

ABSTRACT

Title of Thesis: **THE DEVELOPMENT AND EVALUATION OF A PILOT EDUCATION PROGRAM FOR PARENTS OF AT-PROMISE ADOLESCENTS.**

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The present study evaluated the impact of a pilot social problem-solving training program for parents of adolescents. The study compared grade point average (GPA) and office referral outcomes for adolescents whose parents attended the social problem solving training with those students whose parents did not attend the program. Program evaluation questions further examined the effects of parent attendance on student outcomes, the enhancement of parent social problem solving knowledge, parent satisfaction with the program, and treatment integrity. Overall, results indicated that no significant differences in GPA and office referral data existed for students whose parents attended the training program compared to students whose parents did not attend the program. Analysis of student office referral outcomes using single subject design methods yielded similar results. Parent attendance appeared to have no significant effect on student outcomes. Parents were highly satisfied with the training program, and the program was implemented with integrity.

THE DEVELOPMENT AND EVALUATION OF A PILOT EDUCATION PROGRAM
FOR PARENTS OF AT-PROMISE ADOLESCENTS

by

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CHAPTER 1

Introduction

Schools have always underscored the importance of behavior management in their systems to enhance educational outcomes. Classroom conduct and problem school behaviors are currently evaluated in terms of their contributions to school safety. The elimination of behavior problems that may later turn to more severe forms of aggression or pathology is a new focus, as tragic school events in the United States have increased public concern and raised the behavior of children and youth in schools to the level of a national health care issue (Bullis, Walker, & Sprague, 2001). Researchers and policy makers are searching for ways to help curb the development of aggressive behavior to eliminate school violence and to enhance academic success. The fear and likelihood of school violence now cuts across class, geographic location, and presence or absence of disability label (Skiba & Peterson, 2000).

Social competence has been highlighted as a key factor in preventing the manifestation of a number of school-related problems such as delinquency, drug use, and depression (Elias & Weissberg, 2000). Social competence is defined as the capacity to integrate cognition, affect, and behavior in order to achieve specified social tasks and developmental outcomes (Conduct Problems Prevention Research Group, 1999). This ability spans understanding, managing, and expressing social and emotional aspects of life, and can include such skills as empathy, social problem solving, and anger management. Researchers have discovered that social competence plays an important factor in the resilience against many of these high-risk behaviors. Deficiencies in social

competence have been linked to placing children at risk for poor academic performance, peer rejection, and psychopathology (Rivera & Rogers-Adkinson, 1997).

As a result of the focus on maladaptive school behaviors and increased knowledge of the protective abilities of social competence, there has been rapid development of prevention programs focused on enhancing social competence and problem solving in youth. First developed as interventions for preschool and elementary age children, these programs are now targeting students in middle and high schools in hopes that acquisition of social competence skills will ease the rough transition into adolescence. The development of social competency skills may help lower the prevalence of at-risk behaviors in the vulnerable adolescent population (Elias & Weissberg, 2000).

The most successful program endeavors have been those that influence the whole ecology of the school, affecting change with teachers, administrators, and even the community-at-large (Elias & Weissberg, 2000). In order to help meet this integration goal, many social problem solving interventions for young children feature a parent education component to help generalize the skills learned to multiple settings. Programs frequently feature parent training in debriefing and goal setting (Sheridan, Dee, Morgan, McCormick, & Walker, 1996), modeling, structuring practice sessions, and social reinforcers (Townsend, 1994), general parenting skills (Kumpfer & Tate, 2002), and effective discipline strategies (August, Realmuto, Hektner, & Bloomquist, 2001). These programs are often conducted simultaneously with children's programs. Parent education components implemented with young children are effective as a supplemental training method in natural settings (Sheridan et al., 1996). Parent training may increase the likelihood of generalization and more permanent behavior change.

In a social skill intervention with ADHD boys, Sheridan et al. (1996) found that students in treatment with their parents improved at least 1 standard deviation on self-report social skills rating scales. Townsend (1994) found that when parents were involved in a social skill interaction with their children, at-risk children's ability to demonstrate appropriate social skills is similar to that of normally achieving children. Results across studies indicate that the involvement of parents in social skills interventions can help decrease risk and occurrence of substance abuse (Kumpfer & Tate, 2002), decrease aggressive behaviors, and increase academic achievement (August et al., 2001). Additionally, these programs have been found to increase positive interactions between parent and child (Townsend, 1994), improve parental discipline methods (August et al., 2001), reduce family conflict, increase family communication, and reduce parental stress levels (Kumpfer & Tate, 2002). Programs that focus on children and their socializing environments appear to produce the most long-lasting behavioral gains (Weissberg, Caplan, & Harwood, 1991).

However, no social competency programs for adolescents contain parent education components. A paucity of research exists on both parent components of social competency interventions and the effectiveness of these programs on enhancing prosocial adolescent behavior. This study will help broaden research in the fields of social competence and social problem solving by adding new knowledge to the literature on preventive interventions with adolescents. Additionally, it will assess the promise of conducting parent education components in interventions with adolescents. Finally, it will examine the extent to which parents are likely to participate in parent education components and will help improve future programs to increase parent satisfaction.

Statement of Purpose

The purpose of this study is to evaluate the effects of a parent-education component for parents of at-risk adolescents. A 6-week parent intervention was developed based on the Social Competence Promotion Program: Social Problem-Solving Module (Weissberg, Caplan, Benetto & Jackson, 1990). This intervention was used with parents of students defined as at-risk (a GPA of lower than 3.0 and one or more office referrals in grade 9) during the 2001/2002 academic year. The term at-risk is used to describe the potential these students have to perform better academically and socially. Evaluation of this program includes both summative data on student outcomes and formative data on program implementation.

Research Questions

In this study the following research questions are addressed:

- 1) What is the relationship between outcomes of students with SPS training and parent training versus a comparison group of students with only the SPS component?
- 2) What is the relationship between parent attendance, parent knowledge, and student outcomes in the treatment group?
- 3) To what degree are parents satisfied with the parent education program? Are expectations met and how?
- 4) To what degree is the parent education program implemented with treatment integrity?

CHAPTER 2

Literature Review

Aggressive Behavior in Schools

Adolescents are a group at relatively high risk of developing behavior and emotional problems. A growing number of American adolescents engage in multiple high-risk behaviors such as delinquency, substance abuse, and school refusal (Frey, Hirschstein, & Guzzo, 2000). The preteen and teenage years are a time of widespread bodily changes, social pressures, cognitive maturation, and relationship development. Failure to cope in socially competent ways with these changes may result in problematic outcomes (Caplan, Weissberg, Grober, Sivo, Grady, & Jacoby, 1992). Inability to cope can become a serious issue if rather than turning to socially adaptive forms of coping students begin to react in behaviorally inappropriate ways. Mild acting-out behavior in young adolescence (ages 10-14) can escalate into more major issues of school disturbance. Youth who grow into adolescence with aggressive behaviors are more likely to drop out, be arrested, abuse drugs and even die young (Strain & Timm, 2001). In fact, the best predictor of aggression in adolescence is prior frequent antisocial behavior in childhood (Capalde & Patterson, 1996).

Behaviors increasing most dramatically and occurring most frequently in schools today are not the extreme violence or aggression that garners the most attention. Incivilities such as spreading rumors, verbal intimidation, and threats are growing in frequency, as are pushing/shoving and sexual harassment (Skiba & Peterson, 2000). Rarely are these behaviors the focus of punitive intervention. However, a clear relationship has been found between low-level school disruptions such as these and later

forms of serious school violence (Skiba & Peterson, 2000). The best way to combat later severe disruptions may be to tackle the root of these more minor incivilities.

The current model of school discipline is ineffective in combating the development of these milder yet disruptive school behaviors (DeRidder, 1997; Lipsey & Wilson, 1998; Skiba, Petersen & Williams, 1997). Punitive disciplinary actions such as suspensions and expulsions are the key strategies in place to cope with major incidences as they occur. Challenging behaviors are eliminated from the school environment by exclusion of the students who display them. In fact, negative consequences in schools outpace the use of positive reinforcement for good behavior in both general and special education settings (Skiba & Peterson, 2000). However, current school discipline practices actually encourages students to lie about their behavior, reinforces negative behaviors, and sends the message that students are not welcome in school (Johns & Keenan, 1997). Removing the youth that cause problems may provide less disruption to the school environment but does nothing to remediate the child or adolescent's behavior. Low thresholds for aggression or disruptive acts in schools only displace the behavior away from the school and into the community.

Despite a dramatic increase in the use of zero tolerance procedures and policies, there is little evidence demonstrating that these procedures have improved student behavior (Skiba & Peterson, 2000). Incidents of behavioral referrals in these schools have not lowered or been eliminated. In a recent NCES report on school violence, data indicates that schools relying heavily on zero tolerance policies are actually less safe than schools applying less stringent punitive tactics (Skiba & Peterson, 2000).

With over one billion dollars spent annually to incarcerate delinquent and aggressive youth (Strain & Timm, 2001), punitive discipline policies are not fully addressing the problem. Schools are eliminating students from their populations that need the most assistance. Students with behavior and emotional disorders are overrepresented in suspensions and expulsions across the nation (Skiba & Peterson, 2000). Once they are eliminated from school systems legally bound to provide them services, there is little programming in place to enact change in their lives.

Social Competence

Social competence, or the ability to understand, manage, and express social and emotional aspects of life (Frey, Hirschstein, & Guzzo, 2000), has become an important area of focus as schools desire to both enhance school safety and prepare academically and socially skilled individuals for integration into society. Acquiring social competence is a major developmental milestone and is the foundation of lifelong emotional intelligence (Rivera & Rogers-Adkinson, 1997). Growing evidence suggests that social competence and emotional learning is critical to success in schools, in the workplace, and in relationships (Elias & Weissberg, 2000). Individuals who do not feel competent in social situations have trouble relating to others, forming relationships, and often misinterpret social cues. Children with well-developed social competency can form and maintain supportive relationships, which is the single most important protection against all manner of social, emotional, physical, and academic problems (Elias & Weissberg, 2000). Ensuring that students develop competence and skill in social situations is becoming vital in preventing externalizing disorders and a host of other school-related problems. The prognosis for children who enter school with a combination of low social

competence, aggressiveness, and low cognitive/emotional preparation is poor (CPPRG, 1999). The following discussion will provide an overview of definitions and theoretical conceptualizations of social competence, as well as provide explanations of social competency development.

Definitions of Social Competence

Social competence encompasses a broad set of behaviors and skills; therefore, its definition is complex and not easily agreed upon by researchers and practitioners. In fact, Rose-Krasnor (1997) cites thirteen different research definitions with differences in social, peer, relationship, and functional aspects of social competence. Many processes contribute to socially competent behavior, such as the accurate encoding of social cues, the generation of a response to social stimuli, and being able to enact the selected response (Frey, Hirschstein, & Guzzo, 2000). Competence in social and emotional areas requires detecting, understanding, and responding appropriately to the feelings of others (Frey et al., 2000). Along with problem-solving abilities, stress management and coping, social competence requires the capacity to share the emotional state of another. This sharing and understanding of other's experiences is defined as empathy (Frey et al., 2000). As a whole, the definition of social competence encompasses the ability to take in, understand, and act on information in the social environment.

Conceptualization of Social Competence as a Construct

Social competence is not only difficult to define, but it is conceptualized in several different ways. Rose-Krasnor (1997) divides the conceptualization of the construct into four areas: social skills approaches, peer status approaches, relationship approaches, and functional approaches. Social skills approaches are those that focus on

the development of discrete behaviors. In this approach, social competence is a trait or ability that an individual possesses and not a construct that emerges from interaction with other individuals (Rose-Krasnor, 1997). Several difficulties surround the social skills approach. The process by which behaviors are chosen as those that constitute social competence is often ambiguous and frequently unscientific. Traits are chosen that are socially valid, correlate with other social competence indices, or adhere to the status quo definition of competence (Rose-Krasnor, 1997). More importantly, the social skills approach of focusing on discrete behaviors may miss how the competence system functions in real interaction with others, when sequencing and integration of skills is vital.

A second conceptualization of the social competence construct is the peer status approach. In this approach, social competence is measured according to popularity and is a peer judgment combining behavioral and affective components (Rose-Krasnor, 1997). Unfortunately, this approach fails to explain both the nature and source of social competence difficulties, does not address the ability to initiate or maintain relationships, and does not distinguish between competence in delinquent peer groups. A third conceptualization, the relationship approach, seeks to measure social competence through the quality of an individual's relationships with others (Rose-Krasnor, 1997). From the relationship view, an individual who interacts with a more competent partner is likely to display social competency skills beyond those he or she could accomplish alone. Hence, an individual may report a higher quality relationship when interacting with a more skilled partner and may appear more competent than an individual interacting with a less skilled partner (Rose-Krasnor, 1997). The relationship approach to social competence is

an important one, as it emphasizes the transactional nature of relationships in the development of competence. However, the causal relationship between friendships and social competence has not been clearly established, and relationships with others can bring about negative influence if the characteristics of their partners are less than desirable (Rose-Krasnor, 1997).

The final conceptualization of social competence is the functional approach, which focuses on process models of competence including social problem solving and measurement of outcomes of social behavior (Rose-Krasnor, 1997). According to this conceptualization, social competence is a multi-step process involving selecting goals, strategies, deciding on actions, and evaluating outcomes (Rose-Krasnor, 1997). One of the strengths of this approach is its focus on how an individual interacts with his or her environment and creates a problem-solving strategy. Additionally, the functional conceptualization emphasizes goals and outcomes (such as behavior) as the measure of social competency. In school settings, this is especially appropriate, as the modification of a student's actual behavior in social situations is the measurement of competence. Although the success and failure of social problem-solving can be difficult to decipher and measure in behavior (Rose-Krasnor, 1997), the functional conceptualization of social competence incorporates important skill and relationship aspects into a process that can be generalized across environments.

