

ABSTRACT

Title of Thesis: IMPACT OF THE EFFECTIVE BLACK PARENTING
PROGRAM ON THE BEHAVIOR PROBLEMS OF AFRICAN
AMERICAN PRESCHOOL CHILDREN

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This study examined the impact of the *Effective Black Parenting (EBP)* program, a culturally appropriate intervention, on the child behavior problems of African American preschool children. The research involved secondary analysis of data from a larger study entitled, "Fostering Resiliency in At-Risk African American Children." A quasi-experimental design was used with a sample of 64 low income, African American parents in Washington, DC; 33 parents in the intervention group completed an eight-session *EBP* program and 31 parents were members of the comparison group. Analyses of pretest to posttest change scores of the two groups revealed that intervention group children demonstrated significantly greater reductions in externalizing, aggressive, and anxious/depressed behavior problems than the comparison group. There were also trends for *EBP* children to exhibit greater reductions in internalizing and attention problems than their comparison group peers. Implications of the findings for practice and future research are discussed.

IMPACT OF THE EFFECTIVE BLACK PARENTING PROGRAM ON THE
BEHAVIOR PROBLEMS OF AFRICAN AMERICAN PRESCHOOL CHILDREN

by

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CHAPTER I: INTRODUCTION

Statement of the Problem

In recent years, family practitioners have developed a number of parent education programs to foster responsible parenting and positive socioemotional outcomes among children (Bunting, 2004). However, the majority of research examining the impact of parenting education programs has focused on changes in parents' behaviors and not on changes in children's behaviors as a result of the interventions (Baydar, Reid, & Webster-Stratton, 2003; Cowen, 2001). Relatively few studies have examined the effects of parent education programs on various domains of children's development. Given that one of the major purposes for implementing parenting education programs is to improve children's socioemotional well being (Gorman & Balter, 1997), it is crucial to study the impact of parenting education on children's behavior.

Child development researchers such as Baumrind (1967) have documented the relationship between parenting behaviors and child outcomes. One recent study of predominantly Caucasian families found that negative parenting was a significant predictor of externalizing behavior problems, such as anger and aggression; positive parenting was a significant predictor of adaptive behaviors, such as leadership and social skills, in elementary school children (Prevatt, 2003). Studies have contributed to the development of parenting interventions to improve parenting, with the expectation that an increase in children's competence and reduction in their behavior problems will follow positive parental changes. Several of these parenting education programs have been found to have a positive influence on parents' attitudes and behaviors (e.g., Baydar et al.,

2003; Cowen, 2001). However, questions remain about whether these programs lead to changes in children's behavior, including a reduction in child behavior problems.

A small number of current studies of parenting interventions have been conducted and even less have utilized experimental or quasi-experimental designs. Existing literature examining the impact of parent education programs also includes few studies of lower-income, minority families, and especially African American families (Gorman & Balter, 1997). In one classic evaluation of 48 investigations on parent education programs, Dembo, Sweitzer, and Lauritzen (1985) concluded that important information regarding parent variables was often omitted in the studies; when socioeconomic status was identified, most studies focused on middle class parents. In a more recent review of culturally sensitive parent education programs (Gorman & Balter, 1997), only two studies with low income, African American families were described.

Previous research evaluating the effects of parenting education on children also includes samples of children representing a wide range of ages (Myers et al., 1992; Reid, Webster-Stratton, and Baydar, 2004; Webster-Stratton, Hollingsworth, & Kolpacoff, 1989; Wolfe, Sandler, & Kaufman, 1981). Relatively few studies restrict children's ages to a narrow range so it is possible that children's age moderates child outcomes. Additionally, much of the research focuses on school age children rather than preschoolers (Myers et al., 1992; Webster-Stratton et al., 1989; Wolfe et al., 1981) so little is known about the impact of parenting interventions on young children. Some researchers have suggested that initiating parenting interventions with elementary school aged children may be too late to create lasting changes in children's school attitudes and

cognitive and socioemotional development (Peth-Pierce, 2000; Randolph, Koblinsky, & Roberts, 1996).

To address these gaps in the literature, this study utilized secondary analyses of existing data from a quasi-experimental study to examine the impact of a parenting intervention program designed to help parents enhance children's social competence and reduce the behavior problems of their preschool age children. The study focused on low-income African American parents, a group that has received little attention in the parenting education literature. Specifically, this investigation examined the impact of a culturally-appropriate parenting intervention, *Effective Black Parenting*, on preschoolers' internalizing and externalizing behavior problems and their attention problems. Using a comparison group of children whose parents were not involved in a parenting intervention, the study examined whether preschoolers whose parents completed the *Effective Black Parenting* program exhibited significantly greater reductions in behavior problems following the intervention than their peers in the comparison group.

CHAPTER II: REVIEW OF LITERATURE

Bronfenbrenner's Ecological Systems Theory

The theoretical framework for this study was based on ecological systems theory. This theory posits that children develop in the context of their ecological circumstances (Bronfenbrenner, 1979). Development is influenced by four systems. The first system, the microsystem, is the pattern of activities, roles, and interpersonal relations directly experienced by the developing person, such as would occur in the home or in the school. The second system, the mesosystem, consists of the interrelations among two or more settings in which the developing person participates, such as relations between the home and the school. The third system, the exosystem, includes settings that do not directly involve the developing person as an active participant, but in which events occur that impact the environment of the developing person. An example of the exosystem for a young child would be the child's parents' places of work, the parents' circle of friends, or the local school board. Finally, the fourth system, the macrosystem, refers to the level of the subculture or the culture as a whole; for example, the macrosystem would include patterns of societal discrimination or differential school functioning at various socioeconomic levels (Bronfenbrenner, 1979).

According to Bronfenbrenner's Ecological Systems Theory, change at any one level will create change in another level. In this study, the implementation of a mesosystem level parent education program designed with an understanding of exosystem and macrosystem factors (e.g., influence of neighborhood risk factors and racism on parenting practices of African American parents) may create change in the

microsystem. It was hypothesized that the parenting intervention would influence change in the microsystem level---specifically the caregivers' parenting behaviors within the home. Changes in parenting practices at this microsystem level were expected to have an influence on preschool children, especially given that parents' behaviors have been found to strongly influence young children's behaviors (Clarke-Stewart, 1988). Adopting the framework of Ecological Systems Theory, this study addressed whether preschool children whose parents/caregivers completed the *Effective Black Parenting* program exhibited greater reductions in behavior problems than children whose parents/ caregivers did not participate in a parenting intervention.

Positive Parenting

A number of characteristics of parenting have been identified as beneficial to children. Baumrind (1967, 1971, 1978) identified three styles of parenting based on dimensions of control and nurturance. The first style, known as authoritative, included the characteristics of being loving, understanding, firm, and demanding. The second style, authoritarian, was defined by parental behaviors that were firm, punitive, and unaffectionate. The third style, known as permissive, was characterized by parental behaviors that were ambivalent, lax, and lacking in control. Each of these styles was associated with specific child behavior patterns. Parents who exhibited the authoritative parenting style tended to have children who were more confident and mature. Parents who exhibited the authoritarian style of parenting typically had children who were less content, more insecure and apprehensive, and less friendly with peers. Parents who demonstrated the permissive style of parenting often had children who were dependent and immature (Baumrind, 1967).

Other researchers also identified constructs of parenting that facilitate optimal child development, including support, structure, and control (Koblinsky, Morgan, & Anderson, 1997; Maccoby & Martin, 1983; Slater & Power, 1987). The first construct, parental support, includes variables such as nurturance, warmth, and affection that create an environment in which the child feels accepted and comfortable. The second construct is structure, which includes parental attempts to maintain consistency and provide organization in the child's environment. The last construct is control which addresses the amount of authority the parent exerts over the child. Crockenberg and Litman (1990) discovered that negative control was related to defiant child behavior, whereas children's compliance and self-assertion were associated with less powerful methods of parental control, such as control plus guidance or guidance alone. In a historic study of 71 middle-class kindergarten children (no racial/ethnic background information provided), Becker, Peterson, Luria, Shoemaker, and Hellmer (1962) found that parental use of physical punishment and hostile parenting was associated with aggressive behavior in young children.

More recently, researchers have found that specific parenting practices may be linked to different child outcomes in different cultural groups. For example, Deater-Deckard, Dodge, Bates, and Pettit (1996) studied whether the relationship between physical discipline and child aggression was moderated by ethnic group status. The sample for this study consisted of 466 European American and 100 African American children. The children were in kindergarten and grades one through three with approximately 52% of the sample male and 48% female. Externalizing behavior

problems were measured by teacher ratings on the Teacher Report Form of the *Child Behavior Checklist (CBCL)*, mother ratings on the Parent Report Form of the *CBCL*, and peer reports of who in the class starts fights and who gets along well with the teacher. The researchers found that more harsh physical discipline was associated with higher externalizing behavior problems in the school setting for European American children, but there was no relation between harshness of parental physical discipline and externalizing behavior problems for the African American children.

Brody and Flor (1998) described a family process model with a parenting construct labeled “no nonsense” parenting and its relationship to children’s behavior. “No nonsense” parenting was defined as a parenting style characterized by high levels of parental control, including the use of physical restraint and physical punishment along with expression of affectionate behaviors. This construct includes higher levels of warmth than are typically associated with the authoritarian parenting style and higher levels of monitoring, control, and vigilance than are typically associated with the authoritative style (McBride Murry, Bynum, Brody, Willert, & Stephens, 2001).

Brody and Flor (1998) examined how distal variables of maternal education, maternal religiosity, and adequacy of financial resources were related to proximal variables of “no nonsense” parenting, mother-child relationship quality, and maternal involvement in school, and in turn, linked to the children’s development of self-regulation and cognitive and social competence. This study by Brody and Flor (1998) involved 156 African American single-mother-headed families with a child between the ages of six and nine. Eighty-two percent of the families had an income which placed them at the poverty level. “No-nonsense” parenting was measured using an indicator

taken from in-home ratings of the Firm Parental Discipline and Parental Warmth subscales of the HOME Inventory. Mother-child relationship quality was assessed in three videotaped interactional contexts, with raters coding global mother-child harmony. Maternal involvement with the child's school was assessed with a teacher measure of 15 items describing the various ways in which a mother could be involved with her child's schooling. Child measures included the Children's Self Control Scale (self regulation), the Woodcock-Johnson Psycho-Education Battery-Revised (cognitive competence), the Cognitive subscale of the Harter Perceived Competence Scale for Children/PCSC (cognitive competence), the Social subscale of the PCSC (social competence), teacher ratings on the Revised Behavior Problem Checklist conduct-disorder subscale, and teacher ratings on Self-Control Inventory antisocial behavior subscale. Findings revealed that greater maternal religiosity was directly linked to more maternal use of "no nonsense" parenting, more harmonious mother-child relationship quality, and more maternal involvement in the child's school activities. These behaviors contributed to children's self-regulation, which was in turn positively linked to their cognitive and social competence.

