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CHAPTER 1

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# Preventive Parent Training with Low-Income, Ethnic Minority Families of Preschoolers

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*[Parenthood] is the biggest on-the-job training program ever.*

—Erma Bombeck, *Motherhood:  
The Second Oldest Profession*

TO OBTAIN a driver's license in the state of Illinois, one must complete up to 25 hours of supervised driving and pass a vision, written, and practical driving test under the watchful eye of government evaluators. The vehicle must also pass inspection showing evidence of working headlights, brake lights, turn signals, and back-up lights and proof of insurance. The theory behind this costly and lengthy effort is to create safe and competent drivers. In contrast, parents receive no training. Yet, the need to become a safe and competent parent is no less critical. In this chapter, we describe the Chicago Parent Program, designed to train safe and competent parents capable of negotiating the often difficult road of raising very young children.

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## 6 PREVENTION

Numerous reviews of parent training research have supported this model as an effective method for reducing child behavior problems (Barlow & Stewart-Brown, 2000; Lundahl, Risser, & Lovejoy, 2006; Serketich & Dumas, 1996). However, most parent training programs were developed using middle-class European-American samples (Forehand & Kotchick, 1996; Martinez & Eddy, 2005). This bias in parent training programs may be one reason why socioeconomic disadvantage is consistently identified as a predictor of drop out and diminished intervention effectiveness (Dumas & Wahler, 1983; Reyno & McGrath, 2006). To address this limitation, the Chicago Parent Program was created in collaboration with a Parent Advisory Council (PAC) comprised of African American and Latino parents from different Chicago neighborhoods. Using an advisory council ensured that the information included in this program would be culturally and contextually relevant for ethnic minority and low-income parents raising children in urban communities.

Many outstanding parent training programs were originally created for the purposes of treating children with or at high risk for developing disruptive behavior disorders. The Chicago Parent Program was originally developed as a health promotion/prevention intervention. There were three reasons for this decision. First, if we target only parents of behaviorally disordered preschoolers, we address the needs of a small, highly select group of children and miss a much larger population of children and parents with varying degrees of behavioral difficulty.

Second, epidemiologic data suggests that 5% to 13% of all preschool children are rated as having moderate to high levels of externalizing behavior problems (Lavigne et al., 1996). Among low-income preschool children, behavior problem rates are twice as high (Gross, Sambrook, & Fogg, 1999; Rose, Rose, & Feldman, 1989). Most of these children will not receive mental health services to treat the behavior or the underlying family issues that support the problematic behavior (Forness et al., 1998; Razzino, New, Lewin, & Joseph, 2004; U.S. Public Health Service, 2000). However, parents may be more willing to seek guidance about accessing appropriate services when they are engaged in community-based interventions that focus on strengths and skill-building rather than parent-child deficits.

Third, our ability to accurately identify which toddlers and preschool children have behavior disorders remains limited. The diagnostic criteria for distinguishing developmentally appropriate behavior from pathological defiance, hyperactivity, and aggression are not well established (Campbell, Shaw, & Gilliom, 2000; Egger & Angold, 2006; Wakschlag & Keenan, 2001). Though many will outgrow their behavior problems, a significant portion of young children with externalizing problems will con-

*Preventive Parent Training with Low-Income, Ethnic Minority Families* 7

tinue to exhibit difficulties in elementary school (Campbell, 1997). Thus, parent training during the toddler/preschool years is likely to have the greatest benefit when a wide net is cast and is offered in the community as a health promotion/prevention intervention.

This chapter describes the (a) theory underlying the Chicago Parent Program, (b) role of the PAC in the development of the program, and (c) implementation of the Chicago Parent Program as a community-based health promotion/prevention intervention for parents of 2- to 5-year-old children in day care. The results of a randomized clinical trial evaluating its effectiveness for reducing behavior problems among young children in day care is also presented.

#### PARENT TRAINING IN CHILD CARE CENTERS

According to data from the U.S. Census Bureau (Overturf Johnson, 2005), approximately 11 million (59%) children under 5 years of age are in nonmaternal care. The largest portion, over 4 million children, receive care in center-based facilities such as day care, preschool, and Head Start centers. Among low-income families, almost 30% of preschool children are enrolled in child care centers. Thus, child care centers serve a large number of young children, providing an unparalleled opportunity for reaching low-income families and providing health promotion and prevention services.

