. "This study was

beneficial...as it identified differences in level of adjustment and coping among various

types of divorce hearings," (p. 169). Bing et al (2009) discussed how their review of

literature found that parents' who exhibit hostility toward one another, have children who

are at increased risk of having scholastic and relationship difficulties in later life.

Relationships with high levels of stress and conflict between parents regardless of

whether the couple is divorced, separated, or married can have a significant impact on

children and are correlated with internalizing behaviors (depression, anxiety) and

externalizing behaviors (defying authority figures, exhibiting aggressive behaviors,

engaging in delinquent acts). Bing et al (2009) cautioned that the results of the study

may be limited due to sample size, where the study took place, use of volunteered

information, and participation of volunteers. Information was not taken directly from the

child so the child's perspective is missing from the study (2009). It is important to bear in mind what impact parent conflict can have on children which again brings up the point about parents setting aside time for self-care which will be addressed in the psychoeducational group of this thesis project.

Garfield (2007) conducted a study to answer the following questions: "Do peer relationships have a different kind of effect on the personality development of adolescents [versus] the relationship with their parents? Does gender play a role in this regard?" (p. 180). The participants were randomly selected from one school in South Africa. These adolescents were in grades 8 through 11. There were a total of 108 participants (53 boys; 55 girls). The questionnaire was given to each student with questions addressing: parent-child relationship (authority, understanding, trust), relationship with friends, and self-concept (personality). The questionnaire was administered and completed by every adolescent participant during the school day. Each of the participants was allowed ask any questions they were confused about on the questionnaire. In families with little parental support, the peer relationship can moderate the negative impact on adolescents. The results of Garfield's (2007) study indicated that emotional stability, social boldness, and a tendency towards guilt and tension were all significantly related with both peers and parents. For adolescents, being conscientious was significantly correlated with parent-child relationship. Irritability, individualism, self-sufficiency, self-concept, cordiality, abstract thoughts, carelessness, soft-heartedness, and dominance were factors found to be significantly correlated between adolescents and their relationships with their peers. Amongst boys, emotional stability and tension were two factors which were significantly correlated with friends and parents. Those

personality aspects that were affiliated between adolescents and their peer group but not

their parents were carelessness, social boldness, cordiality, irritability, individualism, and

self-sufficiency. Amongst girls, emotional stability, conscientiousness, social boldness,

and tendency towards guilt were all significantly correlated with friends and parents.

Cordiality and irritability were both significantly correlated with peers but not parents.

Regarding the factor of self-concept both boys and girls had a significant and strong

correlation between self-concept and their peer group. However, there was still "a

moderate correlation between the relationship with the parents and the self-concept," (p.

187). Adolescents' relationships with their peers while significant had different effects

on them than did their relationships with their parents. Gender did play a significant role.

"The peer group has the strongest influence on the adolescent both generally and in terms

of school-related matters," (p. 179). Adolescents seem to rely more on their own peer

groups when they are experiencing emotional or psychological difficulties with their

parents.   While healthy adolescents maintained ties with their parents they tended to

affiliate more and more with their peers. Numerous studies demonstrate the importance

of the peer group in the development of the adolescent's personality. Girls when rejected

by their peer group can exhibit depressive feelings. Parental support is essential for

adolescents to feel secure enough to start being more autonomous and making their own

way in the outside world. If young adolescents have difficult relationships with their

parents they are more likely to experience depressive feelings. The stronger and more

positive the relationship between adolescents and parents the better the academic

performance, adjustment, and psychological well-being of the adolescent. Adolescents'

behaviors are very different outside the family home. Adolescents are more mindful of

what their peers think of them as opposed to what their parents think. Parents putting

pressure on their adolescent children may be hindering the adolescent's efforts to become

more autonomous (2007). Providing parents with psychoeducation on the importance of

parent–child communication and providing the opportunity for them to practice

techniques may lead to preadolescent and adolescent children having a more positive

self-concept.

      Ary, Duncan, Duncan, and Hops (1999), conducted a study to determine how

various types of poor adolescent behaviors (substance use, failing classes in school, high

risk sexual behaviors, antisocial behaviors) are correlated with one another. The

participants in the study were from two cities in the northwestern United States one of the

cities had a population of 50,000 and the other 120,000. Participants were recruited

through newspaper advertisements and fliers placed in the communities. Each of the 196

participating families had an adolescent between the ages of 11 to 15 years of age. Each

of the 11 to 15-year-old adolescents was living at home with their families and was

assessed three times per year. Approximately 45% of the participant families had a

single-parent household, the remainder had two-parents or parental figures living in the

household. The target participants were 100 teenage boys ranging in age from 11 to 17

years. Approximately 92% of the participants were of white/Caucasian descent. Each

family received $25 at each of the three assessments ($75 for the year). Confidentiality

was expressed to each of the participants at each of the three assessments to increase the

likelihood of honest responses. Ary et al (1999) found that families that exhibit a great

deal of conflict and few positive family relationships were at higher risk for parents

monitoring their children inefficiently and an increased likelihood of adolescent children

associating with delinquent peers. Ary et al (1999) found that parent-adolescent relationships can have a significant impact on children's lives throughout adolescence. It is possible for the findings of the study to be replicated. A significant intervention effort to prevent adolescent delinquency may attempt to "[improve] parenting practices and [increase] parental monitoring…these goals might be reached through the provision of parent training programs, school-based communications to parents, and targeted media on specific parenting practices [e.g. parental monitoring]," (p. 227). Adolescents exhibiting aggressive and poor behaviors can be traced back to earlier childhood. If parents are inconsistent with discipline as well as affection and monitoring the child as he/she grows will exhibit more aggressive and coercive behaviors in order to gain parental attention. This makes the parents want to avoid conflict with their children and therefore results in more inconsistency that in turn increases aggressive and coercive behaviors in the children. The cycle will likely continue unless something is done (1999). The psychoeducational group of this thesis project will address parent-child communication and the importance of parents setting appropriate boundaries for their children.

Dishion and McMahon (1998) conducted an analysis and review of the existing literature in order to try and evaluate if parental monitoring, for children at high risk for juvenile delinquency, could function as a protective factor. From their analysis the researchers (1998), believed that there was a possible connection between parental monitoring and problems in a child's overt behavior. Three specific types of a child's problem behavior were defined: a.) antisocial behavior, b.) safety and injury, and c.) abuse of drugs and/or alcohol. As environments became more dangerous it became more necessary for parents to be present to monitor their children in order to lessen the degree

of risk for them. However, as the child aged there was less need for parents to monitor the child's behavior and actions. Where there was a lack of monitoring of younger children there was an increase in the following behaviors: injury due to accidents, childhood antisocial behaviors, and during the teen years (especially ages 15-16) substance use/abuse, and delinquent behavior (1998).

Roberts (1984) conducted a review of literature and designed an approach to treatment of conduct disorder in adolescents. There are two types of parents: over-responsible parents and under-responsible parents. Over-responsible parents try to assist adolescent children and remove all obstacles in their children's lives. These parents have a strong desire to be loved and needed by their child. The more limits the parents set, and the more they allow their adolescent children to face their own obstacles, the more positive communication there may be between parents and adolescents with conduct disorder. The parents define "themselves more clearly to the adolescent by the use of 'I positions'," (p. 68). Parents learn to discuss their own expectations with their adolescent child. The parents may clearly state what they are willing to do for the adolescent child and what they will not do. The parents need to learn that unless they change their own behavior they are likely to continue to feel desperate and suffer under the same circumstances. It is important that parents start turning things around by taking time for themselves. Parents need to establish household rules and consistently enforce them.

Roberts (1984) stated that under-responsible parents may be generally characterized by simply not wanting to deal with "the adolescent or [his/her] problems. [The parents] take little interest in [him/her] and don't really care what happens," (p. 70). These types of parents may view the adolescent child as a difficult chore/burden. What

these parents have attempted to implement is the ostrich strategy, they are burying their heads in the sand and hoping the problem goes away on its own. The parents will then respond in an angry manner when they are forced to react by outside factors (e.g. being called into the principal's office). A therapist may need to refer the parent out for more intensive treatment especially, when dealing with alcoholism or other substance abuse. A step toward educating under-involved parents would be having the therapist attempt to get these parents to be more positively involved with their adolescent child. Parents may require psychoeducation on behavioral concepts and how they can impact the parent-adolescent relationship. Some parents may need to be taught how to interact with their child. It needs to be demonstrated to under-involved parents "how they may be covertly reinforcing the conduct disordered behavior in the [adolescent] by 'covering up' and preventing [him/her from] dealing with the consequences of [his/her] dysfunctional behavior," (p. 71). Once the parents put the modifications in place and are consistent, the adolescents must deal with limits set by parents and the consequences of their own actions. Adolescents can no longer put all the blame for their behaviors on their parents. The majority of adolescents with conduct disorder may show improvement in their behaviors, even if it is very gradual, through the psychoeducation of parents. Roberts (1984) indicated that adolescents with conduct disorder have a lot of bound up feelings/emotions which they have a difficult time trying to self-regulate. Adolescents tend to devote most of their energy toward peer interaction and communication. Adolescents participating in a group do their best to blend in and mimic the actions of other group members which makes therapeutic effectiveness difficult. Many adolescents with conduct disorder may feel invincible, that they can achieve anything, and have a

large sense of entitlement. Parents will typically seek help when the tension and difficulties have grown beyond their perceived capacity to cope. The parents experience feelings of hurt, betrayal, and anger toward their adolescent child. The parents are scrambling in an attempt to react to the impulsive behaviors of their adolescent-children. Parents must learn to respond instead of react so that they may be more proactive. As problems in parent-child relationships escalate, the parents may try to bribe or appease the adolescent in order to attempt to improve the family situation. The therapist needs to educate the parents to help them see the adolescent as he/she is, not through rose colored glasses. It is important for the clinician not to expect more from the parents then they can reasonably accomplish. Parents can play a role in either increasing the poor behaviors of adolescents with conduct disorder or decreasing them. If parents become the main focus of treatment adolescents may likely have a more stable home environment. It is difficult to conduct therapy with adolescents exhibiting conduct disorder as many of these adolescents are dead set against any kind of psychotherapy. The therapist needs to make it clear that the adolescent is not the cause of the family's problems however, it is equally important not to blame everything on how the family system is functioning. Psychoeducational instruction of parents may assist parents in dealing with their adolescent-children's behaviors (1984).

Eddy and Reid (2001) conducted a review of studies and literature on the antisocial behavior that was exhibited by the children of inmate parents. The four stages of the child's development where parents play a crucial role are: prior to birth, preschool stage, elementary school stage, and lastly adolescence. At the time the review was being conducted there were over 1.25 million prisoners held in federal penitentiaries. More

than half of this number had children living at home. Approximately 1.5 million children under age eighteen were impacted by parents' incarcerations. Parenting interventions need to be established at multiple levels so as to reduce the risk of children of inmates exhibiting antisocial behavior or following in their parents' footsteps. The types of parenting interventions that would likely be successful are as follows: the department of corrections utilizing parent education programs that have been proven to be effective, child services departments providing opportunities for teaching more effective and beneficial parenting practices, placing children when necessary in appropriate foster care with lessons on how to properly care for these children, and community non-profit organizations providing needed services to these at risk families. These are potentially beneficial steps that have a reasonable chance of success, and in addition would reduce the costs necessary to run prisons in the future, as these 'at risk' children would, subsequent to the parent interventions, potentially lead more productive and law-abiding lives (2001). It is important to conduct parent interventions so that parents and adolescents can have more effective communication and increase the likelihood of more positive outcomes for adolescents.

According to the Boy's & Girl's Clubs of America (BGCA) (2011) they, with financial assistance from the U.S. federal government, were able to assist various intervention and gang prevention programs. As of 2011, there were 3,954 boys and girls clubs spread throughout the United States. 1,265 of them are located in schools, 356 are located on various United States military bases, and 316 of them are found in public housing areas. These programs benefit children from ages five years and younger to 16 and older. Approximately 55% of the club's members are males and 45% are females.

The following was the ethnic breakdown of the club's members as of 2011: (36%) Caucasian, (28%) African-American, (23%) Hispanic/Latino, (7%) multi-racial, (3%) Asian American, and (3%) Native American. Some types of programs they have are: character and leadership, education and career, and health and life skills. The BGCA put forward an initiative called Family PLUS, the goal of which is to strengthen families. When this program was evaluated in 2010 by the Sociometrics Corporation it was found that the Family PLUS initiative positively increased the amount and quality of family time (2010-2011).

Kumpfer, Whiteside, Greene, and Allen (2010), in their review of literature found that dysfunctional parenting can have a variety of negative consequences including violence within the family, child abuse, child neglect, youth delinquency, drug abuse, incarceration, psychological issues, separation/divorce, and death. Families exhibiting open communication, parental monitoring, and family bonding are at a decreased risk for children exhibiting delinquency during the adolescent years. If parents have decreased involvement, monitoring, and communication with their children, the likelihood increases for the children to exhibit more delinquent behaviors during adolescence. Kumpfer et al (2010) analyzed the Strengthening Families Program (SFP). The supporting data behind SFP comes from the Social Ecology Model (SEM), which was based on data collected from pretests completed by 8,500 preadolescents throughout the United States, who participated in preventative substance abuse programs. The SEM pretests indicated that the most important factors regarding substance abuse were "family cohesion or bonding, parental supervision, and communication of positive family values," (p. 213). During the development of SFP 280 families were assessed for time spent with their families. The

parents of those families who abused drugs spent approximately 50% less time with their

children than did non-drug abusing parents. Those parents who abused drugs had

unrealistic expectations of their children, were more abusive, and manipulative when

implementing discipline.

Kumpfer et al (2010) utilized the Strengthening Families Program (SFP) Parent

Retrospective testing battery to which participants self-reported outcomes regarding

parents, their children, and the family systems as a whole. The SFP program ran for 14

weeks, one 2.5 hour session each week for families at high-risk of their preadolescents

exhibiting poor behaviors. Each SFP session began with a meal where parents and their

preadolescent children sat together and participated in various exercises designed to

warm-up and welcome them. At the conclusion of the meal parents and their children

each attended separate one-hour social skills meetings. During the second hour of the

session parents and their children were provided the opportunity to practice the social

skills they have just learned. Parents and their preadolescent children were given

homework at the end of each 2.5 hour meeting to practice the skills they learned that day

in their home environment. The parents and children were to reflect on theses skills at

the next weekly session.

Kumpfer et al (2010) created a 195 item parent interview questionnaire on which

participants self-reported. The 195 questions were taken from the following assessments:

there were 20 questions about demographics, parenting, children, and families. Another

measurement tool was the Parenting Scale (40 questions measuring parenting skills, the

way the family is organized, family communication, family cohesion, parent supervision,

family conflict, parent efficacy, positive parenting, parent involvement, and parent/child

substance use). The Parent Observation of Child Activities (POCA) Scale (measured child aggression, problems concentrating, impulsivity, criminal behavior, hyperactivity, sociability, and depression). The Family Strengths and Resilience Assessment (measured neglect and child abuse). Substance use was measured using the CSAP/GPRA drug use measures. Social skill information was gathered using the Elliot Social Skills Scale. Kumpfer Parenting Skills scale measured parent efficacy. Moos Environment Scale measured how families were organized, what help parents and children needed with communication, and level of family conflict. The SFP program had 1600 participants all from high-risk families. Each of the families was split into one of four groups: families with children ages 3 to 5, families with children ages 6 to 11, families with children aged 10 to 14, and lastly families with children aged 12 to 16. Each of these groups was slightly altered to be more effective with the children's age group. Kumpfer et al (2010) analyzed the outcomes of a five-year statewide study of the 14 session SFP model. "The largest effect sizes were for improvements for the SFP [6-11] condition and family communication and family strengths and resilience, family organization, parental supervision, parenting efficacy, and positive parenting," (p. 211). The 14 session model was found to be effective especially, amongst high-risk families. Four interventions that have been found to be effective in decreasing the risk of family violence, as presented in the study are: in-home family support, family skills training, family therapy, and behavioral parent training.

Kumpfer et al (2010) stated that the SFP sessions had content for youth, parents and the family as a whole. Each of the three groups addressed the following over the course of 15 weeks: session 1 hello and rules, session 2 social skills – listening, session 3

47

social skills – speaking, session 4 creating good behavior, session 5 how to say 'no', session 6 communication, session 7 communication, session 8 alcohol and drugs, session 9 peer assistance and problem-solving, session 10 parents game, session 11 coping skills, session 12 coping skills, session 13 coping skills, session 14 resources and review, and session 15 graduation. Kumpfer et al (2010) theorized that the main underlying reason for success with these intervention programs was the involvement of the *entire* family as opposed to just the children or parents. They found that a way to increase participant buy-in to the program was to provide child care services (for the duration of the group), meals (prior to the group starting for the evening), transportation (to and from the intervention location), and personal invitations (welcoming participants to the group). Intervention groups were effective in part because knowing one is not alone in learning and applying new parenting strategies/techniques can help make sure changes are more likely to be implemented via peer support in session.

The next section of this literature review deals with adolescent aggressive behavior and possible correlations. Aggressive/poor behavior, for the purpose of this thesis project, is defined as: assault, homicide, rape, aggravated assault, robbery, conduct disorder, and/or antisocial behavior.

Adolescent Aggressive Behavior and Possible Correlations

The U.S. Department of Health and Human Services, *Youth Violence: A Report of the Surgeon General,* (2001) indicated that the number of aggravated assaults being committed by adolescents was 70% higher than that before the sharp increase between 1983-1993. Although fatalities resulting from the use of guns have declined from the levels seen in the ten-year epidemic, nonlethal violence was not reduced. As of 1996

there were a large number of juveniles who belonged to gangs, and that number remained steady through 1999. While school campuses may be considered safe, this does not indicate that there were no school homicides. Those who are most likely to die in violence perpetrated at a school are students belonging to a minority group and those attending schools in inner-city areas. Those individuals who commit crimes before they reach their teenage years are far more likely to commit more numerous crimes, and more serious crimes, and do so for a much longer period of time than those who began committing crimes as adolescents. By age 17, juvenile males (30-40%) and females (15-30%) stated that they have personally committed a violent crime. Those who commit violent crimes also commit a plethora of other crimes. Other deviant behaviors exhibited by these juvenile offenders can be substance abuse and promiscuous, underage sexual activity (2001).

According to Snyder and Sickmund (1999), as of 1997 approximately 30% of children lived in homes with only one parent (85% with their mother and 15% with their father). Nearly 50% of children living only with the mother lived in abject poverty. Male juveniles comprised the majority (83%) of victims of murders committed between 1980 and 1997. Race seemed to play a role as slightly more victims of this violent crime were white (50%) followed closely by African American victims (47%). About 93% of those juveniles committing murder were male. Among the juvenile male homicide offenders known to the justice system, 42% were 17 years old, 29% were 16 and 17% were 15 (1999).

While there is no firm grasp as to the reasons behind all of this violence amongst adolescents, there are a couple of foundational theories as to what the possible

49

correlations might be for much of this violence. The earlier interventions are put in place for families with adolescent children, the more likely there will be a positive outcome for the adolescents.

Roe-Sepowitz (2009) found that males and females seem to have very different reasons for committing violent crime and should not be assessed or treated in a 'one size fits all' manner. The participants in this study consisted of approximately 136 (107 males and 29 females) juvenile offenders in the state of Florida, that were charged by authorities with violent crimes (e.g., homicide, murder, and/or attempted murder) between 2000 and 2005. The approximate number of juveniles who committed homicide between 2000 and 2005 were approximately 589. 453 of these juveniles were tried as adults, while the remainder stayed in the juvenile system. Of those juveniles charged with attempted murder approximately 64% of them had a history of abuse or neglect. Male offenders ranged in age from 11-18, whereas females ranged from 12-17. Roe-Sepowitz (2009) found that both male and female offenders (28% of male offenders, 31% of female offenders) stated that they had little or no contact with one or more of their parents. About 10% of female juveniles and 6% of males had one parent in prison. Child protective services had previously been involved with the juveniles (14% males, 10% females; Roe-Sepowitz, 2009). About 57% of the male offenders reported that there was limited control set by their parents versus 38% of females (2009). It appears that it takes significantly more trauma for females to commit murder than it does for males (e.g. suffering abuse and neglect in childhood).

From this literature review, it can be seen that it is necessary for an effective parenting program to address the definitions of abuse and neglect; how healthy parenting

strategies can help improve parent-adolescent/parent-preadolescent relationships, and by explaining that parental behaviors need to change and become habitual in order to replace ineffective or damaging practices. It is important for a parenting psychoeducational group to emphasize parents being present in the lives of their children. An effective psychoeducational parenting group would have to be widely available and of low or no cost. A possibility of utilizing the public schools as a base of operations may be an effective strategy.