In a related study, Dearing (2004) examined whether racial/ethnic group status had a moderating influence on the relationship between restrictive parenting values (defined as parental use of high levels of control) and children's academic performance. The sample for this study was 206 children (106 girls, 100 boys), including 48 first graders, 57 second graders, 58 third graders, and 43 fourth graders. In this group, 75 participants were African American, 67 were European American, and 64 were Latino. The families represented a large range of income levels. The researcher discovered that

in riskier neighborhoods (rated at least one standard deviation below the sample mean on quality measured by the combination of high crime and low income) restrictive parenting values were a protective factor for academic performance among African American children. However, for European American children, the more restrictive parenting values were negatively associated with academic performance in this same environment. Taken together, these studies suggest that more restrictive or controlling parenting values and behaviors—especially when combined with parental nurturance—may be protective for African American children in low income or high risk environments.

Parent Education Programs

With the identification of positive parenting practices, practitioners have begun to design parent education programs to improve parenting behaviors, thereby influencing positive child outcomes. A small number of these programs have been targeted to parents of preschool age children. For example, Baydar, Reid, and Webster-Stratton (2003) studied the impact of a parenting skills training program, the *Incredible Years Parenting Training Program*, on mothers of Head Start children. Head Start Centers in this study were matched on several variables including race/ethnicity of children, number of classrooms, and experience of teachers. The sample consisted of 607 mothers of children attending centers in the intervention group and 275 mothers of children attending centers in the control group. According to the researchers, the intervention group consisted of 61% Caucasian females, 14% African American females, 9% Hispanic females, and 11% Asian/Pacific Islander females. The control group consisted of 56% Caucasian females, 19% African American females, 14% Hispanic females, and 7% Asian/Pacific Islander females. The mean age of children in this study was 56.2 months (4.68 years) for the

control group and 55.8 months (4.65 years) for the intervention group; 55% of the control group children were male and 45% were female while 51% of the intervention group children were male and 49% were female. There were few significant differences found between the characteristics of the mothers in the intervention and control groups. The intervention center mothers did have higher depressive symptom scores and higher likelihood of having a substance abuse history which occurred by chance. The researchers found that with increased engagement in the *Incredible Years* program, mothers significantly reduced their harsh/negative parenting behaviors and increased their supportive/positive parenting practices as compared to participants with decreased program engagement. These findings were not based on mothers' random assignment to experimental conditions. Moreover, the study only reported pretest to posttest change for the intervention group parents; no comparisons were made of changes in parenting practices for intervention versus comparison mothers. Additionally, this study failed to measure changes in the children's behaviors.

In a similar study assessing the impact of parenting education, Cowen (2001) studied the impact of the *Bavolek Nurturing Program* for at-risk, rural parents. The Bavolek program is designed to teach democratic parenting techniques and is based on the belief that positive change in the parent must be attained before improvement in parent-child interaction can be achieved. This study utilized a convenience sample of 154 families from predominantly rural counties in a Midwestern state with 67% of families reporting incomes below the federal poverty level. The racial composition of the study population was 96% White, 2% Black, 1% Hispanic, and 0.25% Native American. Ages of the children were not provided. Following the intervention, participants

demonstrated significant increases in nurturing parenting styles, improvements in the understanding of child growth and development with more appropriate expectations for the child, and enhanced positive self concept as a caregiver. However, the study failed to use a comparison group and changes in the children's behaviors were not investigated.

Another investigation assessed the effectiveness of a parent education program with mothers of elementary age boys going through a divorce. Forgatch and DeGarmo (1999) studied the impact of a parenting program on a sample of 238 single mothers of boys in grades one to three who were in the process of divorcing their partners. The racial/ethnic composition of the boys in the sample was 86% White, 2% Latino, 2% Native American, 1% African American, and 9% from other ethnic minority groups. Seventy-six percent of the families were receiving public assistance. Two-thirds of the families were randomly assigned to the experimental group, and one third of the mothers were assigned to the control group. The experimental group participated in a 14- or 16-session parent training program. Multiple informant assessments were obtained from the boys' teachers, mothers, and the boys themselves, and observations of mother-child interactions were made in the laboratory. Study instruments included the Teacher Report Form of the *Child Behavior Checklist (CBCL)*, the Parent Report Form of the *CBCL*, the Child Depression Inventory, and the Interpersonal Process Code (IPC) used to code parental behaviors in videotaped mother-child interactions. Findings revealed that mothers in the experimental group decreased significantly in coercive parenting practices, defined by negative reciprocity (mother following a child's aversive behavior with an aversive behavior of her own) and negative reinforcement (conflict initiated by the mother then terminated by the child), from the baseline measurement to the 12 month

follow up as indicated by coders using the IPC. However, there was no evidence of significant changes in the behavior of the experimental group children (as compared to control group children), as measured by the teacher, mother, or child-rated domains on the *CBCL* and child reports on the Child Depression Inventory.

In other research, Dangel and Polster (1984) studied the impact of the WINNING! parent training program through the examination of four studies consisting of 62 families. The WINNING! program is designed to help parents solve child management problems, promote positive child-rearing practices, and facilitate healthy child development and rewarding parent-child interactions. Specific characteristics of the sample in this study were not presented; however the researchers indicated that WINNING! program parents have included mothers, father, Whites, African Americans, Hispanics, single parents, parents with annual incomes ranging from under \$3,000 to over \$50,000 and education levels ranging from sixth grade to graduate education. Overall, approximately 60% of WINNING! program participants have been self-referred, White, middle-class, married mothers. All parents in this study had at least one child between the ages of three and 12. Before and after the WINNING! intervention, observations were made of children's behavior by trained, experimentally naïve observers. The researchers reported a mean 86% decrease in inappropriate child behavior, such as frequency of fighting, back talking, temper tantrums, and whining, for WINNING! program children from baseline to post-treatment.

The majority of research examining the effects of parent training on children has focused on children with severe behavioral problems in an effort to identify effective treatment strategies (Prevatt, 2003). Several studies have examined the impact of parent

training on children with conduct disorders (Brestan & Eyberg, 1998; Patterson, Chamberlain, & Reid, 1982; Wiltz & Patterson, 1974). For example, Webster-Stratton, Hollinsworth, and Kolpacoff (1989) examined the long term efficacy of parent training models with a sample of 114 mothers and 80 fathers who had children with conduct problems between the ages of three and eight. This study was a follow up study to Webster –Stratton, Kolpacoff, and Hollinsworth (1988) in which the sample was described as consisting of parents of children between the ages of 3 and 8 years old with a mean age of 4 years and 6 months. The children of the parents included 79 boys and 35 girls. Approximately 69% of the parents were married and 31% were single. The mean age of the mothers was 32.8 years and of fathers was 35.1 years. The sample was described as consisting of a wide range of social classes with yearly incomes ranging from welfare level (n = 21) to less than \$28,999 (n = 31) to above \$29,000 (n = 62). No description of racial/ ethnic composition was provided. Participants were randomly assigned to one of four conditions: a therapist-led group discussion and videotape modeling (GDVM), a group discussion treatment (GD), a self-administered videotape modeling treatment (IVM), and a wait-list control group (CON). Study measures completed by parents included the Parenting Stress Index, the *Child Behavior Checklist(CBCL)*, the *Eyberg Child Behavior Inventory(ECBI)*, and the *Parent Daily Report(PDR)* (an observational measure). Teachers completed the *Behar Preschool Behavior Questionnaire*. Mother-child and father-child interactions were observed in the home for 30 minutes on two evenings. Subjects were evaluated one month after completion of treatment.

One major finding in Webster-Stratton et al. (1988) was that all three treatment groups of mothers when compared to the control mothers reported significant improvements in their children's behaviors on the *CBCL*, the *ECBI*, and the *PDR*. The GDVM and IVM father also reported significantly fewer child behavior problems compared to control fathers. Webster-Stratton et al. (1989), in a one-year follow-up assessment involving 94 mothers and 60 fathers and their children, discovered that children with conduct problems in all three treatment groups demonstrated significant reductions in non-compliant and deviant behaviors when interacting with their parents as compared to their pre-treatment levels of these behaviors. No comparison to the control group was possible at the one-year follow up because four months after baseline measurements, these families were placed in one of the three treatment conditions.

While a number of studies have examined the impact of parent training on children with behavior problems, relatively few have studied the effects of parent training in families whose children exhibit a wide range of socioemotional behaviors. A limited number of investigations focus exclusively on preschool-age children. Moreover, the majority of traditional parent training programs were developed and evaluated with Caucasian, middle-class parents and families (Coard, Wallace, Stevenson, & Brotman, 2004).

One of the few studies examining the effects of parent training on a diverse population of preschoolers was conducted by Reid, Webster-Stratton, and Baydar (2004). The researchers assessed the impact of the *Incredible Years Parent Training Program* with a sample of 882 Head Start families that were 51% White, 19% African American, 10% Hispanic, 8% Asian, and 12% mixed or other races. Eighty-four percent of the

families reported a gross annual income of \$20,000 or less. Approximately 86% of the children were under the age of five; 53% were male and 47% were female. Sixty-nine percent of the families were assigned to the intervention group and 31% to the control group. Following the intervention, researchers found that children with high baseline levels of conduct problems and children of mothers with high initial levels of critical negative parenting benefited most from parent training. The prosocial behaviors of intervention children significantly exceeded that of the controls at post-training.

Culturally Appropriate Programs

Both researchers and practitioners have noted that parents from different cultural groups may benefit from parent education programs that are sensitive to their cultural backgrounds (Myers et al., 1992). Specific parenting practices may be linked to differential child outcomes in different cultural groups. As noted earlier, one study found that harsh physical discipline was linked to higher externalizing problems among European American children, but there was no relationship between such physical discipline and externalizing problems for African American children (Deater-Deckard et al., 1996). Similarly, Dearing (2004) found that restrictive parenting was linked with higher academic performance among African American elementary school children in high-risk neighborhoods, but was associated with poorer academic performance among European American children in this same neighborhood environment. Studies have also identified potential benefits of “no nonsense parenting,” characterized by high levels of warmth and control, for African American children (Brody & Flor, 1998).

A small number of studies have assessed the effects of culturally appropriate parenting interventions. For example, Myers et al. (1992) investigated the impact of the

Effective Black Parenting Program, a parent education program designed to increase the parenting skills of African American parents. This study included 193 intervention group parents and 35 control group parents in the first cohort and 196 intervention group parents and 65 control group parents in the second cohort. All of the participating families were inner-city African American parents who had first- and second-grade children in local public schools. Both cohorts consisted of families that were primarily low income (72% in Cohort I and 74% in Cohort II received public assistance) and approximately 70% of participants in the two cohorts were unmarried. Parents completed the *Child Behavior Checklist* for their children before and after implementation of the program.