Theoretical Model of Social Competence

A functional conceptualization of social competence and an information processing framework will primarily be used to explain the social-cognitive processes that occur as individuals relate to others. In an information processing framework,

cognitive processes launch a specific series of behavioral responses in reaction to problematic stimuli in the environment (Dodge & Crick, 1990). A child's response to a problematic social situation includes several steps of processing: encoding relevant information, interpretation of cues, selection of behavioral response, response decision, and response enactment (Dodge & Crick, 1990). Theoretical models affiliated with the information processing framework focus on differing areas of importance in the process. For example, Rubin and Krasnor (1983) asserted that children set goals in response to a social situation and then select cognitive strategies according to the goal to be pursued. Crick and Ladd (1990) focused on the social exchange as the most important aspect of this process, and state that children set goals in response to social situations after self-perceptions and emotions are considered. Bandura, Pastorelli, Barbaranelli, and Caprara (1999) explained the acquisition of competence through the concept of self-efficacy. Self-efficacy is the belief that one is capable of producing given attainments (Bandura et al., 1999). Efficacy is developed across the life span as individuals exert agency in situations. Children build a bank of life experience and are able to draw conclusions about their efficacy based on this experience. Multiple failure experiences in social or emotional situations lower efficacy in those factors. Hence, a child or adolescent will feel less competent in a situation where he or she has not succeeded many times previously.

The model of social information processing that most fully integrates the many functional definitions of social competency is that of Crick and Dodge (1994). According to this model, children approach social situations with social knowledge and a "database" of past social experiences. After receiving a set of social cues, they process

those cues in a series of steps, including encoding of cues, interpretation of cues, selection of goals, response access, and response decision (Crick & Dodge, 1994). Each step in the process can influence the others in a series of feedback loops. A child's database of past social experiences is used during the encoding, interpretation, and selection phases and the emotional aspects of past experiences play a role in this process. Children are likely to encode social cues as hostile and use aggressive responses if their repertoire of past social experiences is made up of such strategy use (Erdley & Asher, 1999).

Several studies have been conducted on the social-information processing skills of aggressive children (Erdley & Asher, 1999; Bullis, Walker & Sprague, 2001; Greening, 1997; Bowker & Hymel, 2000; Erwin, 1994) and have found that these children typically have difficulty in one or more of the social information processing steps. For example, social competence ability has been found to differentiate youth who engage in antisocial behavior from peers who do not exhibit such behavior (Bullis et al., 2001). In a study comparing stealers and non-stealers social problem-solving skills, Greening (1997) found that stealers were unable to consider the passage of time necessary to solve social problems. They often generated ineffective solutions to hypothetical social problems as measured on the Means-Ends Problem Solving test. In addition, stealers were found to show a bias for generating passive solutions versus those students who were not delinquent stealers (Greening, 1997). Social information processing abilities also affect students' ability to cope with everyday hassles. Bowker and Hymel (2000) found that although aggressive adolescents perceived more control over daily hassles, they used more negative coping strategies. Withdrawn adolescents perceived less control over their

hassles and used more emotion-focused coping strategies. Feelings of control do not necessarily move adolescents toward more problem-focused coping strategies or toward better relationships with peers. In another study of social information processing and problem solving, Erwin (1994) found that popular children gave significantly more effective strategies for solving social dilemmas than unpopular children. It seems lack of social problem solving skills may result in more peer isolation, which has been linked to disruptive behavior (Erwin, 1994).

In summary, acquisition of social competence and social information processing skills have been linked to higher peer popularity, problem-focused coping, and better classroom behavior. The implication of these findings is that the social information processing model is a practical conceptualization of social competence for school aggression intervention, as it provides both a problem-solving process to use as well as a way to evaluate student's progress in proceeding through the problem-solving steps. When children know how to sort out their feelings, react non-impulsively to stress, and communicate, they can make better decisions. During early and late adolescence, these choices can be the difference in success solving problems and later health emotional and cognitive development.

Prevention Programs for Aggression Remediation

Prevention strategies are being used in school settings to encourage the growth of cognitive and social abilities that foster social competence and reduce aggressive behaviors. Primary prevention provides universal interventions targeted to whole populations and are designed to reduce harmful circumstances before they result in unhealthy outcomes (Elias & Weissberg, 2000). Secondary prevention strategies target

those populations of students who already display risk factors associated with more severe or problematic outcomes. These prevention strategies grew out of the public health movement to help prevent major health issues before they result in costly treatment interventions. Frey et al. (2000) assert that 75-85% of adjustment problems in students can be addressed by prevention strategies. Recognition of the effectiveness of prevention programs has highlighted the importance of individual skill-building in the areas of decision making, problem solving, and communication as part of school culture (Elias & Weissberg, 2000). Robust effects of universal prevention activities on classroom behavior include reductions in aggression and increases in self-control and on-task behaviors (CPPRG, 1999).

However, reactions to and results from prevention programs are not universally positive. Some programs report positive effects on children's social and health behaviors, while others indicate that programs fail to demonstrate that severe mental or health problems have been prevented (Weissberg, Caplan, & Harwood, 1991). Ford (1985) suggested that adopting a competence perspective could help maximize areas of common ground between supporters and critics of prevention. By evaluating a child's effectiveness in interacting with the environment and his or her well being, prevention interventions can help build competence and efficacy in weak areas.

The public school setting is an ideal location for implementing and evaluating the success of prevention interventions for children and adolescents (Eddy, Reid, & Fetrow, 2000). Interventions can be incorporated into the culture of the school and later grow into the community at-large. When children, teachers, parents, and administrators learn about and contribute to programs, an ownership develops which enhances the mechanism

of change. A comprehensive model of prevention that includes the school community has emerged as a guiding framework for addressing the complexity of emotional and behavioral problems in schools (Skiba & Peterson, 2000). By arming individuals with coping mechanisms and other social skills, focus can be turned away from reactionary measures to preventative ones. This early response model of discipline emphasizes comprehensive programs to build prosocial behavior instead of punishing inappropriate behavior (Skiba & Peterson, 2000).

Just as there are a variety of ways to conceptualize social competence, there are an equally large number of ways to construct social competency development programs. Beelman, Pflingsten and Losel (1994) specify four different types of social competency interventions, including social skills approaches, social problem-solving approaches, social perspective-taking, and self-control training. Two of these approaches, social skills and social problem-solving training, are the most frequently used in developing social competency interventions. Social skills approaches train students to display specific, discreet behavioral responses, such as greeting an adult or asking a question. These interventions are aligned with the skill-based conceptualization of social competence (Rose-Krasnor, 1997). Social problem-solving approaches teach a series of generalizable steps to use in solving a social dilemma, and are aligned most with the functional conceptualization of social competence (Rose-Krasnor, 1997). However, universal agreement on the definition of social competence does not exist (e.g. Rose-Krasnor, 1997) and intervention developers create programs that emphasize a combination of skill and process-based approaches. For the purpose of this review, the

efficacy of skill and social problem-solving process-based approaches to enhance social competence and reduce aggressive behavior will be highlighted.

Skill-based Prevention and Intervention Programs

Programs based on the instruction of discreet skill responses are among the most frequently used and evaluated. An important aspect of the skill-based approach has been that children with behavior problems often benefit from watching more competent children use targeted language, strategies and skills (Frey, Hirschstein, & Guzzo, 2000). Teaching domain-specific skills can be effective in preventing psychosocial problems (Frey, Hirschstein, & Guzzo, 2000).

Skill-based prevention programs have most frequently been implemented with young children at either the preschool or elementary school levels. The simplicity of implementing an approach that emphasizes discreet skills and behaviors are particularly adaptive for younger children who may not yet understand more complex problem-solving approaches. In addition, early intervention programs hope to delay the onset of problems later in a child's life by preventing them early in child development. Longitudinal findings from the High/Scope Perry Preschool Project, a two-year program for low-income African Americans suggests that early intervention helped increase commitment to schooling and academic achievement, reduced placements in special education, increased future high school graduation rates, and decreased arrest rates (Schweinhart & Weikart, 1989).

One of the most popular ways of measuring social skill training program effectiveness focuses on skill knowledge as a measure of success. Initial evaluations of these skill-based programs listed positive results for skill acquisition (Kupermine &

Allen, 1996). However, significant reductions in problem behaviors are frequently not found, and are often absent in the evaluation process. Spence (2003) evaluated the effectiveness of social skills training using behavioral principles such as instructions, modeling, rehearsal, feedback, and reinforcement. Results indicated that skills training alone did not produce significant or lasting change in global indicators of social competence (Spence, 2003). In a study evaluating over 700 school-based social skills programs of differing types, including behavior modification, counseling, social skills training, and peer mediation, Topping, Holmes, and Bremner (2000) found moderate and variable effectiveness of the discreet skills approaches. Likewise, Lane (1999) evaluated academic and social skills interventions for first grade students. Results indicate no significant gains in social competence or reductions in problem behavior (Lane, 1999). Finally, in a meta-analysis of 35 social skill interventions for students with emotional and behavioral difficulties, Quinn, Kavale, Mathur, Rutherford, and Forness (1999) found a mean effect size corresponding only to an eight percentile rank change on outcome measures of social competence. Overall, discreet skills training programs appear ineffective at increasing social competence and reducing maladaptive behaviors.

Process-based Prevention Programs

An alternate research focus of many social competency enhancement programs for children and adolescents is not merely acquisition of social skills but how this acquisition relates to a reduction in conduct problems and aggression. In addition, researchers want to increase generalization of skill use into the classroom. Process-based programs, such as social problem solving curriculums, focus on developing the social information process at the heart of social competence. This process encompasses the

ability to form a strategy when faced with an interpersonal conflict or social dilemma. The programs associated with social problem-solving attempt to teach specific cognitive competencies that can then be generalized to a number of life situations (Beelmann, Pfingsten, & Losel, 1994). Social and emotional learning programs in elementary schools provide classroom instruction to enhance capacity to manage emotion, take perspective, establish prosocial goals, and solve problems (Payton, Wardlaw, Graczyk, Bloodworth, Tompsett, & Weissberg, 2000).

Several studies have attempted to provide a link between problem-solving ability and subsequent behavioral changes. Kupermine and Allen (1996) assert that adolescents' use of relatedness-striving and autonomous reasoning skills in hypothetical dilemmas correlated with higher social problem-solving abilities. Enhancing autonomy and relatedness in these at-risk groups may help prevent acts of delinquency (Kupermine & Allen, 1996). Caplan et al (1992) implemented The Positive Youth Development program with both urban and suburban sixth and seventh grade students. Results from this evaluation indicated positive effects on handling interpersonal problems and coping with anxiety (Caplan et al, 1992). Teacher ratings also revealed improvements in constructive conflict resolution, impulse control, and popularity. In an evaluation of the PATHS curriculum (Promoting Alternative Thinking Strategies), the Conduct Problems Prevention Research Group (1999) found better classroom atmosphere and more on-task behavior present in classrooms participating in the intervention. The intervention focused on the acquisition of social skills, problem solving, and emotional understanding. These skills generalized to measured behavior outcomes. In a meta-analysis of 11 preschool programs, the Consortium for Longitudinal Studies found that experimental group

children were less likely to need special education and had lower future rates of crime, teen pregnancy, and welfare use compared to control group children (Weissberg, Caplan, & Harwood, 1991). These programs are among the most highly successful because they encourage generalization in children's socializing environments by offering multiyear, multicomponent interventions that focus on building core competencies (Weissberg, Caplan, & Harwood, 1991).

A significant number of social-problem solving interventions for school use have been developed by Roger Weissberg and his colleagues. Many of Weissberg's early program interventions were developed for use with elementary school populations. In an evaluation of a social problem-solving program for suburban and inner-city third graders, Weissberg, Gesten, Rapkin, Davidson, and DeApodaca (1981) found that children enrolled in the program improved more than controls on cognitive skills such as problem identification, alternative solution-thinking, and consequential thinking. These children received 52 lessons on topics such as recognizing feelings, problem sensing and identification, generating alternative solutions, consideration of consequences, and integration of problem-solving. Program children also tried more solutions and persisted longer in attempting to solve problems on a means-ends problem solving measure than children in the comparison group (Weissberg et al, 1981).

A longitudinal evaluation of the Primary Mental Health project emphasizes similar results that also appear to generalize to adjustment improvements. The Primary Mental Health project was implemented for the early detection and prevention of school-adjustment problems (Weissberg, Cowen, Lotyczewski, & Gesten, 1983). Children were screened for the program in the fall of each year for seven years. An evaluation of the

seven consecutive cohorts of program participants yielded results from teachers, aides, and mental health professionals indicating that program participants improved in school adjustment. Findings suggest that the intervention reduced acting-out, shy-anxious behaviors, and learning problems (Weissberg et al, 1983). In addition, the program enhanced skills such as sociability, frustration tolerance, and adaptive assertiveness. Likewise, in a program assessing long-term results of the Primary Mental Health Project (Chandler, Weissberg, Cowen, & Guare, 1984), program children were found to have maintained initial intervention gains. Additionally, program children were significantly better adjusted than a demographically comparable control group of children. Apparently, strengthening children's social problem-solving skills at a young age can both affect current school adjustment and enhance long-term adjustment.

Weissberg and his colleagues have also pioneered interventions with middle school populations. As stated previously, children ages 10-17 are extremely vulnerable to high-risk behaviors such as substance abuse, school failure, and delinquency (Caplan, Weissberg, Grober, Sivo, Grady, & Jacoby, 1992). Due to the importance of this time period in a child's development, school systems have begun the implementation of social competency programs targeted specifically to adolescent populations. Weissberg et al. (1992) evaluated the impact of social competence training on skills, social adjustment, and substance use of sixth and seventh-grade students in inner city and suburban areas. The program had a similar curriculum to those mentioned before: an emphasis on stress management, self-esteem, problem-solving, and social networking. Findings indicate positive effects for the treatment group in handling interpersonal problems, coping with

anxiety, impulse control, and popularity (Weissberg et al., 1992). Self-reports from students indicated gains in problem-solving efficacy as well.