A recent study sponsored by the National Institute of Child Health and Human Development (NICHD) provided one of the most extensive examinations to date of early child care and developmental outcomes in the first 5 years of life (NICHD Early Child Care Research Network, 2006; Patterson, 1982). Based on their longitudinal assessments of children from birth to 4.5 years, young children engaged in more child care hours had more classroom behavior problems and more caregiver-child conflict than children with fewer child care hours. However, positive parenting behavior (defined by observed maternal sensitivity and responsiveness) was an important moderator of these effects. Indeed, when positive parenting was added into the analytic model, it emerged as the strongest predictor of positive outcome among children in day care.

These results suggest that (a) the use of center-based child care in the United States is extensive, (b) effective parent training programs delivered in child care centers may moderate the negative effects of extensive child care on the development of behavior problems, and (c) imbedding parent training programs in child care centers has the potential for reaching a large number of young children and their families who could benefit from this powerful health promotion/prevention intervention. In addition, day care centers provide a natural point of contact for families with young

## 8 PREVENTION

children who might not otherwise seek mental health services. Although the Chicago Parent Program was not solely designed for use in child care centers, this chapter describes the implementation of this program in day care centers serving low-income families in Chicago.

### THEORETICAL BACKGROUND

The development of the Chicago Parent Program was heavily influenced by the work of Gerald Patterson, Carolyn Webster-Stratton, and our Parent Advisory Council. Patterson (1982) proposed that parents and children inadvertently behave in ways that promote conflictual parent-child interactions. According to his coercive family process model, young children use high rates of aversive behaviors to stimulate parent attention. Parental attention to these aversive behaviors tends to reinforce the negative child behavior and increase the likelihood of reoccurrence. For example, parents may give into the behavior (e.g., give the child what she wants) or use negative tactics to coerce the child to stop the behavior (e.g., scolding, nagging, threatening, spanking). With both types of management strategies, children's aversive behaviors are reinforced by the parent's attention.

According to Patterson's theory, children simultaneously reinforce their parents' use of coercive management strategies. For example, a young child may momentarily stop the aversive behavior in response to a threatened spanking. This reinforces the parent's reliance on threats and spankings. When the child resumes the aversive behavior to regain the parent's attention, the parent is most likely to threaten the child again with possible escalation into acting on the threat. A "reinforcement trap" ensues whereby the child's negative behaviors escalate while the parent's management strategies become increasingly more punitive and coercive.

Consistent with the coercive family process model, the core objective of the Chicago Parent Program is to teach parents principles of effective child behavior management that avoid reinforcement traps and promote positive parent-child interactions. For example, the guiding principle emphasized throughout the program is: *If you want to see a behavior again, give it your attention. If you do not want to see a behavior again, do not give it your attention.* Typically, parents do the exact opposite. That is, parents say very little to their children when they comply with requests, share their toys, or help their siblings. But they say a great deal to their children when they are noncompliant, horde their toys, and fight with siblings.

It is important to note that the two primary antecedents to the reinforcement traps are (a) coercive interchanges initiated by children to gain parental attention and (b) coercive interchanges initiated by parents to gain child compliance. Therefore, the Chicago Parent Program includes

*Preventive Parent Training with Low-Income, Ethnic Minority Families* 9

training sessions addressing each antecedent. There are four sessions that focus on using positive parent attention to reinforce desired child behavior and four sessions on discipline strategies that encourage child cooperation without nagging, scolding, or hitting.

Research suggests that stress can exacerbate parents' reliance on coercive discipline strategies (Eamon & Zuehl, 2001; Mistry, Vandewater, Huston, & McLloyd, 2002). Parents may learn new techniques for managing their children's misbehavior but high stress and faulty problem-solving skills can diminish their ability to effectively and consistently use them. Therefore, two sessions are also included on stress management and problem-solving strategies.

Although the theoretical content of the Chicago Parent Program is consistent with the groundbreaking work led by Patterson, the structure of the program is largely modeled after the highly innovative work of Carolyn Webster-Stratton (Webster-Stratton & Hancock, 1998). This includes the use of videotaped vignettes for stimulating group discussion among parents, the use of a "collaborative process model" for engaging parents in the intervention, and weekly practice assignments for applying at home what they learned in the parent group.