Following the intervention with the *Effective Black Parenting* Program, the researchers found that improvement in child outcomes was modest (Myers et al., 1992). In the first cohort, there was a pre- to post-test decline in withdrawn and hyperactive behavior problems for boys and a decrease in sexual behavior problems for girls in the treatment group compared to the control group. In the second cohort, findings revealed a significant reduction in delinquent behaviors for boys and girls in the treatment group as compared to the control group (which displayed an insignificant decrease in delinquent behaviors for boys and an increase in delinquent behaviors for girls). Additionally, in the second cohort, a significant increase in social competency was reported for girls as compared to the control group.

Given that culturally-appropriate parent education may be most effective in teaching parenting skills that facilitate optimal child development, it is important to examine the impact of culturally appropriate parenting programs on the behaviors of

preschool children. This study investigated a parenting intervention that was a modified version of the *Effective Black Parenting* program (Alvy, 1994). Program goals included: increasing positive parenting skills; teaching parents new methods of discipline; enhancing participants' self esteem, African American identity, and social support; and improving their preschool children's socioemotional behavior. The *Effective Black Parenting* program was developed for African American parents and was designed to incorporate the target population's cultural values and strengths. Further description of the program and its implementation are included in the Methodology section.

Purpose

The purpose of this study was to examine the impact of the *Effective Black Parenting (EBP)* program on the behavior problems of African-American children between the ages of three and five. The study employed a quasi-experimental design and secondary analysis of data from a larger study. The larger study was funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration and entitled, "Fostering Resiliency in At-Risk African American Children: A Substance Abuse and Violence Prevention Intervention for Head Start Parents." The sample of African American families who participated in this investigation was drawn from Head Start centers in poor, inner-city neighborhoods with high levels of community violence and drug activity. Children in these environments confront numerous challenges that place them at risk for behavioral problems (Randolph, Koblinsky, Beemer, Roberts, & Letiecq, 2000) and thus may benefit from a prevention program that focuses on positive parenting.

Several behavior problems specified by Achenbach (1991) were examined by this study including the more general categories of internalizing and externalizing behavior problems and more specific syndromes such as withdrawn behavior problems, somatic behavior problems, anxious/depressed behavior problems, aggressive behavior problems, delinquent behavior problems, and attention problems. The category of attention problems was investigated in addition to the frequently examined categories of internalizing and externalizing behavior problems. Achenbach (1991) distinguished attention problems as a separate category of behavior problems due to its relatively lower mean loading with internalizing and externalizing factors after performing principal factor analyses. Attention problems were examined in this study because of their strong relationship to children's cognitive competence and academic success (Biederman et al., 2004; Mannuzzo, Klein, Bessler, Malloy, and Hynes, 1997; Wilson & Marcotte, 1996).

The proposed research question for this study is: Did the *Effective Black Parenting* program prove successful in reducing the behavior problems of children whose parents participated in the intervention, as compared to children in a comparison group whose parents received no parent education?

Definition of Variables

Independent Variables

Participant Group

Intervention group is defined as parents or caregivers of Head Start children who participated in the *EBP* program.

Comparison group is defined as parents and caregivers of Head Start children who were assigned to a no-treatment condition and did not participate in the *EBP* program.

Dependent Variables

The dependent variables in this study include two general subscales of behavior problems: internalizing and externalizing behavior problems, as defined by the *Child Behavior Checklist/4-18 Version (CBCL; Achenbach, 1991)*, as well as several additional syndromes assessing a narrower range of problems that tend to occur together.

General Subscales

Internalizing behavior problems are defined as behaviors that create conflict within the self, including the child's display of symptoms of fearfulness, sadness, guilt, social withdrawal, anxiety, and/or somatic complaints (Achenbach, 1991).

Externalizing behavior problems are defined as behaviors that conflict with the environment, including the child's display of symptoms of aggression, anger, impulsivity, defiance, and coercive interactions with peers and parents (Achenbach, 1991).

Specific Syndromes

Withdrawn behavior problems are defined as a syndrome characterized by shyness, unhappiness, low energy, and lack of involvement with others (Achenbach, 1991).

Somatic complaints is defined as a syndrome characterized by feelings of dizziness, overtiredness, and physical problems without known medical causes (Achenbach, 1991).

Anxious/depressed behaviors is defined as a syndrome characterized by complaints of loneliness, frequent crying, feelings of worthlessness or inferiority, nervousness, tension, suspiciousness, unhappiness, and worrying (Achenbach, 1991).

Delinquent behaviors is a syndrome characterized by the child not feeling guilty after misbehaving, lying or cheating, stealing, running away from home, setting fires,

vandalism, using obscene language, skipping school, and using alcohol or drugs (Achenbach, 1991).

Aggressive behaviors is defined as a syndrome characterized by frequent arguments, bragging, jealousy, disobedience at home or school, threatening others, bullying or meanness to others, physically attacking people, and destroying things (Achenbach, 1991).

Attention problems is defined as a syndrome characterized by a lack of concentration, inability to sit still, restlessness, hyperactivity, confusion, day-dreaming, and impulsiveness (Achenbach, 1991).

Descriptive Variables

Parental age is the age of the mother, father, or caregiver in years.

Parental education level is defined as the number of years of education that the primary caregiver of the target preschool child has completed.

Parental marital status is defined as the marital status of the participating caregiver at the time of the initial interview.

Parental employment status is defined as the employment status of the participating caregiver at the time of the initial interview.

Number of children per household is defined as the number of children age 17 and younger living in the home of the participating caregiver.

Child gender is defined as the gender of the target preschool child, male or female.

Child age is defined as the age of the target preschool child in months.

Hypotheses

Based on prior research investigating parent education programs, it is expected that children of parents who participated in the *Effective Black Parenting (EBP)* program will exhibit a significantly greater decrease in behavior problems from pretest to posttest as compared to a comparison group of peers whose parents did not participate in a parenting intervention. The following hypotheses address expectations regarding the various behavior problems that will be tested.

- 1) Preschoolers of participants in the *Effective Black Parenting* program will exhibit a significantly greater reduction in internalizing behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.
- 2) Preschoolers of participants in the *Effective Black Parenting* program will exhibit a significantly greater reduction in externalizing behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.
- 3) Preschoolers of participants in the *Effective Black Parenting* program will exhibit a significantly greater reduction in withdrawn behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.
- 4) Preschoolers of participants in the *Effective Black Parenting* program will exhibit a significantly greater reduction in somatic complaints from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.

- 5) Preschoolers of participants in the *Effective Black Parenting* program will exhibit a significantly greater reduction in anxious/depressed behaviors from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.
- 6) Preschoolers of participants in the *Effective Black Parenting* program will exhibit a significantly greater reduction in delinquent behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.
- 7) Preschoolers of participants in the *Effective Black Parenting* program will exhibit a significantly greater reduction in aggressive behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.
- 8) Preschoolers of participants in the *Effective Black Parenting* program will exhibit a significantly greater reduction in attention problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.

CHAPTER III: METHODOLOGY

Design

This study employed a quasi-experimental design and conducted a secondary analysis of data from a larger study entitled, “Fostering Resiliency in At-Risk African American Children: A Substance Abuse and Violence Prevention Intervention for Head Start Parents.” The study was funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration with Dr. Sally Koblinsky and Dr. Suzanne Randolph as co-principal investigators. The larger study was conducted from 2000 to 2002. Parents and caregivers who completed interviews and questionnaires during the larger study provided the data for this project.

Sample

The participants in this study were 64 parents and primary caregivers of preschool children in Head Start programs who were interviewed during the larger study. A total of 33 parents completed the *Effective Black Parenting* program and served as the intervention group. The remaining 31 parents and caregivers had preschool children who also attended Head Start and served as the comparison group. Demographic characteristics of the intervention group and comparison group can be found in Table 1. All participants in this study resided in communities characterized by high levels of violence in the Washington, DC area as reported by crime data supplied by the Metropolitan Police Department, including the Uniform Crime Index and the Violent Crime Index (Federal Bureau of Investigation, 1998). All the families in this study were classified as low income based upon meeting the criteria for children’s enrollment in a

Head Start program; these criteria included having an annual income below the official poverty line. In 2001, the poverty line for a family of 3 was \$14,630 and for a family of 4 was \$17, 650 (U.S. Department of Health and Human Services, 2001).

Intervention

The *Effective Black Parenting (EBP)* program is a culturally adapted program for parents of African American children designed to build participants' parenting skills (Center for the Improvement of Child Caring, 1996). The program attempts to promote a healthy African American identity, high parental self esteem, and extended family values while strengthening families. Instructors utilized a variety of teaching techniques including lecture and discussion, role playing, charting of children's behavior, and reading and homework assignments from the *Parent's Handbook for Effective Black Parenting* (Center for the Improvement of Child Caring, 1996).

The *EBP* program was originally designed in the format of 14 three-hour class sessions and one graduation session. The program evaluated in this study was adapted with the assistance of a trainer from the Center for the Improvement of Child Caring to create an *EBP* program consisting of 8 three-hour sessions and a formal graduation ceremony. Head Start leaders advocated for shortening the program in order to attract more parents and increase the likelihood that parents would complete the full program.

Several techniques were used to enhance the cultural sensitivity of the classes. Two African American instructors and one Caucasian instructor taught the *EBP* classes. The African American instructors taught all culturally-specific lessons and the Caucasian instructor taught general parenting principles and behavior charting homework assignments. All sessions began with an African libation, a tradition which involved the

pouring of a liquid to honor participants' deceased relatives. African proverbs on colorful posters were used to draw attention to the parenting lessons in every session. Each session concluded with staff and participants joining hands in a closing ceremony, which included Black poetry and music. Family meals were provided to participants and all of their children before the sessions in order to encourage attendance as well as build social support networks and promote parent-child interaction. Child care was provided for participants during the parenting sessions by Head Start teachers and relatives who were already familiar with the participants and their children. To maximize attendance, the program provided free transportation and made reminder calls to each participant the day before class sessions.

In order to graduate from the program, participants were required to attend at least 75% (six out of eight) of the scheduled sessions and to make up missed sessions (in 30-90 minute one-on-one sessions with instructors). Participants were also required to complete and submit homework assignments to practice the targeted parenting practices and techniques.

Upon completion of all program requirements, participants, family members, and children were invited to a graduation ceremony and dinner. Two graduation ceremonies were held for the two cohorts. At the graduation ceremonies, participants wore University of Maryland graduation robes along with Kente cloth scarves. Participants received framed diplomas and shared what they had learned from the classes, including new parenting practices and their favorite African American proverbs. The graduates and their family members, the *EBP* instructors, and Head Start leaders attended the graduation ceremonies. The banquet room was decorated with African American art,

proverbs, and games for children; African American music was played before and after the formal graduation ceremony.