The hallmark of social problem-solving interventions for adolescents is The Social Competence Promotion Program for Young Adolescents: Social Problem-Solving Module (Weissberg, Caplan, Bennetto, & Jackson, 1990). The goal of this program is to teach students a broad, interpersonal cognitive-behavioral coping strategy for dealing effectively with many different circumstances. The program includes 27 lessons based on the following six problem-solving steps:

1. Stop, calm down, and think before you act.
2. Say the problem and how you feel.
3. Think of a positive goal.
4. Think of lots of solutions.
5. Think ahead to the consequences.
6. Go ahead and try the best plan.

The program is designed for students in fifth through eighth grades and is presented by teachers in a 45-minute class period. Curriculum includes group discussions of real-life problems, role plays, videos, visual aides, and games (Weissberg et al., 1990). Although this program has not been evaluated in published research, local findings have been positive (Levinsohn & Klyap, 2001). The Social Competence Promotion Program for Young Adolescents: Social Problem Solving Module (Weissberg et al., 1990) is the program upon which the parent education program in the present study was created. Previous implementation of the program in a similar location to the setting for the current study indicated a 54 % decrease in office referrals and a 53% decrease in repeat referrals

(Levinsohn & Klyap, 2001). Clearly, more research is necessary to determine the effectiveness of the Weissberg program and the need for a parent training component.

Parent Involvement in Prevention Programs

Mixed results of social competency enhancement programs have led researchers to focus on program elements that can enhance measurable skills and that will encourage behavioral generalization. One way this is accomplished is by including parent components in social problem-solving programs. Treating parents as partners in intervention may enhance the developmental process by creating a wider reach of the intervention elements. A shared language throughout the school and community is a key element for promoting generalization of skills to diverse situations (Elias & Weissberg, 2000).

The most successful prevention programs are those that address both school and family factors. Although interventions on a school level are extremely important, ultimately it is believed that program benefits are mediated through the family and home atmosphere (Durlak, 1997). Masten and Coatsworth (1998) indicate three key components to resilience in student adjustment: attachment, academic achievement, and self-regulation. The concept of attachment seems to be the primary factor in healthy student adjustment. If children have key interpersonal relationships with parents and supportive adults (such as teachers) that are formed on a solid foundation of trust, they will be much more successful in combating educational, emotional, or behavioral difficulties that could occur. Studies that have included components of parent involvement have indicated the importance of parents in prevention programs to increase student achievement (Sheridan et al., 1996; Townsend, 1994; Kumpfer & Tate, 2002).

Students who are to succeed academically and socially require a support system beyond the school environment (Shapiro, 2000). Family support is especially important in low SES schools to encourage children to control their own school performance. The school can serve as a center for the family and community to work together in promoting goals consistent with prevention.

In an overview of the Regional Intervention Program (RIP), an aggression prevention intervention, Strain and Timm (2001) indicate an increase in children's general compliance that may persist for 3-9 years. This study included a parent component where parents were trained to reinforce skills at home and later trained new classes of children and their parents. The Conduct Problems Prevention Research Group (1999) evaluated first graders involved in Fast Track, a multicomponent preventive intervention used universally and with more antisocial populations. An extensive parent training component was included in the program for children identified as high-risk for antisocial behavior. Results indicated students in the parent training condition had more behavioral improvement than the control group receiving universal intervention only. In addition, these parents showed more warmth and positive involvement with their children after the intervention and felt better about their parenting skills (CPPRG, 1999).

One of the most integrative social-problem solving programs that included a parent component is LIFT (Linking the Interests of Families and Teachers). This program is designed for elementary-level children and their parents. Parent training is applied in a group setting while children receive intervention at the classroom level. Eddy, Reid, and Fetrow (2000) found that targeted children had less physical aggression towards classmates and more positive behaviors in the classroom. In addition, three

years after the program, LIFT was found to delay the time that participants first became involved with antisocial peers and activities. The greatest changes were found in children with the highest levels of behavior problems.

Results across other studies indicate that the involvement of parents in social competency interventions can help decrease risk and occurrence of substance abuse (Kumpfer & Tate, 2002), decrease aggressive behaviors, and increase academic achievement (August et al., 2001). Additionally, these programs have been found to increase positive interactions between parent and child (Townsend, 1994), improve parental discipline methods (August et al., 2001), reduce family conflict, increase family communication, and reduce parental stress levels (Kumpfer & Tate, 2002). In an evaluation of an integrated parent-training program, Van Wyk, Eloff, and Hevns (1983) found that parent-training components were effective in increasing the quality of parent-child communication as well as increased self-actualization in the parent. Programs that focus on children and their socializing environments appear to produce the most long-lasting behavioral gains (Weissberg et al., 1991).

Behavioral changes in students are more likely when parent training is included (Frey et al., 2000). Promoting parent development is key in creating relatively enduring influences that sponsor health and prevent dysfunction for the individual child, parent, family, and community (Bond & Burns, 1998). By helping to develop parent competency, parents' ability to persist and succeed in selecting, creating, and modifying their child's environment are enhanced (Bond & Burns, 1998). Parent training components, although implemented differently across interactions, may enhance the effectiveness of social problem-solving interactions.

The majority of successful parent training components have been completed with younger children and have focused on interpersonal development of the parent (Bond & Burns, 1998). This is troubling as the transition to middle and high school has been identified as a critical period for developing lower and higher-order social skills due to the onset and acceleration of high-risk behavior in the age group (Bullis, Walker, & Sprague, 2001). An increase in high-risk behavior is often occurring at a time when parents are giving children more freedom and less monitoring. Parents and children are capable of and engage in ongoing development in complex and multiple ways across the life course (Bond & Burns, 1998). Adolescents' relationships with their parents grow and change during these years, often requiring adjustment from both parties.

Interventions with high risk children not only need to continue across the transition from childhood to adolescence but should involve parents at this crucial time (CPPRG, 1999).

The inclusion and evaluation of parent training components in social problem-solving programs for adolescents is the next logical step for increasing social competence across the lifespan.

CHAPTER 3

Methods

Purpose

The purpose of this study was to evaluate the effects of a pilot parent-education component for parents of at-risk adolescents. The parent education program was evaluated by examining student GPA and office referral data, as well as parent attendance rates, parent satisfaction, and treatment integrity.

Participants

The parents of nineteen students enrolled in grade 10 in the 2002/2003 academic year at a public high school in a rural/suburban area of Maryland were contacted to participate in the parent group. The student population included a diverse array of ethnic, cultural and religious backgrounds. Ten percent of students at the high school received free or reduced lunch, and the school possessed a 6% mobility rate.

The students whose parents were identified for the parent education program participated in the Social Competence Promotion Program: Social Problem-Solving Module (Weissberg, Caplan, Benetto & Jackson, 1990) in sixth, seventh, and eighth grades, and were part of a refresher social problem-solving course in ninth grade. The students identified for parent invitation had below a 3.0 GPA and one or more office referrals in the spring semester of their ninth grade year (2001/2002 academic year). Parents of these identified students were asked to participate in the 6-week parent education intervention.

Of those contacted, parents of seven students (eleven parents total) participated in the parent program and comprised the treatment group. Parents of five students indicated a

desire to be placed on the wait list for future programs (waitlist group), and parents of the remaining seven students declined to participate in the parent program (refusal group). Demographic information for waitlist and refusal group students and parents is unavailable due to confidentiality restraints.

As noted previously, the eleven parents in the treatment group represented seven adolescent students, of which 5 students were male (71%) and 2 students were female (28%). Parents of four of the students in the treatment group attended as a spousal unit; (representing one female student and three male students); therefore, eight of the eleven parents in the treatment group participated together as a spousal unit. The gender characteristics of the eleven parent participants in the current study are as follows: The majority of parent participants were female (N = 7, 58%) and 5 were male (42%). Two parents participating in the program were African American (representing one male African American student), and the remainder of the parent participants were Caucasian (representing five male Caucasian students and one female Caucasian student).

Procedures

An application to conduct this evaluation of the parent education program was submitted to and approved by the participating school district's Board of Education. The parent education program was created and coordinated by the researcher and the school psychologist serving the high school.

Students were identified for the sample in the spring of 2002 by the school psychologist assigned to the high school. Students were selected for inclusion in the study sample according to the following criteria: 1) enrollment in the middle school where the social problem-solving program was conducted in grades 6, 7, and 8; 2) enrollment in

grade 9 in the 2001/2002 school year at the selected high school; 3) a cumulative grade point average for the 2001/2002 school year below 3.0; 4) one or more office referrals in the spring 2002 semester in grade 9. Nineteen students were identified who met these four criteria.

The school psychologist made initial contact with a few parents of the identified students early in the summer of 2002 to gather support for the parent education program. These parents helped with selection of program session location at the high school and determined convenient meeting times. Information on the parent education program was also distributed to parents of the nineteen identified students through phone contact by the school psychologist at the start of the 2002-2003 school year (see Appendix A).

Parents voluntarily participated in the parent education program. All parents who attended four or more meetings of the parent education sessions were included in data analysis (11 parents total). Parents of 7 of the 19 students identified according to the GPA, office referral, and social problem-solving program characteristics participated in the parent education program. Parents of five students indicated scheduling difficulties with the session times and indicated a desire to participate if the program were offered again. These parents were placed on a waitlist should a next session be offered; however, due to scheduling difficulties and weather concerns, no second program was offered in the 2002/2003 academic year. Parents of seven students declined to participate at all. No student interventions were provided for the group of parents who participated in the parent education program. Likewise, no parent or student interventions were provided for the waitlist and refusal comparison groups of parents.

Parent permission was requested for both participation in the program and access to student GPA and office referral data for analysis (see Appendix B). Parents were provided with information regarding the research project, the content of the parent education program, and the pre-and post-measures to be collected from both parent reports and student files. Sessions of the parent education program ran once each week for 6 weeks beginning in January 2003 and ending at the beginning of March 2003. Each session lasted approximately 2 hours and took place between 6 and 8pm. Door prizes (such as books and gift certificates to local businesses) were awarded during each session to encourage attendance and participation, and dinner was provided each evening by the high school home economics teacher and her students. Parents were phoned before each session as a reminder to attend. In addition, if participants missed a session, the school psychologist conducted a follow-up phone call to encourage them to return the next week.

Program Development

The goal of the parent program was to teach a broad, interpersonal cognitive-behavioral coping strategy for dealing effectively with many different problematic circumstances. The program was developed as part of a group counseling course completed by the researcher. The program was completed in June and July of 2002 and was reviewed by the group counseling course instructor as well as the school psychologist who implemented the initial program for middle school students. Changes were made to the program based on the expertise of the group counseling instructor and the school-based psychologist, and included enhancing the program for multicultural populations and allowing for changes in programming during implementation.

Both group counseling techniques and behavioral training principles were used by the researcher in the development of the training program and formation of the group. Group counseling techniques were identified from the researcher's group counseling course and included main principles from the *Groups: Process and Practice* text (Corey & Corey, 2002). Before group sessions began, each possible group member was screened by telephone to determine if the group would be a good match for their needs and expectations. Group composition, size, frequency of meetings, length of group, and meeting place were discussed with each potential member. The first session was programmed to include time to clarify leader and member expectations, set up ground rules, and identify group and individual goals. Each of the subsequent sessions was programmed to follow the initial, transition, and working stages of group development (Corey and Corey, 2002). Activities were planned to help enhance group cohesion and participation, as well as deal with resistance, advice-giving, conflict, and confrontation.

Each time a new skill was introduced, behavioral training principles were used to enhance skill acquisition. Principles were derived from chapter 12, "Behavioral Skills Training Procedures" of *Behavior Modification: Principles and Procedures* (Miltenberger, 2001). First, group participants received instruction on a skill, and group leaders would model the skill for the participants. Next, group members rehearsed the skill through role-plays or other group activities. Group members received feedback from both leaders and peers on their performance of the skills. Finally, to increase generalization, group members were encouraged to complete homework assignments designed to help them practice skills in their home environments.

Each program session focused on one of the social problem-solving steps outlined in The Social Competence Promotion Program for Young Adolescents: Social Problem-Solving Module (Weissberg et al., 1990). That program was initially designed for and implemented with students in fifth through eighth grades and is presented by classroom teachers in twenty-seven 45-minute lessons. Curriculum for the students included group discussions of real-life problems, role plays, videos, visual aides, and games (Weissberg, et al., 1990). Each of the students whose parents participated in the parent training program had participated in the student program in middle school.

The parent program lessons were based on the following six problem-solving steps from the Social Problem-Solving Module (Weissberg et al., 1990):

1. Stop, calm down, and think before you act.
2. Say the problem and how you feel.
3. Think of a positive goal.
4. Think of lots of solutions.
5. Think ahead to the consequences.
6. Go ahead and try the best plan.

In addition, skills from the Emotionally Intelligent Parenting text (Elias, Tobia, & Friedman, 1999), such as empathy and reflective listening, were included during relevant program sessions. All sessions focused on the dialoguing technique highlighted for teachers in the Social Problem-Solving Module (Weissberg et al., 1990) as a way for parents to encourage use of the social problem solving skill set at home and in the community. This technique uses teachable moments to help encourage problem solving in real-life problematic circumstances. Parents participated in a variety of training

activities during each program session including group building activities, content lectures, skill modeling, role playing, question and answer sessions, and homework. Session-by-session outlines of activities are provided in Appendix H.