Webster-Stratton pioneered the use of videotape modeling with group discussion (Webster-Stratton, 1982). Videotape modeling capitalizes on the strengths of live modeling approaches and direct therapist coaching but at much lower cost. Parents watch and discuss brief vignettes of parent and child models engaged in multiple situations typical of families with young children. The vignettes are shown to parents by trained group leaders who facilitate group discussion of the relevant aspects of the modeled interactions and encourage parents' ideas and problem solving. The vignettes are used to stimulate group discussion rather than model "correct" ways of interacting with children. Group leaders help parents tailor the ideas they learn during the parent group discussion to their parenting goals and values. A manual standardizes the discussion questions and reminds group leaders of important points parents should glean from each vignette. Parents also receive weekly handouts summarizing each session and homework assignments designed to help parents practice what they have learned (see Components of the Chicago Parent Program).

This intervention structure has been shown to be highly effective in numerous parent training studies (Gross, Fogg, & Tucker, 1995; Gross et al., 2003; Kumpfer & Alvarado, 2003; Webster-Stratton, 1990, 1998b). However, parents' efforts to use parenting programs can be derailed if the modeled scenes do not resonate with their lives and the strategies promoted in the program do not have social validity. This led us to conclude that the most useful parent training program for low-income and ethnic minority families will have to be developed in collaboration with parents

## 10 PREVENTION

from the target population. Thus, the third key influence in the development of the Chicago Parent Program was the PAC. The PAC guided us in the development of relevant topics, strategies, vignettes, group discussion questions, and handouts. The following section will describe the role of the PAC in the development of the Chicago Parent Program.

### DEVELOPMENT OF THE CHICAGO PARENT PROGRAM

In 2001, we were funded to develop and test a parent program that would be culturally and contextually relevant for low-income ethnic minority parents of young children. We convened a PAC of seven African American and five Latino parents from different Chicago communities. This group advised us on the kinds of situations they found most challenging as parents, the kinds of videotaped scenes they wanted to see that truly resonated with their lives, and admonished us about advocating parenting strategies they believed were steeped in White, middle-class thinking. Although the principles taught in the Chicago Parent Program are empirically supported, the PAC was instrumental in helping us shape and present these principles in ways that were culturally and contextually relevant.

The situations our PAC thought were most challenging for parents included children having tantrums, children misbehaving in public, parents trying to get children dressed and ready for school and themselves to work on time in the morning, parents coming home after work at the end of the day and getting dinner ready when children are demanding of their time and attention, sibling rivalry, and getting children to bed at night. These situations were the daily, stressful scenes of their lives during which their children were most likely to misbehave and they were most likely to feel inadequate as parents.

The PAC explained their skepticism about common, empirically-supported strategies such as time-outs and parent-child play. Next, we discuss some examples of concepts and strategies the PAC discussed with us and how their ideas were incorporated into the Chicago Parent Program.

#### CHILD-CENTERED TIME

In the 1960s, Connie Hanff (1969) described child-directed play as an innovative technique for promoting positive parent-child interaction. The principle behind child-directed play is that these interactions build positive relationships between parents and children by teaching parents how to "follow the child's lead." When "following the child's lead," parents might describe aloud what the child is doing, imitate the child's behavior,

*Preventive Parent Training with Low-Income, Ethnic Minority Families* 11

or praise the child's efforts. Child-directed play is intended to create a fun experience at the child's level of interest that promotes exploration, learning, and self-esteem and reduces parents' control over the interaction. It is a popular strategy built into many parent training programs including the Incredible Years and Parent-Child Interaction Therapy (Eyberg & Boggs, 1989; Uzgiris & Raeff, 1995; Webster-Stratton & Hancock, 1998).

However, the parents in our advisory group said that they did not support the idea that parents should play with children. Rather, they believed that children should play with children. As a result, the important principle of "following the child's lead" for building positive parent-child rapport would be lost if it focused solely on parent-child play. Instead, we developed the concept of "child-centered time" in which parents followed their child's lead but in a variety of situations parents might normally find themselves with their children. For example, one vignette shows a father following his 3-year-old daughter's lead while making chocolate milk. Another scene shows a mother following her children's lead while making pancakes.