Instruments

A study-specific interview protocol, included in Appendix A, was used to collect demographic data concerning the study families. This interview, administered face-to-face, sought information about parent/caregiver characteristics such as age, gender, marital status, education, employment and number of children under 18 living in the home. The interview also obtained information about the age and gender of the target preschool child.

The dependent variables were measured using the *Child Behavior Checklist/4-18 Version (CBCL)*, including the major subscales of internalizing and externalizing behavior problems and the more specific syndrome subscales of withdrawn behaviors, somatic complaints, anxious/depressed behaviors, delinquent behaviors, aggressive behaviors, and attention problems (Achenbach, 1991). This version of the *CBCL*, included in Appendix B, consisted of 85 symptoms that were relevant and appropriate for this age group. The items were rated by caregivers on a three-point scale of 0 = “not true as far as you know,” 1 = “somewhat or sometimes true,” and 2 = “very true or often true.” The *CBCL* was also administered orally during the face-to-face interview.

The internalizing behavior problems subscale includes items that address withdrawn, anxious/depressed behaviors, and somatic complaints; duplicate information is removed by subtracting the one double item (79) from the total major subscale score. The withdrawn behavior syndrome subscale on the *CBCL* includes nine items: numbers 36, 50, 54, 58, 61, 67, 78, 79, and 83. The anxious/depressed behavior syndrome

subscale of the *CBCL* consists of 14 items: numbers 9, 11, 26 – 30, 38, 42, 44, 55, 68, 79, and 84. The somatic complaints syndrome subscale of nine items includes numbers 43, 45, and 46a-46g. The externalizing behavior problems subscale is comprised of items that focus on aggressive and delinquent behaviors. The aggressive behaviors syndrome subscale includes 19 *CBCL* items: numbers 2, 13, 16-20, 24, 32, 47, 53, 57, 65, 66, 72-74, 76, and 80. The delinquent behaviors syndrome subscale includes 11 items: numbers 23, 34, 37, 52, 56, 62, 63, 69, 75, 77, and 81. The attention problems syndrome subscale are measured with 11 subscale items: numbers 1, 5, 7, 10, 14, 35, 38, 39, 48, 49, and 61.

The *CBCL* is a widely used, well standardized measure completed by the child's caregiver. The *CBCL* has been found to have high reliability and criterion-related validity (Achenbach, 1991). Raw scores on each subscale are the sum of individual item scores for each subscale. Achenbach (1991) describes a procedure for converting raw scores on *CBCL* externalizing and internalizing subscales into *T*-scores that are based on normative data for boys and girls. *T*-scores can range from 50 to 100; the mean *T*-score for the normative sample is 50, with higher *T*-scores representing more behavior problems. *T*-scores in the range of 60-63 are labeled borderline clinical, and scores of 63 or over are in the clinical range. *T*-scores of 63 significantly discriminated between children who were and were not referred for clinical treatment while minimizing the number of "false positives," or "normal children who score in the clinical range" (Achenbach, 1991). Scores in the range of 60-63 are considered borderline clinical as they may indicate clinical issues in children which may not be present thus representing "false positives."

Procedure

Three Head Start centers were selected to provide the target population for the larger study. All three centers were located in communities with similar rates of poverty, prevalence of community violence, and number of substance abuse arrests. Participants were assigned to the intervention group or comparison group based on their Head Start center. Two Head Start centers were assigned to the intervention condition and one Head Start center was assigned to the comparison condition. This design was implemented in order to rule out the confounding variables of maturation and history.

Data were collected through individual face-to-face interviews with intervention and comparison group participants at their Head Start center. Study participants completed a consent form approved by the University of Maryland Institutional Review Board (see Appendix C). The pretest interview was administered to both groups one to two weeks before the intervention program began and the posttest interview was completed one to two weeks after the intervention program ended. Interviews were conducted by trained graduate students and faculty members; approximately half of the interviewers were African American and half were White. Participants completed multiple measures for the larger study including measures of: substance use, substance use attitudes, parenting practices, family environment, family cohesion, family conflict, family involvement, social support, parental mental health, and measures assessing the social skills and behavior problems of their preschool children.

All study participants were informed that their identities would remain confidential and signed consent forms prior to participating in the study. Parents in both the intervention and comparison groups received \$25 for completing the pre-test

interview and \$25 for completing the post-test interview. A stipend of \$200 was provided to participants in the intervention group who completed the 8-week *Effective Black Parenting* program, including all homework assignments. Two cohorts of Head Start parents completed the intervention program.

For the purpose of secondary analysis, a separate data file was created containing the variables for analysis in this study: the demographic characteristics of caregivers and children (Family Information Form, Appendix A) and scores computed from the parents' reports of children's behavior problems (*Child Behavior Checklist/ 4-18 Version*).

Data Analysis

This study utilized pretest and posttest data from the larger study. All data were entered into an SPSS file for analyses. Analyses included descriptive statistics such as frequencies, percentages, and means for demographic characteristics of the intervention and comparison groups. Independent sample *t*-tests and chi-squares were used to determine if there were any significant differences in the demographic characteristics of intervention and comparison groups.

T-scores for each child were calculated to compare the rate of clinically significant behavior problems within this sample to the rate of clinically significant behavior problems within the national normative sample for the *CBCL*.

To test this study's hypotheses, first raw scores were computed by summing individual item responses for *CBCL* subscales and syndromes for each child on the pretest and posttest. Raw scores were preferable to *T*-scores for statistical comparisons of group changes because raw scores directly reflect all differences among individuals without any truncation or transformation (Achenbach, 1991). Difference scores were

then calculated by subtracting pretest scores from posttest scores to determine the change from pretest to posttest for each subscale for each child.

Independent sample *t*-tests were then used to compare the change scores of the intervention and comparison groups for each of the eight dependent variables. These analyses enabled the researcher to determine whether there were significant differences in the change scores of preschoolers whose parents completed the *Effective Black Parenting* program and those in the comparison group for each measure of behavior problems.

CHAPTER IV: RESULTS

Demographic Characteristics

Demographic characteristics for the caregivers who participated in this study can be found in Table 1. All parents who participated in this study were African American. Thirty-three parents/caregivers with preschoolers in Head Start programs participated in the *Effective Black Parenting* program and served as the intervention group. Thirty-one parents/caregivers of preschoolers in Head Start programs served as the comparison group. One parent in each group did not complete the posttest and therefore was not included in the analyses. The majority of participants in the study were mothers; however two fathers (one in the intervention and one in the comparison group) and three grandmothers (all in the comparison group) also participated. All caregivers are referred to as parents in the remainder of the study; each had primary responsibility for care of the target Head Start child.

Parental ages, educational backgrounds, employment status, marital status and number of children living in the home were similar for the intervention and comparison groups. Parents ranged in age from 19 to 43 years in the intervention group, and from 19 to 54 years in the comparison group. The mean age of participants in the intervention group was 31.4 years as compared to 31.8 years for the comparison group. With respect to education, the intervention group had a mean of 12.7 years of education and the comparison group had a mean of 12.1 years of schooling. Sixty-five percent of the intervention group and 66% of the comparison groups were employed. Data on marital status revealed that 17% of the intervention group and 9% of the comparison group were married at the time of the study; however 35% of intervention group and 28% of

Table 1

Demographic Characteristics of the Intervention and Comparison Groups

	Intervention (n=33)	Comparison (n=31)
	Mean (SD)	Mean (SD)
Caregiver's Age (years)	31.3 (7.7) (Range 19-43)	31.2 (8.9) (Range 19-54)
Number of Years of Caregiver Education	12.7 (1.5) (Range 9-16)	12.1 (1.2) (Range 10-15)
Number of Children in the Household	3.2 (1.4) (Range 1-6)	2.7 (1.5) (Range 1-7)
Target Child's Age (months)	47.1 (7.9) (Range 33-66)	49.9 (9.6) (Range 34-60)
	n (%)	n (%)
Marital Status		
Single	18(55%)	19(61%)
Single, living w/partner	6 (18%)	6 (19%)
Married, living w/spouse	5 (15%)	3 (10%)
Married, not living w/spouse	1 (3%)	0 (0%)
Separated	2 (6%)	2 (7%)
Divorced	1 (3%)	0 (0%)
Widowed	0 (0%)	1 (3%)
Employment Status		
Employed	21 (64%)	20 (65%)
Not Employed	12 (36%)	11 (35%)
Caregiver Relation to Child		
Mother	30 (91%)	27 (87%)
Father	1 (3%)	1 (3%)
Grandmother	0 (0%)	3 (10%)
Other	2 (6%)	0 (0%)
Target Child's Sex		
Female	17 (52%)	15 (48%)
Male	16 (48%)	16 (52%)

comparison group parents were living with a male partner (including those married). The groups were also similar in the number of children that lived in their households. The intervention group had a mean of 3.2 children per household, and the comparison group had a mean of 2.6 children per household. Independent sample *t*-tests (comparing means) and Chi-square tests (comparing percentages) revealed no significant differences in any of the demographic characteristics of the intervention and comparison group parents.

Each participant had a target child attending a Head Start program between the ages of 3 and 5 years of age; the mean age for children in both groups at the onset of the study was approximately four years. The target children for the intervention group consisted of 17 girls and 16 boys, while the comparison group targeted 15 girls and 16 boys. Independent *t*-tests and chi-squares did not reveal significant differences in the ages and genders of children in the intervention and comparison groups.

Child Behavior Checklist (CBCL)

Summary of *T*-scores before the parenting intervention for the sample on the *Child Behavior Checklist/4-18 Version (CBCL)* are presented in Table 2. On the *CBCL*, 9.38% of boys and 28.13% of girls had *T*-scores in the clinical range ($T = 64$ and above) for externalizing behavior problems and 3.13% of boys and 9.38% of girls had *T*-scores in the clinical range ($T=64$ and above) for internalizing behavior problems (Achenbach, 1991). In the national normative sample for the *CBCL* only 5% of children scored in the clinical range for both internalizing and externalizing behavior problems (Achenbach, 1991). In the current study, the percentage of boys exhibiting clinically significant externalizing behavior problems is almost two times the rate for the normative sample,

Table 2

Clinical, Borderline Clinical, and Non-Clinical Range T-scores on the Child Behavior

Checklist by Child's Gender

	Boys	Girls
	(N=32)	(N=32)
	n (%)	n (%)
Externalizing Behavior Problems		
Clinical	3 (9.4%)	9 (28.1%)
Borderline Clinical	5 (15.6%)	7 (21.9%)
Non-Clinical	24 (75.0%)	16 (50.0%)
Internalizing Behavior Problems		
Clinical	1 (3.1%)	3 (9.4%)
Borderline Clinical	2 (6.3%)	1 (3.1%)
Non-Clinical	29 (90.6%)	28 (87.5%)

while the percentage of girls exhibiting externalizing behavior problems is over four times the rate for the normative sample. The percentage of boys exhibiting clinically significant internalizing behavior problems is below the rate for the normative sample while the percentage of girls is almost 2 times the rate for the normative sample in internalizing behavior problems. Percentage of boys scoring in the borderline range for externalizing behavior problems was 15.63% and for internalizing behavior problems was 6.25%. Percentage of girls scoring in the borderline range for externalizing behavior problems was 21.88% and for internalizing behavior problems was 3.13%. No comparison of rates to the national normative sample is possible as borderline clinical range rates were not presented.

