

## **Center for Substance Abuse Prevention (CSAP)**

National Registry of Effective Prevention Programs

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### Program Description

*Make Parenting A Pleasure* (MPAP) is designed for parents of children from birth to six years old who comprise a wide spectrum of socioeconomic, educational, cultural, ethnic, religious, and geographic conditions. The common denominator among participants is that they are parenting young children and experiencing stress. Stress can be defined as a family experiencing any of the following: frequent moves, multiple children, single parents, low-income, drug or alcohol history (self or family of origin), teen parents, abuse history, ... MPAP is targeted for primary and universal prevention programs. It consists of a 13 session series with 10 videos which encourage discussions. Groups can go for 12 weeks to one year long and are approximately 2 hours in length, usually offered weekly. Topics cover: communication, stress, anger, discipline, child development and temperament, and realistic expectations.

### Theoretical Assumptions

*Make Parenting A Pleasure* addresses the factors linked to child abuse, neglect, and family dysfunction. Social isolation, poor parenting skills, low self-esteem, unrealistic expectations, and lack of support are risk factors this program is designed to impact. Good parenting skills and social support have repeatedly been found to help strengthen families, prevent child abuse, and prevent other social problems.

## **MAKE PARENTING A PLEASURE EVALUATION INFORMATION**

There have been two empirically designed evaluations done on *Make Parenting Pleasure* Program, one when the program was just being produced in 1996 and the other, recently completed in 1999, as dissertation project.

### **1999 Evaluation of MPAP**

#### **Research Design**

The purpose of this study was to determine the effectiveness of Make Parenting A Pleasure parent education groups. Four hypotheses were addressed in this study: Would attending the 12 week parent education group (1) increase social support; (2) reduce parental stress; (3) improve multiple indices of parenting practices such as efficacy in handling child problem behaviors, parental warmth, and discipline practices; and (4) have an indirect impact on children who are exhibiting problem behaviors by showing an improvement in child behavior?

Seventy-four of the 168 self-referred or professionally referred parents completed pre- and post test measures. Criteria for parents being included in the study were: 1) Parents reported low income; 2) high stress. and 3) have at least one child under the age of seven. High stress includes things such as multiple moves, teen aged parenting,

financial problems, prior drug or alcohol involvement, single parenting, or unemployment. Participants were randomly assigned to either one of six wait list control groups or one of six 12-week MPAP classes. Prior to treatment, using pre-test measures, a one-way MANOVA was applied to test the difference between treatment and control groups on the dependent variables. The results indicated a multivariate F-test for the MANOVA  $F(7,57) = .51070$ ,  $p = .823$  showed no differences between treatment and controls for each of the dependent variables. Participants were given a battery of pre-tests one week before the group began and a post-test set one week after the group ended.

### Measures

Social Support for Parenting (SSP; Biglan, Ary, Walker, Barrera, Irvine & Metzler, 1996) was designed to measure social support of parents of young children and addressed hypothesis #1.

Parenting Stress Index (PSI; Abidin, 1986). The PSI addressed hypothesis #2 and is designed to measure parenting stress.

Parenting Scale (PS; Arnold, et al., 1993). This instrument addressed hypothesis #3 measures parenting skills. It measures the identified factors of dysfunctional parenting of laxness (permissive discipline), overreactivity (anger, irritability, and meanness) and verbosity (lengthy ineffective talking).

Parenting Sense of Competence (PSOC; Gibaud-Wallston & Wandersman, 1978). The PSOC is designed to assess parenting self-esteem in parents of young children (0-9). It includes scales in efficacy and satisfaction in parenting. It addressed hypothesis #3.

Pleasure in Parenting Scale (PIP; Fagot, 1995). This scale is designed to measure parental warmth by assessing parent's pleasure in carrying out routine caretaking acts with their children (0-3 years old). It addressed hypothesis #3.

Eyberg Child Behavior Inventory (ECBI; Eyberg & Ross, 1978; Robinson, Eyberg, & Ross, 1980). The ECBI addressed hypothesis #4 and measured child conduct problem behavior (ages 2-16 years) as reported by parents.

### Results

For the post-test, a two-way MANCOVA was performed. The results showed a main effect for group at a .002 level of significance in the area of parenting sense of competence. That is, parents showed an increase in efficacy and satisfaction with their parenting after the completion of the MPAP classes.

### Post-Hoc Analyses

The study included both adult and teen parents. Observation from test administrators questioned the validity of the responses given by the teens since they had noticed the possibility of the teen participants being highly aware of socially desirable responses and there was a marked inconsistency in responses. Therefore, a separate post-hoc MANOVA was applied only for the subgroup of adult participants (pre-test  $n = 53$ ; post-test  $n = 49$ ) to test whether there were significant differences between MPAP treatment and control groups. For the subgroup of adults  $F(7,4) = 1.51$ ,  $p = .19$ , showed no differences between treatment and controls groups on the dependent variables. Follow-up univariate F-tests examining the differences between the two groups found significant differences between treatment and control groups on the PSOC;  $F(1,46) = 4.73$ ,  $p = .035$ , and the PS;  $F(1,46) = 4.67$ ,  $p = .04$ .