## SPANKING VERSUS TIME-OUT

The PAC was very vocal about their beliefs about spanking and time-outs. These parents reported that most families they know spank their children and their children have not become aggressive or delinquent. They told us that if you communicate to parents in a parent training program that spanking is not acceptable, you will lose the parents' interest. Moreover, the parents will still spank their children but not disclose it. The PAC viewed time-outs as ineffective and a prime example of why they think White children are "spoiled" and "ill-mannered."

These views are not unique to our PAC. Research has shown that low-income and ethnic minority parents tend to view time-outs as less acceptable and spanking as a more acceptable form of discipline than do middle-income and European-American parents (Corral-Verdugo, Frias-Armenta, Romero, & Munoz, 1995; Heffer & Kelley, 1987). Moreover, the PAC's views about spanking have received some support in the research literature. Although some studies show positive correlations between physical discipline and child behavior problems (Strassberg, Dodge, & Pettit, 1994; Strauss, Sugarman, & Giles-Sims, 1997), other research suggests nonabusive physical discipline has no association with child behavior problems among African American children (Deater-Deckard, Dodge, Bates, & Pettit, 1996; Gunnoe & Mariner, 1997), particularly when maternal emotional support is high (McLloyd & Smith, 2002).

Nonetheless, there are many studies demonstrating the effectiveness of time-out procedures for reducing negative child behavior (Fabiano et al.,

## 12 PREVENTION

2004; Jones, Sloane, & Roberts, 1992; Walle, Hobbs, & Caldwell, 1984). We asked the advisory council what they disliked about time-out and why they thought it was an ineffective discipline strategy. According to the PAC, time-outs were ineffective for three reasons: (1) they believed children did not care about being sent to a corner or a chair for a few minutes; (2) giving a time-out was seen as being too lenient and failing to communicate to the child the seriousness of the infraction; (3) Finally, time-outs were viewed as ineffective because they could not be used in public which is where many children misbehave.

These concerns led to the inclusion of two vignettes in which an African American mother gives her 5-year-old son a time-out in a laundromat. Of particular note is the obvious look of sadness and disappointment on this child's face as he is sent to a different part of the laundromat (but within the mother's view) to take a 5-minute time-out. It is followed by a second vignette showing his delight at being brought back into the playful interaction his mother is having with his younger brother when the time-out is over.

Since every parent in the advisory council had been spanked as a child, we asked the group the following question: "When you were spanked as a child, how did you know that you were still loved?" This question led to a frank and emotional discussion about how they had been disciplined as children, what was painful and should never have been allowed to happen, and what was effective and why. The outcome was the development of a list of Eight Keys to Effective Discipline now incorporated into the program. These eight keys to effective discipline are:

1. *Discipline is tied to a specific behavior:* Children need to know the specific thing they did wrong and what needs to change.
2. *The punishment should fit the crime:* Harsh punishments make children angry and hopeless and make behavior worse.
3. *Discipline is predictable:* The discipline should happen whenever the misbehavior happens, not just when parents have had a bad day.
4. *Discipline is controlled:* Parents should never lose control over what they are saying or doing.
5. *Discipline without rage:* Parents should never lose control over what they are feeling.
6. *Discipline without humiliation:* Even when children are being disciplined, parents should always respect a child's dignity.
7. *Discipline with a positive ending:* When it's over, it's over. Children need to be allowed to reconnect with the parent in a positive and loving way.
8. *Children should know they are loved even though the misbehavior is not:* Children need to know that, no matter what, they are loved.

*Preventive Parent Training with Low-Income, Ethnic Minority Families* 13

## ROUTINES AND TRADITIONS

In our prior research, we worked with several day care centers located in housing projects managed by the Chicago Housing Authority. One day care teacher explained to us that over the 35 years she had been working with children, one of the biggest changes she had witnessed was the loss of routines and traditions in the children's lives. Many children in her classroom had no experience with eating together as a family. In addition, some came to day care exhausted because there was no set bedtime or bedtime routine at home. Bedtime occurred haphazardly, often based on when the parent was tired. As a result, she believed that many of the children's behavior problems could be traced to sleep deprivation.

We brought this information to the PAC. They agreed that many of the families they knew had few routines or traditions in their lives. Routines seem to require too much energy and traditions were being lost; life was too stressful and schedules were too unpredictable. Yet, research has shown that routines and traditions in children's lives tend to decrease stress and increase predictability, and are associated with more positive outcomes in young children (Fiese, 2002; Kliewer & King, 1998; Kubicek, 2002). The advisory council agreed that routines and traditions were very important in family life and each could recall a routine or tradition that had been important to them while growing up. We discussed what made those experiences meaningful to them and incorporated those ideas into a session on family routines and traditions.