CBCL Change Scores for Intervention and Comparison Groups

Figures 1 and 2 provide graphical depictions of the mean pretest and posttest scores of the intervention (*Effective Black Parenting* program) and comparison groups on the *CBCL* measures. These measures include the subscales of internalizing and externalizing behaviors and the syndromes of withdrawn behaviors, somatic behaviors, anxious/ depressed behaviors, aggressive behaviors, delinquent behaviors, and attention problems.

Table 3 presents the means and standard deviations for pretest to posttest change scores for the intervention and comparison groups. These scores show the amount of change from pretest to posttest on the various subscales and syndromes of the *CBCL*. Inspection of the means in Table 3 reveals that change scores were in the expected direction for the intervention group; there were decreases in behavior problems over time

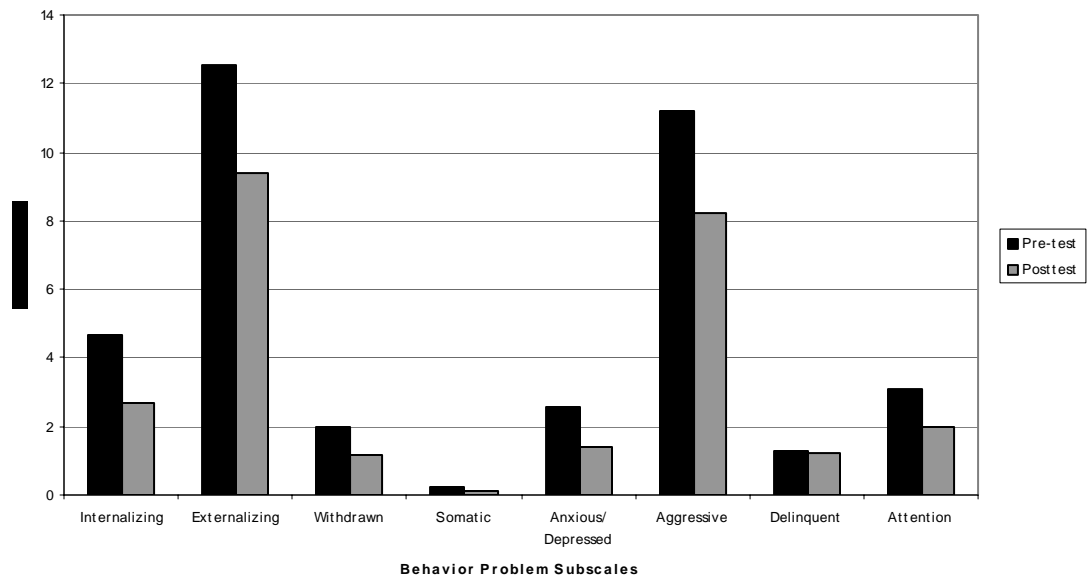


Figure 1: Mean Scores of the Intervention Group at Pretest and Posttest

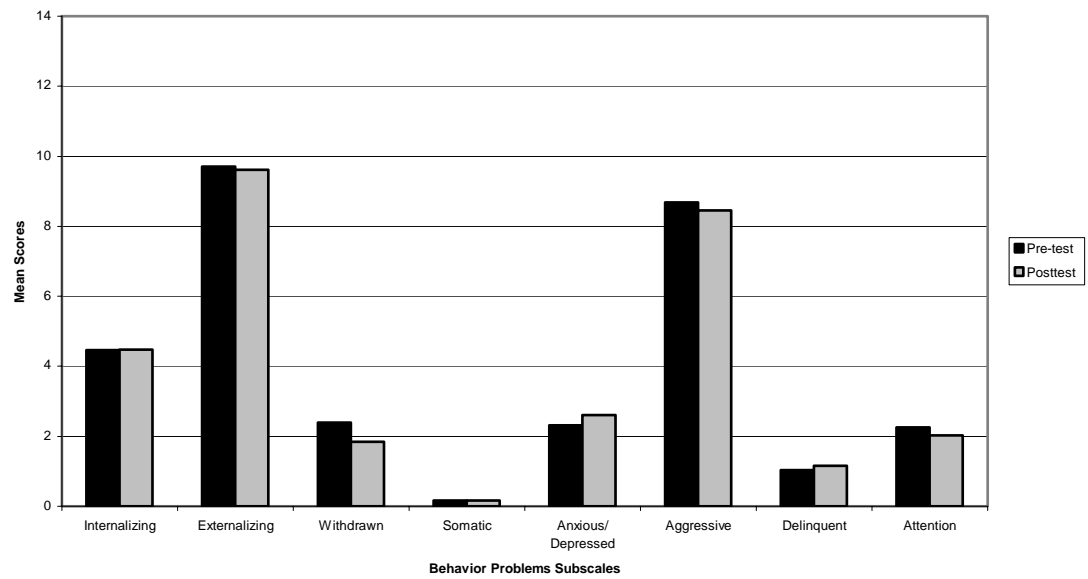


Figure 2: Mean Scores of the Comparison Group at Pretest and Posttest

Table 3

Means and Standard Deviations of Difference Scores for Child Behavior Problems of Intervention and Comparison Group Children

	Intervention (n=33)	Comparison (n=31)
	M (SD)	M (SD)
General Subscales		
Internalizing Behavior Problems	-2.00 (3.05)	-.29 (5.29) +
Externalizing Behavior Problems	-3.09 (5.47)	-.10 (4.93) *
Specific Syndrome Subscales		
Withdrawn Behavior Problems	-.82 (1.63)	-.55 (2.25)
Somatic Behavior Problems	-.15 (.51)	.00 (.58)
Anxious Behavior Problems	-1.15 (1.94)	.29 (4.20) *
Delinquent Behavior Problems	-.09 (.95)	.13 (1.54)
Aggressive Behavior Problems	-3.0 (4.98)	-.23 (3.82) **
Attention Behavior Problems	-1.15 (2.59)	-.23 (1.91) +
+ Difference between intervention and comparison group is significant at $p < .10$ * Difference between intervention and comparison group is significant at $p < .05$ ** Difference between intervention and comparison group is significant at $p < .01$		

for each of the subscales and syndromes. Children in the comparison group also showed decreases in behavior problems on five of the eight measures, but these decreases were smaller than intervention group decreases in every case. For comparison group children, change scores revealed slight increases in the anxious/depressed and delinquent behavior problems over time. There was no change in the somatic complaints of comparison group children from pretest to posttest.

A series of independent sample *t*-tests were performed to test the eight hypotheses of this study. Specifically, it was hypothesized that preschoolers whose parents participated in the *Effective Black Parenting* program (intervention group) would exhibit significantly greater pretest to posttest reductions in internalizing and externalizing behavior problems, and all six behavior problem syndromes, as compared to children in a comparison group whose parents received no parent education. The *t*-tests were used to determine whether there were significant differences in the pretest to posttest change scores of intervention and comparison group children for each of the eight *CBCL* measures.

For internalizing behavior problems, the *t*-test revealed a trend, with the intervention group children exhibiting a greater decrease in internalizing problems ($M = -2.00$) than comparison group children ($M = -.29$), $t(62) = -1.60$, $p < .06$. For externalizing behavior problems, *t*-test results revealed that intervention group children displayed a significantly greater decrease in externalizing behavior problems ($M = -3.09$) than the comparison group children ($M = -.10$), $t(62) = -2.30$, $p < .02$.

On the more specific syndrome subscales relating to internalizing behavior problems, *t*-tests revealed no significant differences in change scores of intervention and

comparison group children for withdrawn behavior problems, $t(62) = -.55, ns$, and for somatic complaints, $t(62) = -1.12, ns$. However, for anxious/depressed behavior problems, the t -test revealed that intervention group children displayed a significantly greater decrease in anxious/depressed behaviors ($M = -1.15$) than comparison group children ($M = .29$), $t(62) = -1.78, p < .04$.

In examining the syndromes relating to externalizing problems, t -test results revealed that for aggressive behaviors, the intervention group children displayed a significantly greater decrease in aggressive problems ($M = -3.00$) than the comparison group children ($M = -.23$), $t(62) = -2.49, p < .01$. However there was no significant difference in the change scores of intervention and comparison group children for delinquent behavior problems, $t(62) = -.69, ns$.

Finally, for the syndrome addressing attention problems, t -test results revealed a trend, with intervention group children exhibiting a greater decrease in attention problems ($M = -1.15$) than the comparison group children ($M = -.23$), $t(62) = -1.62, p < .06$.

Tests of Hypotheses

A summary of the results and hypotheses is presented in Table 4. As indicated in the analyses above, three of the eight hypotheses were supported. As expected, preschoolers of participants in the *Effective Black Parenting* program exhibited significantly greater reductions in externalizing behavior problems, aggressive behavior problems, and anxious/ depressed behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education. Trends were obtained for two of the study's hypotheses. Specifically, there were trends for intervention group children to show greater reduction than their comparison group peers

Table 4

Summary of Hypotheses and Related Results

<p>1) Preschoolers of participants in the <i>EBP</i> program will exhibit a significantly greater reduction in internalizing behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.</p>	<ul style="list-style-type: none"> ▪ Supported with trend at $p < .06$
<p>2) Preschoolers of participants in the <i>EBP</i> program will exhibit a significantly greater reduction in externalizing behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.</p>	<ul style="list-style-type: none"> ▪ Supported with significance at $p < .02$
<p>3) Preschoolers of participants in the <i>EBP</i> program will exhibit a significantly greater reduction in withdrawn behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.</p>	<ul style="list-style-type: none"> ▪ Not supported
<p>4) Preschoolers of participants in the <i>EBP</i> program will exhibit a significantly greater reduction in somatic complaints from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.</p>	<ul style="list-style-type: none"> ▪ Not supported
<p>5) Preschoolers of participants in the <i>EBP</i> program will exhibit a significantly greater reduction in anxious/depressed behaviors from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.</p>	<ul style="list-style-type: none"> ▪ Supported with significance at $p < .04$
<p>6) Preschoolers of participants in the <i>EBP</i> program will exhibit a significantly greater reduction in aggressive behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education</p>	<ul style="list-style-type: none"> ▪ Supported with significance at $p < .01$
<p>7) Preschoolers of participants in the <i>EBP</i> program will exhibit a significantly greater reduction in delinquent behavior problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.</p>	<ul style="list-style-type: none"> ▪ Not supported
<p>8) Preschoolers of participants in the <i>EBP</i> program will exhibit a significantly greater reduction in attention problems from pretest to posttest than preschoolers in a comparison group whose parents received no parent education.</p>	<ul style="list-style-type: none"> ▪ Supported with trend at $p < .06$

from pretest to posttest for the measures of internalizing behavior problems and attention problems. (Statistic tests in both cases revealed p -values on the threshold of significance at $p < .06$). Finally, three of the study's hypotheses were not supported. Contrary to predictions, there were no significant differences in the pretest to posttest change scores of intervention and comparison group children for withdrawn behavior problems, somatic complaints, and delinquent behavior problems.