Measures

Questionnaire measures were developed to address the following areas of program implementation: skill acquisition, program expectations, program satisfaction, and treatment integrity. The development and use of each measure is explained in the following discussion.

To assess acquisition of parent social problem-solving skills, a free-response social problem-solving skills test was developed. This test included five open-ended questions based on the problem solving steps and definitions taught in the parent program curriculum (see Appendix C). The skills test used to evaluate the parent's social problem-solving skills was the same test given to students during participation in the Social Problem-Solving Module (Weissberg, Caplan, Benetto & Jackson, 1990). During the first and last program sessions, participating parents were administered the free-response social problem-solving skills test. Scores on this test served as pre-and post-intervention data on parent social-problem solving knowledge level. The difference in scores between each administration served as a measure of skill acquisition.

In order to gather information regarding parents' goals, expectations, and current problem-solving strategies, interview questions addressing these issues were developed. Both the researcher and participating school psychologist developed the questions to gather information relevant to future program implementation. Although the questions were designed to be used in an interview format with a volunteer sub-sample, parent

participants indicated their preference for answering the questions in a questionnaire format. Therefore, two questionnaires were developed to gather information pre-and post-program intervention. The pretest questionnaire focused on goal setting, reasons for participation, perceptions of social problem solving, and participation apprehensions (see Appendix D). The posttest questionnaire addressed program likes and dislikes, how participants met their goals, how their perception of social problem-solving changed, and overall program satisfaction (see Appendix F). The volunteer sub-sample of parent participants ($n = 5$) completed the free-response questionnaire during the first and last program sessions.

In order to gather information regarding parent satisfaction with the overall program, a multiple choice questionnaire was developed. Each question was formulated by the researcher and school psychologist to aid in planning future parent education sessions. Items evaluated parents' level of satisfaction with a number of facets of the program, including modeling of social problem solving and communication skills, forming relationships with other parents, length of the program, and improvements for future programs. Parents also had the opportunity to include free-response feedback (see Appendix G). The multiple choice satisfaction questionnaire was completed during the sixth and final program session.

Treatment integrity of the parent education program was evaluated by the researcher and the leading school psychologist using a modified version of a social problem-solving treatment integrity checklist designed by Gottfredson, Jones & Gore (2002). This checklist was initially developed to correspond to the student Social Problem Solving module (Weissberg et al., 1990). The checklist was modified by the

researcher to correspond with activities and topics completed during each session of the parent program (see Appendix E). Checklists included main topics and activities for each program session and space to include comments regarding each session topic. In addition, an overall quality rating of the lesson was ranked from 1 (low quality) to 5 (high quality). The quality ranking corresponding to the number of activities and objectives covered as stated during the program session. Both the researcher and leading school psychologist completed these checklists at the end of each program session.

At the end of the spring 2003 semester, GPA and office referral data were again collected on both treatment and comparison student samples. These data were compared to data collected when the student sample was identified in spring 2002.

Design

The present study utilizes a 2-group analysis of covariance design, with the pretest GPA and office referral data serving as the covariates. Office referrals were chosen as the measure of student behavioral improvement in order to correspond to current research regarding social competency intervention and behavioral change (cite here). An office referral was defined as an official disciplinary reprimand from a teacher or school staff member that was documented formally by the school and placed in a student's cumulative file. Participants self-selected into three groups (intervention participants, waitlist, or refusal). For ANCOVA analysis, the waitlist and refusal groups were collapsed into one "no treatment" group. The differences in GPA and office referral outcomes for students were compared across groups. Data were also analyzed using single subject design methods due to low power resulting from the small sample.

Trends in office referrals and grade point averages were charted for each group of students anonymously to evaluate changes due to parent treatment intervention.

The social problem-solving knowledge measure completed by parent training participants was utilized to assess the extent to which parents in the program gained proficiency in the social problem-solving techniques presented during the training sessions. Content checklists completed at the end of each session were used to assess the level of treatment integrity of the parent training program. Finally, pre-and post-intervention questionnaires were used for descriptive purposes to evaluate qualitatively participant satisfaction with the training program.

Analyses

Initial descriptive analysis for treatment and comparison groups were completed in order to track trends in office referrals and grade point averages using single subject design methods. Four research questions in this study were tested using GPA and office referral data, parent attendance, scores on problem-solving knowledge tests, parent satisfaction questionnaires, and treatment integrity checklists. The following discussion provides a description of the dependent measures and analyses applied for each research question.

Question 1: What is the relationship between outcomes of students with SPS training and parent training versus a comparison group of students with only the student SPS component?

Fall 2002 and spring 2003 office referral and GPA data were analyzed to address this hypothesis. An analysis of covariance with the pre-test data (fall 2002) as the covariate was utilized to determine if significant differences existed between treatment

and comparison groups. Additionally, single subject design methods were used to track trends in GPA and office referral data related to the parent training program.

Question 2: What is the relationship between parent attendance, parent knowledge, and student outcomes in the treatment group?

Parent attendance information gathered during each training session, pre- and post- program scores on the social problem-solving knowledge test, and student GPA and office referral data were used to examine this hypothesis. Initial research plans including examination of the relationship between parent attendance and changes in grade point averages and office referrals for students in the parent treatment, parent waitlist, and parent refusal groups. Additionally, the relationship between parent social problem solving knowledge and student GPA and office referral data were to be examined. Confidentiality restrictions requested by parents in the treatment condition prevented the researchers in this study from tracking and matching parent social problem-solving knowledge data to corresponding student outcomes. Additionally, the high level of parent attendance (all participating parents reached the required 4 out of 6 sessions in order to be included in the analysis) made this analysis unnecessary.

Question 3: To what degree are parents satisfied with the parent education program?

Are expectations met and how?

Pre- and post-training program questionnaires addressing parent expectations and goals were qualitatively examined for relevant knowledge to apply to future parent education program implementation. In addition, post-intervention satisfaction questionnaires were thematically analyzed to determine overall satisfaction with the training program.

Question 4: To what degree is the parent education program implemented with treatment integrity?

Treatment integrity checklists were completed by both the researcher and the program leader for each of the six program sessions. The checklists contained outlines of program content and activities. The researcher and leading school psychologist indicated session correspondence with the indicated goals and objectives on a scale from 1 to 5. A score of 5 on an item indicated a complete match between program implementation and stated goals/objectives, while a score of 1 indicated that a goal/objective had not been included in the program session. Average scores across goals and objectives were calculated for each program session and were then averaged across raters to be used as measures of treatment integrity.

CHAPTER 4

Results

Student data results were initially analyzed descriptively to determine pre-and post-intervention GPA and office referral outcomes for treatment, waitlist, and refusal groups. Average GPA and office referral data across groups in fall 2002 (pre-intervention) and spring 2003 (post-intervention) are provided in Table 1. The following section will present results for each of the four research questions of the present study.

Table 1

Pre-and Post-Intervention Student Data by Treatment Group (N = 19)

Data source	N	<u>Fall 2002</u>		<u>Spring 2003</u>	
		GPA (mean)	Office Referrals (mean)	GPA (mean)	Office Referrals (mean)
Group					
Treatment	7	2.75	3	3.41	3
All no treatment	12	2.17	1.5	3.00	1.5
(Waitlist)	5	1.84	3.2	3.00	2.8
(Refusal)	7	1.50	.28	1.50	.57

Question 1

The first research question sought to investigate the possible relationship between students with social problem-solving (SPS) training in middle school and parent training in grade 10 compared with those students who participated in the social problem-solving training in middle school alone. To address this research question, student GPA and

office referral data for fall semester 2002 and spring semester 2003 were compared across treatment groups. The independent variable, group membership, was collapsed into two groups: treatment and comparison (including both waitlist and refusal groups). It is important to note that, in the treatment group, two students accounted for all of the pre-intervention office referrals and 14 out of 21 total post-intervention office referrals.

An analysis of covariance was conducted to provide control over differences between groups that existed prior to the parent intervention. Fall 2002 (pretest) GPA and office referral data were used as covariates in this analysis to account for any initial differences across groups in pretest GPA and office referral data as well. Results of the ANCOVA revealed no main effect for treatment groups and GPA [$F(1, 16) = .071, p = .898$]. That is, parent training did not significantly increase GPA in the treatment group when compared with those students whose parents did not receive the social problem-solving training. Likewise, there was no main effect for treatment groups and office referrals [$F(1, 16) = .419, p = .526$]. Parent training did not significantly decrease office referrals compared with those students whose parents did not receive the social problem-solving training. Table 2 presents the analysis of covariance results.

Table 2

Analysis Of Covariance Of Posttest GPA And Office Referral Data As A Function Of Group With Pretest GPA And Office Referral Data As Covariate

Variable and Source	df	SS	MS	F	p
Posttest (spring 2003) GPA					
Pretest (covariate)	1	10.1	10.1	22.537***	
Group condition	1	.008	.008	.017	.000
Error	16	7.170	.448		
Posttest (spring 2003) Office referrals					
Pretest (covariate)	1	92.285	92.285	16.644**	
Group condition	1	2.325	2.325	.419	.001
Error	16	88.715	5.545		

p < .001. *p > .0001

Data were also analyzed using single subject design methods. Office referral data were graphed for each student in each of the treatment and comparison group conditions (treatment, waitlist, and refusal conditions). The graphing of trends across time reveals several interesting findings. First, treatment, waitlist, and refusal group students differed greatly in the variability of office referrals received in fall 2002. It appears that students in the treatment group had the highest variability in office referrals in fall 2002, followed by the waitlist student group and finally by the refusal student group. In essence, those parents who attended the parent education program were parents of students who

received more regular reprimands from school. Next, office referral totals for each student in the treatment group appear to decrease after the parent education program, while the total number of office referrals per student in the waitlist and refusal groups appeared to remain steady. Finally, an accurate account of the behavioral improvement of many students in the treatment, waitlist, and refusal groups could not be accomplished, as several students had no office referrals in either the fall 2002 or spring 2003 semesters. Figures 1, 2, and 3 present office referral trend data by academic quarter and by treatment group.

Figure 1

Treatment Group Office Referrals per Student

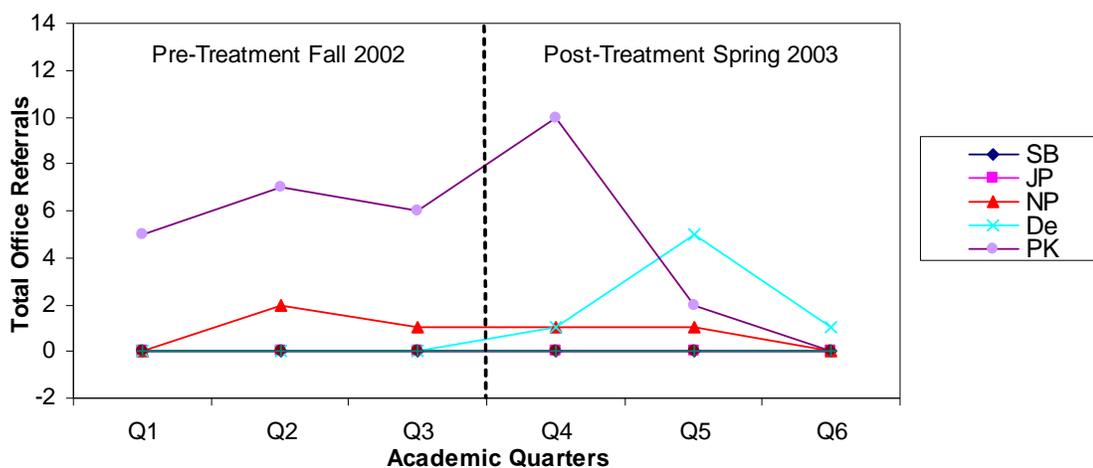


Figure 2

Comparison Group (Waitlist) Office Referrals per Student

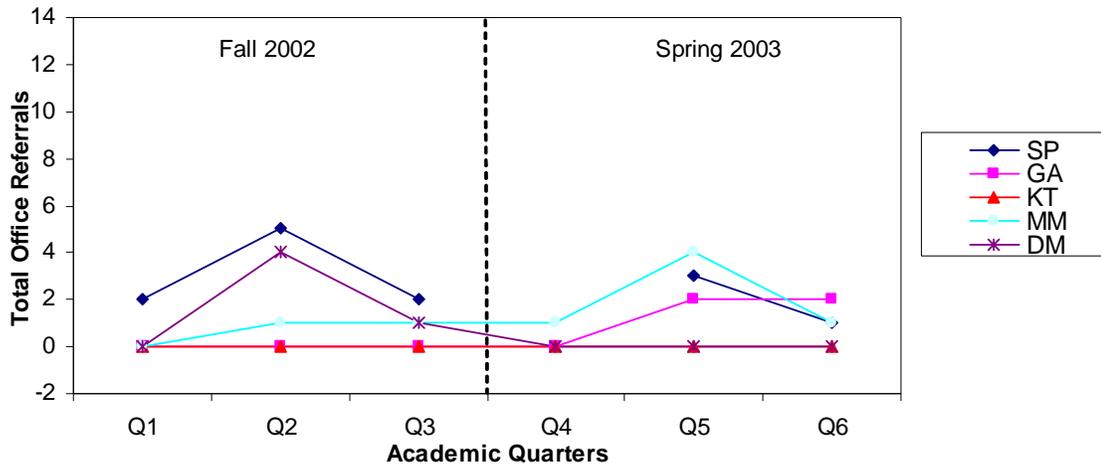
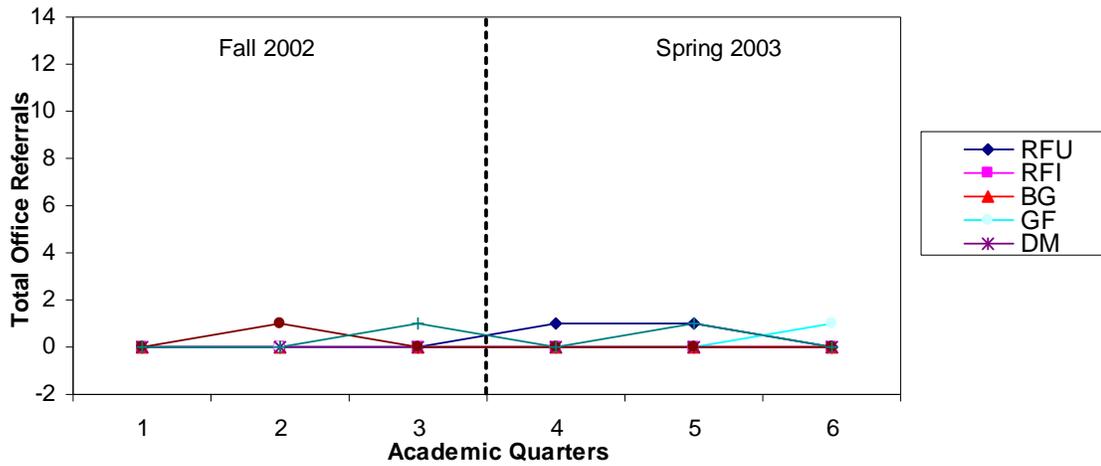


Figure 3

Comparison Group (Refusal) Office Referrals per Student



The percentage of nonoverlapping data points technique (PND) was also used as a metric of treatment effectiveness (Scruggs, Mastropieri, & Casto, 1987). This nonparametric approach helps determine treatment effectiveness in single-subject design research and is computed by drawing a line through the highest baseline data point in the expected direction of treatment into the treatment phase. The proportion of treatment data points above this line is the PND (Scruggs et al., 1987). Scores of over 90% are considered very effective, scores of 70-90% are considered effective, scores of 50-70% are considered questionable, and scores below 50% indicate ineffective treatments. In using this metric, consideration was given to the weaknesses in the approach and to preexisting trends in the data. Table 3 presents the PND for office referral reduction across treatment, waitlist, and refusal groups.