## RECREATING REAL LIFE ON VIDEOTAPE

Once we had the information we needed from the PAC on the content of the program, we hired a local production company to help us cast and film 13 Chicago families in their homes, the grocery store, and a laundromat. Of these families, 46% were African American, 23% were Latino, and 31% were non-Latino White. The on-screen narrator is a Latina. All of the families had at least one preschool child and all had at least two children ranging in age from 6 months to 12 years.

We edited over 50 hours of film to obtain 157 vignettes of parents and children engaged in a range of situations the PAC advised us to record. These include mealtimes, bedtimes, children misbehaving in public, children misbehaving at home, parents disciplining their children, parents under stress, getting children ready in the morning for day care, homework rituals, children being uncooperative in the grocery store, parents dealing with bored children in a laundromat, sibling rivalry, family disagreements about child rearing, and parents working with teachers to address behavior problems in the classroom. There are also many scenes of cooperative children and families having fun together.

## 14 PREVENTION

There are four problem-solving scenarios used to help parents develop effective problem-solving skills toward the end of the program series. The first situation includes a married couple arguing about money in front of the children. As the discussion progresses, the children's play becomes louder and more frantic. This scene is used to help parents understand the effect of parental arguments on children's behavior and the importance of finding appropriate times for these problem-solving discussions.

The second scenario is of a mother and nonresident father problem solving their conflicts related to visitation schedules. The couple initially gets off to a rocky start but then begin working on a plan for communicating more clearly about child visits.

The third problem-solving scenario is of a mother and day care teacher discussing their disagreement on how the child's misbehavior is managed in the classroom. In this situation, the mother's 4-year-old child is not tired after lunch when all of the children are expected to lie down for a two-hour nap. As a result, the girl becomes disruptive to the other children around her and the teacher ultimately places her on a time-out. The mother believes that the teacher's expectation that her daughter should lie quietly for two hours is unrealistic and that she should not be punished. The teacher believes the expectation is appropriate and, based on years of teaching experience, believes the child is capable of better behavior. This problem-solving situation stimulates a great deal of conversation about how to work with teachers when parents disagree with their classroom rules.

The fourth problem-solving situation includes a grandmother and her daughter, a teen mother, discussing their disagreements on how the teen mother harshly disciplines the 4-year-old grandchild. The grandmother and mother each describe the problems as they see them. As the situation evolves, the problems are clarified and together they create a plan for how the grandmother will support the mother's efforts to assume a more maternal role and how the mother will use more positive strategies to discipline her 4-year-old. This situation is highly relevant for many of the families who live in multigenerational homes.

To ensure that the selected scenes would generate discussion in parents groups, the PAC rated each vignette along two dimensions: (a) usefulness (i.e., would teach parents something important and/or stimulate discussion among parents in a group) and (b) relevance (i.e., shows a situation to which people they knew would be able to relate). All scenes were ranked by PAC members on a scale of 1 (not useful or not relevant) to 5 (very useful or very relevant). Only scenes receiving mean scores of 4 (useful or relevant) or greater were selected for inclusion in the program.

COMPONENTS OF THE CHICAGO  
PARENT PROGRAM

In addition to the vignettes, a group leader manual standardizes the group sessions. The manual includes transcriptions of all narration and dialogue in the vignettes, group leader discussion questions, and notes to the group leader highlighting select aspects of scenes and suggestions on how to respond to some of the most common concerns parents may raise during the discussion of the scene. Handouts summarizing the important points from each session are included as well as weekly practice assignments for parents to try at home.

Two-hour parent group sessions are conducted once a week over 11 consecutive weeks at the child’s day care center on week day evenings. Free child care and food are provided at all sessions to reduce barriers to attendance. At the eleventh session, parents and group leaders schedule a booster session to be held about 2 months later. The purpose of the booster session is to discuss challenges parents have faced using the program without the ongoing support of the parent group. A topical outline of the 12 sessions is presented in Table 1.1.