Caprara, Gerbino, Paciello, Giunta, and Pastorelli (2010), conducted a study and review of literature the purpose of which was to "examine the extent to which the established relations among self-efficacy beliefs, delinquency, and depression are corroborated from adolescence to early adulthood," (p. 38). There were 452 participants (227 females, 225 males) in this study; each participant was interviewed at four different ages. At the first interview the children's average ages were 12.81 (all the students attended middle school). On the second interview the average age of participants was 13.81 (82% of the students attended junior high and 18% had started high school). During the third interview the average age of the participants was 15.83 (at this time all the students attended high school). By the time of the fourth interview the average age of the participants was 19.8 (approximately 53% of the participants were high school students, 24% attended college, 15% had an occupation, and 7% had no job). Three hundred sixty-six of the students participating in the study continued with the study in its entirety. The student participants were drawn from a community in Italy with the following economic breakdown: merchants (42%), unskilled workers (22%), managers/professionals (16%), skilled workers (12%), retired (3%), unemployed (3%),

(2%) between jobs but with a salary. The vast majority of the participants were from two-parent households, only 5.9% came from households with only one parent in residence. The average number of children in these households was one per family. The review of literature indicated that girls are more likely to experience feelings of depression whereas boys are more likely to exhibit poor behavior. If interventions can facilitate better communication between adolescents and their parents and bring the family members closer together, it is likely the adolescents will learn more effective coping skills and be able to regulate their emotions. Those adolescents who have better relationships with their parents, (e.g. open communication, parent-adolescent interaction), are at a decreased likelihood of exhibiting poor behavior. Authoritarian parents are more likely to evoke more aggressive behaviors and the externalization of problems in their adolescent offspring. The results of the study indicated that girls showed fewer problems regarding self-regulation than boys; girls also experienced family violence much more infrequently. The girls were more frequently able to resist peer pressure and empathize with others. However, the girls were less confident in their capability for self-regulation of negative emotions than were boys. The results of the study indicated that it was only younger girls who experienced higher rates of depression and boys. The rate of depression seems to become more equalized among older adolescents and young adults. Additionally, the rate of depression among boys seems to increase later in life. Children who were exposed to violence within the family in addition to problems regulating their emotions are at much greater risk for experiencing depression and exhibiting poor behavior. If adolescents had difficulty regulating their emotions and behaviors from the time they were young children, they may be more likely to have difficult interpersonal

interactions both within and outside the family. It is probable that boys require more

monitoring by their parents in order to help develop their own ability to effectively

regulate emotions as adolescents (2010).

Introduction to Attachment Theory

Bowlby (1969) defined his own concept of attachment. He stated that attachment

behavior can be seen to occur within a child when specific behaviors are enacted. The

behaviors are thought to develop as the baby has more and more social interaction with

his/her immediate surroundings, especially the child's mother. Behavioral systems

control what form a baby's instincts take when enacted. While there are five separate

behaviors that can evoke attachment between the child and the mother, (e.g. clinging,

following, sucking, smiling, and crying), these behaviors come together into a "far more

sophisticated goal-corrected system" (p. 180). During the first year of life, an infant will

track or follow the mother figure with his eyes more than any other individual; this is

referred to as perceptual discrimination. The mother is the most important source of

security for a young infant and the baby must know where the mother is in order to feel

comforted by her presence (1969).

Ainsworth and Bowlby (1991) worked together to formulate a revised theory of

attachment that combined their ideas and research. They examined the potential impact

of a long-term separation between mother and child and what the effects of that

separation would have on the child's development. Ainsworth and Bowlby (1991) found

that direct observation of a child in his/her real-life surroundings could best demonstrate

the effects of the separation from the mother-figure for varying periods of time. A child

experiences distress, despair, and then a transition into detachment after being apart from

the mother-figure for a week. If a mother and child were separated for an extended

period of time, few children regained this secure sense of attachment and some continued

to feel detached from the mother-figure. Ainsworth had previously developed a

theoretical framework that infants could be split into three groups: those that were

insecurely attached, nonattached, and securely attached. Those infants found to have an

insecure bond of attachment would cry more often even when the mother was in close

proximity. Nonattached infants had delayed attachment, indicating that bonds of

attachment had not yet formed between the mother and infant due to the mother being

unresponsive to the baby's needs. Securely attached infants did not cry very much, if at

all, in the mother's presence unless the baby could not locate the mother or she seemed

about to leave him/her alone. Ainsworth and Bowlby (1991) pointed out that if a child is

frustrated with his/her mother, if he/she is separated from her, if the mother provides a lot

of attention to someone other than the child, or if she rejects the child, this may cause the

child to exhibit hostility toward the mother-figure (1991).

Studies on the Bonds of Attachment

Sternberg, Lamb, Guterman, Abbott, and Dawud-Noursi (2005) conducted a

longitudinal study that tried to determine if an adolescent's perception of parental

attachment figures would change if there was domestic violence within the family. There

were 110 (61 males, 49 females) participants in the 2005 study. The children's ages

ranged from 8 to 13. Israeli families were recruited between 1988 and 1989. The

participants were of Jewish ancestry, from lower class families, and had two parents.

75% of those participating in the study had parents born in the Middle East or North

Africa. The parents in the study had each completed approximately 9.5 years of formal

education. A large percentage of mothers (55%) and fathers (35%) were reported to be

unemployed. Each of the child participants lived with their biological parents in families

with 5 to 6 members. Five years later 95 of the families were found and re-interviewed

(51 men and 44 women). The average age of child participants was approximately 16 at

this time. The parents' ages ranged from 41 to 45. The children from the 1988 to 1989

sample were divided into four groups: the first group consisted of children who were

physically abused by one or both parents (18 boys, 13 girls); the second group consisted

of children who witnessed spousal abuse (8 boys, 8 girls); the third group included

children who were both physically abused and had witnessed spousal abuse (21 boys, 9

girls); lastly, the fourth group had children with no history of violence toward them or

their parents (14 boys, 17 girls). The researchers found that adolescents who were

victims of physical abuse demonstrated a weaker bond of attachment to their parents than

other teenagers who had either not suffered from direct abuse or had witnessed domestic

violence between their parents. Those children, who were victims of domestic violence,

were adversely affected, (e.g. they had a negative perception of their relationships to their

parents). In cases of domestic violence the participants had a weaker bond formed with

their mother whether she was the perpetrator of the abuse or not (2005). Is it possible

that the child blames the mother for not protecting herself and/or them? What could

happen if the relationship was not repaired or intervention not conducted?

Smallbone and Dadds (2000) found that higher the degree of attachment

insecurity toward a parental figure, the more likely a child would exhibit negative

behaviors (e.g. aggression, coercive sexual behavior, and antisocial behavior). The

study's participants included 162 men working on their bachelor's degrees at a university

in Brisbane, Australia. The students' ages ranged widely from 17 to 54 years. 154 of the

participants identified themselves as heterosexual and eight of them did not. Each of the

students completed a questionnaire, which explored the relationships of childhood and

how they impacted relationships between adults. Some of the questions focused on

explicit sexual behavior or involvement in activities that were against the law. Each of

the participants was told that the participation was voluntary, anonymous, that they could

withdraw at anytime, and that if the participants declined to participate there would be no

penalty of any kind. The questionnaire measured the following: childhood attachment,

adult attachment, aggression and antisocial behavior, and sexual experiences. Being

anxiously attached to one's mother was likely to result in antisocial behavior, whereas

avoidant attachment to one's father was indicative of both antisocial and coercive sexual

behaviors. Paternal attachment may have a much larger impact than maternal attachment

on deviant behavior. However, where there is a lack of attachment with both parents the

effects significantly worsen (2000). The review of literature seems to indicate that

insecure bonds of attachment in an individual's younger years can have far reaching

consequences throughout the rest of the person's life. This thesis project addresses

attachment with parents and teaches the psychoeducational group members how to be

more supportive, and share more effective positive communication with their

preadolescent/adolescent children.

Reder and Duncan (2001) conducted a review of attachment literature. They

believe that the term attachment is used too loosely in conjunction with poor behavior

occurring in adolescence and adulthood. Although attachment may play a role in

establishing a pattern or setting the tone for later childhood abuse and trauma, it is not the

be all and end all theory of later violent behavior. Attachment works in tandem with other negative aspects of childhood. Reder and Duncan (2001) coined the term 'unresolved care and control conflicts' to try to elicit the motivating factors of those parents who abuse their children or exhibit violence toward others. One had care conflicts due to experiencing abandonment, rejection, or not feeling loved by one's parents during childhood. Unresolved care conflicts were exhibited by these behaviors: excessively depending on other people, having profound fear of being abandoned by others, trying to be ultra-independent, trying to put as much distance between oneself and others as possible, and being intolerant of seeing other people be overly dependent. Control conflicts stemmed from helplessness in the face of various traumas such as abuse (physical, sexual, emotional, psychological, maltreatment, and neglect) in childhood. This in turn caused the victim to utilize that model of relationships and apply it to all future relationships. The victim would use aggression and coercion to get the partner or victim to do what it was the victim-turned-perpetrator wanted. Control conflicts could take these forms: when adults who come from abusive backgrounds have a child they are unable to put the needs of the baby before their own. Mothers from similar abusive backgrounds attempted to force their babies onto solid foods only a few weeks post natal (2001). A psychoeducational parenting group needs to address the importance of secure attachment but it also needs to explain that secure attachment is one part of healthy parenting, not the only part.

The theory of attachment and concept of adolescent poor behavior have been discussed. Next parenting styles and their possible correlations with adolescent poor

behavior will be explored. The parenting style a child is raised with can impact how that child interacts with others from early childhood through adolescence.

Parenting Styles

Baumrind (1966) defined three parenting styles: permissive, authoritarian, and authoritative. The aspects of these parenting styles were supported in book written by Vernon and Al-Mabuk (1995) which examined various developmental characteristics exhibited by children and adolescents from 2 to 5 (preschool age), 6 to 11 (middle childhood), 11 to 14 (early adolescence), and 15 to 18 (mid to late adolescence) (1995).

According to Baumrind (1966) and Vernon and Al-Mabuk (1995), permissive parents will likely demand little of their children. They help their children with whatever they want, and give their children few, if any, chores. They will tend not to hold their children accountable for any wrong doing, preferring not to punish them and accepting whatever behaviors they exhibit as to avoid conflict with them. They prefer to allow their children to manage their own behavior. Permissive parents do not have any household rules that their children are required to observe. The only form of control employed by the permissive parent would likely be an attempt to manipulate/coerce the child to do what the parent wanted (e.g. the parent would bribe the child with a gift in order to get said child to behave) (1966, 1995).

Baumrind (1966) and Vernon and Al-Mabuk (1995) stated that authoritarian parents have black and white standards a 'my way or the highway' policy. If the authoritarian parent is not obeyed he or she will not hesitate to employ "punitive, forceful measures to curb self-will at points where the child's actions or beliefs conflict with what she [or he] thinks is right conduct" (p. 889). These parents will assign chores for their

children to complete and they will be granted little or no independence. They will feel no need to explain to the children why they need to obey their parents, merely that the parents' words are final (1966, 1995).

Baumrind (1966) and Vernon and Al-Mabuk (1995) define authoritative parents as those who will explain the reasons for the rules they set to their children. They will exert some control but it is not absolute and without explanation. Those parents utilizing the authoritative parenting style will encourage collaboration with their children to uphold the rules of conduct. Authoritative parents encourage independence in their children. If their child is misbehaving they attempt to solicit the reason for the behavior and will then address the root of the problem. These parents will not simply punish their child for his/her transgressions as an authoritarian parent would, or allow them free reign as a permissive parent would. Authoritative parents recognize that they need to set limits on their children so that they will know how to behave in future situations and will be able to act independently in doing so (1966, 1995).

Dishion and McMahon (1998) conducted a review of literature and found that the following aspects made up a more ideal parenting style: trust, security, and involvement. The purpose of these three aspects was to establish a good quality relationship as a base. Built upon that base are problem solving, limit setting, and positive reinforcement which make up the idea of behavior management; next, attention, tracking, and structuring contexts make up parental monitoring; lastly, values, goals, and norms comprise motivation. It was concluded that parental monitoring in conjunction with prevention programs focused on the family, could promote better mental and physical health for at risk children (1998).

According to Chipman, Olsen, Klein, Hart, and Robinson (2000) both positive and negative parenting practices may be transmitted across generations. Chipman et al (2000) conducted a study with 465 participants. One hundred-twenty-eight volunteers (65 men; 63 women) were inmates of various minimum and medium security prisons. The average age of inmates was approximately 32. The other group consisted of 337 (122 men; 215 women) non-incarcerated citizens of Utah. The average age of non-inmates was approximately 31. The children of non-incarcerated citizens attended Head Start programs at local university preschool labs. Of the imprisoned participants 63.2% of them were of Caucasian descent versus 67.4% of the non-incarcerated citizens. To try and minimize the discrepancy in level of education inmates had to have completed approximately 12 years of schooling versus non-inmates having to complete approximately 14 years of schooling. Approximately 45% of the inmates were Mormons versus 84.6% of the non-inmates. Each participant was required to complete a survey discussing age, race, marital status, their childhood standard of living when they were with their original families, etc. Chipman et al. (2000) sought to find out what adult offenders observed about the types of parenting they received growing up. The participants were asked to answer questions to determine which of the following parenting styles they experienced growing up: authoritarian, permissive, or authoritative parenting. Inmates were more likely to have had authoritarian or permissive parents than non-inmates were. There was a significant correlation between gender of the parent, child, and whether the participant was an inmate or not. Inmates and non-inmates recalled very different parenting practices used as they were being raised. Non-inmates had higher levels of authoritative parenting practices utilized with them. The way parents

60

were raised was significantly correlated with how they raised their own children and adolescents. Parents were likely to utilize the same parenting practices as their own parents did with them. Authoritative parenting practices were associated with more positive outcomes for the children. To summarize, inmates indicated that they experienced more authoritarian and permissive parenting styles than their non-inmate counterparts in the study. It was found that female inmates received more authoritarian parenting techniques than males did (2000).

Miller, DiIorio, and Dudley (2002) studied 620 African Americans to find out if the way an adolescent's mother parented would make a difference in how a teenager would react (more or less violently) in a given situation. The information in this (2002) study was gathered from a bigger research study involving teenagers (aged 11-14) and their mothers (18 years of age or older). Mothers were required to be the primary caretakers of their teenage child for a minimum of one year preceding the study. The 620 participants (378 male; 242 female) were all of African-American descent averaging 12 years of age, and more than half of whom had a sixth-grade education. There were two forms of measurement used in the study: the first was a survey on risky adolescent behaviors, which was adapted from a Center for Disease Control and Prevention Survey. The survey presented 11 different scenarios of which participants had to choose from one of six responses. One of the scenarios asked the respondent what he/she would do if a person cut in front of them in line, the response choices were as follows: "physically fight the person (punching, kicking, hitting)'…'yell and/or curse'…'walk away and talk to that person about the situation'…'walk away and talk with an adult about the situation'…'ignore the situation and keep it to myself'…'use a weapon," (p. 464). The

second questionnaire for participants measured the way adolescents perceived their

parents to be involved in their lives, and the perceived degree of control the parents

exerted over them. Two example statements to which the participants responded to via a

5 point likert scale were: "When you do something your mother likes, she praises

you, or gives you a smile, hug or kiss.'…'Your mother allows you to date," (p. 465).

Only one preadolescent child from each family participated. Approximately 41% of the

participants stated that their mother was being authoritative, 30% indicated that they

thought their mother was authoritarian, and 29% viewed their mother as permissive.

Permissive parenting by the mother was strongly correlated with adolescents increased

likelihood of reacting violently to conflict. Males were more likely to respond violently

to conflict than their female counterparts when faced with the same or similar situations.

Parenting style was significantly correlated with the intensity of an adolescent's response

to conflict provoking situations.

Importance of Quality of Parenting

Walker, Maxson, and Newcomb (2007) reported that youth of Latino and African

American descent, who live in areas with high crime rates, are at greater continuous risk

for being victimized and meeting out violent behavior toward others, than youth of other

ethnicities. The researchers analyzed data from the Los Angeles Violence Study. The

participants were randomly selected from eight neighborhoods in Los Angeles County six

in the city itself. Three hundred forty-nine boys ranging in age from 12 to 17 were

interviewed. The ethnicities of the 349 boys were of Hispanic (71%) or African-

American (29%) descent. Walker et al. (2007) attempted to determine if being victims,

set juveniles on a spiral into violent/aggressive behavior. Could parental attachment

possibly moderate the impact of victimization and/or violent behavior on Latino and African American youth? The level of parent attachment was assessed through interviews with the adolescent participants. The adolescents were asked to rate 11 statements via one of four likert scale responses. Some of the statements from this 11-item interview are as follows: you feel very angry towards your (adult), you really enjoy your (adult), you get along well with (adult). The higher the degree of attachment Latinos had to a parental figure the less likely they were to exhibit violent behavior. Adolescents of African American descent who had low attachment or medium attachment to a parental figure had lowered rates of exhibiting violence (2007). This thesis project addresses the impact of attachment on the parent-adolescent relationship and its impact on poor adolescent behaviors.

This literature review has discussed adolescent violence, parental communication, parental monitoring, attachment, and parenting styles. There are many possible types of interventions that can be used to increase the chances of more positive outcomes for children who have little or insecure bonds of attachment, are at risk for violent behavior, or have had poor parenting. The goal of the following psychoeducational parenting group is to reduce the risk of adolescent negative outcomes by strengthening parent communication skills and modifying parental attitudes. This group will teach healthy parenting strategies for parents of adolescents and preadolescents and techniques that address poor behavior of adolescents. It is hoped that this psycho-educational group will modify parent-adolescent and parent-preadolescent relationships to be more positive and supportive by altering parental beliefs and modifying parental perceptions.

Chapter 3

Methodology

Introduction

      According to Corey, Corey, and Corey (2010), "Psycho-educational groups focus on developing a member's cognitive, affective, and behavioral skills through a structured set of procedures within and across group meetings...these groups are increasingly common in agencies, schools, and college counseling centers," (p. 13). In order to help assess the group's effectiveness, there will be a pre-test and post-test questionnaire. Psycho-educational groups can run anywhere from four to six weeks for a duration of approximately 2 hours each week. This psycho-educational group of the thesis project has been developed to run for 13 weeks. Ideally, there will be between 10-16 parents of middle school students in this psychoeducational parenting group. Group members will meet weekly for approximately 2 hours. The function and purpose of psycho-educational groups is to impart factual information, facilitate discussion, and increase participant awareness.

Group Screening Process

      According to Couch (1995), screening potential group members is important. When potential group members are screened thoroughly they will likely feel a greater sense of satisfaction with the overall group experience. Group members may feel more comfortable in a group with people of similar experiences to their own. When group expectations, goals, and roles are described to the group members they are likely to experience a more productive group. Group counseling may be inappropriate for some

individuals. It was therefore put forth by the Association for Specialists in Group Work (ASGW) and the American Counseling Association (ACA) that all those who may participate in counseling groups must be screened so that those who can benefit from group counseling receive entrance into the group and those who may be harmed be referred for other services. Some ways to screen group members are as follows: written information about individual potential members, individual interviews, or group interviews. Couch (1995) indicated that individually interviewing potential group members is regarded by many practitioners as the most effective screening method. Some important screening questions are: Does the potential group member believe that change is possible? Does the group member want things to change? Is the potential group member willing to work for change? What does the group member need to help make this an effective group for him/her? What are the potential group member's expectations for the group? How does the individual feel the group would benefit him/her? If you could change anything in your life what would it be? It is essential for group members to participate in order to receive the full benefits from the group.

> Some important questions to ask about commitment are: "on a scale of 1 to 5, with 5 being a very high level of commitment, how committed are you to actively participating in the group in order to make the change(s) you desire?...You seem to be a little tentative about committing to active participation in the group. What would it take for you to 'go for it' and be an active participant?" (p. 20).

It is important as part of the screening process to explain what a counseling group is and what it is not. It is important to address the thoughts, feelings, and fears potential group members have about participating in a group. The group will have little effect on group members unless their fears and misperceptions are addressed. One way to address misinformation about groups is to talk about it. Some myths about groups are as follows:

counseling groups are only for those who are severely, psychologically disturbed; you will be forced to reveal your inner most feelings to the group; groups or places where your thoughts and feelings are ripped apart. A follow-up question for this would be, what other types of negative information have you heard about groups? Confidentiality is essential for group to be effective. People will not participate in the group if they feel other group members are going to talk about them outside the group. Group leaders/facilitators need to inform the members that they themselves are held to the laws and ethics of confidentiality according to ASGW standards. While the group leaders/facilitators cannot ensure group confidentiality group members breaking confidentiality is uncommon. The group leader/facilitator needs to explain the limits of confidentiality and that the law requires him/her to break it in cases of child abuse, elder abuse, dependent adult abuse, or if a group member is going to harm him/herself or someone else (1995).

Group members can talk and receive feedback from a variety of sources (other group, members, educational materials, homework assignments, group facilitator). Groups provide the parent with the opportunity to see they are not alone. Often, parents seem to believe that no one has as difficult a time parenting, or has children as difficult to deal with as they do. Group members' verbal exchanges are instrumental in bringing about change in various group members. However, even though groups have the capacity to "empower clients in their life-changing journeys, groups also have the potential to do harm to participants," (p. 71). It is important for groups to follow a code of ethics as these groups will likely be more effective and have a decreased risk of causing harm to the group members (2010).

Corey, Corey and Corey (2010) state it is essential that the group leader inform the group participants of the following, in writing (Association for Specialists in Group Work (ASGW) (1998) 'Best Practice Guidelines'): "information on the nature, purposes, and goals of the group; confidentiality and exceptions to confidentiality, leader's theoretical orientation; group services that can be provided; the role and responsibility of group members and leaders; the qualifications of the leader to lead a particular group," (p. 73).