Table 3

Percentage of Nonoverlapping Data Points (PND) Across Treatment Groups

Group	N of PND's	Mean PND	Standard Deviation
Treatment	2	66%	41.67
No Treatment	2	66%	35.67
Waitlist	3	100%	44.72
Refusal	0	0%	24.94

The number of PND's for each group is less than the total number of members for each group because several students in each group had no office referrals in both fall

2002 and spring 2003 semesters. Therefore, it was impossible to measure the percentage of change in their office referral data. Analysis of PND outcomes indicates that those students whose parents participated in the parent education program had a PND of 66%, which suggests that parent training may have been effective in reducing students' office referrals. However, the comparison group receiving no treatment had the same PND (66%), indicating that some factor other than the parent training component contributed to the drop in student office referrals. Finally, the waitlist group of students (those whose parents wanted to attend the parent program but could not due to scheduling concerns) had the highest PND of 100%. Again, this highlights the likelihood that some other event in the student's lives precipitated the drop in office referrals in the spring 2003 semester.

In summary, the results of research question 1 indicate that there is no significant difference in GPA and office referral data between those students whose parents attended the social problem-solving training program and those students whose parents did not attend the program. The small sample size used for the ANCOVA may have resulted in low power and corresponding results did not differ enough to create significance.

Question 2

The second research question sought to investigate the relationship between parent attendance, parent knowledge, and student outcomes. During the informed consent process of the study, parent participants indicated their discomfort with a coding system designed to track parent skill test results to student GPA and office referral outcomes. Therefore, no tracking process was employed, and the information necessary to match students and parents on outcomes is unavailable for comparison.

Descriptive data are available for parent attendance. At the beginning of the study, attendance criteria were set to ensure sample size for statistical analysis. Those parents who attended 4 or more meetings (80%) were included in data analysis. All parent participants reached the 80% criteria. Two parents attended 5 out of 6 sessions, and three parents attended all 6 sessions. Table 4 provides student GPA and office referral information according to three categories of attendance: 4, 5, and 6 sessions.

Table 4

Student GPA and office referral data in treatment group by parent attendance

Attendance category	Parent N	<u>Student GPA</u>		<u>Student office referrals</u>	
		Fall 2002	Spring 2003	Fall 2002	Spring 2003
4 sessions	3	2.83	2.58	3	2
5 sessions	5	1.37	.725	0	7
6 sessions	3	1.77	.98	18	12

Scores on the social problem-solving knowledge test were also examined to determine the effects of the parent training on social problem solving knowledge. The same knowledge test was administered to 11 parents during the first and sixth training sessions, and test scores are reported as percent correct. Scores on the administered social problem-solving knowledge test increased significantly from session 1 to session 6 [$t(1, 8) = -10.427, p < .000$] from an average of 17% correct to an average of 73% correct. Parents in the social problem-solving training group significantly increased their social problem-solving knowledge as a result of attending the parent education program. In summary, the number of training sessions attended by parents appeared to have no

effect on student GPA and office referral outcomes. Parents attending the social problem-solving training program significantly increased their social problem solving knowledge from 17% correct to 73% correct as measured by a social problem-solving knowledge test.

Question 3

The third research question sought to investigate the degree to which parents were satisfied with the social problem-solving training program and to what degree expectations for the program were met. To address this research question, both free-response and multiple choice questionnaires completed by parents were qualitatively analyzed for thematic content. Replies to free response questionnaires were highlighted according to theme and placed into categories according to the frequency of actual responses. To analyze responses to the multiple choice parent satisfaction questionnaire, the number of responses to each question option were tallied in a spreadsheet (see Appendix H). Reported percentages indicate the number of responses compared to the total responses for a particular questionnaire item.

During the first training session, parents were asked to volunteer to complete a free-response questionnaire designed to elicit information regarding participation, perception of social problem-solving, goals, and anticipated outcomes. Five parents completed the pre-intervention questionnaire. Responses indicated that 50% of parents felt their main reasons for participating in the parent training program were to help them cope with family issues. Twenty-five percent of parents indicated that they wished to increase communication with their teenager. Similarly, 25% of parents specified that the goal they hoped to achieve by the end of the program was increased communication with

their teenager and a better ability to react calmly in problem situations. Fifty percent of parents indicated that they hoped to gain new techniques and solutions to dealing with challenges with their teenagers. The most frequently cited apprehension about participating in the training program was trying the techniques in front of other parents, as almost 40% of parents relayed this concern. None of the parents indicated that had ever participated in school-offered programs in the past, and no clear perception of social problem-solving was specified. Table 5 presents results of the pre-intervention free response questionnaire.

Table 5

Categories of Parent Comments and Percentage of Comments for Pre-Intervention Free-Response Questionnaire, N = 5

Question	Response Category	% of responses
1. Reason for participation	To help cope with family	50%
	To increase communication	25%
2. Goal of program	To gain new techniques	50%
	To increase communication	25%
	To react calmly to stress	25%
3. Apprehension about program	Practice in front of others	40%
4. Previous participation in school program	No participation	100%
5. Perception of problem-solving	None	100%

During the last training session, parents were again asked to complete a free response questionnaire reflecting achieved goals, program likes and dislikes, and level of satisfaction with the program. Five parents completed the post-intervention questionnaire. When asked to specify if the program helped the parents achieve their goals, 55% of parents responded that they met their goals by enhancing communication with their teenagers or rediscovering parenting techniques they had stopped using. However, 22% of parents felt that the goals of the program were not defined clearly enough to know if they had met them. Parents indicated that the two best things about the parent training program were relating to other parents (55%) and collaborating with

other parents to problem-solve (50%). The two most difficult elements of the training program were that the program was too short (33%) and that the training examples were not realistic (22%). Although a clear perception of social problem-solving was not supplied on the pre-intervention questionnaire, 55% of parents indicated that their perception of social problem-solving had changed for the better. Parents cited that the program helped them recognize skills in their parenting repertoire that had not been using and that the program had added information that will help them when problem-solving with their teenagers. However, 22% of parents indicated their perception of social problem-solving did not change. When asked to rate their satisfaction with the parent training program on a scale of one (lowest satisfaction) to five (highest satisfaction), the average response across nine reporting parents was a 4. Parents were very satisfied with the training program and hoped to learn more in the future. Table 6 presents the post-intervention questionnaire results below.

Table 6

Categories of Parent Comments and Percentage of Comments for Post-Intervention Free-Response Questionnaire, N = 5

Question	Response Category	% of responses
1. Achieve goals	Enhanced communication	55%
	Goals too unclear to rate	22%
2. Best about program	Relating to other parents	55%
	Collaborating with parents	50%
3. Hardest about program	Too short	33%
	Training examples not realistic	22%
4. Problem solving knowledge	Changed for better	55%
	Did not change	22%

During the last parent training session, parents were asked to complete a multiple choice satisfaction survey. Responses were categorized by question, and the most frequently cited responses are reported. Parents indicated that the most valuable parts of the parent training program were forming relationships with other parents, learning how to improve communication between parents and teenagers, and learning how to model social problem solving skills at home. Although parents specified that the examples used during the program sessions were somewhat or very applicable to their life situations, they also indicated that the examples were much easier to practice during the trainings than to use at home. In fact, parents specified that if they could improve one thing about

the program, they would include more real-life examples that were applicable to home use.

In terms of program length, most parents indicated that the number of sessions and length of sessions were just right in order to convey the program material. The three expectations most frequently cited for the program were to learn ways to cope with the specific needs of teenagers, to learn to reinforce social problem solving at home, and to learn ways to communicate better with teenagers. Parents' experiences with the training program appeared to enhance the likelihood that they would participate in school programs again, as parents indicated that they would attend if the topic was relevant. All parent participants indicated that they would strongly recommend the program to other parents.

Overall, participants in the parent training program indicated a high level of satisfaction with the social problem-solving program. Parents particularly enjoyed problem-solving with other parents in a collaborative atmosphere. Suggestions for future improvement of the program include adding more real-world examples, setting clearer program goals, and possibly adjusting the length of the program according to group skill mastery.

Question 4

The final research question sought to investigate the degree to which the program was implemented as designed. To address this research question, treatment integrity checklists were completed collaboratively by the researcher and program leader after each program session. Respondents indicated the completion of a session topic or goal by checking the box beside the corresponding session goal. In addition, the respondent

rated the overall quality of the lesson from 1 (low) to 5 (high). Space for comments regarding lesson quality and inclusion of lesson activities was provided on each checklist.

Overall results of the treatment integrity checklists across raters indicated that the program was implemented with 88% adherence to specified goals and objectives.

Objectives not covered during the specified lesson times always involved homework that must be completed by session participants. Comments on treatment integrity checklists suggest that participants did not enjoy homework assignments or reviewing them during program sessions; therefore, those activities were dropped from the session outlines during the fifth and sixth program sessions. The overall quality rating across sessions on a scale of 1 to 5 was a 4, indicating a high level of quality of implementation.

CHAPTER 5

Discussion

Summary and Integration of Results

The present study evaluated the impact of a pilot social problem-solving training program for parents of adolescents. The study compared grade point average and office referral outcomes for adolescents whose parents attended the social problem solving training with those students whose parents did not attend the program. Program evaluation questions further examined the effects of parent attendance on student outcomes and the enhancement of parent social problem solving knowledge. The degree to which parents were satisfied with the social problem-solving training program and how program expectations were met was also explored. Finally, the treatment integrity of the program was evaluated to ensure the pilot program was implemented as designed.

Overall, results indicated that no significant differences in grade point average (GPA) and office referral data existed for those students whose parents attended the training program compared to those students whose parents did not attend the program. Training parents in social problem-solving techniques had no significant impact on student GPA and office referral outcomes. The lack of significant differences between groups may have been impacted by a lack of sufficient statistical power, as a small number of parents and students were identified for invitation to the parent program (19) and an even smaller number of parents participated in the program (11).

Analysis of student office referral outcomes using single subject design methods such as the PND technique (Scruggs et al., 1987) yielded a PND of 66% for the treatment group, which is in the effective range. However, students whose parents did not attend

the parent education program also possessed a PND of 66%, suggesting that some unknown factor unrelated to the present study contributed to the decrease in office referrals in the spring 2003 semester for both groups.

Information regarding parent attendance and parent social problem-solving knowledge was also examined to determine the effects of the parent training program. Results support the assertion that parent attendance had no significant effect on student outcomes. Those students whose parents attended the parent training sessions more frequently had neither a larger decrease in office referrals nor a greater increase in grade point averages. Those parents who attended the parent training sessions were parents of students with the lowest pre-treatment GPAs and highest pre-treatment office referrals of all students selected for the parent program. Therefore, parents who attended more training sessions may have had increased attendance due to the need for more assistance from the parent program, and their students may have required more intensive intervention to improve GPA and office referral outcomes.

Evaluation of parent social problem-solving knowledge using a knowledge test indicates that parents significantly increased their social problem-solving knowledge from pre- to post-intervention. Although no significant student outcomes were found, parents knowledge of social problem-solving techniques were substantially increased from 17% correct to 73% correct. This increase in parent knowledge of social problem-solving skills may have changed the way parents relate to their children. This change in interaction could have an impact on student problem-solving strategies that subsequently change future office referral and GPA outcome data, as well as student behaviors in the home setting.

Qualitative data from parents regarding participation, goals, and anticipated outcomes, as well as program satisfaction were analyzed for themes and summarized. The data revealed that participants in the parent training program had a high level of satisfaction with the program content and outcomes. Parents' attendance goals were to gain more communication skills and problem solving strategies to use with their families. A majority of parents felt that had gained information helpful in meeting those program goals. Parents particularly enjoyed problem-solving with other parents in a collaborative atmosphere. Suggestions for future improvement of the program from parents included adding more real-world examples, setting clearer program goals, and adjusting the length of the program according to group skill mastery.