Two separate mixed-factorial ANOVAs were conducted to determine whether significant differences occurred between treatment and controls on the PSI and PS. Only participants who scored within clinical scores at pre-test were analyzed. Analysis showed that MPAP treatment group parents reported significantly better disciplinary practices than wait-list controls based on the PS findings: PS main effects of time,  $F(1,32) = 22.54$ ,  $p = .005$ ; PS group by time interaction:  $F(1,32) = 6.26$ ,  $p = .018$ . This suggests that parents who reported problems with disciplining their

children at baseline indicated more positive parenting practices at post-test, when compared to control group parents with reported similar disciplinary problems.

### **Discussion**

Results of the two-way MANCOVA indicated the MPAP intervention had an effect on the parents efficacy and competence when they received the treatment, when compared to wait-list control groups. The two post-hoc findings indicated that MPAP treatment group parents had significantly better post-test scores on discipline when compared to the wait-list controls. MPAP group parents who reported having extreme difficulty in managing their child (ren) due to their disciplinary practices also scored significantly better after MPAP when compared to equally stressed wait-list controls. Thus, for all parents whose scores at pre-test indicated that they were highly lax, overreactive, and verbose in their parenting practices, treatment group parents reported an overall reduction in those behaviors at post-test. Although this was post-hoc data, there were clearly enough subjects (N=34) in this mixed factorial ANOVA to provide power in the analysis. Secondly, a post-hoc analysis looking only at adult participants showed significant univariate results in an increase in self-esteem (PSOC) and a decrease in inappropriate discipline (PS), when compared to the control group.

Based on these findings we can cautiously say that MPAP treatment was successful since previous research indicates that an increase in parenting competency is related to a reduction in stress which helps parents cope more effectively with child misbehavior. Moreover, parents who avoid ineffective child management practices reduce the likelihood of abusive behaviors toward their children and in turn can reduce children's risk of substance abuse and conduct problems.

### **Points to Consider**

MPAP is a program for universal and selected populations. Pretest scores on four of the six measures did not fall into the clinical range at time of pre-test, thus, giving little room for scores to move. This is especially true when families have very young babies who have not yet developed behavior problems. In this study 58% of the children were under 2 years of age. Although the ECBI was selected for use because it was the best measure available, it is not designed for children under 2 years of age. Appropriate measures for this age group were not found.

It is always difficult to measure the effects of prevention and early intervention. It is even harder to do this in a real life agency setting that is not standardized and usually lacks the funds. For example, although the curriculum is designed to be able to be covered in a 12-week period, MPAP is typically run as a nine-month program at the Birth To Three agency. This gives parents a chance to develop more of a social support system and to spend more time on areas that interest them. Anecdotally, the parents in the study who completed the 9 month program reported that they bonded with other members, felt relieved from others' feedback and support, and experienced less parental stress by disciplining more effectively.

In addition, in a 12 week MPAP program, discipline is not concentrated on until the last third of the sessions. Post test measures may have been given too soon before the material had been used to see results.

### **1996 Evaluation**

#### **Research Design**

The evaluation included 52 parents for Lane County that were either in one of two 12-week MPAP (n=29) classes or in a wait-list control group (n=23). Demographics of the treatment and

control group were equivalent for income, number of children, males and females, and partner status. However, parents in the intervention group were significantly older (30.3 years) than parents in the control group (24.7 years). They also had children that were older (3.4 years) than children in the control group (2.3 years).

The study examined the effect of the MPAP program on: A) Parent Emotions; B) Parent Attitudes and Expectations; C) Parenting Skills; and D) Social Support. Parents completed a battery of questionnaires one week prior to beginning the program and again one week following the completion of the program.

## **Measures**

### **A. Parent Emotions**

Index of Self-Esteem (ISE, Hudson, 1982): This scale measures the degree to which individuals have a problem with self-esteem. Higher scores indicate lower self-esteem.

Parenting Stress Index (PSI, Abidin, 1987): This scale measures the level of stressors perceived by parents associated with a variety of parent and child characteristics. There are three primary scores computed: total child-related stressors, total parent-related stressor, and index of general life stressors. In addition, several subscale scores were computed for parent and child-related stressors. Child subscales included: adaptability, acceptability, demandingness, mood, hyperactive/distractibility, and reinforces parent. Parent subscales included: depression, attachment, restriction of role, sense of competence, social isolation, relationship with spouse, parental health.