The goals of this parenting group are to promote awareness and educate parents on alternative, positive, and effective parenting strategies available to them. Additionally the group will teach parents how to implement these healthy parenting techniques. The group adheres strictly to the policies of confidentiality. The exceptions for confidentiality are if a group member is going to hurt him/herself or someone else or if a child or dependent elderly person are being abused (physically, sexually, emotionally/psychologically, or neglected) (2010).

Project Development

The psychoeducational parenting group of this thesis project was designed around parent-adolescent communication, parental monitoring, attachment, and parenting styles to prevent or curtail adolescent poor behavior. The concept behind it is to examine the way in which parents are currently engaging with their children, and have the parents evaluate if they can do better. If they can, what is it that they need to do to become more effective parents and establish a better relationship with their children? The first step in project development was coming up with an overview of the parenting group and

determining how many weeks would be appropriate. Another important determinant was deciding the duration of the individual group sessions.

This psychoeducational group teaches and explores healthy parenting strategies that can be effective in reducing the output of adolescent poor behavior. Many parents feel that all they need in order to be positive and effective parents is relying on their own intuition and the model under which they were raised. However, the only people's behavior that parents can truly control is their own. This group will teach that if parents first alter the way in which they respond to/interact with their children, then their children's behavior will likely change in response over time. The group will help modify the way parents interact with their children, promote a more open interaction and communication between parents and their adolescent children, promoted parental monitoring, reduce the likelihood of adolescents exhibiting violent behavior, and provide the opportunity to orient families in a more positive direction.

The thesis project evolved from a review of the available literature on parent communication, parental monitoring, adolescent poor behavior, attachment, and parenting styles conducted by the author. The author found that there had been little recent research conducted on the above factors combined. As a way to rectify this, the author decided to create a psychoeducational parenting group designed to teach healthy parenting strategies to parents of children aged 12-15. The parenting group was designed to be as manageable as possible for parents' time constraints due to work, child-caring responsibilities, etc. The group meeting times are proposed to be once weekly for 2 hours, over a course of 13 weeks, from approximately 6:00p.m.-8:00p.m.

Intended Audience

The target population is the parents of middle school students who are at risk for exhibiting poor behavior. The psychoeducational group is designed to provide parents with effective alternative strategies to employ in raising their children. The hope is that these strategies will create a more positive parent-adolescent relationship and facilitate more open communication. Adolescence is a time when parents begin to expect more from their children academically, socially, and in matters of dealing with the family.

Personnel Qualifications

The psychoeducational group can be implemented by: school counselors (M.S. and Pupil Personnel Services Credential); licensed marriage and family therapists (M.S. and LMFT). Licensed professional clinical counselors (M.S. and L.P.C.C.); licensed group therapists; licensed clinical psychologists (Ph.D., Psy.D.); marriage and family interns may co-lead the groups under the supervision of the aforementioned individuals.

Environment and Equipment

The physical space required for this project will need to be a medium sized quiet room. It should not be a thorough-fare as once the group starts for a session it should not be interrupted except for an emergency situation. There should be enough chairs to comfortably seat at least 16 people at a time but no more than 20. The group is meant to be conducted either at a school location or at a community center. The time to hold the meetings will preferably be in the early evenings, on weekends, or as group members' needs dictate. Each group member must be provided with a legal pad, a drawing pad, pens, pencils, colored pencils, crayons, and markers. Ideally, any electronic equipment needed will be provided for the group by the location where it is taking place.

Advertising

One way to market this parenting group to the parents of middle school students is to inform the parents of the benefits toward their relationships with their adolescent/preadolescent children. School counselors can work with teachers to come up with a list of students who are not doing well in school academically or socially. The parents of these students can be selected to come in for a screening individual group interview. Providing snacks or a meal would be helpful as would offering child care. The school counselor(s) of the middle school could send home a letter to parents of students who are struggling academically or socially and who would like to take advantage of the parenting group. The potential group members would need to be individually screened by the group leader, whether a school counselor, a licensed therapist, or clinical social worker. The purpose of screening group members is to provide the best chance of success and the highest retention rate to completion. The principal could also send an automated informational call to parents about the parenting group. School counselors could call the parents of those students who are struggling and relay the potential benefits of this psychoeducational group.

Psychoeducational Group Services

The psycho-educational parenting group can provide the following services: psycho-education, group process, practice of healthy parenting strategies, and referrals (when necessary to psychotherapy, psychiatric treatment, drug treatment, etc). The roles and responsibilities of the group members are to share their thoughts and feelings in the group and provide constructive feedback to other group members. Group members are responsible for maintaining group confidentiality by only talking about group issues in the group, not forming cliques (small groups) within the larger group. The group leader

is responsible for posing important questions to assist in the group process, to remind the group members of confidentiality, to facilitate group discussion and ensure that all group members are participating and staying on topic.

This thesis project presents a psycho-educational parenting group that will address the importance of parental communication, parent child-relationship, attachment, parenting style, and adolescent poor behavior. The purpose of this project is to teach healthy parenting strategies to parents of preadolescent and adolescent youth.

Project Outline: Parenting Group Timeline

The following is a brief overview of the topics to be addressed in the parenting group over the course of 13 weeks. Group members will meet once a week for a period of two hours.

Week 1: Introduction and Pretest
      Why are we here?
      Child/Parent Assessment?
      Statistical Information of Adolescent Poor Behavior
Week 2: Healthy Parenting Styles
      Authoritarian
      Authoritative
      Permissive
Week 3: Importance of Attachment
      Secure Attachment
      Insecure Attachment
      Avoidant Attachment
Week 4: How full is your bucket?
      Benefits of being positive
      How can I be positive with my children?
      Positive Behavior Support
Week 5: Importance of Self-care
      Strategies
      Mindfulness Meditation
      How can we take care of ourselves when we have to worry about children,
    work, and daily activities?
Week 6: Role Plays
      Groups will be presented vignettes and situations and then demonstrate how
      they would react.

Week 7: Effects of parenting
Impact on childhood
Impact on School Performance
Impact on Adolescence
Week 8: Important Questions
How much time per week do I spend with my children and does that need to change?
Will spending more time with my kids make a difference?
My child does not want me around, now what?
Importance of parental monitoring
Week 9: Important Questions (cont.)
What is right about my parenting?
What is right about my children?
Focusing on the positive
(Each parent will make a list)
What do I think needs to be changed about my parenting?
Week 10: Role Playing
One parent in parental role
One parent in child role
Group Discussion
Week 11: Listening & Communication
Listen Poem
How do you listen to your children?
Listen Handout
How can listening to my children make me a more effective parent?
Do you actually listen to your children?
Do you let them talk then dismiss what they have to say?
Week 12: Couples
Excerpt from *The Family Crucible*
Discussing Couples Relationships
How couples relationships may impact children.
Week 13: Things I know about my children
Everyone needs to answer ten questions about their children.

Chapter 4

Summary of Thesis Project

Adolescents and preadolescents need positive communication, attention, monitoring, and affection from their parental figures in order to have the most positive outcomes. Research shows that one of the largest groups of violent offenders are those who commit aggressive behaviors as teenagers. There is evidence to suggest that if a child is aggressive from early childhood this trend may likely continue into the adolescent years. For this thesis project, a psychoeducational parenting group was designed around parent-adolescent communication, parental monitoring, attachment, and parenting styles in hopes of preventing or curtailing adolescent poor behavior. The goal is to examine the way parents are currently engaging with their children and have the parents evaluate if they can do better. What is it that parents need to do to become more effective and establish a better relationship with their children? The first step in project development was creating an overview of the parenting group and determining how many weeks would be appropriate. Another important determinant was deciding the duration of the individual group sessions.

The purpose of this thesis project is to create a psychoeducational parenting group to teach healthy parenting strategies and techniques especially regarding the impact of communication skills, parental monitoring, and attachment in adolescents. It is hoped that this psychoeducational group will reduce the potential of adolescents exhibiting violent behavior. This psychoeducational group is designed to be facilitated by: school counselors (M.S. and Pupil Personnel Services Credential); licensed marriage and family therapists (M.S. and LMFT); licensed professional clinical counselors (M.S. and L.P.C.C.); licensed group therapists; licensed clinical psychologists (Ph.D., Psy.D.); marriage and family interns may co-lead the groups under the supervision of the

aforementioned individuals. This project is based on a review of the literature on parent-child communication, parent-adolescent communication, parental monitoring, attachment, various parenting styles, and poor adolescent behavior. The psychoeducational parenting group that was created from this information may improve family relationships within the home and potentially cut down on adolescent violence perpetrated in the local communities.

Lower education levels in parents seem to be correlated with higher levels of adolescent violence. Therefore, early parental interventions should focus in part on educating the parents on both effective and ineffective parenting strategies. An effective parenting program would have to be widely available and of low or no cost. A possibility of utilizing the public schools as a base of operations may be an effective strategy. If interventions are conducted in families with histories of domestic violence such as, changes in the degree of exposure to family violence, it could potentially have positive effects and some adverse effects of the abuse might be mitigated and relationships become more positive. If a relationship was not repaired or an intervention not conducted, the relationship could continue to worsen with an increasingly negative impact on a child's attachment to his or her parental figure. The child in question may then in turn become more prone to exhibiting similar behaviors to those he/she has witnessed or been exposed to in his/her life. This is due in large part to the children having no other basis for comparison to any other way of thinking.

This psychoeducational parenting group addresses the definitions of abuse and neglect and how healthy parenting strategies can help by explaining that parental behaviors need to change and become habitual in order to replace ineffective or

damaging practices. This psychoeducational parenting emphasizes that parents be present in the lives of their children. This psychoeducational group covers the importance of attachment between parent and child and what could be done to strengthen those attachment bonds.

This psychoeducational group teaches and explores healthy parenting strategies that may be effective in reducing the output of adolescent poor behavior for parents of middle school students ages 11-15. Many parents feel that all they need in order to be positive and effective parents is relying on their own intuition and the model under which they were raised. However, the only people's behavior that parents can truly control is their own. This psychoeducational group will teach that if parents first alter the way in which they respond to/interact with their children, then their children's behavior may change in response over time. The psychoeducational parenting group may help modify the way parents interact with their children, promote a more open interaction and communication between parents and their adolescent children, increase parental monitoring, reduce the likelihood of adolescents exhibiting violent behavior, and provide the opportunity to orient families in a more positive direction.

This psychoeducational group addresses: consistency, setting clear, flexible boundaries, and open parent-adolescent discussions where the adolescents can freely question why certain rules/boundaries are in place. The parenting group was designed to be as manageable as possible for parents' time constraints due to work, child-caring responsibilities, etc. The group meeting times are proposed to be once weekly for 2 hours, over a course of 13 weeks, from approximately 6:00p.m.-8:00p.m.

Conclusion

Evaluation

This project was sent out to be evaluated by four professionals. Two of the evaluators work for the Los Angeles Unified School District as leaders of the Behavior Support Team and are Board Certified Behavioral Analysts. One evaluator is an experienced counselor at Birmingham Community Charter High School. The last evaluator is a Licensed Marriage and Family therapist who founded the International Child Abuse Network located at www.yesican.org.

Each evaluator was given a list of seven questions (six closed likert scale questions and one open-ended question) to respond to after reviewing the psychoeducational parenting group. The questions are as follows:

1.) How effective do you feel this psychoeducational group would be for parents?
　　　　　(1) Not Effective　(2) Somewhat Effective　(3) Very Effective

2.) How effective do you feel this psychoeducational group would be for adolescent children of parent participants?
　　　　　(1) Not Effective　(2) Somewhat Effective　(3) Very Effective

3.) How generalizable do you think this thesis project would be among a variety of cultures, if translated into the appropriate language?
　　　(1) Not Generalizable　(2) Somewhat Generalizable　(3) Very Generalizable

4.) How applicable do you think this psychoeducational parenting group would be to all socio-economic classes?
　　　　　(1) Not Applicable　(2) Somewhat Applicable　(3) Very Applicable

5.) How likely would you be to sponsor this psychoeducational parenting group in your school/school district/community center?
　　　　　(1) Not Likely　(2) Somewhat Likely　(3) Very Likely

6.) What are your thoughts on the overall structure of the parenting group?
　　　　　(1) Not Effective　(2) Somewhat Effective　(3) Very Effective

7.) What additional feedback or comments do you have about this thesis project?

The school counselor felt that the psychoeducational group would be very effective for parents. She stated that the psychoeducational group would be very effective for adolescent children of parent participants. She said that the project could be somewhat generalizable among a variety of cultures if translated into the appropriate language. The school counselor stated that the psychoeducational group would be somewhat applicable to all socio-economic classes. She said that she would be very likely to sponsor this psychoeducational parenting group at her high school. Her thoughts were that the overall structure of the parenting group would be very effective. The school counselor concluded by saying that she likes "hands-on activities that engage the parents. Lectures are fine but active participation is the best when combined with theory."

One Board Certified Behavioral Analyst (BCBA) had this to say: the psychoeducational group would be somewhat effective for parents. She stated that the psychoeducational group would be somewhat effective for adolescent children of parent participants. She said that the project could be somewhat generalizable among a variety of cultures if translated into the appropriate language. The BCBA stated that the psychoeducational group would be somewhat applicable to all socio-economic classes. She said that she would be somewhat likely to sponsor this psychoeducational parenting group at various schools in the Los Angeles Unified School District. Her thoughts were that the overall structure of the parenting group would be somewhat effective. The BCBA finished by saying that "I think that parents do need to come together in a facilitated way to discuss what is working and what is challenging for them. This is a great way to do it. I would be curious about the training for facilitators. This addresses some very serious and delicate issues and the facilitator would need to be prepared to

77

facilitate conversation around these. Also, I would like to see the safety of the group addressed in a more detailed way. Parents are being asked some tough questions and to reflect on some tough issues. They will need to feel a real sense of safety in order to be truthful with this. The material for the parents should be more accessible. Are there provisions for parents who might be struggling readers and writers? In reading the material, it seemed to me that the assumption was that the family was intact. Many families are single parent, grandparent, etc. I would be curious to see how that would be addressed. Some of the activities and examples may not be familiar to many (The Velveteen Rabbit for one). I do not believe that just translating it into other languages will take into account cultural relevance. As far as socioeconomic levels, it seemed to me to be more based on a middle level. I would be curious how you might adjust the material to all levels."

The licensed marriage and family therapist (LMFT) said that: the psychoeducational group would be very effective for parents. She stated that the psychoeducational group would be very effective for adolescent children of parent participants. She said that the project could be somewhat generalizable among a variety of cultures if translated into the appropriate language. The LMFT stated that the psychoeducational group would be very applicable to all socio-economic classes. She said that she would be somewhat likely to sponsor this psychoeducational parenting group at her community center. Her thoughts were that the overall structure of the parenting group would be very effective. The LMFT finished by saying that, "the language of the project may be too intellectual for the group members. You might want

to use videos for vignettes and stop for discussion. Order of topics may not be conducive to group growth. You might want to include indifferent and indulgent parenting."

Another Board Certified Behavioral Analyst (BCBA) had this to say: the psychoeducational group would be very effective for parents. She stated that the psychoeducational group would be somewhat effective for adolescent children of parent participants. She said that the project could be somewhat generalizable among a variety of cultures if translated into the appropriate language. The BCBA stated that the psychoeducational group would be somewhat applicable to all socio-economic classes. She said that she would be somewhat likely to sponsor this psychoeducational parenting group at various schools in the Los Angeles Unified School District. Her thoughts were that the overall structure of the parenting group would be very effective. The BCBA finished by posing the following questions and comments: "What will the training for facilitators entail or will they simply pick up the facilitator's guide? Perhaps, as part of each session the focus could be on creating a safe environment so participants will feel comfortable in sharing. Safety must be established just like in group therapy and this is not mentioned until week 5. What happens if a participant becomes emotionally vulnerable about what they or others have shared? What tools and support to the facilitators have to assist the participants? Perhaps, building closure activities into each session will help clients who are emotionally vulnerable so they are not agitated upon departure. How are the participants identified to join the group? How are referrals to the group made? The facilitators will need to be cautious as they discuss some of the topics such as "negative parenting" so that they are not viewed as judgmental or accusatory. The first week mentions that the child completes an assessment. Does the child attend

the group too? If not, how and when does the child fill out the assessment? Regarding the Surgeon General's Report: Will there be a discussion that follows? Suggestion: week one homework: Perhaps, the parents will make a list of healthy and unhealthy parenting. Week two-Will the facilitator be skilled at addressing intergenerational abuse? Week one and on: Confidentiality and mandated reporting should be discussed. Parenting Vignettes-Will you know the reading skills of the participants? What about English Language Learners. Perhaps, as a back-up, the facilitator can read the vignettes to the group. Week 3- Will there be a discussion about the homework that was completed? Week three-Questions about attachment. Is the group considered a safe place for disclosures? Week four-How Full is Your Bucket? This might be better for an earlier week when the group works together to establish trust and safety. Week five- Perhaps this lesson would be better to start the program with. Week five-Getting help for one's self…you might consider adding pastor or rabbi or family friend. Week seven- "How did you feel after your parents told you how proud they were of you before they dropped you off in the morning?' Be careful about assumptions. They may not have been told that their parent was proud of them. They may not have been dropped off at school. Week eight-"Do you love your children?" What if the answer is no that they do not love their child. Is the facilitator equipped to deal with this? Consider changing this to an open-ended question rather than a yes/no. Consider the parents' reading levels regarding pre-test, post-test, and parent assessment. Consider who the participants may be: single parents; intact couples; divorced parents; non-married parents. All parent configurations should be addressed in some way. Consider the cultural implication of parenting styles. Socio-economic status may impact parenting."

Upon reviewing the responses of the evaluators, the psychoeducational parenting group was then re-examined by the author and edited accordingly.

The changes suggested by the experts are those that would need to be made before project implementation. Utilizing videos as opposed to reading vignettes may be more useful as the group members could then more easily visualize the situation as opposed to using their imaginations. This is definitely doable and college students could be recruited to act in the videos. Another issue that was brought up was that this group seems to be geared toward intact two-parent households. This needs to be corrected prior to implementation as this group is meant for two-parent households, one-parent households, parent- and grandparent-households, households where parents are cohabitating, etc.

This project is meant to be generalizable among the diverse populations found in U.S. middle schools. All evaluators rated the project as somewhat generalizable. The group facilitator may need to make some verbal adaptations during the group sessions. The group facilitator may also need to explain in less-intellectual language aspects that the group is trying to convey. Therefore the group facilitator needs to be familiar with the psychoeducational group curriculum and the group members he/she will be working with. This can be achieved through paying close attention to the group members and via the group screening process.

The inspiration for this project came from a review of the literature on preadolescent and early adolescent development, what parents need to know about adolescents, healthy parenting, psychoeducational groups, parental monitoring, parent-adolescent communication, adolescent aggressive behavior and possible correlations, attachment theory, studies on the bonds of attachment, parenting styles, and the

importance of quality parenting. This project was designed to help those students/adolescents at risk for exhibiting poor behavior and reducing their risk. By addressing the way the parents are raising their children this project will ideally inspire them to adopt healthy parenting practices so that they can strengthen their existing parenting skills and potentially learn to apply new parenting strategies. This parenting program is not about what is wrong with what parents are doing, but what is right with their parenting and what could be improved further. This project is not about blame but about strengthening parents' relationships with each other and with parent-child relationships.

Research supports the view that there is no such thing as a hopeless case. The earlier interventions are put in place the more effective they are and the more positive the predicted outcome will be. Many intervention programs are aimed at young children, parents of young children, or both. This psychoeducational parenting group is aimed at parents of preadolescents and adolescents precisely because this is a time when parents need to be especially vigilant, loving, and supportive toward their children. This is often the time period in which parents have the most difficulty in dealing with their children. At the times adolescents need their parents the most, some parents pull away from their children either out of frustration or a sense of uncertainty.

Future Work and Research

This parenting group is meant to be utilized at the middle schools or community centers. This psychoeducational parenting program has been evaluated by several professionals in the field. Additionally, every parent is to take a pretest and post-test designed to measure the effectiveness of the program. In order to increase the likelihood

of parents participating in the group, the facilitators could target parents of at-risk students (those struggling academically and/or socially, exhibiting bullying behavior toward peers or intimidating behavior toward adults in school).

This psychoeducational parenting group would benefit from a follow-up interview with the group members, after a period of approximately six-months and again at one year in which the parenting programs' effectiveness is evaluated. Another post-test could be administered at the same time to determine how much of the information the group members retained.

Some important questions to address in the interview would be to determine how close a relationship parents currently had with their children; if anything about the way they were parenting changed as a result of the psychoeducational parenting group; if the parents felt closer to their children; if the parents felt like they understood their children better; what had changed in their lives since they were part of the parenting group; what had remained the same in their lives since the parenting group closed. How effective was the group in promoting healthier parenting strategies and creating the opportunity for more positive outcomes for adolescents? Six-months after? One year after? On a scale of 1-10 how effective was the group for your family overall (with 1 being ineffective and 10 being very effective)?

References

Adalist-Estrin, A. (1993). Moral Development and Attachment: Disruptions that Create Cycles of Criminal Behavior. Le developpement moral et l'attachment: les perturbations qui creent des cycles de comportements criminels. *The Fourth North American Conference on the Family & Corrections.* http://www.fcnetwork.org/4thnorth/moral.html. Pulled from the web on February, 2, 2010.

Ainsworth, M.D. & Bowlby, J. (1991). An Ethological Approach to Personality Development. *American Psychologist, 46*(4), 333-341.