Finally, the parent program was implemented with a high level of treatment integrity, as program sessions adhered 88% to specified session goals and objectives. Changes in program implementation were made to increase parent participation and eliminated unpreferred activities. The overall quality rating across sessions on a scale of 1 to 5 was a 4, indicating a high level of quality of implementation.

Research has shown (e.g., Bullis, Walker & Sprague, 2001; Greening, 1997; Bowker & Hymel, 2000; Erwin, 1994) that aggressive adolescents typically have difficulty in one or more of the social information processing steps that underlie social competence. A main issue in the enhancement of social competence in aggressive students is that of generalization to behavioral outcomes. Research indicates that those student programs that include a process-based training approach (such as problem-solving training) are more successful at improving behavioral outcomes (Weissberg et al, 1981; Weissberg et al., 1992) than skills-based approaches (Spence, 2003; Lane, 1999).

Research on generalization of student behavior change indicates that those programs that include a parent education component are more successful at improving student behavioral outcomes than those programs with student components alone (Kumpfer and Tate, 2002; August et al., 2001).

The current research study sought to integrate and evaluate both the process-based problem-solving approach to social competency enhancement and the inclusion of parent training as a generalization enhancement tool for student outcomes. Results from the current study are somewhat difficult to compare to existing research, as research evaluating parent education components to social problem-solving student interventions most frequently involve simultaneous implementation of student and parent programming in preschool and elementary grades, whereas the current study included parents of students enrolled in grade 10. However, previous research conducted with these younger groups, when paired with results with the current study, suggests that a specific developmental window may exist in which pairing student and parent interventions create the most success. Primary prevention efforts designed for adolescents may be ineffective due to an inherent developmental difference between adolescents and elementary school-aged children. Further research may wish to explore parent and student primary prevention efforts using a developmental framework.

Despite the differences between existing research and the current study, several findings from the current study contribute to the literature on parent education and social competency enhancement programs. First, parent training alone, without a concurrent student component, may not be a strong enough intervention to enact change in existing aggressive student behaviors. Although the student sample had already completed three

full years of social problem-solving training, the addition of the parent component and length of the program did not create a strong enough effect to enact behavioral change. The length and intensity of the parent intervention may have been insufficient to induce change in both parent and student behaviors. Since past program evaluations (e.g., Kumpfer and Tate, 2002; August et al., 2001) cite the benefits of combining lengthy (12 weeks or more) parent and student programs, the full benefits of the current program may yet be realized.

Additionally, the student program and the subsequent parent program were designed as primary prevention efforts. Examination of student office referral and GPA information for the treatment group indicate that the severity of student problems may have required more powerful tertiary intervention. In the future, a more intensive and applicable program should be developed to help parents cope with severe behavioral and academic difficulties. The current program may be more effective when used as a primary intervention with parents and students who have not yet experienced such acute school difficulties. Sampling for future studies should include students who have less severe academic and behavioral problems to determine if the program is effective as a primary prevention intervention.

Shapiro (2000) indicates that increasing parent adolescent attachment by enhanced communication can influence student outcomes. The parent education program focused on enhancing parent communication with their adolescents by emphasizing empathy, reflective statements, and calming techniques. Parents indicated on self-report questionnaires that they felt they had enhanced their ability to communicate with their teenagers. However, no significant change in student outcomes was found, despite this

communication training. One reason for the lack of significant change in student outcomes at school could be that the program focused on enhancing social problem solving in generic home and community environments. No skills specific to the school environment were emphasized in the parent training, and parents were most interested in changing behaviors of their children in the home environment. A measure of student behavior changes at home may have been a more accurate measure of behavioral change resulting from the parent program.

The relationship between parent-adolescent communication and aggressive behavior should be examined in more depth to determine if communication enhancement is a valuable component of parent education programs. Future implementation of the parent education program should include a measurement of parent and adolescent communication from both parent and student perspectives. Researchers may wish to consider the inclusion of parent-child interaction to fully and accurately evaluate parent-adolescent communication, as well as include a measure of behavioral change in the home environment.

Finally, the current research expands on parent perspectives regarding the importance and reality of parent involvement during adolescent years. The current study indicates that parents of adolescents are both interested in parent education programs and find these programs to be worthwhile. Research indicates that a key part of successful intervention programming includes constructing comprehensive programs that allow for skill reinforcement at home and in the community (Skiba and Peterson, 2000). Current prevention and intervention programming often focus on involving only parents of preschool and elementary-age students in training programs (e.g., Schweinhart &

Weikart, 1989; Weissberg et al., 1991). Researchers are now emphasizing the importance of the middle school to high school transition as a key involvement period affecting student outcomes such as future grade point averages (Falbo, Lein, & Amadore, 200; Eccles & Harold, 1993). The current research emphasizes that parents may be willing participants and key partners in interventions designed specifically for aggressive adolescents. In addition, parents of adolescents may be even more interested in programs to enhance their parenting skills and relationships with their children during the adolescent period. Future implementations of the parent program should examine deeper the effects of parent involvement during the adolescent years on student outcomes by evaluating other areas of parent involvement in social, emotional, and community areas. Programs for parents of adolescents should also be designed more ecologically, so that skill reinforcement can be emphasized in the classroom, school building, and at home simultaneously.

Implications of Findings

Practitioners and researchers are continuously searching for interesting, simple, adaptable, and effective interventions to use to reduce aggressive behaviors in schools. By increasing knowledge regarding the implementation of intervention programs for parents of aggressive adolescents, practitioners will be better able to evaluate the importance of including these programs in secondary school environments. The parent education program provides a structured and flexible mechanism for increasing parent knowledge regarding social problem-solving programs implemented with their children, and enhances the likelihood of reinforcement of social problem solving skills at home.

The results of the current study indicate that the parent education program is interesting and engaging to parent participants and significantly increases their knowledge of social problem-solving strategies. Additionally, parents feel the program helps increase communication with their adolescents and would highly recommend the program to other parents. Therefore, this program may have merit for parents of adolescents and should continue to be developed and evaluated into a comprehensive student and parent intervention program. Further developments to the program may include increasing the number of program sessions, implementing the parent program at the same time the student program is conducted, including teachers and other school staff in skill reinforcement, and soliciting parents for more real-life training examples.

The high level of parent satisfaction with the education program further supports the use and expansion of this or other programs by practitioners. Overall, the parent participants in the education program enjoyed both relating to other parents about similar concerns and collaborating with other parents to problem-solve. All parent participants indicated they would strongly recommend the program to other parents, and that their participation in the program enhanced the likelihood that they would participate in other school programming in the future. The high level of program acceptability indicates that it can be a useful tool for practitioners seeking to increase parent involvement and student skill generalization in schools.

The current study is also relevant to the field of school psychology as a whole. In a field that faces critical staffing shortages and increasing demands for mental health services in schools, prevention of maladaptive outcomes is at the forefront of the professional agenda. Additionally, practitioners in school psychology are always

searching for ways to strengthen home-school connections and to help parents shape their child's social and emotional development. This study contributes to the literature by providing an examination of alternative intervention methods, ways to enhance school-home connections, and the implementation of applied research.

The current study revealed that intervention with parents alone is ineffective in changing adolescent student outcomes. However, the study provided multiple suggestions for increasing parent involvement in after-school programs, for helping parents reinforce student programming at home, and for reinforcing positive parenting strategies. School psychologists can use the qualitative, parent-reported information from the current study, as well as the behavioral and group therapy techniques provided in the program to develop, implement, and evaluate parent education programs in similar settings. Although the implementation of the parent program in the school setting caused sacrifices in methodology and study rigor that will be discussed in the limitations section of this chapter, the benefits to the school psychology practitioner include practicality, increased user interest, and relevance. The following discussion will provide recommendations for further development of the parent education program with regard to the difficulties noted with enhancing student outcomes.

Future Directions for Practice and Research

Further development of the parent education program appears to be warranted, given the high attendance and positive response from parent participants. Several recommendations will help to develop the program further to both enhance student outcomes and meet the needs of alternative populations.

First, the number of parent program sessions should be increased to more closely match the length of the student program. An evaluation of effective parent and child interventions indicate that comprehensive, multiyear programs are the most effective in changing student outcomes (Schweinhart & Weikart, 1989; Topping, Holmes, & Bremner 2000; Caplan et al, 1992). Therefore, the parent intervention should be expanded from its current 6-week length, with sensitivity to parent ability to attend and scheduling.

The parent program should also be paired with the student curriculum so that both programs are implemented simultaneously. Research indicates that generalization of student outcomes are enhanced when a parent education component is included with a social competence student intervention (Frey et al., 2000; Durlak, 1997). By pairing the student and parent components of social problem-solving training, parents can immediately reinforce emerging skills in their adolescents, as well as help their teenagers generalize their knowledge in community settings. Parents and students should be brought together to develop their communication skills with one another. Finally, parent and student programs should be evaluated simultaneously to better understand how training affects parent interactions and student outcomes. When parent and student programs are implemented together, more effective comparisons can be made between students whose parents participate in the parent training program and those whose parents do not. Given the high level of interest of parents in the education program, the program could be expanded to include all parents whose students receive social problem-solving training in a given year.

Adaptations to the parent training program could also be made to better meet the needs of the parent population. Although changes to the program should follow the social problem-solving curriculum of the student program to ensure the content of the program remains intact, it may be possible for future implementation to include more wide-ranging role play scenarios, discussion topics, and communication skills. Knowledge regarding specific strengths and weaknesses of both parent and student participants can help guide group activities and problem-solving skill development. Likewise, parent groups could be divided by age of students to tailor further the curriculum of the program to needs of parents and students at different developmental stages.

Given the severity of the behavioral problems faced by students in the researched sample, it may be necessary to develop a more intensive program for high-needs parents and students. Program sessions could offer extended training, parent and student retreat sessions, and training for teachers and administration to help generalize program effects to home and school environments. A more concentrated approach incorporating multiple facets of a student's world may help to ensure that the social problem solving steps are used and reinforced by varied stakeholders (such as teachers and administrators) in several settings.

In summary, following recommendations should be considered for future research of the social problem-solving parent training program. The program should be implemented concurrently with the student program to ensure a large, representative sample of participants and to minimize student confounds. Parent participants should be selected at random for participation according to less severe GPA and office referral data

and then placed randomly into treatment and waitlist comparison groups. Parent and student outcome data should be tracked together to evaluate more clearly the relationship between parent participation and student grade point average and office referral data. Similarly, student measures should include tracking of office referral offense and severity, as well as measurements of parent and student communication and student social problem-solving efficacy.

Further development of the social problem-solving parent training program is also recommended. These developments may include: 1) increasing the length of the parent program to match the length of the student intervention, 2) development of a more intensive intervention involving key school and community members for those populations with the most severe behavioral difficulties, 3) tailoring the program content to match the specific needs of the parent group, and 4) including more real-world examples.

Limitations of study

Although parent satisfaction data presented as part of the program evaluation provides encouraging evidence for the continued development and investigation of the parent social problem-solving training program, the applied nature of the research project created many notable study limitations. First, the selection of the student sample was not conducted randomly, and parent participation was voluntary. This created several problems with data outcomes. Parent self-selected into treatment, waitlist, and refusal groups. Comparison groups of students were inherently different from the beginning of the program evaluation due to the voluntary nature of program participation.

Additionally, the sample size was very small, producing effect sizes that were both not

significant and not generalizable to the population of concern. These problems can be remedied in future research by implementing both student and parent interventions simultaneously and school-wide to increase sample size, randomly selecting a group of parents for invitation to the parent program, and randomly assigning those selected to treatment and waitlist groups. However, participation in the parent program can never be mandated, and participation bias may always be a limitation of conducting applied research in the school setting.

Next, the lack of control over student interventions and the length of the parent program made it difficult to attribute student differences to program effects. The absence of a concurrent student social problem-solving program and the lack of control over any additional student interventions made it difficult to conduct an accurate comparison of parent training and non-training groups. An infinite number of events and conditions in the student's lives could have caused the resulting changes in office referral and grade point average data for treatment and comparison groups. The choice of specific statistical comparisons designed to account for confounding student variables were not powerful enough to control for extraneous student circumstances and differences. Therefore, it is not possible to conclude that the parent program caused change in student outcomes. Similarly, the length of the parent program and the intensity of the parent intervention may have been insufficient to produce the change necessary in parent and student behaviors to produce measurable behavioral outcomes such as drops in office referrals. As mentioned, future implementation of the parent training program should include a subsequent student training component to ensure better control over student interventions and more accurate attribution of student outcomes. Likewise, the number of parent

program sessions should be lengthened to intensify the effects of the social problem-solving curriculum.

Finally, several measurement difficulties were encountered during the data collection phase of the program evaluation. First, the types of office referrals earned by students could not be tracked, because the system in place at the high school did not allow for separation of office referrals by offense or severity. Because no such tracking process was in place, researchers could not ensure that parent participants were receiving intervention that matched their student's specific needs. Future implementation of the parent program may wish to add an office referral tracking component to ensure that training matches the needs of both student and parent participants as well as to enhance the progress monitoring process. Next, parents did not consent to allow researchers to match parent and student outcome data. During the informed consent process of the study, parent participants indicated their discomfort with a coding system designed to track parent skill test results to student GPA and office referral outcomes. Therefore, no tracking process was employed, and the information necessary to match students and parents on outcomes was unavailable for comparison. The availability of this information would have been helpful in evaluating the integration of parent and student outcomes. Lastly, no measurement of parent communication skills or student problem-solving efficacy was employed. Availability of these data could be valuable in further evaluating the enhanced communication between parents and teenagers reported on parent questionnaires. Likewise, student perceptions of their own social-problem solving efficacy and communication with their parents would be indispensable in evaluating the impact of parent training on student behaviors.