Although the vignettes become the focal point for each group session, the key ingredient to effective delivery of the Chicago Parent Program is the group leader. This is the person who expertly facilitates the discussion, encourages an open exchange of ideas among the parents, and is

**Table 1.1**  
Topical Outline of the Chicago Parent Program

Program Topic	Session/Week
Unit 1: The Value of Your Attention	
Part 1: Child-centered time	1
Part 2: Family routines and traditions	2
Part 3: Praise and encouragement	3
Part 4: Using rewards for challenging behaviors	4
Unit 2: Using Your Authority Wisely	
Part 1: Say what you mean and mean what you say	5
Part 2: Threats and consequences	6
Part 3: Ignore and distract	7
Part 4: Using time-outs	8
Unit 3: Managing Your Stress	
Part 1: Reducing your stress	9
Part 2: Problem-solving	10
Unit 4: Sticking with the Program	
Part 1: Putting it all together	11
Part 2: Booster session	(2 months after week 11)

## 16 PREVENTION

most knowledgeable about the program principles. Group leaders also support the parents as the experts about their children and partner with them in helping parents tailor the program principles to their individual needs, values, and childrearing goals. According to Webster-Stratton (1998a), this “collaborative process model” is essential for strengthening parents’ knowledge and self-efficacy. It has been our experience that this kind of collaboration between group leaders and parents is critical for participant engagement and program effectiveness. However, collaborative group facilitation is a high level skill. Extensive group leader training and supervision is needed to ensure that group leaders fully understand and “buy into” the program principles, are competent but empathic facilitators of group discussion, and fully engage in a collaborative relationship with parents. To assess whether group leaders are helping parents meet their goals, parents complete weekly satisfaction surveys rating the helpfulness of the group discussion and the group leaders’ facilitation so adjustments can be made accordingly.

EVALUATING THE EFFICACY OF THE CHICAGO  
PARENT PROGRAM

We have been evaluating the effectiveness of the Chicago Parent Program with parents of toddlers and preschoolers in seven Chicago day care centers serving low-income families. These centers were matched on size, racial/ethnic composition, median income, and percent single-family households and randomly assigned to an intervention or waiting-list control condition. We recruited 292 families between 2002 and 2004 when the target child was between 2 and 4 years of age. From baseline to postintervention, complete data is available on 253 (86.6%) families. Parents with complete data at postintervention were more likely to be younger than those who did not complete the postintervention assessments [ $M$  parent age = 29.13 years ( $SD = 7.6$ ) for completers and 32.13 years ( $SD = 7.4$ ) for noncompleters,  $t(290) = 2.14$ ,  $p < .05$ ]. There were no other differences related to parent or child demographic background or child behavior problems. This chapter presents data from the sample of 253 parents and their children.

Inclusion criteria were (a) being a parent or legal guardian of a 2- to 4-year-old child enrolled in the participating day care center and (b) ability to speak English. One hundred and thirty-five families participated in the intervention condition and 118 families participated in the waiting-list control condition. Most of the participating parents (88.9%;  $n = 225$ ) were mothers. Approximately 92% ( $n = 232$ ) of the parents were African American or Latino. Mean parent age was 30.3 years ( $SD = 7.77$ ) and mean child age was 2.9 years ( $SD = .74$ ). Seventy-four percent of the children were living in single-parent households. Approximately 21% of parents were

*Preventive Parent Training with Low-Income, Ethnic Minority Families* 17

immigrants, primarily from Mexico. All families were considered low-income based on state eligibility criteria for receiving subsidized child care.

There were two significant demographic differences between parents and children by experimental condition. There were more Latino parents,  $\chi^2(3, n = 253) = 11.4, p < .01$  and girls,  $\chi^2(1, n = 253) = 5.5, p < .05$  in the intervention than in the waiting-list control condition. The demographic characteristics of the sample by experimental condition are displayed in Table 1.2. For a fuller description of the sample and participation rates, see Garvey, Julion, Fogg, Kratovil, and Gross (2006).