Allen, J., McElhaney, K., Kuperminc, G., & Jodl, K. (2004). Stability and Change in Attachment Security Across Adolescence. *Child Development, 75*(6), 1792-1805.

Ary, D., Duncan, T., Duncan, S., & Hops, H. (1999). Adolescent Problem Behavior: The Influence of Parents and Peers. *Behaviour Research and Therapy, 37*(1999). 217-230. Eugene, OR: Elsevier Science Ltd.

Baumrind, D. (1966). Effects of authoritative parental control on child behavior. *Child Development, 37*(4). 887-907.

Benoit, D. (2004). Infant-Parent Attachment: Definition, Types, Antecedents, Measurement and Outcome. *Paediatr Child Health 9*(8), 541-545.

Berge, J., Law, D., Johnson, J., & Wells, M. (2010). Effectiveness of a Psychoeducational Parenting Group on Child, Parent, and Family Behavior: A Pilot Study in a Family Practice Clinic with an Underserved Population. *Families, Systems, & Health, 28*(3). 224-235. DOI: 10.1037/a0020907

Bianco, M. (2007). *The Velveteen Rabbit: How Toys Become Real*. The Children's Classical Library.

Bing, N., Nelson, W., & Wesolowski, K. (2009). Comparing the Effects of Amount of Conflict on Children's Adjustment Following Parental Divorce. *Journal of Divorce & Remarriage*, *50*(). 159–171. DOI: 10.1080/10502550902717699

Bloomquist, M. (1996). *Skills training for Children with Behavior Disorders: A Parent and Therapist Guidebook.* New York, NY: The Guilford Press.

Bogenschneider, K. & Stone, M. (1997). Delivering Parent Education to Low and High Risk Parents of Adolescents via Age-Paced Newsletters. *Family Relations, 46*(2). 123-134.

Bowlby, J. (1969). *Attachment and Loss. Vol. 1. Attachment.* New York: Basic Books

Boys & Girls Clubs of America: Impact 2012. (2010). Retrieved May 1, 2010, from Boys & Girls Clubs of America Official Site website: http://www.bgca.org/Impact2012/News.asp

Brotman, L., O'Neal, C., Huang, K., Gouley, K., Rosenfelt, A., & Shrout, P. (2009). An experimental test of parenting practices as a mediator of early childhood physical aggression. *Journal of Child Psychology and Psychiatry*. *50*(3), 235-245. DOI:10.1111/j.1469-7610.2008.01929.x

Caprara, G., Gerbino, M., Paciello, M., Giunta, L., & Pastorelli,C. (2010). Counteracting Depression and Delinquency in Late Adolescence: The Role of Regulatory Emotional and Interpersonal Self-Efficacy Beliefs. *European Psychologist, 15*(1), pp. 34–48. Rome, Italy: Hogrefe Publishing. DOI: 10.1027/1016-9040/a000004

Carter, D. & Welch, D. (1981). Parenting Styles and Children's Behavior. *Family Relations, 30*(2), 191-195. National Council on Family Relations. Retrieved from http://www.jstor.org/stable/584130 on 10/25/2011.

Center for the Study and Prevention of Violence. University of Colorado at Boulder. Retrieved from http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP20.html on March 28, 2012. Boulder, CO: The Regents of the University of Colorado.

Chipman, S., Olsen, S.F., Klein, S., Hart, C.H., & Robinson, C.C. (2000). Differences in Retrospective Parenting of male and Female Inmates and non-Inmates. *Family Relations, 49*(1), 5-11.

Corey, M., Corey, G., & Corey, C. (2010). *Groups: Process and Practice* (Ed. 8). Belmont, CA: Brooks/Cole, Cengage Learning.

Couch, D. (1995). Four Steps for Conducting a Pregroup Screening Interview. *The Journal for Specialists in Group Work, 20*(1), 18-25

Crispin, D., Michelson, D., Thompson, S., Penney, C., & Draper, L. (2012). Evaluation of a Peer Led Parenting Intervention for Disruptive Behaviour Problems in Children: Community Based Randomised Controlled Trial. *BMJ.* DOI: 10.1136/bmj.e1107

Dishion, T.J., & McMahon, R.J. (1998). Parental Monitoring and the Prevention of Child and Adolescent Problem Behavior: A Conceptual and Empirical Formulation. *Clinical Child and Family Psychology Review, 1*(1), 61-75.

Eddy, J.M. & Reid, J.B. (2001). The Antisocial Behavior of the Adolescent Children of Incarcerated Parents: A Developmental Perspective. *From Prison to Home: The*

86

Effect of Incarceration and Reentry on Children, Families, and Communities, 20-
41.

Edwards, N., Sullivan, J., Meany-Walen, K. & Kantor, K. (2010). Child Parent
Relationship Training: Parents' Perceptions of Process and Outcome.
International Journal of Play Therapy, 19(3), 159-173. Association for Play
Therapy. DOI: 10.1037/a0019409.

Garfield, B. (2007). Personality Development of the Adolescent: Peer Group versus
Parents. *South African Journal of Education, 27*(2). 177-190.

Grady, K., Gersick, K., & Boratynski, M. (1985). Preparing Parents for Teenagers: A
Step in the Prevention of Adolescent Substance Abuse. *Family Relations, 32*. 541-
549.

Harachi, T.W., Fleming, C.B., White, H.R., Ensminger, M.E., Abbott, R.D., Catalano,
R.F., & Haggerty, K.P. (2006). Aggressive Behavior Among Girls and Boys
During Middle childhood: Predictors and Sequelae of Trajectory Group
Membership. *Aggressive Behavior, 32*, 279-293. DOI:10.1002/ab.20125

Heide, K.M. & Solomon, E.P. (2009). Female juvenile murderers: Biological and
psychological dynamics leading to homicide. *International Journal of Law and
Psychiatry, 32*(4), 244-252. DOI:10.1016/j.ijlp.2009.04.003

Joussemet, M., Landry, R., & Koestner, R. (2008). A Self-Determination Theory
Perspective on Parenting. *Canadian Psychology, 49*(3), 194-200. DOI:
10.1037/a0012754

Keijsers, L. Loeber, R., Branje, s., & Meeus, W. (2011). Bidirectional Links and

    Concurrent Development of Parent-Child Relationships and Boys' Offending

    Behavior. *Journal of Abnormal Psychology.* DOI: 10.1037/a0024588.

Khanna, M. & Kendall, P. (2009). Exploring the Role of Parent Training in the Treatment

    of Childhood Anxiety. *Journal of Consulting and Clinical Psychology, 77(5)*, pp.

    981-986. American Psychological Association. DOI: 10.1037/a0016920

Kohut, M. (2005). Child Abuse Assessment and Reporting. Speedy Ceus[SM]: A CEUS

    Provider. Retrieved from http://www.speedyceus.com/ceus-

    courses/material_detail/113/ on 10/31/11.

Kumpfer, K., Whiteside, H., Greene, J., & Allen, K. (2010). Effectiveness Outcomes of

    Four Age Versions of the Strengthening Families Program in Statewide Field Sites.

    Group Dynamics: Theory, Research, and Practice, 14(3), pp. 211-229. DOI:

    10.1037/a0020602

Landry, S., Smith, K., Swank, P., Zucker, T., Crawford, A., & Solari, E. (2011). The

    Effects of a Responsive Parenting Intervention on Parent–Child Interactions

    During Shared Book Reading. *Developmental Psychology.* American

    Psychological Association. DOI: 10.1037/a0026400

Loeber, R., Drinkwater, M., Yin, Y., Anderson, S., Schmidt, L. & Crawford A. (2000).

    Stability of Family Interaction from Ages 6 to 18. *Journal of Abnormal Child*

    Psychology, 28(4), pp. 353–369.

Lunkenheimer, E., Dishion, T., Shaw, D., Connell, A., Gardner, F., Wilson, M., &

    Skuban, E. (2008). Collateral Benefits of the Family Check-Up on Early

    Childhood School Readiness: Indirect Effects of Parents' Positive Behavior

Support. *Developmental Psychology, 44*(6), 1737–1752. American Psychological Association. DOI: 10.1037/a0013858

Miller, J.M., DiIorio, C., & Dudley, W. (2002). Parenting Style and Adolescent's Reaction to Conflict: Is There a Relationship? *Journal of Adolescent Health, 31*. 463-468.

Napier, A. & Whitaker, C. (1978). *The Family Crucible: The Intense Experience of Family Therapy*. HarperCollins. New York: NY.

Noble, P., Adams, G., & Openshaw, D. (1989). Interpersonal Communication in Parent Adolescent Dyads: A Brief Reporto on the Effects of a Social Skills Training Program. *Journal of Family Psychology, 2*(4). 483-494.

Rath, T., & Clifton, D. (2010). *How Full Is Your Bucket: Expanded Educator's Edition*. New York, NY: Gallup Press Inc.

Reder, P. & Duncan, S. (2001). Abusive Relationships, Care and Control Conflicts and Insecure Attachments. *Child Abuse Review, 10,* 411-427. DOI:10.1002/car.720

Rhucharoenpornpanich, O., Chamratrithirong, A., Fongkaew, W., Rosati, M., Miller, B., & Cupp, P. (2010). Parenting and Adolescent Problem Behaviors: A Comparative Study of Sons and Daughters in Thailand. *J Med Assoc Thai, 93*(3). 293-300.

Roe-Sepowitz, D.E. (2009). Comparing Male and Female Juveniles Charged With Homicide: Child Maltreatment, Substance Abuse, and Crime Details. *Journal of Interpersonal Violence, 24*(4), 601-617. DOI:10.1177/0886260508317201

Roberts, R. (1984). Psychoeducational Consultations with Parents of Conduct-Disordered Older Adolescents. *Psychotherapy, 21*(1). 63-75.

Santrock, J. (2009). *Life-Span Development* (Ed. 12). New York, NY: McGraw-Hill

    Companies, Inc.

Schroeder, R.D, Bulanda, R.E., Giordano, P.C., & Cernkovich, S.A. (2010). Parenting

    and Adult Criminality: An Examination of Direct and Indirect Effects by Race.

    Journal of Adolescent Research, 25(1), 64-98. DOI: 10.1177/0743558409354215

Segrin, C., Woszidlo, A., Givertz, M., Dauer, A., & Murphy, M. (2012). The Association

    Between Overparenting, Parent-Child Communication, and Entitlement and

    Adaptive Traits in Adult Children. *Family Relations: Interdisciplinary Journal of*

    Applied Family Studies, 61. 237-252. DOI: 10.1111/j.1741-3729.2011.00689.x

Shapiro, L., Brown, K., & Biegel, G. (2007). Teaching Self-Care to Caregivers: Effects

    of Mindfulness-Based Stress Reduction on the Mental Health of Therapists in

    Training. Training and Education in Professional *Psychology,1*(2), pp. 105-115.

    American Psychological Association. DOI: 10.1037/1931-3918.1.2.105

Small, S. & Eastman, G. (1991). Rearing Adolescents in Contemporary Society: A

    Conceptual Framework for Understanding the Responsibilities and Needs of

    Parents. *Family Relations, 40*. 455-462.

Smallbone, S.W. & Dadds, M.R. (2000). Attachment and Coercive Sexual Behavior.

    Sexual Abuse: A Journal of Research and Treatment, 12(1), 3-15. DOI:1079-

    0632/00/0100-0003$18.00/0

Snyder, H.N. & Sickmund, M. (1999). *Juvenile Offenders and Victims: 1999 National*

    Report. Washington, DC: Office of Juvenile Justice and Delinquency Prevention,

    1-221.

Sternberg, K., Lamb, M., Guterman, E., Abbott, C., & Dawud-Noursi, S. (2005).

Adolescents' perceptions of attachments to their mothers and fathers in families

with histories of domestic violence: A longitudinal perspective. *Child Abuse &*

Neglect, 29, 853-869.

Tabak, I., Mazur, J., del Carmen Granado Alcón, M., Örkenyi, Á , Zaborskis, A., Aasvee,

K., & Moreno, C. (2012). Examining Trends in Parent-Child Communication in

Europe Over 12 Years. *Journal of Early Adolescence, 32*(1). 26–54. DOI:

10.1177/0272431611419509

U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the*

Surgeon General. Rockville, MD: U.S. Department of Health and Human

Services, Centers for Disease Control and Prevention, National Center for Injury

Prevention and Control; Substance Abuse and Mental Health Services; and

National Institutes of Health, National Institute of Mental Health.

Vernon, A. & Al-Mabuk, R.H. (1995). *What growing up is all about: A parent's guide to*

child and adolescent development. Champaign, IL: Research Press.

Walker, S.C., Maxson, C., & Newcomb, M.N. (2007). Parenting as a Moderator of

Minority, Adolescent Victimization and Violent Behavior in High-Risk

Neighborhoods. *Violence and Victims, 22*(3), 304-317.

Weinstein, D. Child Abuse Prevention: Identification, Intervention & Treatment. (2003).

Information retrieved from a workshop on April 3, 2011. Presenter is a licensed

clinical social worker (LCSW) and a marriage and family therapist (MFT).

Appendix A

Field Guide Introduction

This psychoeducational parenting group was designed around parent-adolescent communication, parental monitoring, attachment, and parenting styles to prevent or curtail poor adolescent behavior. The concept is to examine the way the parents are currently engaging with their children and have the parents evaluate if they can do better. If they can, what is it that they need to do to become more effective parents and establish a better relationship with their children? The first step in project development was coming up with an overview of the parenting group and determining how many weeks would be appropriate. Another important determinant was deciding the duration of the individual group sessions.

This psychoeducational group teaches and explores healthy parenting strategies. Many parents feel that all they need in order to be positive and effective parents is relying on their own intuition and the model under which they were raised. However, the only person's behavior that a parent can truly control is his/her own. This group will teach that if parents first alter the way in which they respond to/interact with their children, then their children's behavior will likely change in response over time. The group will help modify the way parents interact with their children, promote a more open interaction and communication between parents and their adolescent children, increase parental monitoring, reduce the likelihood of adolescents exhibiting poor behavior, and provide the opportunity to orient families in a more positive direction.

In order to help facilitate more open parent adolescent communication the following areas need to be addressed: consistency, setting clear, flexible boundaries, open

parent-adolescent discussions where the adolescents can freely question why certain rules/boundaries are in place. Note: "because, I said so," is not a legitimate response.

The project evolved from a review of the available literature on parent communication, parental monitoring, adolescent poor behavior, attachment, and parenting styles conducted by the author. The author found that there had been little recent research conducted on the above factors combined. As a way to rectify this, the author decided to create a psychoeducational parenting group designed to teach healthy parenting strategies to parents of children aged 12-15. The parenting group was designed to be as manageable as possible for parents' time constraints due to work, child-caring responsibilities, etc. The group meeting times will be once weekly for 2 hours, over a course of 13 weeks, from approximately 6:00p.m.-8:00p.m.

According to Couch (1995), the group leader/facilitator needs to provide informed consent to potential group members. As part of the informed consent process the group leader/facilitator needs to explain confidentiality and its limits, his/her training and qualifications to lead a group, and explain to the group members what the potential risks and what benefits may result from participation in this psychoeducational group.

The target population is the parents of middle school students who are at risk for exhibiting poor behavior. The psychoeducational group is designed to provide parents of various ethnicities, with effective alternative strategies to employ in raising their children. The hope is that these strategies will create a more positive parent-adolescent relationship and facilitate more open communication. Adolescence is a time when parents begin to expect more from their children academically, socially, and in matters of dealing with the family.

If one follows the stages of development according to Erik Erikson, the stages of industry vs. inferiority (school-age children) and identity vs. role confusion (adolescents) are essential in their development as adults. Each of these conflicts must be resolved positively if these children are to be well-functioning adults. Industry versus inferiority can be defined as school age children trying to refine the skills they possess in order to hold themselves in esteem. In identity versus role confusion adolescents are essentially trying to figure out who they are, and experimenting with a variety of roles, in order to determine who they want to become. This is an especially trying time for parents.

The workshop can be implemented by: school counselors (M.S. and Pupil Personnel Services Credential); licensed marriage and family therapists (M.S. and LMFT). Licensed professional clinical counselors (M.S. and L.P.C.C.); licensed group therapists; licensed clinical psychologists (Ph.D, Psy.D.); marriage and family interns may co-lead the groups under the supervision of the aforementioned individuals.

The physical space required for this project will need to be a medium sized quiet room. It should not be a thorough-fare as once the group starts for a session it should not be interrupted except for an emergency situation. There should be enough chairs to comfortably seat at least 16 people at a time but no more than 20. The group is meant to be conducted either at a school location or at a community center. The time to hold the meetings will preferably be in the early evenings, on weekends, or as group members' needs dictate. Each group member must be provided with a legal pad, a drawing pad, pens, pencils, colored pencils, crayons, and markers. It will also be necessary to have the capability of showing videos to the group members, therefore a projector, television,

computer, DVD player or other such things will be necessary. Ideally, the electronic

equipment will be provided for the group by the location it is taking place.

Project Outline: Parenting Group Timeline

The following is a brief overview of the topics to be addressed in the parenting

group over the course of 13 weeks. Group members will meet once a week for a period

of two hours.

Week 1: Introduction and Pretest
    Why are we here?
    Child/Parent Assessment?
   Statistical Information of Adolescent Poor Behavior
Week 2: Healthy Parenting Styles
    Authoritarian
    Authoritative
    Permissive
Week 3: Importance of Attachment
    Secure Attachment
    Insecure Attachment
    Avoidant Attachment
Week 4: How full is your bucket?
    Benefits of being positive
    How can I be positive with my children?
    Positive Behavior Support
Week 5: Importance of Self-care
    Strategies
    Mindfulness Meditation
    How can we take care of ourselves when we have to worry about children,
    work, and daily activities?
Week 6: Role Plays
    Groups will be presented vignettes and situations and then demonstrate how
    they would react.
Week 7: Effects of parenting
    Impact on childhood
    Impact on School Performance
    Impact on Adolescence
Week 8: Important Questions
    How much time per week do I spend with my children and does that need to
    change?
    Will spending more time with my kids make a difference?
    My child does not want me around, now what?
    Importance of parental monitoring

Week 9: Important Questions (cont.)

What is right about my parenting?

What is right about my children?

Focusing on the positive

(Each parent will make a list)

What do I think needs to be changed about my parenting?

Week 10: Role Playing

One parent in parental role

One parent in child role

Group Discussion

Week 11: Listening & Communication

Listen Poem

How do you listen to your children?

Listen Handout

How can listening to my children make me a more effective parent?

Do you actually listen to your children?

Do you let them talk then dismiss what they have to say?

Week 12: Couples

Excerpt from *The Family Crucible*

Discussing Couples Relationships

How couples relationships may impact children.

Week 13: Things I know about my children

Everyone needs to answer ten questions about their children.

Note to Facilitator: After asking the group questions and the group members respond,

the group facilitator may use his/her judgment to make sure that due to time constraints

the most effective information is used within the 2 hour limit.

<center>**Week 1: Introduction and Pretest**</center>

Goals for the session: Today's session is about the facilitator getting to know the group members, and the members getting to know one another. The facilitator needs to explain the expectations for the psychoeducational group, distribute and collect the confidentiality forms found in Appendix B, distribute and collect the completed pretest. The facilitator is to inform the group members that they need to complete the parent assessment and have their child complete the preadolescent/adolescent child assessment.

Introduction Activity (facilitator will read the following):

- o Each individual will introduce themselves and tell something unique about themselves.

- o **What brought all of us here to the parenting group?**

- o **Rules of the Group**:

- o Confidentiality: What is spoken of in the group will remain in the group. Every group member must make a commitment to maintain the groups' confidentiality.

- o Everyone needs to participate

- o The group facilitators are here to moderate, not to take sides. While groups are in progress the facilitator is the leader. If the facilitator gives instructions they are for the groups' safety and need to be followed.

- o There is no judgment in this room.

- o Everyone will complete any homework assignments given by the group to the best of their ability.

<center>97</center>

- There will be no attacks on/toward other group members, (e.g. no one is to "flame" another member or facilitator, no inappropriate language such as derogatory or inflammatory remarks and/or behavior).

- If a group member is confused or doesn't understand something he/she will ask for clarification.

- It is important that you **make every attempt to be on time.**

- Feel free to express yourself, all feelings and opinions are welcome if they are presented in a respectful manner. Every group member has the right to express themselves.

- The group members must turn off all cell phones or electronic equipment during the course of the group. The reason for this group is to provide help and support for all members and as such attention needs to be maintained.

Note to the Facilitator: The facilitator will distribute and then collect the completed Pretest.

Pretest will be given

Note to the Facilitator: At the 50 minute mark the facilitator will give the group members a 10 minute break. The facilitator will then read the following examples of adolescent poor behavior. The facilitator will explain to the group members that the reason he/she is discussing the statistics on adolescent poor behavior is to explain some potential consequences of negative parenting. This is not meant to be accusatory toward any group member and is just for their information on the importance of healthy

parenting for an adolescent's development. (More examples can be found in Appendix B):

The following statistical information on adolescent poor behavior from The U.S. Department of Health and Human Services, *Youth Violence: A Report of the Surgeon General,* **(2001):**

1. Those who are most likely to die in violence perpetrated at a school are students belonging to a minority group and those attending schools in inner-city areas.

2. Those individuals who commit crimes before they reach their teenage years are far more likely to commit more numerous crimes, more serious crimes, and do so for a much longer period of time than those who began committing crimes as adolescents.