CHAPTER V: DISCUSSION

The present study examined the impact of a culturally appropriate parenting intervention, the *Effective Black Parenting* program, on the behavior problems of low-income African American preschool children. The current study appears to be one of the first to assess the program's effects on preschool age African American children. While a number of recent studies have examined the impact of parent education interventions on parenting practices, relatively few have adopted experimental or quasi-experimental designs to determine their effectiveness in changing children's behavior. The current study addressed this gap in the literature by evaluating the impact of a modified version of the *Effective Black Parenting* program. The central research question of this study was: Did the *Effective Black Parenting* program reduce the internalizing, externalizing, and attention behavior problems of preschool children whose parents participated in the program significantly more than those of preschoolers in a comparison group whose parents received no parent education?

Characteristics of Sample

Although the major purpose of this study was to examine the impact of the *Effective Black Parenting* program, it is also important to examine the characteristics of the parents and children who participated in the intervention and comparison groups. This study employed a sample of low income, African American parents living in urban areas with high rates of violence and drug activity. Parenting is an important task in these neighborhoods due to the many external threats to personal safety and the need to keep young children under close supervision (Randolph, Koblinsky, & Roberts, 1996).

The characteristics of parents in this study were similar to those of mothers in past studies of urban, low income African American mothers of preschool and elementary age children (e.g., Osofsky, Wewers, Hann, & Fick, 1993; Randolph et al., 2000; Shahinfar, Fox, & Leavitt, 2000). Current findings revealed no significant differences in the demographic characteristics of parents in the intervention and comparison groups. Parents or primary caregivers in both groups had an average of a high school education, including the degree or a general equivalency diploma (GED). The average parent in both groups was 31-32 and averaged more than two children in the household. Finally, approximately 70% to 80% of female parents in both groups were single, although about 20% of the mothers who were single lived with a male partner. However, it is possible more fathers were involved in parenting the child, as demonstrated in previous research which found that despite low levels of marriage among poor African American parents, many fathers remain involved in the lives of their preschool children, even when they are not living in the child's home (Levine, 1993; Marsiglio, Amato, Day, & Lamb, 2000).

An examination of the employment status of the parents in this study revealed that approximately 65% of the parents in each group were employed. It is notable that these data, collected in 2001 and 2002, show an increase in parental employment among Head Start parents in the Washington, D.C. area relative to the mid to late 1990s. In another study employing District of Columbia and nearby Maryland Head Start parents from 1996 to 1999, approximately 40% of the mothers were employed in part-time or full time jobs, with another 20% in school or job training programs (Randolph et al., 2000). The increase in parental (primarily maternal) employment in this study within a period of five years may be the result of those involved in job training and education progressing to

employment, as well as an outcome of welfare reform legislation in 1996 and its policies requiring low income mothers to join the workforce (Seccombe, Walters, & James, 1999).

As noted, all of the children in this study were enrolled in Head Start programs in the District of Columbia. Participating children averaged four years of age at the onset of the intervention; approximately half of each group was female and half was male. Findings revealed no significant differences in the ages or gender composition of children in the intervention and control groups.

Child Behavior Problems

Previous research has shown that chronic exposure to community stressors, such as neighborhood violence, seriously threatens children's physical health, mental health, and readiness to learn (Harden & Koblinsky, 1999). Thus, it is important to examine the rates of behavior problems among preschoolers in poor, urban neighborhoods with high levels of violence. All of the children in this study were rated by their parents on the *Child Behavior Checklist (CBCL)*, providing measures of their internalizing and externalizing behavior problems. There were no significant differences in the internalizing and externalizing behavior problems of children in the intervention and comparison groups at the beginning of the study.

The scores of the low income, African American children in this study can be compared to those of the standardization sample for the *CBCL*. However, it should be noted that the standardization sample data were collected in the 1980s, and the sample did not include a large number of African American children (Achenbach, 1991). In comparison to the national standardization sample, in which 5% of boys and girls were in

the clinical range for internalizing and externalizing problems, the preschool boys and girls in this study had substantially higher rates of externalizing behavior problems (Achenbach, 1991). Externalizing problems include aggression, anger, poor impulse control, defiance, and delinquent behaviors. Boys in the current study exhibited clinically significant externalizing behavior problems at almost two times the rate (9.4%) of the standardization sample, while the percentage of girls exhibiting externalizing behavior problems (28.1%) was over five times the rate for this sample. The higher than average rates of externalizing behavior exhibited by the study children may result from multiple factors, including children's exposure to community violence and aggressive youth and adults in their neighborhoods, and children's contact with parents who are experiencing multiple family stressors (e.g., low income, single parenthood, new employment). The serious externalizing problems among preschool girls in this study is noteworthy and consistent with a high rate of externalizing problems found among female, African American preschoolers in another Washington, D.C. sample (Randolph et al., 2000). In the latter study, the investigators speculated that parents may stress independence in young African American girls and make fewer efforts to control the behavior of their daughters than sons; as a result, some girls may respond to lower levels of parental control with impulsive, stubborn, attention-seeking behavior. Interestingly, the high rate of externalizing problems in girls coincides with national trends which indicated, in as early as 1995, that girls are becoming more frequent perpetrators of aggression and violence (Hausman, Spivak, & Prothrow-Stith, 1995).

Children's internalizing behaviors were also compared to the standardization sample. Internalizing behaviors include anxiety, depression, fearfulness, somatic

complaints, social withdrawal, and related behaviors. The percentage of African American boys exhibiting clinically significant internalizing problems (3.1%) was lower than the standardization sample for boys (5%). However, the rate of serious internalizing problems for girls (9.4%) was almost double the average of the standardization sample. These findings suggest that boys and girls may respond differently to family and community stressors. It is also possible that mothers may be less sensitive to internalizing problems in boys because of their expectations that boys will be able to handle peer aggression and stress better than girls. In a previous study, Head Start mothers and teachers reported that some preschool boys already perceive social pressure to be “strong” and “tough” (Randolph et al., 2000). Overall, these findings suggest that residence in poor, violent neighborhoods may have negative effects on the mental health and behavior of African American preschoolers.

Impact of *Effective Black Parenting* Program

This study examined whether parental participation in the *Effective Black Parenting* program reduced the behavior problems of low income, African American preschool children. This program, designed to be culturally appropriate for African American families, taught parents to use praise and nonphysical forms of discipline in raising their young children. Parents learned about children’s behavior at various developmental stages and ways to use family routines and rules to foster positive, prosocial behaviors. *EBP* instructors presented their lessons in an environment that respected parental culture and experience, drawing on African American traditions and addressing concerns unique to African American families.

This study examined the impact of a modified version of the *EBP* program on the behavior problems of preschool age children. With input from an advisory board of Head Start teachers and parents, the 14-session *EBP* program (Center for the Improvement of Child Caring, 1996) was reduced to eight sessions to increase the likelihood of parental completion. The program also offered family meals, child care, transportation, and a financial incentive to create a pool of motivated caregivers. With these modifications to the program, it was expected that children of parents who completed *EBP* would exhibit significantly greater decreases in internalizing problems, externalizing problems, and attention problems (from pretest to posttest) than a comparison group of peers whose parents had no parenting intervention.

Overall, the *EBP* children exhibited decreases in behavior problems over time (pretest to posttest) for all externalizing, internalizing, and attention behavior problems. Children in the comparison group also showed decreases in behavior problems on five of the eight behavior problem measures, but these decreases were smaller than intervention group decreases in every case. Comparison group children revealed slight increases in the anxious/depressed and delinquent behavior problems over time. The general improvements in children's behavior problems for both groups over the approximate four month period of study may be due, in part, to children's participation in Head Start. A major purpose of Head Start is to ensure school readiness for young children from low-income families by providing early childhood education, child development, comprehensive health, and social services (U.S. Department of Health and Human Services, 2004).

Consistent with one of the major study hypotheses, preschoolers whose parents participated in the *EBP* program exhibited a significantly greater reduction in externalizing behavior problems than children in the comparison group. As hypothesized, children in the *EBP* group also demonstrated significantly greater reductions than their comparison group peers in aggressive behaviors, one of the two syndromes contributing to externalizing problems. Contrary to predictions, there was no significant difference between *EBP* and comparison group children on changes in delinquent behaviors, the second syndrome contributing to externalizing problems.

The significantly greater reductions in the aggressive and total externalizing behavior problems of *EBP* children (as compared to their comparison group peers) were not surprising. The *EBP* program, which is based on social learning theory techniques, encouraged parents to praise and reward children's positive behaviors and to employ non-physical punishment techniques---such as mild social disapproval, ignoring, and time out ---in response to externalizing behavior problems (Center for the Improvement of Child Caring, 1996). One component of the *EBP* program was for parents to identify a behavior problem, determine appropriate responses, and chart their responses to the problem as a homework assignment. *EBP* instructors reviewed parents' behavior charts weekly and discussed their progress in reducing negative child behaviors. Current findings indicate that the program was successful in reducing a number of the aggressive problems that parents targeted, such as fighting with siblings, throwing temper tantrums, or arguing with parents.

Contrary to expectations, children whose parents were in the *EBP* program did not experience a significantly greater reduction in delinquent behavior problems than the

comparison group. The lack of impact of the *EBP* program on these behaviors may be largely due to the nature of the behavioral items on the delinquent syndrome scale. These behaviors included, “skips school,” “thinks too much about sex,” “hangs around children who get in trouble,” and “vandalizes,” which appear more appropriate for an older age group. *EBP* parents did not target these types of behaviors in their charting exercises and *EBP* instructors did not address them because of their lack of relevance for the young age group. Given the items on the delinquent subscale, the lack of significant differences in the change scores of *EBP* and comparison group children was not especially surprising.