**Table 1.2**  
Demographic Characteristics of the Sample by Experimental Condition

Variable	Intervention Group ( <i>n</i> = 135)		Waiting-List Control Group ( <i>n</i> = 118)	
	<i>n</i>	(%)	<i>n</i>	(%)
<i>Parent Race/Ethnicity<sup>a</sup></i>				
African American	70	51.9	79	66.9
Latino	50	37.0	33	28.0
Non-Latino White	11	8.1	1	0.8
Other	4	3.0	5	2.0
<i>Employment Status</i>				
Full time	71	52.6	79	66.9
Part time	23	17.0	16	13.6
In school	13	9.6	7	5.9
Work and school	13	9.6	5	4.2
Unable to work	2	1.5	1	0.8
Looking for work	8	5.9	10	8.5
Other	5	3.7	0	0
<i>Marital Status</i>				
Married	33	24.4	34	28.8
Single	82	60.7	74	62.7
Partnered	15	11.1	8	6.8
Other	5	3.7	2	1.7
<i>Parent Immigrant Status</i>				
Parent U.S. Immigrant	24	17.8	28	23.7
<i>Child Sex<sup>b</sup></i>				
Male	66	48.9	75	63.9
Female	69	51.1	54	48.9

Note: *n* = 253.

<sup>a</sup>The intervention group included more Latino and non-Latino White parents while the waiting-list control group included more African American parents,  $\chi^2(3, n = 253) = 11.4, p < .01$ .

<sup>b</sup>There were more boys in the waiting-list control group than in the intervention group,  $\chi^2(1, n = 253) = 5.5, p < .05$ .

## 18 PREVENTION

To examine the effects of the Chicago Parent Program on children's behavior in the day care classroom, teachers completed the Caregiver-Teacher Rating Form (C-TRF) for ages 1.5 to 5 (Achenbach & Rescorla, 2000). The C-TRF is a checklist completed by the child's day care teacher rating the extent to which 99 behaviors listed on the form are not true (rating of 0), somewhat or sometimes true (rating of 1), or very true or often true (rating of 2) of the child's behavior in the classroom. The C-TRF measures two broad dimensions of child behavior: internalizing and externalizing problems. The Internalizing scale includes 32 items indicative of anxiety, depression, and withdrawal. The Externalizing scale includes 34 items representing symptoms of inattention and aggression.

The C-TRF was normed on a sample of 1,192 preschool children (56% European American, 44% ethnic minority). Achenbach and Rescorla (2000) report that 8-day test-retest reliability scores for the C-TRF were .88. For the current sample, alpha reliability scores for the Internalizing and Externalizing scales were .88 and .94, respectively. Interrater reliabilities were .80 for the Internalizing scale and .83 for the Externalizing scale (Gross, Fogg, Garvey, & Julion, 2004). The validity of the C-TRF has been supported by its ability to discriminate referred from nonreferred children (Achenbach & Rescorla, 2000).

The C-TRF uses raw scores and T scores demarcating borderline (93rd to 97th percentile) and clinical (greater than 97th percentile) ranges. In the current study, T scores at or above the 93rd percentile were used to identify children with significant behavior problems and to examine the effectiveness of the Chicago Parent Program for reducing behavior problems in the day care classroom. Teachers were asked to complete the C-TRF on the target child at baseline and at postintervention (3 to 4 months later).

Intervention parents completed an end-of-program satisfaction survey at the eleventh parent group session. This survey asked parents to rate the extent to which the program was helpful and useful to them, how difficult it was to attend the program and to complete weekly assignments, and their overall satisfaction with the program.

To examine the efficacy of the Chicago Parent Program for reducing behavior problems among 2- to 4-year-old children in day care, we examined the number of children with scores in the borderline and clinical ranges at baseline and how many of those children had scores in the normal range at postintervention. At baseline, 9.1% ( $n = 23$ ) of the children had C-TRF scores in the borderline/clinical range on the Externalizing or the Internalizing scale and 2% ( $n = 5$ ) had baseline C-TRF scores in the borderline/clinical range on both scales. Thirteen of the children with high C-TRF scores were in the intervention group and 15 were in the waiting-list control group.

*Preventive Parent Training with Low-Income, Ethnic Minority Families* 19

At postintervention, most children’s behavior improved. Only 5.1% ( $n = 13$ ) of the children with high baseline C-TRF scores continued to have scores in the borderline/clinical range 3 to 4 months later. However, there was a significant difference in C-TRF improvement rates by experimental condition,  $\chi^2(1, n = 23) = 3.49, p < .05$ . As shown in Table 1.3, 50% of the intervention group children with baseline externalizing scores in the borderline/clinical range had scores in the normal range at postintervention compared to 37.5% of the waiting-list control group children. For the Internalizing scale, 85.7% of the intervention children with baseline internalizing behavior problem scores in the borderline/clinical range had postintervention scores in the normal range whereas only 28.5% of the waiting-list control group children’s internalizing scores improved. There were no differences in improvement rates on the C-TRF by parent race/ethnicity or child gender.