3. By age 17, juvenile males (30-40%) and females (15-30%) stated that they have personally committed a violent crime.

4. Other deviant behaviors exhibited by these juvenile offenders can be substance abuse and promiscuous, underage sexual activity.

5. If a child is aggressive from early childhood this is a trend that will likely continue into the adolescent years.

6. Boys who experienced family conflict, problems paying attention, little family involvement, had parents with a lower education level, had lower commitment to school, lower attachment, and were at higher risk for having high aggression by the time they entered high school.

7. Girls who experienced higher attention problems, conflict within the family, were not very committed to or attached to school, had a single parent raising them, had a low

income, and exhibiting depression were more likely to experience higher degrees of aggression by the time high school began.

8. Interventions at the elementary and middle school levels could prevent later aggressive behaviors in these children given the relative stability of the trend toward aggressive and poor behavior.

9. Early parental interventions should focus in part on educating the parents on both effective and ineffective parenting strategies.

10. 28% of male offenders and 31% of female offenders stated that they had little or no contact with one or more of their parents.

Note to the Facilitator: The facilitator will now distribute the Parent and Preadolescent/Adolescent Child Assessments to be completed and turned in at the following session.

- **Parent/Preadolescent/Adolescent Child Assessment**

The facilitator will say the following: Each of you will be given a weekly homework assignment to help reflect on the session that day and your thoughts and feelings.

Homework Assignment: Until the next group, reflect on the consequences of unhealthy parenting and what your goals are for this psychoeducational parenting group.

Note to the Facilitator: Discuss the previous week's homework assignment. Ask the group members what they think about the consequences of unhealthy parenting and what their goals are for this psychoeducational parenting group.

Goals for the session: Tonight's session is about abuse and parenting styles. The first thing the facilitator needs to do is to collect the parent and Preadolescent/Adolescent Child Assessments that were distributed to the group members the previous week. The facilitator is to read the information on abuse and then discuss (ask what the group members thoughts and feelings are about the topic) the questions with the group members, in a non-accusatory manner. This will take place in the first 50 minutes of the group followed by a 10 minute break. The facilitator will then read the information about parenting styles and then go through and ask what the group members' questions, thoughts, feelings, and concerns are about parenting.

Facilitator is to read the following: The following is generic background information on abuse and neglect. We are talking about abuse and neglect because we want to discuss the parameters of healthy versus unhealthy parenting.

- **What is abuse and neglect? How are they defined?** The following information comes from a workshop from April 3, 2011 presented by Dana Weinstein, Licensed Clinical Social Worker (LCSW) and Marriage and Family Therapist (MFT) for therapists, interns, and trainees.

    o Physical Abuse—any non-accidental act that results in physical injury. Physical abuse seems to happen most often when the abuser is frustrated or angry. Typical locations of physical harm are back torso, buttocks, upper legs, upper arms, head, etc. Some of the behaviors of physically abused children are as follows: passivity, apathy, withdrawal, fear, aggression, hiding of injuries, being absent from school, being afraid to

return home, being worried about any type of physical contact with adults, feeling jumpy or hyper-vigilant, abusing substances, exhibiting suicidal ideation, suicide attempts, eating disorders, symptoms of depression, and/or fear of caretakers.

- o Emotional/Psychological Abuse—includes poor parenting skills resulting in severe psychological disorders, verbal assaults (e.g. threats, humiliation, blame, sarcasm, double messages, and/or chronic family discord). Some symptoms or behaviors which can be indicative of emotional abuse are: unreasonable demands of a child, unrealistic expectations of a child, the child is utilized as a pawn in marital disputes or divorce, there is emotional deprivation: parents do not provide the normal experiences which produce feelings of being loved, wanted secure, or worthy.
- o Sexual Abuse—-a sexual assault on or the sexual exploitation of a minor. Examples include, but are not limited to: rape, incest, sodomy, oral copulation, penetration of genital or anal opening by a foreign object, and child molestation. It is not uncommon for the child to feel at fault and guilty. The child will likely experience feelings of shame, guilt, love, and pleasure, during the course of the abuse. The sexually abused child may run away, engage in substance abuse, may be promiscuous, may experience school problems, fears, suicidal ideation, suicide attempts, and/or cutting.
- o Neglect—accounts for more than 50% of all cases of child abuse. It can be defined as the chronic failure of a parent, guardian, or caretaker to adequately provide for a child's most basic needs. It is by far the most widespread form of abuse and one of the hardest to observe. Some signs of neglect are as follows: malnutrition, inadequate clothing, inadequate shelter, forcing a child to plead/beg, forcing a child to work in/out of the home, and/or failure to arrange for care when a caretaker is absent.

Facilitator Will Say: Abuse and trauma in an individual's childhood in tandem with insecure or non-attachments can yield a horrible prediction of a child's future unless early interventions are put in place to combat the high degree of vulnerability and the high risk of continuing the intergenerational cycle of abuse.

Note to the facilitator: Facilitator is to ask some of the following questions of the group members. If the group members are not responding to the questions the facilitator may discuss his/her thoughts or feelings about abuse/neglect.

- **What are the reasons we are discussing abuse? Note to Facilitator:**

   POSSIBLE ANSWER IF NO ONE IS TALKING: I think we are discussing

abuse so that we each have a better idea of what constitutes unhealthy parenting and what constitutes healthy parenting; what do you think?

- **Facilitator is to allow the group to break for 10 minutes for refreshment and to discuss the information that was presented to the group members before the break.**

- **What are the three major types of parenting supported by research? How are they defined? Note to Facilitator:** Provide the group members a few minutes to answer the question before reading the following: Baumrind (1966) defined three parenting styles: permissive, authoritarian, and authoritative. These same aspects were supported in a study conducted by Vernon and Al-Mabuk (1995):

  o **Permissive Parenting**—Permissive parents do not hold their children accountable for any wrong doing, preferring not to punish them and accepting whatever behaviors they exhibit as to avoid conflict with them. They prefer to allow their children to manage their own behavior. Permissive parents employ manipulation/coercion in order to get the child to do what the parent wants (e.g. the parent would bribe the child with a gift in order to get said child to behave).

  o **Authoritarian Parenting**—The parents feel no need to explain to the children why to obey them, only that they should, that the parent's word is final. If the authoritarian parent is not obeyed he or she does not hesitate to employ "punitive, forceful measures to curb self-will at points where the child's actions or beliefs conflict with what she [or he] thinks is right

conduct" (p. 889). These parents assign chores for their children to complete and they are granted little or no independence.

- o **Authoritative Parenting**— Authoritative parents exert some control but not absolute or without explanation. Authoritative parents encourage collaboration with their children to uphold rules of conduct. Authoritative parents encourage independence in their children. If the child is misbehaving they attempt to solicit the reason for the behavior and attempt to address the root of the problem as opposed to simply punishing the child for his or her transgressions as an authoritarian parent would, or allowing them free reign as a permissive parent would. These parents recognize that they need to set limits on their children so that they will know how to behave in future situations and will be able to act independently in doing so (1966).

Note to the facilitator: Facilitator is to discuss several of the following questions with the group members. **Facilitator will say the following:** The following questions are to help group members understand various aspects of parenting and what parenting style(s) they feel will be most effective and healthy for their own families. The purpose of the questions is to elicit and facilitate group discussion on the topic of parenting. No one will judge you in this room and we are all here to support one another.

- **What are your thoughts regarding each of the styles of parenting? Note to the Facilitator:** If no one is answering the questions, discuss the types of parenting you thought you experienced growing up.

- **What style of parenting do you feel best appeals to you? Why? Note to the Facilitator:** If no one is answering the questions, discuss the types of parenting which most appeal to you and why they appeal to you.

- **Is any parent just permissive, just authoritarian, or just authoritative? Note to the Facilitator:** If no one is answering the questions, discuss your opinion on whether or not you feel parents are just permissive, just authoritarian, or just authoritative, or if they encompass elements of all of these things.

- **Which style(s) of parenting would you be most likely to utilize? Why? Note to the Facilitator:** If no one is answering the questions, discuss the types of parenting you thought you experienced growing up.

- **How does an individual become the best parent they can be?**

- **What does the ideal parent look like to you?**

- **What do you feel separates you from that?**

Note to facilitator: The facilitator is to have a couple of volunteers read two vignettes about father-daughter situations, one vignette on emotional abuse, and one on physical abuse. The group is to be allowed approximately 5-10 minutes to discuss each vignette.

Parenting Vignettes

The following vignettes were retrieved from: http://kathrynvercillo.hubpages.com/hub/3-Vignettes-About-FatherDaughter-Relationships on 10/25/2011.

Father-Daughter Story Time Vignette:

"John has been reading to his eight-year-old twins, Samantha and Stephanie, since they were infants and says that it is central to his relationship with them. No matter what other activities come up throughout the day, the twins always know that John will take time out to read to them. They take turns selecting stories, and as they have gotten older, they have also started reading some of the pages in their books. When asked what she likes best about reading time with her dad, Samantha grins a missing-toothed grin and says, 'He acts like all kinds of different people but when he's done, he's just my dad'."

Father-Daughter Vignette: Sports and Dolls

"Mick reports that his relationship with his sixteen-year-old daughter, Janette, is strong and he credits this in great part to the wide range of roles he has played in her life. When she was a young child, he engaged in play with dolls and stuffed animals, portraying a range of healthy life choice possibilities for her through imagination play. As Janette got older, Mick was flexible in the activities they would share; sometimes playing sports together, sometimes drawing and coloring, sometimes teaching her important skills like how to surf the internet and how to change the oil of a car. This flexibility has made it possible for Janette to open up to Mick on a number of levels, sharing a range of experiences. Janette reports that it's her dad that she turns to when she needs to talk to someone about important things happening in her life."

Emotional and Physical Abuse Vignettes

The following vignettes are from Kohut (2005):

Emotional Abuse Vignettes

Case Vignette

The client says, "I can't even count all the names my dad called me. Stupid, idiot, moron, dumb ass, retard, worthless, sissy, fag, pain in the butt; these are just the tip of the iceberg. He found fault with everything I did; nothing was good enough for him. After my mother left and didn't take us with her, my dad worked during the day. He left detailed lists of thing we had to do, like calisthenics until we dropped, athletic practice, chores, homework, and we had to write book reports on books he told us to read, the classics. Still, we didn't do anything that pleased him. My father has never paid any of us a compliment in our lives. Always negative. He hired this housekeeper who was supposed to make sure we did what he wanted; she reported everything we did, or didn't to him. She sure didn't keep house, my brothers and I did. The only reason she was there was to spy on us and report everything to my dad. I never told my brothers, but I thought about suicide all the time. If I ran away, he'd find me. Death was my only way out. I can't explain why I didn't kill myself. After I left home, he knew exactly where I was, where I went to college, and where I work. He never contacted me. I didn't speak to my dad for twenty years. Finally, I called him last year. He said he couldn't talk because he was meeting a friend for lunch; the "conversation" lasted less than five minutes. He hadn't changed at all."

Physical Abuse Vignettes

Case Vignette

A client logs into the chat room ten minutes after the chat room has began and waits the five minutes. "When I was about six, I didn't do something the way my dad wanted – I don't remember what it was. He picked me up by one ankle and started swinging me around, hard. He deliberately crashed me into the wall several times. I was so scared, I peed in my pants. That made him even madder. He threw me down on the floor and kicked me on my butt at least ten times, maybe more. I had to sleep in my pee-soaked pants. I was in the first grade, and when I finally got permission to change my clothes to go to school, I saw that I had these huge bruises on my butt, all black and blue. I had to make sure nobody saw them. I could barely sit down in my seat at school. I think the worst thing was that while he was beating me, my mother was there and she never said a word or tried to stop him. She knew that if she did, she'd be next."

Homework Assignment: Given what you have learned about various types of parenting, reflect over the course of the week on what types of parenting you believe you had growing up and what types of parenting you utilize with your children. Please be as honest as possible in your responses.

Note to the Facilitator: Facilitator will read the homework assignment from the previous week and ask the group members what their thoughts and feelings are about it.

Homework Assignment: Given what you have learned about various types of parenting, reflect over the course of the week on what types of parenting you believe you had growing up and what types of parenting you utilize with your children. Please be as honest as possible in your responses.

Goals for the session: Tonight's session will cover various types of attachment.

Facilitator is to read the following:

Bowlby (1969) stated that during its first year of life, an infant will track or follow the mother figure with his/her eyes more than any other figure; this is referred to as perceptual discrimination. The mother is the most important source of security for a young infant and the baby must know where the mother is in order to feel comforted by her presence (1969).

Ainsworth and Bowlby (1991) found that a child passes through three stages after being separated from the mother for up to a week: Distress, despair, and detachment. Children who were healthy would typically reestablish the bond with the mother once she returned. Few children, who had been separated from their mother for a long time, regained a sense of secure attachment; some of these children continued to feel detached from the mother-figure (1991).

- **Secure Attachment**—is typically found in infants with parents who respond to their children's needs in ways that are loving, sensitive, and consistent. For example, if an infant was crying, the parent quickly responded to the infant's cries by picking him/her up and comforting him/her. This in turn will cause the infant to think that it is alright for him/her to express needs and wants as it will bring the figure from who he/she derives comfort and reassurance (Benoit, 2004).

- **Insecure Attachment**—occurs when the parental attachment figure responds in a negatively consistent way, such as ignoring the child when he/she is distressed, ridiculing the infant for a variety of reasons, or becoming angry or annoyed at having to deal with the child. This would likely cause the infant to not feel secure enough to express how he/she feels to the parent. This can increase the child's risks for exhibiting adjustment problems in later life (Benoit, 2004).
- **Non-attached**—Nonattached infants have delayed attachment, indicating that bonds of attachment have not yet formed between the parent and infant due to the parental figure being unresponsive to the baby's needs. If the child never has a stable parental figure it is possible he/she will never develop the skills to form bonds of attachment to any other figures throughout his/her life (Benoit, 2004).
- **Avoidant Attachment**—is affiliated with risk increases for developing adjustment problems especially the social and emotional aspects. This can be triggered by speaking in sexy tones to the infant, yelling at the infant, and presenting the infant with a labile affect. Shouting at the infant and ignoring his/her needs, can result in this form of attachment. If the caregivers expect the infant to take care of them or worry about their needs, if they exacerbate the child's distress, the child is likely to respond to these confusing actions on behalf of the parent by displaying "extreme negative emotion to draw the attention of their inconsistently responsive caregiver, (p. 542)" (Benoit, 2004).

Note to the facilitator: The facilitator is to discuss the following questions with the group members. Each question should be allotted time for discussion 5-10 minutes each. If the group members are not discussing the questions, the facilitator can reassure the group members that no one in the room will judge them. The facilitator may start things off by giving his/her own answer to the following questions.

- **What type of attachment do you think you had with your own parents?**

- **What types of attachment do you feel you have with your children?**

- **What do you think the impact of theses types of attachment could be on a person?**

- **Why is attachment important to maintain through adolescence?**

Note to facilitator: At the 50 minute mark of the first part of the session, the facilitator is to give the group members a 10 minute break.

The facilitator is to read the following:

Sternberg, Lamb, Guterman, Abbott, and Dawud-Noursi (2005) found that if interventions are conducted in families with histories of domestic violence such as, changes in the degree of exposure to family violence, it could potentially have positive effects. Some of these positive affects may be that adverse effects of the abuse might be mitigated and relationships become more positive. The study's findings appear to suggest that adolescent attachment to a parental figure is directly associated with degree of domestic violence within a family, (the more domestic violence the weaker the bonds of attachment). What would happen however, if the relationship was not repaired or intervention not conducted? Relationships could continue to worsen with increasing negative impact on the child's attachment to his or her parental figures and become more prone to exhibiting similar behaviors to those they have witnessed or been exposed to in their lives. This is due to the children having little other basis for comparison to any other way of thinking.

Allen, McElhaney, Kuperminc, & Jodl (2004), found that how securely attached to parental figures adolescents were, had a significant impact on the degree to which they were able to regulate their relations with others. The level of attachment security also impacted how adolescents were able to develop their own sense of self-identity and ability to relate to those with whom they held primary relationships. There were major declines in attachment occurring for those adolescents who had major stressors in their lives (e.g. intra-psychic, familial, and/or environmental) (2004).

- Individuals with no risk factors, that were readily apparent, seemed to exhibit a trend toward increased attachment to (parental figures) (2004).

- Those adolescents who perceived their maternal figures as supportive during disagreements were found to have increased attachment security. While perception is key how those perceptions were shaped can possibly be attributed to earlier attachment security to a parental figure (2004).

Smallbone and Dadds (2000) found that the higher the degree of attachment insecurity toward a parental figure, the more likely a child would exhibit poor behaviors (e.g. aggression, coercive sexual behavior, and antisocial behavior) (2000).

- Being anxiously attached to one's mother was likely to result in antisocial behavior, whereas avoidant attachment to one's father was indicative of both antisocial and coercive sexual behaviors (2000).
- Paternal attachment may a great impact on deviant behavior. However, where there is a lack of attachment with both parental figures the effects significantly worsen (2000).

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in this session. Toward the end of the second hour the facilitator is to inform the group members that their homework assignment is located under week 3 in their parenting workbook.

Homework Assignment: Reflect and think about what types of attachment you had with your own parents, and the types of attachment you have with your children. Think about it and be prepared to discuss this at the beginning of the next group.

Note to Facilitator: The facilitator is to read the homework assignment from the previous week and discuss the thoughts and feelings that came up for the group members.

Homework Assignment: Reflect and think about what types of attachment you had with your own parents, and the types of attachment you have with your children.

Goals for the session: Discuss with the group members the benefits of being positive and being positively supported by others.

Note to Facilitator: Facilitator is to read the following questions and passages and discuss them with the group members. If the group members are not discussing the questions, the facilitator can reassure the group members that no one in the room will judge them. The facilitator may start things off by giving his/her own answer to the following questions.

According to Rath and Clifton (2010) how people interact with one another can be split into two categories *bucket filling* and *bucket dipping*.

Note to Facilitator: Here are some possible lead questions for the group leader(s) to ask the group members.

- **What is a bucket and how do I fill one?**
  - "Each of us has an invisible bucket. It is constantly emptied or filled, depending on what others do or say to us. When our bucket is full, we feel great. When it's empty we feel awful, (p. 5)." The authors go on to say that everyone has a dipper as well that can be used to either fill someone else's bucket (be positive toward someone else) or take from someone else's bucket (be negative toward them).

- **Who here has ever made someone else feel worse emotionally (took from their bucket)? How did that situation come about and what was the result?**

- **Who here has ever made someone else feel better emotionally (filled their bucket)? How did that situation come about and what was the result?**

- **What are some of the benefits of being positive?**

According to Rath and Clifton (2010), some research presented is that those who fill others' buckets and have theirs filled in return could live up to ten years longer on average than those who are negative, or are not praised. If one is more positive it can help them to feel energized and in turn have a much more optimistic outlook. The authors cited research conducted by Barbara Fredrickson on how positive emotions can impact individuals. She found that positive emotions: "protect us from, and can undo the effects of, negative emotions; [fuel] resilience and can transform people; broaden our thinking, encouraging us to discover new lines of thought or action; break down racial barriers; produce optimal functioning in organizations and individuals; build durable physical, intellectual, social, and psychological resources that can function as 'reserves' during trying times; improve the overall performance of a group (when leaders express more positive emotions)," (pp 49-50).

Note to facilitator: At the 50 minute mark of the first part of the session, the facilitator is to give the group members a 10 minute break. After the break, the facilitator is to read the following question and passage and then discuss it with the group members.

- **What are some of the consequences of being negative?**

According to Rath and Clifton (2010), negativity kills. If one is surrounded constantly by negativity, such as happened in a prisoner of war camp during the Korean

113

War it can result in mirasmus 'a lack of resistance, passivity, (p. 9)' you cease to care about yourself and everyone around you. During the Korean War those soldiers held in Korean POW camps who suffered from "relentless negativity resulted in a 38% POW death rate—the highest in us military history," (p. 10).

Note to the facilitator: Facilitator is to discuss the following questions with the group members. If the group members are not discussing the questions, the facilitator can reassure the group members that no one in the room will judge them. The facilitator may start things off by giving his/her own answer to the following questions.

- **How can I be positive with my children?**

- **How can I reframe my negative thoughts and feelings so that they are more positive and more effective?**

- **What is Positive Behavior Support and what does it have to do with parenting?**

Note to the facilitator: Facilitator is to read the following information and discuss it with the group members.

According to Lunkenheimer, Dishion, Shaw, Connell, Gardner, Wilson, & Skuban (2008), parents who utilize a positive behavior support (PBS) approach, even over a relatively short duration, will have preadolescent children who are much more capable of regulating their actions, conduct, and emotions. Parental utilization of PBS was found to be capable of increasing the language development of their preadolescent children when they were younger. "Successfully engaging parents in positive parenting practices…may help increase the frequency of…parent–child interactions such as conversation and play, which are formative to the development of language and self-

regulation," (p. 1747). It was found that positive behavior support when applied to the

following areas had a more positive impact on preadolescent-children's development:

"parental involvement, positive reinforcement, interactive engagement, and the proactive

structuring of the child's environment, measured at both macro and micro levels," (p.

1747). Positive Behavior Support is an intervention that helps to prepare children for

entrance into the school system, and that will assist them throughout their academic

careers (2008).