It was also hypothesized that children in the *EBP* group would exhibit a significantly greater reduction than comparison group children in internalizing behavior problems, and the internalizing syndromes of withdrawn behaviors, anxious/depressed behaviors, and somatic complaints. Findings indicated a trend for *EBP* children to exhibit greater reductions in internalizing problems than their comparison group peers. Consistent with one of the hypotheses, preschoolers whose parents participated in *EBP* also demonstrated significantly greater reductions in anxious/depressed behavior problems than those in the comparison group. This significant difference in the anxious/depressed behaviors of the two groups appeared to contribute to the trend for internalizing behavior problems.

There are several possible reasons why the *EBP* program may have had a positive impact on young children’s anxious/depressed behaviors, such as feeling one has to be perfect, feeling unloved, feeling worthless or inferior, and feeling self conscious or easily embarrassed. The program places a heavy emphasis on praise and reinforcement of positive, prosocial behaviors. During the intervention, parents identified positive

behaviors that were occurring at a low rate (e.g., brushing teeth, getting dressed by self, sharing toys) and were taught to reward them verbally and physically, with behaviors like hugging. Parents charted their responses to the target behaviors and the number of times children exhibited them. It seems likely that this eight week period of positive reinforcement contributed to the self esteem of young children in the *EBP* group and reduced their anxious/depressed behaviors relative to the comparison group. At the conclusion of the intervention, *EBP* parents reported on their more frequent use of praise and recognition for positive behaviors.

However, contrary to the hypotheses, there were no significant differences in the amount of change *EBP* and comparison group children demonstrated for withdrawn behavior problems and somatic complaints. Specifically, exposure to the *EBP* program was not associated with significant reductions in the withdrawn behavior problems of young children, such as acting shy, secretive, sad, or withdrawn. Several factors may have contributed to this finding. First, both groups exhibited sizeable decreases in withdrawn behavior problems which may have resulted from participation in Head Start and increasing involvement with their peers. Both groups may have learned social skills in the classroom that contributed to their reduction in withdrawn behavior problems over time. It is also possible that some parents did not consider withdrawn behaviors, such as shyness or preferring to be alone, as behavior problems. The *EBP* program and its charting activities focused primarily on reducing specific aggressive behaviors, rather than socioemotional problems such as social withdrawal. Charting assignments also focused on positive skills such as brushing teeth or getting dressed without parental assistance, due to their ease of identification and parents' ability to reinforce these

activities with praise and encouragement. The less observable nuances of withdrawn behaviors seem likely to have drawn a lower level of parental reaction and less discussion during the *EBP* program. Thus, the combination of children's participation in Head Start and the low parental demands associated with children's withdrawn behaviors may have contributed to the lack of significant changes between the *EBP* group and comparison group for withdrawn behavior problems.

The study also revealed that there were no significant differences in changes in somatic complaints exhibited by *EBP* and comparison group preschoolers. The lack of significant findings for somatic complaints appears influenced by the initially low level of these behavior problems for children in both groups. Somatic complaints, such as headaches, nausea, and feeling tired, were not problems that presented frequently in this sample and were rarely addressed by instructors of the *EBP* program. Other behavior problems, and especially externalizing problems, were far more likely to be identified by parents participating in *EBP*.

Finally, it was hypothesized that preschoolers of parents in the *EBP* program would exhibit a significantly greater reduction in attention problems than children in the comparison group. Findings revealed a trend for *EBP* children to demonstrate a greater reduction in attention problems than comparison group children. Attention problems may not have been as salient to parents as other behavior problems due to parents' expectations that preschool children would be relatively active and less likely to work on tasks requiring sustained attention. In this study, attention problems included inability to concentrate, daydreaming, not being able to sit still, and being nervous. *EBP* charting activities and lessons on child development enabled parents to recognize and reward

some constructive child behaviors demanding attention and focus, such as drawing and building Lego™ structures, with rewards and positive social reinforcement. *EBP* parents also learned to utilize discipline techniques such as ignoring or use of mild disapproval to address behavior problems such as not concentrating or not sitting still. However, increasing child attention span was not a major focus of the intervention. It should also be noted that the greater reduction in the attention problems of *EBP* (versus comparison group) children was only a trend; future research will be needed to further assess the impact of *EBP* on children's attention problems.

Overall, the current study provides evidence that *Effective Black Parenting*, a mesosystem level intervention, was successful in creating some positive change in the microsystem of the young child (Bronfenbrenner, 1979). Current findings reveal that *EBP* was effective in reducing total externalizing behavior problems, aggressive behavior problems, and anxious/depressed behavior problems. Trends also suggested an impact of the program on total internalizing problems and attention problems. The several significant outcomes from this study support the continued use of this program model to address low income, African American children's behavior problems. This study extends previous research demonstrating the potential benefits of *EBP* and other interventions on parenting (Baydar, Reid, & Webster-Stratton, 2003; Cowen, 2001; Wessel, 2005) by demonstrating the program's positive impact on preschool children's behavior. The reduction in preschool behavior problems is important because children without such problems are more likely than peers with such problems to excel in school and experience other positive life consequences (Biederman et al., 2004; Lambert, 1988; Mannuzzo et al., 1997; Wilson & Marcotte, 1996).

Limitations of this Study

The current study presents important findings concerning the impact of the *Effective Black Parenting* program on the child behavior problems of African American preschool children. However, several limitations of the study should be noted, some of which constrain the generalizability of findings. First, this study focused on a target population of poor, urban, African American preschool age children. Current findings may not generalize to other, more affluent African American children or to African American children in other geographic areas. It should also be noted that participants in this study volunteered to participate and had children enrolled in Head Start programs. Thus, this group of parents may be more motivated than parents in the general population and more receptive to the lessons taught in *EBP*.

The self report method of data collection utilized in this study may also be considered a limitation. Given that much of the intervention focused on child behavior problems, it is possible that *EBP* participants gave socially-desirable responses to behavior problem items following the intervention. Future studies would be advised to include multiple informants on child behavior problems, including children's teachers. Teacher participation would also enable researchers to determine whether changes in behavior problems noted by parents in their homes generalized to the school classroom.

A third limitation of this study concerns the instrument. Some of the items on the *Child Behavior Checklist/4-18*, and particularly those on the delinquent syndrome subscale, did not appear appropriate for preschool age children. It is recommended that the new form of the *CBCL*, developed for children ages 1 ½ to 5, be used in future studies

of this age group (Achenbach & Rescorla, 2000). Other measures of child behavior problems might also be adopted, including observational instruments.

Finally, the small sample size was a limitation of this study. Both the intervention and control group included approximately 30 parents. Use of a larger sample would increase opportunities to detect significant differences between the groups that resulted from the *EBP* parenting intervention.

Programmatic Implications

In spite of the current study's limitations, the findings have implications for parents, early childhood educators, program developers, and policy makers. In this study, the *Effective Black Parenting* program was found to successfully reduce some of the behavior problems of the children who participated, and particularly the aggressive and anxious/depressed behavior problems of low income African American preschoolers. Such results point to the importance of implementing intervention programs, such as *EBP*, for similar high-risk African American populations. One of the important components of the program's effectiveness appears to have been its focus on the cultural backgrounds, strengths, values, and needs of African American families. Thus, future parenting interventions should consider the incorporation of culturally appropriate content in their curricula.

Current findings suggest that programs such as *EBP* could be implemented in a variety of settings, including Head Start centers, Black Churches, community organizations, hospitals, and other sites. The importance of the Black Church to African American families suggests that churches or faith-based groups may be appropriate sponsors for parenting interventions in low income communities (Billingsley, 1992).

Sponsors who plan such programs should be aware of how these programs bring parents together and foster informal social support, as well as address parenting issues.

Policymakers who fund Head Start and other community agencies that offer parenting/support services for low income parents should also be encouraged by this study's findings. Current findings suggest the importance of providing financial assistance for parenting interventions that reduce preschoolers' behavior problems, preparing children to be more effective learners when they enter elementary school.

The high rate of clinical child behavior problems found in this study also has implications for intervention. Participating Head Start children demonstrated rates of externalizing behavior problems that were substantially higher than the standardization sample, and preschool girls exhibited internalizing behavior problems that were almost double those found in the national sample. These findings suggest that African American children in low income neighborhoods may enter early childhood programs, such as Head Start, with behavior problems that need to be addressed. Some of these problems may stem from children's exposure to community violence, or from parenting practices that require children to be confined to their homes for significant portions of the day due to safety concerns (Garbarino, Dubrow, Kostelny & Pardo, 1992; Randolph et al., 2000). Head Start and early childhood educators should be alert to these potential problems, and should determine whether children need professional help for behavioral or mental health issues. Early screening and appropriate referrals are especially important given early childhood educators' concerns that child behavior problems are increasingly interfering with classroom functioning (Early, Clifford, & Howes, 1999).

Directions for Future Research

The current study suggests that culturally appropriate parenting programs, such as *EBP*, may effectively reduce some child behavior problems for low income, African American preschoolers. Further research is necessary to examine the impact of this program and other parenting interventions on target groups of preschoolers. For example, it is recommended that future studies compare the impact of this modified version of *EBP* and the original version on the behavior problems of other African American children. The modified version in this study was designed to promote high levels of parental participation, and included incentives such as meals, childcare, and a graduation ceremony. However, the original, 14 week *EBP* program may provide parents with more time to practice parenting techniques, review and discuss parenting challenges (including cultural issues such as racism and discrimination), and focus on a variety of children's internalizing behavior problems. Therefore, it is recommended that future research compare the impact of these different versions of *EBP* with samples of African American families that vary in socioeconomic status and geographic location. Given the differential rates of internalizing and externalizing behavior problems found among preschool African American boys and girls in this study, researchers should also compare the effects of the *EBP* program on boys and girls.

Future research might also employ experimental (versus quasi-experimental) designs to assess the impact of parenting intervention programs on child behavior problems. Few parenting studies have randomly assigned parents to intervention and control groups; most rely on random assignment of centers to groups or do not adopt any form of random assignment. In order to pursue experimental designs in future studies

researchers would need to include larger numbers of Head Start centers and families. Researchers should also attempt to recruit a more diverse range of families to these parenting intervention studies, including families whose children are not already participating in Head Start or another early childhood education program.

In assessing the impact of programs like *EBP*, it is also important to examine the relationship between dosage (extent to which participants are exposed to the intervention) and child outcomes. While the current study required parents to attend 6 out of 8 sessions and make up missed work, it is not clear whether parents who attended every session experienced a greater benefit than those who were periodically absent. Studies should also examine the role of social support, provided by fellow parents participating in the intervention, on parenting and child behavior.