In summary, training parents of adolescents in social problem-solving techniques have merit as a way to increase parent social problem-solving knowledge and enhance parent participation in other school-sponsored events. Parents participating in the training program found it to be interesting, helpful, and a good place to problem-solve with other parents. Although significant change in student outcomes was not found, further development and research of this program is recommended to enhance its ability to affect student behaviors. Given the future potential of this program to enhance parent and school relations, as well as the enjoyment that parents receive from participating and collaborating with other parents, the social problem-solving parent training program should be further developed, researched, and utilized by school psychologists and other mental health professionals in applied settings.

APPENDICES

Appendix A: Phone Contact Script

This winter, Howard County High School will be offering a program for parents of upcoming 10th-grade students. This program will emphasize ways parents can help students solve problems that may arise in their lives. The curriculum for the program will be based on the Social Problem Solving curriculum taught to your student at Elkridge Landing Middle School. The Social Problem Solving (SPS) program was implemented throughout the entire eighth grade at Elkridge Landing. The students learned the following six step problem solving process:

- a) Stop, calm down, and think before you act;
- b) Say the problem and how you feel;
- c) Set a positive goal;
- d) Think of lots of solutions;
- e) Think ahead to the consequences; and
- f) Go ahead and try the best plan.

This program will help increase your knowledge of the problem-solving skills and help your student use these skills in their everyday lives. There are six sessions planned for the parent group. Door prizes will be awarded each night from local businesses.

You have been selected to participate in this group based on your student's performance in his or her ninth grade year. Participation in this program can be beneficial for both you and your student. Acquisition of these social problem-solving skills has been shown to help students deal with the multiple problems teenagers face in their lives.

If you have any questions about the program before the information session, please feel free to contact Dr. Mary Levinsohn, program coordinator, at 000.000.0000. We look forward to seeing you in the parent group in January!

Appendix B: Informed Consent Form

Social Problem-Solving Parent Curriculum Group

I wish to participate in the Social Problem-Solving Parent Curriculum Group being led by Dr. Mary Levinsohn, School Psychologist for the Howard County Public School System, Ellicott City, MD. This program will be evaluated by Kara Lane, graduate student at the University of Maryland, College Park, for the purpose of fulfilling her master's thesis requirement.

Participation in this group involves 1 session per week for 6 weeks total. Each session will last approximately 2 hours, including dinner. All information collected in parent group sessions is confidential and **my name will not be released or identified at any time**. The information I provide will be grouped with information others provide for analysis and presentation.

Evaluation of this program is designed to ensure that future group sessions are helpful, interesting, and focus on the most important skills and topics. My participation is completely voluntary and I am free to ask questions or withdraw from participation at any time without penalty.

I also hereby authorize use of grade point average and office referral data for my child, _____, during the 2002/2003 school year. **All information collected on my child will be kept confidential and his or her name will not be released at any time**. Information obtained on my child will be used to evaluate the relationship between parent education programs and student outcomes. I am free to withdraw permission to have my child's information used at any time without penalty.

Please feel free to contact Dr. Mary Levinsohn at 410.313.6987 ext. 183 or mlevinsohn@mail.howard.k12.md.us at any time regarding this study.

Name of Parent _____

Signature of Parent _____

Date _____

Appendix C: Social Problem Solving Skills Test

1. List the 6 steps of the social problem-solving process.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

2. List at least 2 ways of calming down when a problem occurs.
 - 1.
 - 2.

3. What is the definition of a positive goal when solving a problem?

4. When you have a problem, how many solutions should you think of before trying one?

5. What is the definition of a consequence?

Appendix D: Pre-Intervention Interview Sheet

1. What are your reasons for deciding to participate in this parent education program?
2. What is your perception of social problem-solving?
3. What goal do you hope to reach by the end of the program?
4. What are your apprehensions about participating in the program?
5. Have you participated in any other school-offered programs in the past? If so, what programs?
6. What is one thing you hope the program will offer?
7. What is one thing you hope to learn from the program?

Appendix E: Treatment Integrity Checklists

IMPLEMENTATION LOG—PARENT SOCIAL PROBLEM SOLVING COURSE

Lesson 1: Introducing the Social Problem-Solving Program

Date: _____ Overall quality rating of lesson: _____ (1 = low, 5 = high)

<u>Activity</u>	<u>Was activity carried out?</u>	<u>Comments</u>
1. Informed Consent		
2. Social Problem-Solving pretest		
3. Introduction interview activity		
4. Definition of problem-solving		
5. Describe 6 problem-solving steps with stoplight poster		
6. Define teachable moments		
7. Group goal-setting exercise		
8. Assignment of stress homework		

IMPLEMENTATION LOG—PARENT SOCIAL PROBLEM SOLVING COURSELesson 2: Stop, Calm Down, and Think

Date: _____ Overall quality rating of lesson: _____ (1 = low, 5 = high)

<u>Activity</u>	<u>Was activity carried out?</u>	<u>Comments</u>
1. Review 6 problem solving steps Q&A		
2. Define stress and process homework		
3. Define active listening		
4. Reflection dyads		
5. Breathing technique exercise		
6. Homework breathing technique assignment		

IMPLEMENTATION LOG—PARENT SOCIAL PROBLEM SOLVING COURSELesson 3: Say the problem and how you feel

Date: _____ Overall quality rating of lesson: _____ (1 = low, 5 = high)

<u>Activity</u>	<u>Was activity carried out?</u>	<u>Comments</u>
1. Review stoplight and first few steps of techniques.		
2. Process homework exercise		
3. Define “problem”		
4. Feeling scenario exercise		
5. Define empathy		
6. Feeling prompts worksheet		
7. First 2 steps role play		
8. Emotional skills worksheet		
9. TV homework		

IMPLEMENTATION LOG—PARENT SOCIAL PROBLEM SOLVING COURSELesson 4: Set a Positive Goal

Date: _____ Overall quality rating of lesson: _____ (1 = low, 5 = high)

<u>Activity</u>	<u>Was activity carried out?</u>	<u>Comments</u>
1. Review stoplight and first 3 steps of techniques		
2. Process TV homework		
3. Define positive and negative goals		
4. Three questions to determine goal		
5. Define modeling		
6. Role play skills 1-3		
7. Modeling homework		

IMPLEMENTATION LOG—PARENT SOCIAL PROBLEM SOLVING COURSELesson 5: Think of Lots of solutions

Date: _____ Overall quality rating of lesson: _____ (1 = low, 5 = high)

<u>Activity</u>	<u>Was activity carried out?</u>	<u>Comments</u>
1. Review stoplight and 4 steps		
2. Process modeling homework		
3. Define solution and go over difference between problem and solution		
4. Situation worksheet activity		
5. Consequence questions worksheet Take home		
6. Q&A bucket review		
7. Trouble tracker homework		

IMPLEMENTATION LOG—PARENT SOCIAL PROBLEM SOLVING COURSELesson 6: Go ahead and try the best plan

Date: _____ Overall quality rating of lesson: _____ (1 = low, 5 = high)

<u>Activity</u>	<u>Was activity carried out?</u>	<u>Comments</u>
1. Review stoplight steps 1-5		
2. Process Trouble Tracker homework		
3. Execution of final plan		
4. Worksheets for future use		
5. Role play by group leaders		
6. Birthday group activity		
7. Termination review		
8. Social problem solving posttest		

Appendix F: Post-Intervention Interview Sheet

1. Indicate your level of satisfaction with the program with 1 being lowest satisfaction and 5 being completely satisfied.
2. Did the program help you meet your set goals? If so, how? If not, what could have been added to help you meet your goal?
3. What were the two things you liked most about the program? What are the two things you liked least about the program?
4. Has your perception of social problem solving changed? How?

Appendix G: Parent Satisfaction Questionnaire

The items in this questionnaire will help staff evaluate the strengths and growth areas for the social problem-solving parent program you just completed. Please answer the following items by circling the letter that best describes your experience during the program.

1. Learning how to model social problem-solving skills at home was:
 - a) The most valuable part of participating in the parent education program
 - b) Important, but not the most valuable skill I learned
 - c) The least valuable part of participating in the parent education program

2. Learning how to improve communication between my teenager and myself was:
 - a) The most valuable part of participating in the parent education program
 - b) Important, but not the most useful skill I learned
 - c) The least valuable part of participating in the parent education program

3. Forming relationships with other parents during the training sessions was:
 - a) The most valuable part of participating in the parent education program
 - b) Important, but not the most useful skill I learned
 - c) The least valuable part of participating in the parent education program

4. The examples used during program sessions were:
 - a) not applicable to my life situation
 - b) somewhat applicable to my life situation
 - c) very applicable to my life situation

5. The examples used during program sessions were:
 - a) Not useful at home with my family
 - b) Easier to practice during the sessions than at home
 - c) Very easy to use at home with my family

6. The program sessions were:
 - a) just the right length to convey the material
 - b) not long enough to cover techniques I wanted to learn
 - c) longer than necessary to convey the material
 - d) Other:

7. The number of program sessions were:
 - a) just the right number to convey the material
 - b) not enough in number to convey the material
 - c) more than necessary to convey the material

- d) other:
8. My expectations of this program were (select all that apply):
- a) to learn ways to cope with specific needs of my teenager
 - b) to learn more about what my teenager was learning at school
 - c) to learn to reinforce social problem-solving at home
 - d) to learn ways to communicate better with my teenager
 - e) other:
9. After completing the parent education sessions, I feel this program:
- a) met all of my expectations
 - b) met some of my expectations
 - c) did not meet my expectations
10. If I could improve one thing about the parent education program, I would choose:
- a) To make the sessions shorter
 - b) To hold the sessions at more convenient times
 - c) To include more real-life examples to help me at home
 - d) Other:
11. If another parent education program were held by the school, I would:
- a) Be likely to attend if the topic interested me
 - b) Be likely to attend no matter what the topic
 - c) Not attend. Why?
12. If another parent education program like this one were to be held by the school, I would:
- a) Recommend it strongly to other parents
 - b) Recommend it with reservation to other parents
 - c) Not recommend it to other parents
 - d) Actively discourage other parents from attending
13. Additional comments are welcome:

Appendix H: Social Problem-Solving Parent Curriculum Outlines

Session 1

- I. Overview—This session will introduce the group to one another and the Social Problem-Solving curriculum.
- II. Goals
 - To introduce the group to one another and break the ice
 - To define social problem-solving and explain why the program is used
 - To describe the 6 steps of problem solving
 - To define “teachable moments”
 - To determine group goals and describe expectations
- III. Materials
 - Stoplight handouts
 - Bowl, paper, and pens for Q&A session
 - Dyad interview sheets
 - Markers and poster for group rules poster
- IV. Procedure--
 - Begin by introducing group leaders and welcoming group
 - group will run 6 weeks
 - explain confidentiality
 - participation is voluntary
 - sign informed consent forms
 - Introduction interview activity—. pass out interview sheet. Have group break into dyads and fill out sheet with facts from other person. When group reconvenes, each member must introduce their partner with 3 facts they discovered about them. (10-15 minutes).
 - Talk about purpose of the group and the Social Problem-Solving initiative--
 - helps students cope with stress during important teenage years
 - reduces risk of delinquency and other risky behaviors
 - Proactive instead of reactive
 - want to get parents involved because they are the most important resource for helping kids!
 - if teens and parents use these skills at home, they are more likely to become part of student’s daily life
 - Define Problem-Solving— (Don’t forget to include Weissberg stuff!). finding a positive solution to a problem that will cause a positive consequence. Making an upsetting or stressful situation better. Ask group to help define.
 - positive vs. negative problem-solving
 - Describe problem-solving steps—. pass out worksheet and go over each step
 - Each week, we’ll be learning about each step and skills to use to help your teen master each step at home

- Define “teachable moments”—. an everyday situation that parents can use as examples to teach problem-solving skills. This will be the main focus of delivery.
 - Group goal-setting exercise—. Pass around slips of paper and have each person write one goal they have for the group experience. Define realistic goals—leader starts! Pass around bowl and have each person drop their goal in. Pass bowl around again and have each person read the goal that they draw out of the bowl. Discuss these goals and group rules needed to reach these goals. Write group rules on poster board. This poster will be displayed at each meeting.
- V. Closure—. Thank everyone for his or her participation and attendance.
- Homework—Think of one thing that caused you stress as a teenager and one thing that causes your teen stress now. Bring this to group for discussion!
 - Drawing for session 1 door prize

Session 2

- I. Overview—This session will focus on the first step in the social problem-solving program, “Stop, calm down, and think before you act.”
- II. Goals
 - To review the 6 problem-solving steps
 - To help parents develop an understanding of similarities and differences in adolescent stress situations and parent stress situations
 - To help convey the benefits of calming in stressful situations
 - To help parents learn ways to aid their teens in calming down by teaching them calming techniques.
 - To teach active listening techniques
 - To teach deep breathing techniques
 - To help the group continue to feel more comfortable with one another
- III. Materials
 - Stoplight handouts
 - Group rules poster
 - Chart paper
- IV. Procedure
 - Re-welcome group and give general topic layout for the session
 - Review the 6 problem-solving steps and the corresponding stoplight poster
 - Question and answer session on last week’s topic
 - Define stress—. the body’s response when you feel nervous or under pressure.
 - Have each group member report their homework assignment by breaking into small groups. They will share their own teenage stress, their teen’s stress, and how the stress affects their relationship with their teen. Once all ideas are shared, answers will be charted.
 - Talk about how perceptions of stresses can be different for teenagers and adults and how we can understand each other.
 - Share how stress is manifested—. nonverbally, verbally, physical reactions. How do you see stress manifesting itself in your life?
 - Why managing stress is important:
 - reacting too quickly can lead to bad decisions
 - may not fully understand problem
 - may not think of best solution immediately
 - may create a bigger problem!
 - Ways to help you and your teen manage stress—active listening, relaxation techniques
 - Define active listening
 - Leaders model reflection techniques
 - Break into dyads and have each person practice reflecting other’s statements (5-10 minutes)
 - Process the exercise—how did you feel? What were the difficulties?
 - Being an active listener can help your teen calm down when stressed

- Brainstorm list of ways for teens (and parents!) to reduce stress
- Breathing technique exercise—. teach parents the same calming techniques taught to teens. Can use this themselves or help teens use it when upset.
 - Close your eyes, tense for 10 seconds and imagine yourself very upset.
 - How many people held your breath or changed the way you breathed? When people are upset, they usually take shorter breaths. More air→more oxygen→ think more clearly.
 - Model breathing technique. Stop what you are doing and get still. Slow down your breathing.
 - Take slow, deep breaths in through the nose and push out the stomach.
 - Say out loud to yourself “Calm Down.”
 - Release air slowly out of the mouth and smile a bit.
 - Congratulate yourself by saying “good.!”
 - Practice this 3 more times until group is saying “calm down” and “good” silently to themselves.