- **What are some examples of Positive Behavior Support?**
    - To begin with positive behavior support is not just a rephrasing of things a

      parent would say; it is a change in mindset that needs to become a habit.

      For example, instead of telling a preadolescent-child "don't play video

      games until you finish your homework" a parent would instead say

      "please finish your homework, then you can play some video games". On

      the surface this does not seem like a big difference. However, one is more

      positive than the other and the second phrase is telling the preadolescent

      what you actually want them to do as opposed to what you do not want

      them to do.
- **What are some phrases you commonly use with your children and how could**

  you reframe them to make them more positive?
- **What do you think some of the benefits of parents using Positive Behavior**

  Support might have on their preadolescent/adolescent child?

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and

concerns of the group members and facilitate a group discussion about what was covered

in this session. Toward the end of the second hour the facilitator is to inform the group

members that their homework assignment is located under week 4 in their parenting

workbook.

Homework Assignment: Over the course of the next week, think about how you are

positive with your children. How many times a week are you positive with them? What

types of positive interactions do you have with your children? How have you applied the

concepts of utilizing praise as opposed to negativity? Come prepared to discuss at the

beginning of the next group.

<center>**Week 5:** Importance of Self-care</center>

Note to Facilitator: The facilitator is to read the homework assignment from the previous week and discuss the thoughts and feelings that came up for the group members.

Homework Assignment: Over the course of the next week, think about how you are positive with your children. How many times a week are you positive with them? What types of positive interactions do you have with your children? How have you applied the concepts of utilizing praise as opposed to negativity?

Goals for the session: The group members will discuss the importance of self-care and its presence, or lack thereof in their lives.

Note to the facilitator: The facilitator will have the group members participate in a 10 minute guided meditation session. The facilitator will then ask the following questions, discuss them with the group members, and then read the passages following each question.

- **What is self-care? Why is self-care important?**

Shapiro, Brown, and Biegel (2007), indicated that stress can have the following impact on individuals: stress can lead to fatigue, a higher likelihood of depression, feelings of emotional exhaustion, anxiety, feeling isolated, deriving less satisfaction from one's occupation, having lower self-esteem, relationship problems, feeling lonely, and/or having a poorer job performance due to a lack of focus. The whole premise behind self-care is taking care of one-self. Often people come home from work tired and exhausted. Many families have parents who work more than one job just to make ends meet. This leaves parents little time to rest and regain their energy. If one is exhausted do you think he/she is are at optimal performing capacity? The answer is obviously no.

<center>117</center>

- **What are some self-care strategies that you use at home?**

  - Walking, running, lifting weights, exercise

  - Reading, writing, song-writing, drawing, painting

  - Singing, acting, performing

  - Meditation: guided imagery, mindfulness meditation, guided meditation

  - Muscle relaxation.

- **What is meditation? What are some different types of meditation?**

According to the meditative perspective (2004), learning the process for mindfulness mediation can be done relatively easily. The main premise of mindfulness meditation is sitting quietly, and focusing on one's breathing. However, just as the premise is simple being able to successfully focus on one's breathing, and refocusing as many times as necessary, can be significantly more difficult in practice. When one is engaging in mindfulness meditation one does not repress thoughts, feelings, or emotions that come up. The objective is to acknowledge these thoughts, let them float away, and then refocus attention on one's breathing. The essence of mindfulness meditation is "simply being fully and non-judgmentally present with what happens, on a moment by moment basis," (p. 1).

Mindfulness meditation becomes easier to do once it has been put in place in one's daily routine. The more one practices mindfulness meditation the better he/she will be able to refocus on breathing. The other objective is to be conscious of the impact thoughts and feelings are having on oneself even as these thoughts are acknowledged and allowed to drift away.

Group Lesson: Guided Mindfulness Meditation

- **What are your thoughts on self-care?**

- **Do you feel self-care would be useful for you? Why or why not?**

- **How can you take care of yourselves when you have to worry about children, work, and daily productivity?**

According to Bloomquist (1996), parents having difficulty managing their stress can in turn increase the risk for their preadolescent-child having increased behavioral difficulties. Some common sources of parental stress are: finances, personal stress, low social support, parental stress, marital/relationship stress (1996).

Bloomquist (1996) defines personal stress as: a potential indicator of depression or anxiety. Parents with an excessive amount of personal stress could potentially turn to drugs and/or alcohol as a way to self-medicate. Marital/relationship stress can be defined as parents having difficulty getting along with one another (e.g. shouting, throwing objects, domestic violence, etc.). Parenting stress can be defined as no longer disciplining preadolescent-children when it is necessary to do so, not setting boundaries/limits. The parent seems to have given up and no longer sees the point in trying (e.g. burn out). Low social support can be defined as a parent feeling like he/she is on his/her own, that the parents have to do everything themselves and have no one to turn to for support except each other. Research has shown that all of the aforementioned factors show correlation with an increase in the exhibition of negative behavioral issues in preadolescent/ adolescent children. "If a parent has too much stress, he or she will be less able to be [an effective] parent," (pp. 32-33) (1996).

The more behavioral problems exhibited by children, according to Bloomquist (1996), the greater the level of parental stress, which in turn feeds back to the children

thereby increasing the likelihood that the children will have even more behavior difficulties. If a parent is incapable of taking care of him/herself then his/her ability to take care of the preadolescent/adolescent is substantially reduced. Some ways to manage stress are as follows: seeking professional help from a mental health professional, modifying parental values, and developing effective coping strategies (1996).

Note to facilitator: At the 50 minute mark of the first part of the session, the facilitator is to give the group members a 10 minute break. The facilitator will then read the exercise and let the group members know they have 20 minutes to conduct the exercise and 5-7 minutes each to share their thoughts and feelings about it. (Time may be adjusted as necessary). The facilitator will provide pens, pencils, paper, and clipboards for the group members.

Bloomquist (1996), indicated that it is important that parents should spend quality time with their preadolescent/adolescent children and to set time to do so every week. How does a busy parent accomplish this?

"Exercise: **<u>Step 1:</u>** Make a list of the activities you value and think are worthy of your time and effort. (The list may include activities such as work, cleaning the house, projects around the house, time with children, time with spouse/partner, time for yourself, exercise, playing musical instruments, taking classes, gardening, and so forth). **<u>Step 2:</u>** On a second piece of paper, arrange the original list in order of which activities you value most, followed in descending order by less valued activities. **<u>Step 3:</u>** On a third piece of paper, rearrange the original list in order of how you actually spend time in the activities during an average week.

(The activity you spend the most time on should be on top of the list, followed by the activity you spend the second most time on and so forth," (p. 34).

Here is a list of coping strategies to help parents cope with their daily stressors from Bloomquist (1996):

1. Relaxation

2. Take time for yourself

3. Take time to be with your significant other away from your children

4. Find support from other family members

5. Schedule time to do fun things with family and friends

6. Schedule exercise and develop more healthy habits.

7. Think of alternative strategies for family problems

8. "Learn to think more accurately and rationally," (p. 35).

9. Learn more effective anger management strategies

10. Increase quality time spent with all of your children

11. Join a parenting group to find peer support.

12. Parents need to schedule time for themselves each week.

Bloomquist (1996) indicated that a parent needs to be aware that his/her child's behavior is stressing him/her out. Parents must learn to hit the pause button so that they can be proactive toward their preadolescent/adolescent's behavior as opposed to being reactive. "Exercise: Make a list of typical stressful events that often occur for you and your child, and how you typically react as far as your body, thoughts, and actions are concerned," (p. 37).

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in this session. Toward the end of the second hour the facilitator is to inform the group members that their homework assignment is located under week 5 in their parenting workbook.

Homework Assignment: Engage in 5 to 10 minutes of mindfulness meditation everyday and throughout the rest of the group reflect on your thoughts about the meditation.

Week 6: Role Plays

Note to the Facilitator: Discuss the experiences that the group members had with mindfulness meditation over the course of the last week and how they feel it benefitted or did not benefit them.

Goals for the Session: The role plays are to promote awareness amongst the individual group members about their feelings and reactions via role plays/vignettes. Groups will be presented with vignettes and situations and then demonstrate how they would react.

Note to facilitator: The facilitator will begin the session with a 10 minute guided meditation exercise. The facilitator will then discuss with the group members their reactions to the previous week's mindfulness meditation assignment. The facilitator will then select three actors from amongst the group members to perform the vignette.

- **How did each of you find the mindfulness meditation assignment for last week?**

Facilitator will read the following: The following is a role play scenarios. Your assignment with a partner is to work on creating a dialogue demonstrating either an authoritarian, authoritative, or permissive perspective. You will have 20 minutes to complete this assignment and then each dyad (two-person group) will be presenting their role play for the rest of the group.

Role Play 1: (2 actors parent and Child)

It is 8:00 p.m. November 15. Your child has just come home from school which ended at 3:15p.m. You live a 30 minute walk away from the school. *Create a scenario from an authoritarian, permissive, or authoritative perspective using this information.*

Note to facilitator: At the 50 minute mark of the first part of the session, the facilitator is to give the group members a 10 minute break. The facilitator will then read the directions to the next assignment which will take the remainder of the time.

Facilitator will read the following: The following are role play scenarios. Your assignment as before the break, is to work with a partner on creating a dialogue demonstrating either an authoritarian, authoritative, or permissive perspective. You will have 20 minutes to complete this assignment and then each dyad (two-person group) will be presenting their role play for the rest of the group.

Role Play 2: (2 actors parent and Child)

It is 6p.m. you are just coming home from a stressful day. You have been working since 7:00a.m. this morning and are exhausted. You happen to look at your china cabinet and see that a porcelain angel heirloom is missing. You hear a crash that can only be the sound of breaking glass. You see your son/daughter desperately trying to clean up the broken angel. What do you do? *Create a scenario from an authoritarian, permissive, or authoritative perspective using this information.*

Note to the facilitator: For more role plays look in Appendix D of the Facilitator field guide. The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in that session. Toward the end of the second hour the facilitator is to inform the group members that their homework assignment is located under week 6 in their parenting workbook.

Homework Assignment: Reflect on what thoughts were brought up by the role plays conducted in this session. Apply these thoughts to your own parenting style. How can you improve yourself as a parent?

Week 7: Effects of Parenting

Note to the Facilitator: The facilitator is to discuss the homework assignment from the previous group meeting. **Homework Assignment:** Reflect on what thoughts were brought up by the role plays conducted in this session. Apply these thoughts to your own parenting style. How can you improve yourself as a parent?

Goals for the session: To promote awareness amongst the group members of how parenting has both affected them and how it can potentially impact their children.

Note to the Facilitator: The facilitator is to read the following questions, discuss them with the group members, then re-each of the following paragraphs.

How does parenting affect childhood?

Adalist-Estrin (1993) stated that inmates reported having been raised by emotionally inconsistent parents, who had been dependent on drugs/alcohol, and/or incarcerated. This would make it much harder for the child to develop strong ties of attachment to either parent. Stories ascertained from the inmates revealed a history of their abuse both physical and sexual, their pursuit of a way to ease their emotional pain (e.g. self-medicating with drugs, alcohol), and doing whatever it took to be able to afford that which eased their pain.

Smallbone and Dadds (2000) found that higher the degree of attachment insecurity toward a parental figure, the more likely a child would exhibit poor behaviors (e.g. aggression, coercive sexual behavior, and antisocial behavior). Being anxiously attached to one's mother was likely to result in antisocial behavior, whereas avoidant attachment to one's father was indicative of both antisocial and coercive sexual behaviors. Type of attachment to one's father-figure may have a tremendous impact on

125

deviant behavior. However, where there is a lack of attachment with both parents the effects significantly worsen. The authors theorized that depending on how securely attached one was to one's parents as a child may play a role in the child utilizing coercion in sexual situations as a preadolescent/adolescent (2000).

Note to Facilitator: Facilitator is to read the following questions and passages and discuss them with the group members. If the group members are not discussing the questions, the facilitator can reassure the group members that no one in the room will judge them. The facilitator may start things off by giving his/her own answer to the following questions.

How do you feel the way you were raised by your own parents impacted your childhood?

What would you have done differently if you could parent yourselves?

How does parenting impact school performance?

Harachi, Fleming, White, Ensminger, Abbott, Catalano, and Haggerty (2006) found that boys who experienced family conflict, problems paying attention, little family involvement, and had parents with a lower education level, had lower commitment to school, lower attachment, and were at higher risk for having high aggression by the time they entered high school. Girls who experienced higher attention problems, conflict within the family, were not very committed to or attached to school, had a single parent raising them, had a low income, and exhibiting depression were more likely to experience higher degrees of aggression by the time high school began. Interventions at the middle school level could prevent later aggressive behaviors in these children given the relative stability of the trend of aggressive and poor behavior (2006).

126

Note to Facilitator: Facilitator is to read the following questions and passages and discuss them with the group members. If the group members are not discussing the questions, the facilitator can reassure the group members that no one in the room will judge them. The facilitator may start things off by giving his/her own answer to the following questions.

How well did you do when you were in school? What were your grades like?

How did you feel when going to school in the morning after having an argument with your parents the night before?

How did you feel after your parents told you how proud they were of you before they dropped you off in the morning?

Note to facilitator: At the 50 minute mark of the first part of the session, the facilitator is to give the group members a 10 minute break. The facilitator will then continue to read the next set of group questions, discuss them with the group members, and then read the subsequent paragraphs.

How does parenting impact adolescence?

Allen, McElhaney, Kuperminc, & Jodl (2004), hypothesized that "change in attachment security will be predicted by factors that affect adolescents' capacity to develop their cognitive and emotional autonomy while maintaining key social relationships" (p. 1792). It is possible to predict changes in the stability of the adolescent's attachment security to his or her parental figures over time. How securely attached to parental figures adolescents were, had a significant impact on the degree to which they were able to regulate their relations with others. The level of attachment security also impacted how adolescents were able to develop their own sense of self-

127

identity and ability to relate to those with whom they held primary relationships. There were major declines in attachment occurring for those adolescents who had major stressors in their lives (e.g. intra-psychic, familial, and/or environmental). Those individuals with no risk factors, that were readily apparent, seemed to exhibit a trend toward increased attachment to primary attachment figures (parental figures). Those adolescents who perceived their maternal figures as supportive during disagreements were found to have increased attachment security. It is possible that this is due to "family interactions [reflecting] the adolescent's current attachment state of mind (e.g. more secure adolescents might tend to perceive their mothers as being more supportive, in part because they were more secure and hence be able to recognize their mothers support)" (p. 1801). While adolescent perceptions are key how those perceptions are shaped can possibly be attributed to earlier attachment security to a parental figure (2004).

Note to the facilitator: If the group members are not answering the questions the facilitator may remind the group members that this is a safe place to talk about their thoughts and feelings. The facilitator may start the group off by answering some of the questions from his/her own perspective.

What do all of you remember about being adolescents?

What did you appreciate about your parents as adolescents?

What did you dislike about your parents when you were adolescents?

What would you, if you could go back in time, change about how your parents interacted with you as adolescents?

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in this session.

Homework Assignment: Reflect on how the way you were parented affected your life. How do you feel the way you are currently parenting your children is impacting their lives? Think about these questions and come prepared to discuss at the next group.

Week 8: Important Group Questions

Note to the facilitator: The facilitator is to discuss the previous group's homework assignment with the group members. **Homework Assignment:** Reflect on how the way you were parented affected your life. How do you feel the way you are currently parenting your children is impacting their lives? Think about these questions and come prepared to discuss at the next group.

Goals for the Session: The goals for this session are to facilitate better understanding of the group members about what unhelpful thoughts are and how they can impact one's children.

Note to the facilitator: The facilitator is to read the following paragraphs, discuss the questions that follow with the group members, and read any subsequent paragraphs. This will cover the first 50 minutes of the session.

Khanna and Kendall (2009), believe that the more parental buy-in for children undergoing therapy the better the outcome. The researchers found from their review of literature that parents being overprotective, parents rejecting or being negative toward the children and the level of dysfunction in a family were linked to the level of children's anxiety and therapeutic treatment outcomes. Landry, Smith, Swank, Zucker, Crawford, and Solari, (2011), according to a review of literature believed responsive parenting to be essential to the proper development of young children's behaviors. What is responsive parenting? Responsive parenting involves the following aspects: parents are warm and accepting, believe their children to be unique individuals, respond to children's signals, etc. For example, if the child asks a question when a parent is reading him/her a book, a

responsive parent will respond to his or her child in a sensitive manner; this in turn will teach the child to want to continue asking questions or wanting their parents' attention.

- **Do you love your children?**

- **What do you love about your children?**

- **What do you not love about your children?**

    - Bloomquist (1996) said that the way in which a parent perceives his/her child will determine the away in which parent and child interact. More positive thoughts will likely lead to more positive behavior on the child's behalf.

- **What types of thoughts are not helpful for a parent to have?**

    - Those parents who utilize "harsh, punitive discipline often think their child is solely the cause of that child's misbehavior," (p. 43). Many parents do not come to the realization that their parenting, attitude, and actions toward their child play a significant role in the exhibition of the child's behavior. Parental expectations if they are too high for the level of their child's development can cause parents to become annoyed, irritated, frustrated, angry, etc. when the child does not meet impossibly high expectations. The parent's negative attitude will then develop into negative parent-child interactions. If parents feel they have no control over their child's behavior they are likely to have children exhibiting poor behavioral issues.

    - Bloomquist (1996) states that "there are three stages involved in changing unhelpful parent thoughts: (1) Identify the unhelpful thoughts, (2)

understand the unhelpful nature of these thoughts, and (3) counter these

unhelpful thoughts with more helpful thoughts," (p. 43). Here are some

examples of unhelpful thoughts: my teenager can't do anything right, my

teenager is always getting into trouble at school, how many times do I

have to repeat this to you before you get it right?, I am sick and tired of

you behaving this way, etc.

- **What do you think is unhelpful about these types of thoughts? How do you**

  think unhelpful thoughts would cause a parent to act toward his or her

  preadolescent/adolescent child?

  o "If you think your child is misbehaving on purpose, it could lead you to

    blame, punish, and so forth, and it sends a negative 'message' to [the

    adolescent]. [The teenager] is more likely to blame [him/herself], and

    your behavior may tell the child that [he/she] is 'not good enough'," (p.

    43). When a preadolescent/adolescent-child deals with a parent's negative

    actions and words toward them often enough it can result in a child's

    lowered self-esteem.

Note to facilitator: At the 50 minute mark of the first part of the session, the facilitator is

to give the group members a 10 minute break. The facilitator will then read the following

questions, discuss them with the group members, and read the subsequent paragraphs.

- **How can parents prevent themselves from having negative thoughts and**

  allowing the thoughts to develop into a negative attitude toward their child?

  o One cannot prevent negative thoughts from occurring. A possible

    technique to help oneself have more positive thoughts is referred to as

'countering'. Countering can be defined as pausing and rephrasing one's

thoughts in a more positive/helpful way.

Note to Facilitator: Facilitator is to read the following questions and passages and

discuss them with the group members. If the group members are not discussing the

questions, the facilitator can reassure the group members that no one in the room will

judge them. The facilitator may start things off by giving his/her own answer to the

following questions.

- **How much time per week do I spend with my children and does that need to change?**

- **What does the time I spend with my children look like?**

- **What would I like time spent with my children to look like?**

- **How do I feel about spending time with my children?**

- **Will spending more time with my kids make a difference?**

- **My child does not want me around, now what?**

- **What is parental monitoring and what makes it so important?**

- Dishion and McMahon (1998) stated that the following aspects made up a more

  ideal parenting style: trust, security, and involvement in order to establish a good

  quality relationship as a base.

  - **Parental Monitoring**—Attention, tracking, and structuring contexts make up parental monitoring. Parental monitoring is more than parents keeping an eye on their child (although that is part of it), it is about interacting, communicating, conveying a sense of love and care, being attentive to the preadolescent/adolescent-child's needs. It was concluded that parental monitoring in conjunction with prevention programs focused on the family, could promote better mental and physical health for at risk children. This would significantly reduce the risk of later poor behavior in the mid-late adolescent years (1998).

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in this session. Toward the end of the second hour the facilitator is to inform the group members that their homework assignment is located under week 8 in their parenting workbook.

Homework Assignment: Identify 5 unhelpful thoughts you have when disciplining your children for something they have done wrong. Rephrase them to paint them in a more positive light.

Note to Facilitator: Hand out Unhelpful Parent Thoughts Worksheet located in Appendix C.

Note to Facilitator: Facilitator is to discuss the previous group's homework assignment and ask the group members what helpful thoughts they identified. **Homework Assignment:** Identify 5 unhelpful thoughts you have when disciplining your children for something they have done wrong. Rephrase them to paint them in a more positive light.

Goals for the session: To facilitate discussion and awareness on behalf of the group members about helpful parent thoughts.

Note to the facilitator: The facilitator is to read the following question and passage to the group members. The facilitator is then to discuss the subsequent questions with each of the group members, and facilitate discussion. If the group members are having difficulty responding to the questions the facilitator may start by sharing his/her thoughts.