Parents rated the program highly on the end-of-program satisfaction surveys. Ninety-six % reported that the concerns they had about their child’s behavior were better (44%) or much better (52%) than when they started the program. Interestingly, 62% of parents thought the program helped them with concerns not directly related to their child such as with family members or coworkers. At the end of the program, 72% of parents rated themselves as “very confident” about talking with their child’s day care teacher about their child’s behavior. Overall, 88% of the parents said they would “highly recommend” and 12% said they would “recommend” the program to another parent.

However, some parents found it difficult to attend the program (39%) and to complete the weekly homework assignments (37%). Nonetheless, 87% of parents rated the homework assignments as “very helpful.” There were no differences in parent satisfaction ratings by race/ethnicity

**Table 1.3**  
Improvement Rates from Baseline to Postintervention among Children with Classroom Behavior Problem Scores in the Borderline/Clinical Range by C-TRF Scale and Condition

Scale	Intervention Group ( $n = 135$ )			Waiting-List Control Group ( $n = 118$ )		
	Baseline	Post-intervention	Improved	Baseline	Post-intervention	Improved
	$n$	$n$	(%)	$n$	$n$	(%)
Externalizing	6 <sup>a</sup>	3 <sup>b</sup>	50.0	8 <sup>a</sup>	5 <sup>b</sup>	37.5
Internalizing	7 <sup>a</sup>	1 <sup>b</sup>	85.7	7 <sup>a</sup>	5 <sup>b</sup>	28.5

<sup>a</sup> Number of children with T scores in the borderline/clinical range on the Caregiver-Teacher Report Form at baseline.

<sup>b</sup> Number of children with T scores in the borderline/clinical range at baseline and postintervention.

## 20 PREVENTION

although many Latino parents requested that the program be made available in Spanish.

### CONCLUSION

The findings suggest that the Chicago Parent Program is effective and relevant for low-income and ethnic minority families with preschool children. Specifically, children of intervention parents showed significantly greater improvement in teacher ratings of their classroom behavior. It is noteworthy that although improvements were found on scores for the Externalizing as well as the Internalizing scales, greater improvements were evident for children's internalizing problems. This suggests that the parent training intervention may have had the greatest impact by reducing young children's anxiety.

Parents also rated the program highly. This is one of the few, empirically-tested parenting programs created in collaboration with parents. Moreover, it was specifically designed to address many of the concerns relevant for low-income and ethnic minority families. Child rearing occurs in context and the advisory council was adamant that the context they needed to see had to include the stressful elements they felt on a daily basis. Per their recommendations, all of the scenes captured real families interacting in their homes or in public places in real-life situations. Most scenes include multiple children. All were rated as useful and relevant by the PAC before being included in the intervention program.

Intervention parents found the Chicago Parent program helpful not only for addressing concerns they had with their children but also with concerns unrelated to their children. There is a significant therapeutic effect of simply being with other parents and learning that they share many of the same concerns. Since all of the parents in this study had low incomes and most were single, working parents, many functioned in isolation from other parents going through the same experiences they were having.

However, some parents found it difficult to get to the parent groups. One of the disadvantages of delivering parenting interventions in a group format is that participation rates are often low (Garvey et al., 2006; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005; Perrino, Coatsworth, Briones, Pantin, & Szapocznik, 2001). Therefore, future research might evaluate alternative methods for providing parent training and compare their effectiveness against group-based parent training. Examples might include delivering the program during home visits, as a self-administered intervention, or making it available on television.

Research is continuing to examine the effectiveness of the Chicago Parent Program on parent and child behavior up to a year postintervention.

*Preventive Parent Training with Low-Income, Ethnic Minority Families* 21

In addition, plans are underway to translate the program into Spanish so it will be available to more immigrant parents. The growth rate of the Latino population in the United States exceeds that of any other ethnic minority group and the overall growth rate for the United States. By the year 2020, an estimated one in five children living in the United States will be Latino (Zambrana & Logie, 2000). Thus, empirically-supported parenting programs for ethnic minority parents of young children are greatly needed.

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## 22 PREVENTION

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*Preventive Parent Training with Low-Income, Ethnic Minority Families* 23

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## 24 PREVENTION

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