V. Closure

- Summarize session accomplishments
- Answer any remaining questions
- Restate that helping you and your teen calm down is the first step in solving problems and issues.
- Homework assignment—try the deep breathing exercise at home at least once this week. Point out to your teen when others are able to manage stress effectively. Model the breathing technique for your teen if you feel comfortable!
- Drawing for session 2 door prize

Session 3

- I. Overview—This session will focus on step 2 of the problem-solving techniques, “Say the problem and how you feel.”
- II. Goals
 - To be able to define a problem and the feelings that may result
 - To help parents understand typical teen problems and their associated feelings
 - To review and role play the first 2 problem-solving steps
- III. Materials
 - Stoplight handout
 - Rules poster
 - Example situations for scenarios exercise
 - 13 Tough situations handout
 - Role play scripts
 - Feeling prompts worksheet
 - Emotional skills questions worksheet
- IV. Procedure
 - Review stoplight and first 2 steps of problem-solving techniques
 - Process homework exercise—how did the breathing exercises work? What worked well? What would be an improvement? How did it make you feel? How did your teen react?
 - Define “problem”—elicit participation from the group
 - every problem causes a feeling
 - what are feelings that result from negative situations/problems?
 - what feelings are associated with positive situations?
 - Scenario exercise—read 2 parent scenarios, a positive one and a negative one. Ask members to give one feeling word they’d associate with the situation. Talk about differences and similarities
 - can’t always expect people to react in the same way!
 - Then read 2 teen scenarios, and repeat the activity. How are the feelings the same/different? How would you have reacted at age 16? What do you know now that changes your reaction?
 - define EMPATHY—the ability to understand another’s feelings and perspective.
 - Saying the problem and how you feel can help connect the situation and the feeling together. Once these 2 are connected, it is easier to define what to do to make the situation better. If the teen cannot connect these, finding a solution to the problem will be more difficult.
 - Pass out Feeling prompts worksheet. Go over worksheet and have each person try to add another suggestion to the list from their own experience.
 - Role plays—Divide into 2 groups. Have 3 volunteers role play a situation in which the first 2 steps of the problem-solving techniques can be used.

Members should have a chance to role-play once as the participant in the problem-solving interaction and once as the helping parent.

V. Closure

- Summary of the session's accomplishments
- Homework assignment—take home the Emotional skills worksheet. Fill it out for you and your family. This is for your own personal growth and will help you form a base from which to grow. In addition, watch one TV show or movie with your teen this week. Talk about how the characters express their feelings, how your teen feels about the characters, how your teen thinks the characters handled the situations. We'll share next week.
- Drawing for session 3 door prize

Session 4

- I. Overview—This session will focus on step 3 of the problem-solving techniques, “Set a positive goal.”
- II. Goals
- To define a goal and determine the difference between a positive and negative goal
 - To practice using steps 1-3 in role play interactions
 - To help parents help their teens evaluate how they are currently choosing goals
 - To help parents help teens set goals in problem situations
 - To define modeling and help parents model problem-solving skills
- III. Materials
- Stoplight worksheet
 - Rules poster
 - Role-play scenarios and questions handout
- IV. Procedure
- Review stoplight and first 3 steps of problem-solving techniques
 - Process homework—TV/movie feelings exercise
 - What feelings were apparent in the show/movie you watched?
 - Did the characters express their feelings? How?
 - How did your teen react to the characters’ expressions?
 - Did you feel that this was an exercise you could begin to incorporate into your routine?
 - Define a goal—ask group for assistance. Something you try to accomplish or the way you want things to end up.
 - positive goal—a way to get your needs met without making the situation worse. Ask for examples.
 - negative goal—a way to make someone else feel worse/punish them in order to meet your needs. Ask for examples.
 - Leader should share a recent experience where he/she battled between goals. This will encourage group members to discuss how they made the decision between +/- goals.
 - Always encourage teens to choose positive goals!!!
 - Three easy questions to ask about the goal to determine if it’s positive:
 1. Will the goal make the situation better, not worse?
 2. Will any of the people involved get hurt or upset?
 3. Would you want someone else to have this goal if they had the problem with you?
 - Define modeling—setting a good example. How can parents model positive goal setting?
 - thinking aloud works really well.
 - Example—I could sit here and read, but I’m going to go ahead and get the kitchen cleaned up so I can watch that TV show at 8pm.
 - Go around the circle and have each member share a thinking aloud statement they could use to model goal-setting.

- Role Play exercise to practice skills 1-3—Divide the group into dyads. Give each dyad a role-play sheet of a parent-child interaction. Each dyad will complete the role-plays, taking turns playing the different characters. Then the dyads should complete the questions at the bottom of the sheet (15-20 minutes)
 - Go over questions
 - Process activity and answer any questions

V. Closure

- Summarize session accomplishments
- Homework—model goal-setting behavior this week. Be sure to use situations where you are completing a responsibility.
- Drawing for session 4 door prize

Session 5

- I. Overview—This session will focus on step 4 of the problem-solving techniques, “Think of lots of solutions,” and step 5, “Think ahead to the consequences.”
- II. Goals
 - To define a solution and to determine the difference between a goal and a solution
 - To help teens brainstorm solutions and evaluate consequences
 - To help teens understand the importance of generating many solutions
 - To apply the first 5 problem-solving steps to a personal problem situation
 - To begin technique integration and termination
- III. Materials
 - Stoplight worksheet
 - Situations handout
 - Q&A bucket, paper, pens
 - Consequence questions worksheet
- IV. Procedure
 - Review stoplight and first 4 problem-solving steps
 - Process homework—How did modeling feel? Did you notice your teen making any attempts to follow your example? What were positive/negative aspects of the real life challenge?
 - Define solution—way to solve a problem. What you do to reach your goal.
 - Difference between goal and solution—ask group members.
 - goal is way you want things to end up
 - solution is what you do to cause your goal
 - Situation worksheet—read the following situations and determine what is the problem, goal, and a possible solution. For the second situation, have the group generate as many different solutions to the problem as possible.
 - coming up with different solutions will help you evaluate the best one
 - the first solution may not solve the problem, so you will have plenty of back-ups!
 - what are the immediate and long-term consequences of the worst thing that could happen? The best?
 - how will solution affect person making choice? How will it affect other people?
 - Pass out consequence questions to use with your teen at home—see page 152 in binder, 182 in book.
 - Step review—pass around the Q&A bucket. Have each person share a real-life problem. Leader randomly picks situation from the bucket, and members take turns using first 5 steps to solve the problems. (15 minutes).
 - Begin termination—remind groups that sessions are almost over. Have them review this week how home life may have changed due to homework assignments.

V. Closure

- Summarize session accomplishments
- Hand out homework—Trouble Tracker sheet. Have parent and teen fill out sheet together. Can help a problem come into focus!
- Drawing for session 5 door prize

Session 6

- I. Overview—This session will focus on step 6 of the problem-solving techniques, “Go ahead and try the best plan,” as well as reviewing the program and evaluating progress.
- II. Goals
- To review the elements of the problem-solving steps
 - To teach parents to help teens plan execution of their solution plan
 - To give a brief overview of how body language and tone of voice can affect plan success
 - To review goals met by parents and changes that have occurred since joining the group
 - To complete an overall summary of what has been learned and it’s effectiveness
 - To complete termination
- III. Materials
- Stoplight handout
 - Role-play script
 - Trying Best Plan worksheet
 - Planning ahead worksheet
- IV. Procedure
- Review stoplight and steps 1-5
 - Process homework—Trouble Tracker sheet.
 - How did teen react to sheet?
 - Did sheet help teen evaluate his/her problem-solving?
 - Did teen come to solution faster?
 - Is sheet practical for use in home? What would make it better?
 - Go over execution of final plan once best choice has been made from solution list
 - Timing and delivery make a difference in how the plan is received
 - Is other person available for interaction? How do you know?
 - Interpersonal style plays a role. 3 kinds:
 1. Passive—unassertive, lets others take charge. Doesn’t care about him/herself.
 2. Hostile—person fights to get his/her way, doesn’t care about the rights of others.
 3. Cooperative—shows willingness for give and take relationship
 - Things to watch: Illustrate by modeling
 - Tone of voice
 - Choice of words
 - Body language
 - Help teen develop a plan—gather information, develop ideas, “plan B.” Set a time by which teen will act. Have a backup plan if plan fails.
 - Pass out Trying the Best Plan and Planning ahead worksheets for future use

- Role Play—illustrated by group leaders. Group will pick out what was wrong with the execution of the plan.
- Group activity—group will stand up and be asked to put themselves in order of birthday from youngest to oldest. However, no one can speak or write to accomplish this task.
 - Ask the following questions once finished:
 1. What was the problem?
 2. How were you feeling?
 3. What was your goal?
 4. What were your solutions?
 5. How did this exercise demonstrate the need for a plan? Patience? Persistence?
- Termination and review
 - Since this is the last session, let's review our sessions together.
 - What have been the most significant learning experiences?
 - What has been the most difficult?
 - What have you learned from attending this group? How do you feel about applying new knowledge in daily life?
 - How do you feel about leaving the group?
 - How have you met your goals? What goals to you still need to work on?

V. Closure

- Thank parents for being great participants
- Encourage parents to use each other for support in implementing problem-solving strategies
- Encourage more participation in school as liaisons
- Drawing for 6th session door prize

Appendix I: Parent Satisfaction Questionnaire Compilation

Questions

1	Learning how to model SPS skills at home was:
Number of Responses	Response Options
5	A) The most valuable part of participating in the parent education program
4	B) Important, but not the most valuable skill I learned
0	C) The least valuable part of participating in the parent education program
2	Learning how to improve communication between my teenager and myself was:
Number of Responses	Response Options
7	a) the most valuable part of participating in the parent education program
2	b) important, but not the most useful skill I learned
0	c) the least valuable part of participating in the parent education program
3	Forming relationships with other parents during the training sessions was:
Number of Responses	Response Options
7	a) the most valuable part of participating in the parent education program
0	b) important, but not the most useful skill I learned
2	c) the least valuable part of participating in the parent education program
4	The examples used during program sessions were:
Number of Responses	Response Options
0	a) not applicable to my life situation
4	b) somewhat applicable to my life situation
5	c) very applicable to my life situation
5	The examples used during program sessions were:
Number of Responses	Response Options
0	a) not useful at home with my family
7	b) easier to practice during the sessions than at home
2	c) very easy to use at home with my family
6	The program sessions were:
Number of Responses	Response Options
5	a) just the right length to convey the material

	2	b) not long enough to cover techniques I wanted to learn
	1	c) longer than necessary to convey the material
	1	d) other: usually the right length, but good discussions sometimes cut the material short
	7	The number of program sessions were:
Number of Responses		Response Options
	4	a) just the right number to convey the material
	2	b) not enough in number to cover techniques I wanted to learn
	2	c) more than necessary to cover the material
	1	d) Other: Maybe let the group decide; I left a little rushed through topics
	8	My expectations of this program were (select all that apply):
Number of Responses		Response Options
	5	a) to learn ways to cope with specific needs of my teenager
	0	b) to learn more about what my teenager was learning at school
	5	c) to learn to reinforce social problem-solving at home
	5	d) to learn ways to communicate better with my teenager
		e) Other:
	1	all of the above, and to help with younger children
	1	all of the above
	9	After completing the parent education sessions, I feel this program:
Number of Responses		Response Options
	4	a) met all of my expectations
	5	b) met some of my expectations
	0	c) did not meet my expectations
	10	If I could improve one thing about the parent education program, I would choose:
Number of Responses		Response Options
	0	a) to make the sessions shorter
	1	b) to hold the sessions at more convenient times
	6	c) to include more real-life examples to help me at home
		d) Other:
	1	Start with parents of elementary or middle schoolers
	1	show some videos/make tapes available as parenting aids
	1	Bring in a guest speaker (psychologist or other expert) to provide additional perspectives

	11	If another parent education program were held by the school, I would:
Number of Responses		Response Options
	6	a) be likely to attend if the topic interested me
	3	b) be likely to attend no matter what the topic
	0	c) not attend. Why?:
	12	If another parent education program like this one were to be held by the school, I would:
Number of Responses		Response Options
	9	a) recommend it strongly to other parents
	0	b) recommend it with reservation to other parents
	0	c) not recommend it to other parents
	0	d) actively discourage other parents from attending
	13	Additional comments are welcome:
	1	The two instructor approach was very compatible.
	2	I really enjoyed the class. I really appreciate the positive reinforcement I received when I discussed my problems and how I approached them. It built me up.
	3	The program would be more helpful in the elementary school or middle school ages. That way a parent could start the process with a more willing participant in the child.
	4	As times and social requirements change, it would be helpful to be learning skills together. Anything to help assist with teen/parent communication is always useful.
	5	Great program, a lot of good information.

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