- **How many of you have heard the story of The Velveteen Rabbit before?**

- **The following is an excerpt:**

> "What is REAL?' asked the Rabbit one day, when they were lying side by side near the nursery fender1, before Nana came to tidy the room. 'Does it mean having things that buzz inside you and a stick-out handle?'
> 'Real isn't how you are made,' said the Skin Horse. 'It's a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become Real.'
> 'Does it hurt?' asked the Rabbit.
> 'Sometimes,' said the Skin Horse, for he was always truthful. 'When you are Real you don't mind being hurt.'
> 'Does it happen all at once, like being wound up,' he asked, 'or bit by bit?'
> 'It doesn't happen all at once,' said the Skin Horse. 'You become. It takes a long time. That's why it doesn't happen often to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are Real you can't be ugly, except to people who don't understand.'
> 'I suppose *you* are real?' said the Rabbit. And then he wished he had not said it, for he thought the Skin Horse might be sensitive. But the Skin Horse only smiled.

'The Boy's Uncle made me Real,' he said. 'That was a great many years ago; but once you are Real you can't become unreal again. It lasts for always.'

The Rabbit sighed. He thought it would be a long time before this magic called Real happened to him. He longed to become Real, to know what it felt like; and yet the idea of growing shabby and losing his eyes and whiskers was rather sad. He wished that he could become it without these uncomfortable things happening to him," (p. 4).

- **What are your thoughts on the passage just read?**

- **How can the above passage be applied to raising one's children, preadolescents, adolescents?**

- **What is right about my parenting?**

- **What techniques do I use when I am parenting my children?**

- **How do you feel when you are praising your children?**

- **How do you feel when you are disciplining your children?**

- **What is right about my children?**

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in this session. If the group members are having difficulty responding to the questions the facilitator may start by sharing his/her thoughts.

- **What do you like about your children?**

- **How often do you praise your children?**

- **What types of things do you say to your children when you praise them?**

- **How would you describe your ideal relationship with your children? What do you feel it would it take to get you to that point?**

- **What do you think needs to be changed about your parenting? (Each parent will make a list).**

Homework Assignment: Identify 5-10 helpful thoughts you have when disciplining and interacting with your children. Reflect on what you want your relationship with your preadolescent/adolescent-child to be, and what it will take to move the family dynamic in that direction.

Note to Facilitator: Hand out Helpful "Counter" Thoughts for Parents Worksheet located in Appendix C.

Week 10: Role Playing

Note to Facilitator: Facilitator is to discuss with the group members some helpful thoughts they have when interacting or disciplining their children. **Homework Assignment:** Identify 5-10 helpful thoughts you have when disciplining and interacting with your children. Reflect on what you want your relationship with your preadolescent/adolescent-child to be, and what it will take to move the family dynamic in that direction.

Goals for the Session: To promote a sense of awareness in parents of how they interact with their child.

Note to the facilitator: The facilitator is to read the assignment to the group members. For the first 50 minutes of the group the facilitator needs to hand out paper, pencils, pens, and clipboards to each of the parents in the study. Each of the parents will work with their significant other on the assignment. The facilitator will explain to the group members that they will have 20 minutes to write their brief dialogue and then 5 minutes per group member to share with the rest of the group members.

Group Assignment: Create a dialogue between you and your adolescent/preadolescent child regarding the situation to follow. One parent will play the role of the child and the other the parent. Then the two parents will switch roles. Think back to a time when you as a parent just reacted to a situation without taking time to think about your actions. Your child could have just broken something precious to you, he/she could have smashed the family car, they could have an eating disorder, they could be using/abusing drugs/alcohol, they could be engaging in sexual activity. Write what your first response to your son/daughter was upon finding out about the situation. Write his/her first

response to you and continue on from there. For the purposes of this dialogue try to be as truthful to the incident that happened as possible.

Note to Facilitator: Give the Group members a 10 minute break. For the second half of the group read the following questions to the group members and discuss them with them. If the group members are not answering the questions the facilitator may start things off by sharing his/her thoughts on the questions.

- **What are your thoughts on these dialogues that you have just seen?**

- **What were some similarities you found with your own dialogues?**

- **What were some differences you found with your own dialogues?**

- **If given another chance to have the conversation over again what would you change? What would you keep the same?**

- **When you played the role of the child how did you feel about the person playing the role of the parent?**

- **Does being an effective and positive parent mean you cannot set boundaries?**

- **How does a parent set boundaries for teenagers bound and determined to do whatever it is they want?**

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in this session.

Homework Assignment: Reflect on how the role play session you wrote and performed today impacted you. How can you utilize this knowledge to prompt a stronger and more positive relationship with your children?

Week 11: *Listening & Communication*

Note to the facilitator: The facilitator is to discuss the previous group's homework assignment. **Homework Assignment:** Reflect on how the role play session you wrote and performed today impacted you. How can you utilize this knowledge to prompt a stronger and more positive relationship with your children?

Kumpfer, Whiteside, Greene, and Allen (2010), as part of their Strengthening Families Program (SFP), found that families exhibiting open communication, parental monitoring, and family bonding are at a decreased risk for their children exhibiting delinquency during the adolescent years. Contrarily, if parents have decreased involvement with their children, lower levels of parental monitoring, and little communication with their children, the likelihood increases for the children to exhibit more poor behaviors during adolescence. Communication with one's children is key for them having more positive outcomes in later life.

Tabak, Mazur, del Carmen Granado Alcón, Örkenyi, Zaborskis, Aasvee, and Moreno (2012), found that it is important for families to have positive communication as this helps family members feel supportive of, supported by, cared for, and valued by one another. Adolescents and preadolescents really need this assistance from their parents as communication is a major contributing factor to how adolescents and preadolescents develop their own personalities and how they relate to other people. Throughout the preadolescent and adolescent years, communication becomes much more difficult between parents and their children. To increase the chances for better communication the adolescent needs to have a say in his/her own life (there needs to be discussion and negotiation). This may in turn facilitate a stronger supportive relationship between a

parent and adolescent. The more open and supportive the communication between parents and their adolescent children, the greater the likelihood of higher adolescent self-esteem, better coping skills, and better conflict management skills (2012).

- **How do you listen to your children?**

  According to Bloomquist (1996), parents need and often desire to have a close relationship with their child. Preadolescent-children need to experience both positive reinforcement from their parents and parental involvement with them. Spending quality time with one's children and "fostering an emotional bond between parent and child—is extremely important for every child's psychological development," (p. 51).

- **How does a parent spend quality time with his/her child when the child may exhibit behavioral problems and might not be fun/pleasant for the parent to interact with?**

  o Unfortunately, studies have demonstrated that in families with children exhibiting behavioral difficulties, the parent(s) pay little attention to the positive actions of their children, but tend to focus on the negative aspects of the preadolescent child's behavior. "Uninvolvement and emotional distance between parent and child can make child and family problems grow and intensify," (p. 52). It is important for establishing a better parent-child relationship to schedule positive activities with one's child.

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in this session. If the group members are having difficulty responding to the questions the facilitator may start by sharing his/her thoughts.

- **How can listening to my children make me a more effective parent?**

- **Do you actually listen to your children?**

- **Do you let them talk then dismiss what they have to say?**

- **What do you see when you look at yourselves?**

- **How do you think your children see you?**

- **How would you change the way you do things, if at all, to allow your children to see you in a better light?**

Note to the facilitator: At the 50 minute mark facilitator will give the group members a 10 minute break. After the break the facilitator is to read the following instructions for the exercise. The facilitator should pass out clipboards, paper, pens, and pencils. The facilitator should then read the following:

Here is an exercise, from Bloomquist (1996), to practice at home:

- **Step 1 List Activities:** List as many activities as possible that you and your child enjoy doing together that can be accomplished in 30 minutes or less. Let your child select the activity.

Go for a walk	Play catch	Bowl
Ride Bikes	Play one-on-one basketball	Do a spontaneous activity
Play a Game	Talk	Build something
Play with cars/dolls	Go for a drive	Bake/cook something

- **Step 2 Schedule 'Appointments' with Child:** Schedule two or more 30-minute appointments per week when you and your child will engage in one or more of the above activities together (indicate day, date, and time). Make sure that you

and your child have agreed on this time and have marked it on a calendar. If

something comes up and you can't keep the appointment, be sure to reschedule it.

- **Step 3 Modify Parent Behavior During Activity:** During the activity, allow the

  child to 'direct' the play or activity while you try to behave in a responsive way.

  While your child is leading the play or activity, try to increase praising,

  describing, and touching.

  - Praising—verbally reinforcing the child during the activity

    - "That looks good."

    - "You did a nice job."

    - "Good boy."

    - "Good girl."

    - "That's great!"

    - "It looks nice."

    - Describing—comments that describe what the child is doing, how

      the child might be feeling, what the child is experiencing, where

      the child is, and so forth during the activity.

    - "You're looking at the toys."

    - "You caught the ball!"

    - "You look happy!"

    - "You're hiding."

    - "You seem to be mad."

    - "It looks like your thinking."

- Touching—any positive physical contact with the child during the activity.

- Hugs

- Kisses

- Touching on the shoulder

- Patting the head

- While interacting with your child, try to avoid or reduce questions, commands, and criticism.

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in this session. Toward the end of the second hour the facilitator is to inform the group members that their homework assignment is located under week 11 in their parenting workbook. The facilitator will hand out the poem on *Listening* found in Appendix C.

Homework Assignment: Reflect on how many times a week you actually listen to your children. Think about how you listen to your children. Do you dismiss their concerns? Are you accepting of what they have to say? How would you define an appropriate way to listen to your child?

Week 12: Couples

Note to Facilitator: Discuss the previous group's homework assignment with the group members. **Homework Assignment:** Reflect on how many times a week you actually listen to your children. Think about how you listen to your children. Do you dismiss their concerns? Are you accepting of what they have to say? How would you define an appropriate way to listen to your child?

Goals of the Session: To get the group members thinking about what their relationships are to everyone else in the household. The goal is also to get couples think about their relationship separately.

Note the Facilitator: The facilitator is to read the following passage, discuss the questions with the group members, and facilitate discussion.

According to Napier (1978) when the author and his co-therapist were conducting a family therapy session Napier stated:

> "One of the principal reasons that the Brice household was so tense was that Carolyn and David (husband and wife respectively) didn't have a very good sexual life. In fact, at the time of the family crisis, fifteen-year-old Claudia (daughter) was probably having a good deal more sexual experience than her parents. And that, of course, is part of why Carolyn was so angry with her...We assume that part of the agenda in Claudia's sexual life—a mostly hidden, unconscious agenda-was the search for that quality of tenderness and support which people usually call mothering, though it actually involves both parents. Claudia was, or had been, very dependent on her parents. When she and her parents began their war, she needed to transfer her dependency elsewhere. So she disguised it as sexuality, seeking in a series of apparently casual encounters a delicate mixture of freedom and cuddling which her life lacked. She needed to feel close, but she was frightened of real closeness lest it be constricting and enveloping. Her 'promiscuous' approach to sex evolved as a possible compromise solution to her need for freedom and closeness," (p. 108).

Note to the Facilitator: You may need to share an example from your own life or that of your parents in order to get the discussion started. Group members may feel uncomfortable talking about this without someone else going first.

- **Whom do you feel closest to in your family?**

- **What makes you feel close to them?**

- **How often do you tell your partner/spouse/significant other that you love them?**

- **How is your sex life?**

- **Has your sexual activity with you partner decreased or increased since you first met him/her?**

Note to the facilitator: At the 50 minute mark facilitator will give the group members a 10 minute break. After the break the facilitator is to read the following questions and discuss them with the group members. Here the facilitator may again need to start things off by sharing events or circumstances from their own life experiences to start things off.

- **Do you have arguments/fights with your significant other?**

- **How many arguments do you have with your significant other on average?**

- **What are your argument(s) with your significant other usually regarding?**

- **How many of those arguments would you say revolve around your children and why?**

- **How many arguments do you have with your children in an average week?**

- **What are those arguments typically about?**

- **Do you ever question after shouting/yelling at your children, what may have prompted you to do so?**

- **Have you ever felt after getting in an argument/fight/shouting match with your preadolescent/adolescent-child, that you would have rather been fighting with someone else instead?**

Note to the facilitator: The facilitator is to discuss the thoughts, feelings, questions and concerns of the group members and facilitate a group discussion about what was covered in that session. Toward the end of the second hour the facilitator is to inform the group members that their homework assignment is located under week 12 in their parenting workbook.

Homework Assignment: What types of arguments have you had with your significant other? What do you feel the arguments were about? What would you have done differently if given the opportunity? What do you feel needs to change in the future? Think about these questions for next week.

Week 13: Things I Know About My Children

Note to Facilitator: The facilitator is to discuss the homework assignment given at the end of the previous group. **Homework Assignment**: What types of arguments have you had with your significant other? What do you feel the arguments were about? What would you have done differently if given the opportunity? What do you feel needs to change in the future? Think about these questions for next week.

Goals for the Session: The goals for the session are to get group members to think about what they know about their children, what their current relationship is with them, and what their expectations are.

Note to the Facilitator: The facilitator will address each of the following questions, discuss each of them with the group members, and facilitate group discussion. If the group members are not answering questions the facilitator may start things off by sharing his/her thoughts on each of the questions.

- **What is your child's favorite activity?**

- **Who are your children? How do you view them?**

- **What does it mean to know one's children?**

- **How often do you speak to your children on a weekly basis and what do you talk with your children about?**

- **How many of your discussions with your children would you consider to be positive and why?**

Note to the Facilitator: At the 50 minute mark facilitator is to give group members a 10 minute break. The facilitator is then to pass out paper, pens, pencils, and clipboards to

each of the group members. The facilitator is to instruct the group members to answer

each of the following 10 questions about their children.

- What is my adolescent-child's favorite activity?

- What is my adolescent-child's favorite food?

- Who are my adolescent-child's best friends?

- What is my adolescent-child's favorite television show?

- What is my adolescent-child's favorite school subject?

- What is my adolescent-child's dream career?

- What are my adolescent-child's educational goals?

- What does my adolescent-child's do when he/she is at home?

- When was the last time I shared something personal with my adolescent-child?

  What was his/her reaction?

Note to the Facilitator: At the end of the exercise the facilitator is to discuss the

thoughts and feelings of the group members. During the last 10-15 minutes of the group

the facilitator is to hand out the Post-test.

Appendix B

Forms, Statistical Information, Pre and Post Test, Assessments

Confidentiality and Group Rules Agreement Form

By signing this document I, _____, agree to abide by the following rules.

1. Confidentiality: What is spoken of in the group will remain in the group. Every group member must make a commitment to maintain the groups' confidentiality.

2. Everyone needs to participate.

3. The group facilitators are here to moderate, not to take sides. While groups are in progress the facilitator is the leader. If the facilitator gives instructions they are for the group's safety and need to be followed.

4. There is no judgment in this room.

5. I will complete any homework assignments given by the group to the best of my ability.

6. There will be no attacks on/toward other group members, (e.g. no one is to "flame" another member or facilitator, no inappropriate language such as derogatory or inflammatory language and/or behavior).

7. If I am confused or don't understand something I will ask for clarification.

8. It is important that you **make every attempt to be on time.**

9. Feel free to express yourself, all feelings and opinions are welcome if they are presented in a respectful manner. Every group member has the right to express themselves.

10. The group members must turn off all cell phones or electronic equipment during the course of the group, as the group is to provide help and support for all of its members and as such attention needs to be maintained.

Client Signature:_____ **Date:**_____

Facilitator Signature:_____ **Date:**_____

Pretest for Parenting Group

1. According to research what is the most effective type of parenting affiliated with the most positive outcomes for youth?
   a.) Permissive
   b.) Authoritative
   c.) Authoritarian
   d.) all of the above
   e.) none of the above

2. Which of the following is not true about parenting?
   a.) it is only learned from how you were parented
   b.) it can be learned from classes
   c.) it can be learned from books
   d.) it can be learned by exchange of ideas with peers
   e.) none of the above

3. What type of attachment, according to research indicates the most positive future outcome if family circumstances remain stable?
   a.) insecure
   b.) avoidant
   c.) secure
   d.) authoritative
   e.) none of the above

4. What does it mean to fill someone's bucket?
   a.) ignore negative behavior
   b.) compliment the person even if it is undeserved
   c.) praise a person doing their best
   d.) all of the above
   e.) none of the above

5. All of the following are positive self-care strategies <u>EXCEPT</u>?
   a.) mindfulness meditation
   b.) excessive exercise
   c.) taking time for yourself
   d.) eating ice cream/favorite food in moderation
   e.) all of the above.

6. Which of the following statements is most true?
   a.) my children need to do what I tell them when I tell them
   b.) I need to explain to my children why I make certain decisions concerning them
   c.) my children should be independent and make their decisions with out parental input.
   d.) all of the above

e.) none of the above

7. _____ is a type of attachment in that the infant feels free to explore his/her surroundings and checks back with the parent by glancing at them or running back to them.

8. _____ is a type of parenting where the children are in charge with little or no interference from parents.

9. _____ is a type of parenting in which parent(s) expect children to follow all of their rules because the parents say so.

10. The purpose of this parenting group for **me** is:

_____
_____
_____
_____
_____
_____
_____
_____

Parent Assessment

The following questions were taken and adapted from Loeber, Drinkwater, Yin, Anderson, Schmidt, & Crawford (2000) and http://www.fasttrackproject.org/techrept/s/spg/spg5tech.pdf. The higher the assessment score the more likely it is the parent-child relationship is a more positive one.

1.) How often have you enjoyed spending time with your son/daughter?
1 = Almost Never   2 = Sometimes   3 = Often

2.) If your child did not come home by the time that was set, would you know?
1 = Almost Never   2 = Sometimes   3 = Often

3.) You know who your child's companions are when he/she is not at home.
1 = Almost Never   2 = Sometimes   3 = Often

4.) When you are not at home, your child knows how to get in touch with you.
1 = Almost Never   2 = Sometimes   3 = Often

5.) When your child is out, you know what time he/she will be home.
1 = Almost Never   2 = Sometimes   3 = Often

6.) When you and your child are both at home, you know what he/she is doing.
1 = Almost Never   2 = Sometimes   3 = Often

7.) In the past 6 months, how often have you discussed with your child his/her plans for the coming day?
1 = Almost Never   2 = Sometimes   3 = Often

8.) In the past 6 months about how often have you talked with your child about what he/she had actually done during the day?
1 = Almost Never   2 = Sometimes   3 = Often

9.) Does your child have a set time to be home on school nights?
1 = Almost Never   2 = Sometimes   3 = Often

10.) Does your child have a set time to be home on weekend nights?
1 = Almost Never   2 = Sometimes   3 = Often

11.) You feel that your child's friends have a good influence on his/her behavior.
1 = Almost Never   2 = Sometimes   3 = Often

12.) You feel that your child's friends have a bad influence on his/her behavior.
1 = Almost Never   2 = Sometimes   3 = Often

13.) If your child did not come home by the time that was set, would you know?
1 = Almost Never   2 = Sometimes   3 = Often

14.) If you or another adult are not at home, your child is allowed to leave the house?
1 = Almost Never   2 = Sometimes   3 = Often

15.) It is important for you to know what your child is doing when he/she is outside of the home.
1 = Almost Never   2 = Sometimes   3 = Often

Preadolescent/Adolescent Child Assessment

The following questions were taken and adapted from Loeber, Drinkwater, Yin, Anderson, Schmidt, & Crawford (2000). The higher the assessment score the more likely it is the parent-child relationship is a more positive one.

1.) How often have you liked being your mother's/father's child?
1 = Almost Never   2 = Sometimes   3 = Often

2.) How often have you enjoyed spending time with your mother/father/parents?
1 = Almost Never   2 = Sometimes   3 = Often

3.) How often do your parents know if you come home at the set time?
1 = Almost Never   2 = Sometimes   3 = Often

4.) Do your parents know who your companions are when they are not at home?
1 = Almost Never   2 = Sometimes   3 = Often

5.) When your parents are not at home you know how to get in touch with them.
1 = Almost Never   2 = Sometimes   3 = Often

6.) When you are out, your parents know what time you will be home.
1 = Almost Never   2 = Sometimes   3 = Often

7.) When you and your parents are home they are aware of what you are doing.
1 = Almost Never   2 = Sometimes   3 = Often

8.) In the past 6 months, how often have your parents discussed with you, your plans for the coming day?
1 = Almost Never   2 = Sometimes   3 = Often

9.) In the past 6 months about how often have your parents talked to you about what you had actually done during the day?
1 = Almost Never   2 = Sometimes   3 = Often

10.) Do your parents have a set time for you to be home on school nights?
1 = Almost Never   2 = Sometimes   3 = Often

11.) Do your parents have a set time for you to be home on weekend nights?
1 = Almost Never   2 = Sometimes   3 = Often

12.) Do your parents feel that your friends have a good influence on your behavior?
1 = Almost Never   2 = Sometimes   3 = Often

13.) Do your parents feel that your friends have a bad influence on your behavior?
1 = Almost Never   2 = Sometimes   3 = Often

14.) Do your parents know if you are not home by the time they set?
1 = Almost Never   2 = Sometimes   3 = Often

15.) If your parents or another adult are not at home, are you allowed to leave the house?
1 = Almost Never   2 = Sometimes   3 = Often

16.) It is important for your parents to know what you are doing when you are outside of the home.
1 = Almost Never   2 = Sometimes   3 = Often

Post-Test for Parenting Group

1. According to research what is the most effective type of parenting affiliated with the most positive outcomes for youth?
   - a.) Permissive
   - b.) Authoritative
   - c.) Authoritarian
   - d.) all of the above
   - e.) none of the above

2. Which of the following is not true about parenting?
   - a.) it is only learned from how you were parented
   - b.) it can be learned from classes
   - c.) it can be learned from books
   - d.) it can be learned by exchange of ideas with peers
   - e.) none of the above

3. What type of attachment, according to research indicates the most positive future outcome if family circumstances remain stable?
   - a.) insecure
   - b.) avoidant
   - c.) secure
   - d.) authoritative
   - e.) none of the above

4. What does it mean to fill someone's bucket?
   - a.) ignore negative behavior
   - b.) compliment the person even if it is undeserved
   - c.) praise a person doing their best
   - d.) all of the above
   - e.) none of the above

5. All of the following are positive self-care strategies EXCEPT?
   - a.) mindfulness meditation
   - b.) excessive exercise
   - c.) taking time for yourself
   - d.) eating ice cream/favorite food in moderation
   - e.) all of the above.