### **B. Parent Attitudes and Expectations**

Child Abuse Potential Inventory (CAPI, Milner, 1986): This measure is used to help screen for child abuse potential in adults. Several others scores were computed on factors relating to parenting distress, rigidity, unhappiness, problems with child, problems with family, problems with others, ego stability, and loneliness. Higher scores indicated higher abuse potential.

Eyberg Child Behavior Inventory (CBI, Eyberg, 1978): This measure indicated frequency of problem behavior in children and the total number of child behaviors parents felt were currently a problem for them. Higher scores indicated parents perceived higher levels of problem child behavior.

### **C. Parenting Skills**

Parent-Child Communication Questionnaire (PCCQ): This questionnaire was designed for this study to test parents' knowledge and use of parent-parent and parent-child communication skills. Higher scores indicated higher level communication skills.

Behavior Management Questionnaire (DMQ): This questionnaire was designed for this study to test parents' knowledge and use of behavior management skills.

### **D. Social Support**

Family Support Scale (FSS, Dunst): The questionnaire assesses the level of social support in child rearing families. Higher scales indicated higher levels of perceived helpfulness with social supports.

## **Results**

Separate 2 (Time) x 2 (Condition) repeated measures MANOVAs were use to test for differences in all dependent variables. ( see attached tables)

### **A. Parent Emotions**

- ◆ Index of Self-Esteem: There was no significant time x condition interaction effect.
  - ◆ Parent Stress Index: There was a significant time x condition interaction effect for the total parent stressors score,  $F(1,29) = 3.72, p .05$ . Of the parent-related scales, there was a significant time x condition interaction effect for the spouse scale,  $F(1, 29) = 12.96, p .01$ . Effects and trends were in the hypothesized directions.
- B. Parent Attitudes and Expectations
- ◆ Child Abuse Potential Inventory: There was a significant time x condition interaction effect for the problems with family scale,  $F(1, 35) = 4.71, p .05$ . There were also time x interaction trends for the abuse scale,  $F(1, 35) = 1.95, p .17$ ; the stress scale,  $F(1, 35) = 1.81, p .19$ ; the rigidity scale,  $F(1, 35) = 2.57, p .10$ ; and the unhappiness scale,  $F(1, 35) = 2.61, p .10$ . Effects and trends were in the hypothesized directions, except for the unhappiness scale.
  - ◆ Eyberg Child Behavior Inventory: There was no significant time x condition interaction effect for either the intensity or problem scale.
- C. Parenting Skills
- ◆ Parent-Child Communication Questionnaire: There was a time x condition interaction trend for the parent-parent communication scale.  $F(1,31) = 2.19, p .10$ . The trend was in the hypothesized direction.
  - ◆ Behavior Management Questionnaire: There was no significant time x condition interaction effect.
- D. Social Support
- ◆ Family Support Scale: There were no significant time x condition interaction effects for the helpfulness of support or the number of support scores.

### Other Evaluations

In 2001 a doctoral student from the Union Institute did a follow-up survey of MPAP participants to determine if any of the techniques taught during the class were used over time and how often they were used. Surveys were given to participants who had completed at least 80% of the classes and were chosen from Walla Walla and Benton-Franklin counties in Washington state and from the Eugene, Oregon area. One-third of the surveys were mailed to participants who had completed the course less than six months ago; one-third to those who had completed the course 6-12 months ago; and one-third to those who had completed the course more than 12 months ago. Participants were referred by Child Protective Services, First Steps, and public health nurses. All respondents were Caucasian, except for two Hispanic respondents. A total of 82 surveys were mailed with a total of 21 returned, a return rate of 25.6%. All techniques taught in the MPAP curriculum were listed and participants were asked to rate them as to frequency of use (never, rarely, occasionally, regularly).

Results indicated that 75-80% of the respondents felt that they : Shared experiences and feelings with other parents; learned new skill got support and understanding for their feelings learned how to better handle stress; learned how children grow; and found better ways to discipline their children. In addition, the individual techniques that are taught in the curriculum were taught and participants scored how often they were using them after the completion of the class. Out of the 36 techniques covered, 25 were being used 6 months later for at least 40% of the time. These techniques consisted of things like; hugging my children; listening to my child's feelings, complimenting positive behavior; communicating clear expectations, and creating a family routine.

Samples of parent participant course evaluations for the 1999 groups are as follows

Did you meet the goal you set for yourself as a parent when you started this course?

Yes 81%

Not Sure 14%

No 5%

Did this group help you learn new skill as a parent?

Helped a lot 77%

Helped a little 23%

No change 0%

Did this group help you learn how different children grow?

Helped a lot 59%

Helped a little 36%

No change 5%

Did this group help you find better ways to discipline your child?

Helped a lot 81%

Helped a little 15%

No change 4%

Did this group help you share experiences and feelings with other parents?

Helped a lot 71%

Helped a little 24%

No change 5%