As noted earlier, researchers should employ a broader range of measures to evaluate parenting interventions, including observational instruments. Changes in children's behavior problems should be analyzed in multiple settings, including the home and the preschool classroom. It is also recommended that researchers who evaluate parenting interventions include measures of children's prosocial skills and social competency, as well as measures of their behavior problems.

Future research on parenting programs, such as *EBP*, should examine their impact on both parenting and child outcomes. Studies that address changes in parenting skills may help to explain why specific changes in child behaviors occur. Future studies might also examine the differential impact of *EBP* on mothers, fathers, and other family caregivers. This is especially important because in many cultural groups, grandmothers and other family members, play an important role in parenting or caring for young

children (Hunter, Pearson, Ialanga, & Kellam, 1998; Jayakody, Chatters, & Taylor, 1993).

Finally, future research should adopt longitudinal designs to examine the impact of *EBP* and other parenting interventions on children's behavior over time. The current study assessed change approximately one to two weeks after the graduation ceremony. It would be interesting to determine whether the observed changes in children's behavior, and the significant differences between the *EBP* and the comparison group, continued over time. It is recommended that future studies utilize 6-month, yearly, and longer follow-up assessments of children's behavior.

Conclusion

The major purpose of this study was to investigate the impact of the *Effective Black Parenting* program on the child behavior problems of low-income, African American preschoolers living in at-risk neighborhoods. The results of this study support an ecological framework of child development, demonstrated by the significant effects of a mesosystem level intervention on the microsystem of parent-child interaction and child behavior outcomes. In this study, parental participation in the *EBP* program was associated with significantly greater reductions in the externalizing behavior problems, aggressive behavior problems, and anxious/depressed behavior problems of their preschool children, as compared to those of preschoolers in a comparison group receiving no parenting education. These findings suggest the need for educators, family practitioners, policy makers, and researchers to develop, implement, and further investigate interventions that incorporate the values and traditions of African Americans, as well as other specific racial/ethnic groups. Interventions that honor African American

families' unique history and strengths may be most effective in helping children who reside in poor, violent communities to become well-adjusted, socially competent students.

APPENDIX A

Family Information Form

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOU:

___ AGE: How old are you? (years) _____

___ MARITAL STATUS: Are you....

(circle one)

1. Single 2. Single, living with partner 3. Married, living with spouse
4. Married, not living with spouse 5. Separated 6. Divorced 7. Widowed
8. Other (specify) _____

___ EDUCATION: What is the highest grade you completed in school?

(circle one)

- | | | |
|-----------------|----------------|-----------------|
| Grades | High School | College |
| 1 2 3 4 5 6 7 8 | 9 10 11 12 GED | 13 14 15 16 17+ |

___ If less than 12 years of education, do you have a GED? 1. Yes 2. No

___ OCCUPATION: Are you presently working at a job for money?

1. Yes 2. No

___ If YES: What is your current job? _____

___ Are you:

1. Employed part-time 2. Employed full time (35+ hours per week)

___ If NO: During the past week were you:

1. Looking for work 2. Unemployed (disabled)
3. Unemployed (volunteer work) 4. Unemployed (retired) 5. Other: _____

___ How many of the last 12 months did you work? _____

___ SCHOOL/ JOB TRAINING: Are you currently going to school or attending a job training program?

1. Yes 2. No

___ If YES, enrolled part-time or full-time? 1. Part-time 2. Full-Time 3. Other

NOW I WANT TO ASK YOU ABOUT WHO YOU LIVE WITH:

___ Including (child), how many children age 17 and younger live in your household?

APPENDIX B

Child Behavior Checklist

Now I'm going to read you some items that describe children and youth. For each item, tell me whether it describes _____ (child's name) [now or within the past 6 months]. Keep in mind that this list of behaviors is used for children up to 18 years of age, so some might not seem to relate to a preschool child. Here are the possible answers.

- | 0 | 1 | 2 |
|-----------------------------|-----------------------|---------------------|
| Not True | Somewhat or | Very True or |
| (as far as you know) | Sometimes True | Often True |
-
- 1. Acts too young for his/ her age
 - 2. Argues a lot
 - 3. Asthma
 - 4. Bowel movement outside toilet
 - 5. Can't concentrate, can't pay attention for long
 - 6. Can't get his/ her mind off certain thoughts; obsessions (describe): _____
 - 7. Can't sit still, restless, or hyperactive
 - 8. Clings to adults or too dependent
 - 9. Complains of loneliness
 - 10. Confused or seems to be in a fog
 - 11. Cries a lot
 - 12. Cruel to animals
 - 13. Cruelty, bullying, or meanness to others
 - 14. Day-dreams or get lost in his/ her thoughts
 - 15. Deliberately harms self or attempts suicide
 - 16. Demand a lot of attention
 - 17. Destroys his/ her own things
 - 18. Destroys things belonging to his/ her family or other children
 - 19. Disobedient at home
 - 20. Disobedient at school
 - 21. Doesn't eat well
 - 22. Doesn't get along with other children
 - 23. Doesn't seem to feel guilty about misbehaving
 - 24. Easily jealous
 - 25. Fears certain animals, situations, or places other than school (describe): _____
 - 26. Fears he/ she might think or do something bad
 - 27. Feels he/ she has to be perfect
 - 28. Feels or complaints that no one loves him/ her
 - 29. Feel others are out to get him/ her
 - 30. Feels worthless or inferior
 - 31. Gets hurt a lot, accident-prone
 - 32. Gets in many fights
 - 33. Gets teased a lot

0
Not True
(as far as you know)

1
Somewhat or
Sometimes True

2
Very True or
Often True

- __34. Hangs around with children who get in trouble
- __35. Impulsive or acts without thinking
- __36. Likes to be alone
- __37. Lying or cheating
- __38. Nervous, highstrung, or tense
- __39. Nervous movements, or twitching (describe): _____
- __40. Nightmares
- __41. Not liked by other children
- __42. Too fearful or anxious
- __43. Feels dizzy
- __44. Feels too guilty
- __45. Overtired
- __46. Physical problems without known medical causes:
 - a. Aches or pains
 - b. Headaches
 - c. Nausea, feels sick
 - d. Rashes or other skin problems
 - e. Stomach aches or cramps
 - f. Vomiting, throwing up
 - g. Other (describe): _____
- __47. Physically attacks people
- __48. Poor school work
- __49. Poorly coordinated or clumsy
- __50. Refuses to talk
- __51. Repeats certain acts over and over, compulsions (describe): _____
- __52. Runs away from home
- __53. Screams a lot
- __54. Secretive, keeps things to self
- __55. Self-conscious or easily embarrassed
- __56. Sets fires
- __57. Showing off or clowning
- __58. Shy or timid
- __59. Sleeps more than most children during day and/ or night (describe): _____
- __60. Speech problem (describe): _____
- __61. Stares blankly
- __62. Steals at home
- __63. Steals outside the house
- __64. Stores up things he/ she doesn't need (describe): _____
- __65. Stubborn, sullen, or irritable
- __66. Sudden changes in mood or feelings
- __67. Sulks a lot

0
Not True
(as far as you know)

1
Somewhat or
Sometimes True

2
Very True or
Often True

- __68. Suspicious
- __69. Swearing or obscene language
- __70. Talks about killing self
- __71. Talks or walks in sleep (describe): _____
- __72. Talks too much
- __73. Teases a lot
- __74. Temper tantrums or hot temper
- __75. Thinks about sex too much
- __76. Threatens people
- __77. Truancy, skips school
- __78. Underactive, slow moving, or lacks energy
- __79. Unhappy, sad, or depressed
- __80. Unusually loud
- __81. Vandalism
- __82. Whining
- __83. Withdrawn, doesn't get involved with others
- __84. Worrying
- __85. Please tell me about any problems you child has had that were not mentioned

APPENDIX C

PARENT CONSENT FORM - Year 1 Interview

Fostering Resiliency in At-RISK African American Children:
A Substance Abuse and Violence Prevention Intervention for Head Start Parents

I state that I am over 18 years of age and wish to participate in the Substance Abuse and Violence Prevention Intervention Project for Head Start parents (Head Start Parenting Project) being conducted by University of Maryland, College Park. The purpose of the study is to learn how families can reduce the likelihood that their preschool children will become involved in substance abuse and interpersonal violence when they grow older. We are interested in your knowledge, attitudes, and experiences relating to substance use and violence, as well as the practices you use in parenting your preschool child. We are also interested in your preschool child's social skills, problem-solving skills, and behavior problems at this time.

I understand that I will be interviewed for about an hour in a private area of my child's Head Start center. During this interview, I will be asked about myself, my neighborhood, and my child's behavior. The interview includes questions about my parenting, support from friends and family, feelings of depression, and use of alcohol and drugs. Other questions ask about my child's social skills, behavior problems, and exposure to violence.

I understand that there are no personal risks associated with participating in this study. However, the researchers are obligated to report signs of child abuse to the appropriate authorities. I further understand that the researchers will notify the child's parents/legal guardians and teacher if our interview reveals that my child has severe behavior problems or violence exposure.

I understand that the information I give will be confidential with the exception of the researchers' need to report child abuse or severe behavioral problems. All my responses will be kept confidential through the use of code numbers. The key linking names and code numbers will be destroyed within 30 days after the completion of the study. I understand that all of the data that I provide will be kept in a secure location, and only the researchers will have access to the information. There are no risks to participation, other than the possibility of feeling slightly uncomfortable when answering some questions (for example, questions about drugs or violence).

I understand that this study is not designed to help me personally, but that the investigators hope to learn more about how to strengthen families and minimize the likelihood that young children will become involved with substance abuse and violence as they grow older. The data will be used to develop programs that improve children's social skills and help to protect them from drug use and violence. I understand that I will be paid \$25 for participation in the study; however, I am free to ask questions, refuse to answer any questions, or to withdraw from participation at any time without penalty. I understand that my choice to participate or not participate in this study, or to withdraw from participation in the research, will not affect the services I receive from Head Start.

I state that I have read the above, and wish to participate in a program of research being conducted by Dr. Sally Koblinsky and Dr. Suzanne Randolph at University of Maryland, College Park, Department of Family Studies.

Address questions or comments to:-
Dr. Sally Koblinsky, Professor & Chair
Department of Family Studies
Room 1204, Marie Mount Hall
University of Maryland (301) 405-4009

Dr. Suzanne Randolph, Associate Professor
Department of Family Studies
Room 1204, Marie Mount Hall
University of Maryland (301) 405-4012

Sherita Wilbur
Signature (Interviewer)

6/26/01
(Date)

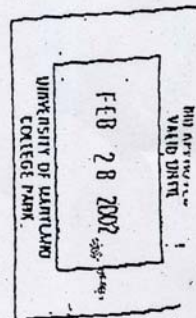
Name of Subject (please print)

(Date)

Signature of Subject

Relationship of Subject to Child

Parent/Legal Guardian; Other



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