6. Which of the following statements is most true?
   - a.) my children need to do what I tell them when I tell them
   - b.) I need to explain to my children why I make certain decisions concerning them
   - c.) my children should be independent and make their decisions with out parental input.
   - d.) all of the above

e.) none of the above

7. _____ is a type of attachment in that the infant feels free to explore his/her surroundings and checks back with the parent by glancing at them or running back to them.

8. _____ is a type of parenting where the children are in charge with little or no interference from parents.

9. _____ is a type of parenting in which parent(s) expect children to follow all of their rules because the parents say so.

10. The purpose of this parenting group for **me** has been:
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

The following statistical information on adolescent poor behavior from The U.S. Department of Health and Human Services, *Youth Violence: A Report of the Surgeon General,* **(2001):**

1. About 10% of female juveniles and 6% of males had one parent in prison.

2. 57% of the male offenders reported that there was limited control set by their parents versus 38% of females.

3. As of 1997 approximately 30% of children lived in homes with only one parent (85% with their mother and 15% with their father).

4. Male juveniles comprised 83% of victims of murders committed between 1980 and 1997.

5. Approximately 27% of the victims of murder were under age eighteen.

6. 93% of those juveniles committing murder were male.

7. 42% were 17 years old, 29% were 16 and 17% were 15.

8. As of 1996 there were a large number of juveniles who belonged to gangs, and that number remained steady through 1999.

9. Those who are most likely to die in violence perpetrated at a school are students belonging to a minority group and those attending schools in inner-city areas.

10. Those individuals who commit crimes before they reach their teenage years are far more likely to commit more numerous crimes, and more serious crimes, and do so for a much longer period of time than those who began committing crimes as adolescents.

11. By age 17, juvenile males (30-40%) and females (15-30%) stated that they have personally committed a violent crime.

12. Other deviant behaviors exhibited by these juvenile offenders can be substance abuse and promiscuous, underage sexual activity.

13. If a child is aggressive from early childhood this is a trend that will likely continue into the adolescent years.

14. Boys who experienced family conflict, problems paying attention, little family involvement, and had parents with a lower education level, had lower commitment to school, lower attachment, and were at higher risk for having high aggression by the time they entered high school.

15. Girls who experienced higher attention problems, conflict within the family, were not very committed to or attached to school, had a single parent raising them, had a low income, and exhibiting depression were more likely to experience higher degrees of aggression by the time high school began.

16. Interventions at the elementary school level could prevent later aggressive behaviors in these children given the relative stability of the trend to aggressive and poor behavior.

17. Lower education levels in parents seem to be correlated with higher levels of adolescent violence.

18. Early parental interventions should focus in part on educating the parents on both effective and ineffective parenting strategies.

19. The crime rate for adolescent poor behavior underwent a huge increase over a period of about 30 years between 1967 and 1996.

20. Females consistently had a lower arrest rate for violent crime than did males.

21. Male offenders ranged in age from 11-18, whereas females ranged from 12-17.

22. 28% of male offenders and 31% of female offenders stated that they had little or no contact with one or more of their parents.

23. About 10% of female juveniles and 6% of males had one parent in prison.

24. 57% of the male offenders reported that there was limited control set by their parents versus 38% of females.

25. Female juveniles were far more likely than their male counterparts to kill people they had relationships with (e.g. friends, acquaintances, parents).

26. As of 1997 approximately 30% of children lived in homes with only one parent (85% with their mother and 15% with their father).

27. Nearly 50% of children living only with the mother lived in abject poverty.

28. Male juveniles comprised 83% of victims of murders committed between 1980 and 1997.

29. Race seemed to play a role as slightly more victims of this violent crime were white (50%) followed closely by African American victims (47%).

30. Approximately 27% of the victims of murder were under age eighteen.

31. Approximately two-thirds of these victims were murdered with a gun of some kind.

32. 14% of those murdered before age 18 were family members

33. 31% were perfect strangers

34. 50 % + were acquainted with the murderer.

35. 93% of those juveniles committing murder were male.

36. 42% were 17 years old, 29% were 16 and 17% were 15.

Appendix C

Handouts

The following worksheet is taken from Bloomquist (1996), *Skills training for Children with Behavior Disorders: A Parent and Therapist Guidebook.*

UNHELPFUL PARENT THOUGHTS

Listed below are a variety of common thoughts that parents of children with behavior problems may have. Read each line and indicate how often that thought (or a similar thought) typically occurs for you over an average week. There are no right or wrong answers to these questions. Use the 5-point rating scale to help you answer these questions.

1	2	3	4	5
Not at all	Sometimes	Moderately Often	All the time	Often

Unhelpful Thoughts about the Child

1.___My child is behaving like a brat.
2.___My child acts up on purpose.
3.___My child is the cause of most of our family problems.
4.___My child is just trying to get attention.
5.___My child's future is bleak. When he/she grows up, he/she will probably be irresponsible, a criminal, a high school dropout, and so forth.
6.___My child needs to behave like other children. I shouldn't have to make allowances for my child.
7.___My child must do well in school, sports, scouts, and so forth. It is unacceptable that my child does not do well in these activities.
8.___My child has many problems. My child does not fit in with other children, and so forth.

Unhelpful Thoughts about Self/Others

9.___It is my fault that my child has a problem.
10.___If I wasn't such a poor parent, my child would be better off.
11.___It is his/her fault (other parent) that my child is this way.
12.___If he/she (other parent) wasn't such a poor parent, my child would be better off.
13.___Our family is a mess.
14.___I can't make mistakes in parenting my child.
15.___I give up. There is nothing more I can do for my child.
16.___I have no control over my child. I've tried everything, and so forth.
17.___The teacher is more of a problem than my child.
18.___The teacher complains too much about my child.

Unhelpful Thoughts about Who Needs to Change

19.___My child is the one who needs to change. All this would be better off if my child changed.
20.___I am the one who needs to change. My family would be better off if I would change.
21.___My spouse/partner needs to change. We would all be better off if he/she would change.
22.___The teacher needs to change. We would be better off he/she would change.
23.___Medications are the answer. Medications will change my child.

For each thought you rated it 3, 4, or 5, ask yourself the following questions:

1.___What is unhelpful about this thought?
2.___How would this thought influence my behavior toward my child?
3.___How does my behavior, which relates to my thoughts, affect my child?

The following worksheet is taken from Bloomquist (1996), *Skills training for Children with Behavior Disorders: A Parent and Therapist Guidebook.*

HELPFUL "COUNTER" THOUGHTS FOR PARENTS

Listed below are "counter" thoughts that parents can think instead of unhelpful thoughts. Unhelpful Thought #1 corresponds to Helpful Thought #1 and so on. Compare the unhelpful thoughts to the helpful thoughts.

Helpful Thoughts about the Child

1. My child behaves positively too.
2. It doesn't matter whose fault it is. What matters are solutions to the problems.
3. It is not just my child. I also play a role in the problem.
4. My child may be trying to get attention.
5. I'm being irrational. I have no proof that my child will continue to have problems. I need to wait for the future.
6. I can't just expect my child to behave. My child needs to be taught how to behave.
7. I need to accept my child. It's OK if my child is not great at school, sports, scouts, and so forth. I need to focus on my child's strengths.
8. It will be more helpful to focus on my child's strengths and not on weaknesses or "failures."

Helpful Thoughts about Self/Others

9. It is not just my fault; my child also plays a role in the problem.
10. It doesn't help to blame myself. I will focus on solutions to the problem.
11. It doesn't help to blame him/her (other parent). We need to work together.
12. It doesn't matter whose fault it is. I will focus on solutions to the problems.
13. It doesn't help to think about the family as being all messed up. Instead we need to take action.
14. My child is perhaps more challenging to parents and others, and therefore I will make mistakes. I need to accept the fact that I am going to make mistakes.
15. I have to parent my child. I have no choice. I need to think of new ways to parent my child.
16. My belief that I have no control over my child might be contributing to the problem. Many things are in my control. I need to figure out what I can do to parent my child.
17. It doesn't matter whose fault it is. We need to collaborate and work with the teacher.
18. It doesn't help to blame the teacher. My child can be a handful who would challenge any teacher. We need to work together with the teacher.

Helpful Thoughts about Who Needs to Change

19. It's unhelpful to think of my child as the only one needing to change. We all need to change.
20. It's unhelpful to think only of myself as needing to change. We all need to change.
21. It's unhelpful to think of my spouse/partner as being the only one who needs to change. We all need to change.
22. It's unhelpful to think only the teacher needs to change. We all need to work together.
23. Medications may help, but will not solve all the problems. We will also need to work hard to cope with the problems.

Ask sure your self the following questions about these helpful thoughts:

1. What is helpful about this thought?
2. How would this thought influence my behavior toward my child?
3. How would my behavior, which relates to my thought, affect my child?

Listening: The Simple, Effective Skills of Conflict Resolution:
http://www.communicationandconflict.com/listening.html

<u>Listen</u>
When I ask you to listen to me
and you start giving advice-
you have not done what I asked.
When I ask you to listen to me
and you begin to tell me why I shouldn't
feel that way-
you are trampling on my feelings.
When I ask you to listen to me
and you feel you have to do something
to solve my problem-
You have failed me, strange as that may seem.
Listen...All I asked was that you listen-
not talk or do-just hear me.
Advise is cheap-25 cents will get you
both Dear Abby and Billy Graham in the
same newspaper.
I can do for myself, I am not helpless,
Maybe discouraged and faltering-
but not helpless.
When you do something for me that I can
and need to do for myself, you contribute
to my fear and weakness.
But when you accept as a simple fact that
I do what I feel,
No matter how irrational, then I can quit
trying to convince you and get about the
business of understanding what's behind this irrational feeling.
When that's clear, the answers are obvious
and I don't need advice.
Irrational feelings make sense when we
understand what's behind them.
Perhaps that is why prayer works sometimes,
for some people, because God is mute-
He doesn't give advise or try to fix things.
He just listens and lets you work it out for
yourself.
So please, listen and just hear me-if you want
to talk, wait a minute for your turn
and I'll listen to you.

Appendix D

Vignettes and Role Plays

Parenting Vignettes

The following vignettes were retrieved from:
http://kathrynvercillo.hubpages.com/hub/3-Vignettes-About-FatherDaughter-Relationships on 10/25/2011.
Father-Daughter Story Time Vignette:
"John has been reading to his eight-year-old twins, Samantha and Stephanie, since they were infants and says that it is central to his relationship with them. No matter what other activities come up throughout the day, the twins always know that John will take time out to read to them. They take turns selecting stories, and as they have gotten older, they have also started reading some of the pages in their books. When asked what she likes best about reading time with her dad, Samantha grins a missing-toothed grin and says, 'He acts like all kinds of different people but when he's done, he's just my dad'."
Father-Daughter Vignette: Seeing the Sights
"John loves all five of his kids equally, but he makes it a point to take his only daughter, Jessie, on short vacations designed just for the two of them. These shared experiences give them time to get to know one another away from the loud activity of their big family and also give Jessie a foundation for her own exploration in the future. John hopes that Jessie will always remember these trips as a special time when she was able to experience the world with a sense of safety around her."
Father-Daughter Vignette: Sports and Dolls
"Mick reports that his relationship with his sixteen-year-old daughter, Janette, is strong and he credits this in great part to the wide range of roles he has played in her life. When she was a young child, he engaged in play with dolls and stuffed animals, portraying a range of healthy life choice possibilities for her through imagination play. As Janette got older, Mick was flexible in the activities they would share; sometimes playing sports together, sometimes drawing and coloring, sometimes teaching her important skills like how to surf the internet and how to change the oil of a car. This flexibility has made it possible for Janette to open up to Mick on a number of levels, sharing a range of experiences. Janette reports that it's her dad that she turns to when she needs to talk to someone about important things happening in her life."
The following vignettes were taken and adapted from Carter and Welch (1981):
Vignette 1: "A child persists in interrupting an important telephone conversation by insisting on having a drink," (p. 194).
"You have just gotten an important telephone call. This is a call you have been waiting for some time regarding a promotion at work which you have already been passed over for once. Your child persists in interrupting an important telephone conversation by insisting on having a drink. You motion the child away and continue with the phone conversation; the child continues to try and get the parents attention, you are getting more and more frustrated." What do you do? Which parenting style might have the best approach for this?
Vignette 2: "A tired child misbehaves in a grocery shopping situation," (p. 194):

163

"You and your child have just walked into your local supermarket. It is an especially crowded day. It seems that everywhere you look there are a lot of people jostling one another. You take a look at the checkout line and see that the lines are extending into the isles. You and your child are both very tired and neither of you have gotten very much sleep last night. Your child really wants to get Cinnamon Toast Crunch. You take a look at the price $4.99 for a 12oz. box and realize it is not in your budget this week. You tell your child he cannot have it right now. Your child starts throwing a temper tantrum right in the middle of the supermarket. People are staring at you." What would you as the parent do in this situation? Which parenting approach would you choose?

Vignette 3: "a child does not want to follow the rules in a game being played with you," (p. 194).

"You have had a busy and stressful week. Your child has been begging you to play a game with him. You are exhausted but acquiesce to your child's request as you realize you have not spent as much time with him/her recently. You decide to play a game of chutes and ladders. You have played this game with your child before. The child refuses to follow the rules." What would you as the parent do in this situation? Which parenting approach would you choose?

Vignette 4: "a child who was alone in a room at the time a glass was broken does not want to tell you how it was broken," (p. 194).

"You are sitting at your computer in the family room, when suddenly you hear a crash that can only be the sound of a wine glass breaking. The only people currently in the house are you and your child. You get to the kitchen where you heard the sound and there is your child with a deer-in-headlights expression on his/her face. You ask you child what happened and the child looks at the ground refusing to answer." What would you as the parent do in this situation? Which parenting approach would you choose?

Vignette 5: "a child strikes your newspaper when you do not interrupt your reading in response to a request that you play with him or her," (p. 194).

"It is 9:00a.m. Sunday morning and you are reading the paper at the dining room table. You have had a long week and it is finally time to relax and read the newspaper. Just as you are getting to the 3rd article your child asks you to play with him/her. You continue to read your paper and hope that your child will stop bugging you seeing as you are busy reading the paper. Your child asks again and again you ignore him/her. Your child then stops asking. 'Finally', you think and then the child hits the newspaper out of your hands." What would you as the parent do in this situation? Which parenting approach would you choose?

Vignette 6: the child was interacting with another child and refused to relinquish a favorite toy to a guest in the child's own home.

"You have a family visiting in your home. The couple is important to you, and you want to establish a relationship with them. However, their preschool child is insisting on playing with your three-year-old's favorite toy (doll or teddy bear), and your own child is not about to let that happen," (p. 194). What would you as the parent do in this situation? Which parenting approach would you choose?

Emotional and Physical Abuse Vignettes

The following vignettes are from Kohut (2005):

Emotional Abuse Vignettes

Case Vignette

The client then says, "I can't even count all the names my dad called me. Stupid, idiot, moron, dumb ass, retard, worthless, sissy, fag, pain in the butt; these are just the tip of the iceberg. He found fault with everything I did; nothing was good enough for him. After my mother left and didn't take us with her, my dad worked during the day. He left detailed lists of things we had to do, like calisthenics until we dropped, athletic practice, chores, homework, and we had to write book reports on books he told us to read, the classics. Still, we didn't do anything that pleased him. My father has never paid any of us a compliment in our lives. Always negative. He hired this housekeeper who was supposed to make sure we did what he wanted; she reported everything we did, or didn't do to him. She sure didn't keep the house, my brothers and I did. The only reason she was there was to spy on us and report everything to my dad. I never told my brothers, but I thought about suicide all the time. If I ran away, he'd find me. Death was my only way out. I can't explain why I didn't kill myself. After I left home, he knew exactly where I was, where I went to college, and where I work. He never contacted me. I didn't speak to my dad for twenty years. Finally, I called him last year. He said he couldn't talk because he was meeting a friend for lunch; the "conversation" lasted less than five minutes. He hadn't changed at all."

Case Vignette

"You just try living your life being told how useless and stupid you are. Try to live with a woman who is supposed to love you but who must hate you because of the things she says to you. Try to please a mother that won't let you please her. A mother who tells you she wishes she wasn't stuck with you. Never mind the beatings; the things that she said to me and about me were every bit as painful as her beatings. I hate her for that. I hate myself, too. In every lie my mother told us, there was a bit of truth. I wasn't perfect like she expected me to be."

Physical Abuse Vignettes

Case Vignette

A client logs into the chat room ten minutes after the chat room has began and waits the five minutes. "When I was about six, I didn't do something the way my dad wanted – I don't remember what it was. He picked me up by one ankle and started swinging me around, hard. He deliberately crashed me into the wall several times. I was so scared, I peed in my pants. That made him even madder. He threw me down on the floor and kicked me on my butt at least ten times, maybe more. I had to sleep in my pee-soaked pants. I was in the first grade, and when I finally got permission to change my clothes to go to school, I saw that I had these huge bruises on my butt, all black and blue. I had to make sure nobody saw them. I could barely sit down in my seat at school. I think the worst thing was that while he was beating me, my mother was there and she never said a word or tried to stop him. She knew that if she did, she'd be next."

Case Vignette

"I was in the eighth grade, and was constantly failing math. Since testing showed that I was in the upper range of intelligence, my parents couldn't understand why I was making A's and B's in everything else, but failing math. This was long before we knew about

specific kinds of learning disabilities; today I would be in a special program for kids who were learning disabled in math. But back then, my parents thought I was failing math on purpose. I never figured out what kind of gain I would have gotten by doing this; I was always grounded and had no privileges. I was the "family failure." One day I brought home my report card with the usual "F" in math, and my Dad just went crazy. He told me to lie down on the couch for a belt whipping. When I said no, I wasn't just going to set myself up to get hit, he threw me down on the couch and started hitting my back, butt and upper thighs with his belt – hard. Afterward, my Mom came in the room and sat down beside me, between me and Dad. They lectured me about my math grades. Then my Dad said he was going to whip me again. My mother intervened, placing herself literally between my father and me, preventing him from whipping me again. Later, as I was taking a bath, my Mom saw that I had lots of ugly red marks – some were even bleeding – on my back, butt and thighs; she started to cry a little and told me that my father never meant to do that to me, that he just lost his infamous Irish temper and hurt me out of impulsive anger. He really loved me, she said, but his temper and frustration got the better of him. Nothing like this had ever happened before to me or my sisters, and nothing like it ever happened again. My Dad never said he was sorry, but I know he was. Today, he'd have been arrested. Back then, discipline was a family matter. I never knew what my mother said to my father about what happened, but knowing her, I'm sure she made it exceedingly clear that what he did was not okay, and that it had better never happen again."

Parenting Style Role Plays

Role Play 1A: (2 actors parent and Child)

It is 8:00 p.m. November 15. Your child has just come home from school which ended at 3:15p.m. You live a 30 minute walk away from the school. *Create a scenario from the Authoritarian perspective using this information.*

Role Play 1B: (2 actors parent and Child)

It is 8:00 p.m. November 15. Your child has just come home from school which ended at 3:15p.m. You live a 30 minute walk away from the school. *Create a scenario from the Permissive perspective using this information.*

Role Play 1C: (2 actors parent and Child)

It is 8:00 p.m. November 15. Your child has just come home from school which ended at 3:15p.m. You live a 30 minute walk away from the school. *Create a scenario from the Authoritative perspective using this information.*

Role Play 2A: (2 actors parent and Child)

It is 6p.m. you are just coming home from a stressful day. You have been working since 7:00a.m. this morning and are exhausted. You happen to look at your china cabinet and see that a porcelain angel heirloom is missing. You hear a crash that can only be the sound of breaking glass. You see your son/daughter desperately trying to clean up the broken angel. What do you do? *Create a scenario from the Authoritarian perspective using this information.*

Role Play 2B: (2 actors parent and Child)

It is 6p.m. you are just coming home from a stressful day. You have been working since 7:00a.m. this morning and are exhausted. You happen to look at your china cabinet and

see that a porcelain angel heirloom is missing. You hear a crash that can only be the sound of breaking glass. You see your son/daughter desperately trying to clean up the broken angel. What do you do? *Create a scenario from the Permissive perspective using this information.*

Role Play 2C: (2 actors parent and Child)

It is 6p.m. you are just coming home from a stressful day. You have been working since 7:00a.m. this morning and are exhausted. You happen to look at your china cabinet and see that a porcelain angel heirloom is missing. You hear a crash that can only be the sound of breaking glass. You see your son/daughter desperately trying to clean up the broken angel. What do you do? *Create a scenario from the Authoritative perspective using this information.*