



The effects of active parenting education on family functioning as perceived by Montana parents  
by Shirley Rogers Folkwein

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in  
Home Economics

Montana State University

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Abstract:

In the midst of family crises, often directly related to social, technical, and economic changes in society, parents are seeking help in rearing their children. Parent education programs enjoy a long history of popularity. Increasing numbers of parents are voluntarily participating in parent education groups and, in addition, neglectful and abusive parents and parents of troubled children are attending as court referrals. The purpose of this study was to determine the effects that Active Parenting education, offered through the MSU Extension Service, had on family functioning as measured in the areas of problem solving, communication, affective responsiveness, affective involvement, and behavior control.

A nonequivalent control group design served as the basis for the research. The experimental group consisted of parents completing six two-hour classes comprised of lessons in styles of parenting, child behavior, discipline, communication, self-esteem, and problem solving. The program was unavailable to the control group at the time of the study. Both the control and experimental groups completed a pretest and posttest.

Statistical analysis included t test and analysis of covariance. No significant differences were found in any of the five subscales of family functioning when the group of parents attending the discussion programs was compared with the group of nonparticipating parents.

Implications for further research were discussed including use of volunteer subjects, instrumentation, research methodology, and additional research topics.

While current research data neither supports or rejects the effectiveness of parent education, the impact of the home environment on children is known to be significant. Parent education might influence that environment.

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BY MONTANA PARENTS

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MONTANA STATE UNIVERSITY  
Bozeman, Montana

December 1992

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APPROVAL

of a thesis submitted by

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This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

Nov 25, 1992  
Date

Dale Brubaker  
Chairperson, Graduate Committee

Approved for the Major Department

Dec. 7, 1992  
Date

[Signature]  
Head, Major Department

Approved for the College of Graduate Studies

12/16/92  
Date

[Signature]  
Graduate Dean

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Dec. 7, 1992

ACKNOWLEDGMENTS

I extend my sincere thank you to all who have supported this project in a variety of ways.

The MSU Extension Service for their financial assistance in support of this evaluation of Active Parenting in Montana.

The Building Human Capital Task Group, whose vision and persistence made Active Parenting throughout Montana a reality.

Dr. Dale Brotherton for his willingness to accept the supervision of this project, and his guidance and support throughout.

Dr. Janis Bullock for her expertise, interest, and encouragement.

Billie Warford, whose visions connected with my dreams from the beginning.

Gary Conti, for the tutorial sessions in statistics and research design.

Anne Engels for friendship and racquetball.

My husband, Ed, and daughter, Laura, for their patience, encouragement, and willingness to adapt their lives to accommodate my need to test my wings.

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## ABSTRACT

In the midst of family crises, often directly related to social, technical, and economic changes in society, parents are seeking help in rearing their children. Parent education programs enjoy a long history of popularity. Increasing numbers of parents are voluntarily participating in parent education groups and, in addition, neglectful and abusive parents and parents of troubled children are attending as court referrals. The purpose of this study was to determine the effects that Active Parenting education, offered through the MSU Extension Service, had on family functioning as measured in the areas of problem solving, communication, affective responsiveness, affective involvement, and behavior control.

A nonequivalent control group design served as the basis for the research. The experimental group consisted of parents completing six two-hour classes comprised of lessons in styles of parenting, child behavior, discipline, communication, self-esteem, and problem solving. The program was unavailable to the control group at the time of the study. Both the control and experimental groups completed a pretest and posttest.

Statistical analysis included  $t$  test and analysis of covariance. No significant differences were found in any of the five subscales of family functioning when the group of parents attending the discussion programs was compared with the group of nonparticipating parents.

Implications for further research were discussed including use of volunteer subjects, instrumentation, research methodology, and additional research topics. While current research data neither supports or rejects the effectiveness of parent education, the impact of the home environment on children is known to be significant. Parent education might influence that environment.

## CHAPTER 1

## INTRODUCTION

Montana parents are finding their families impacted by the same rapid technological, social, and economic changes experienced by families throughout the United States (Center for Study of Social Policy, 1991; Healthy Mothers, Healthy Babies: A Montana Coalition, Montana Department of Health and Environmental Sciences, and Montana Office of Public Instruction, 1990; Research & Evaluation Program, 1991). The structure of the family as well as the patterns of interaction and individual behavior have been influenced by these changes (Elkind, 1990; Hicks & Williams, 1981; Roehl, Herr, & Applehaus, 1985). For example, there is a large increase in the number of families in which both parents are involved with earning an income as well as managing a household and raising children (Elkind, 1990; Roehl et al., 1985). In addition, Buunk and van Driel, (1989) report nearly 40% of U.S. marriages end in divorce, dissolving into single parent households, and leaving one parent with the major responsibility for childrearing. Because of these circumstances parents have less time and energy to spend with their children, leaving the children

with more free time than ever before as parental supervision diminishes (Elkind, 1990; Roehl et al., 1985).

Geographic mobility and economic uncertainty have influenced the functioning of the family (Powell, 1986). Most U.S. families no longer have extended families living in close proximity and, therefore, immediate support and counsel by family members has been eliminated. Families experience additional stress due to economic uncertainty with 19.6% of American children (Children's Defense Fund, 1991) and 22.2% of Montana children (Center for Study of Social Policy, 1991) growing up in poverty. The percentage of Montana children living in poverty increased by 61% between 1979 and 1989 (Center for Study of Social Policy, 1991).

Elkind (1990) suggests that American society in general is less supportive of healthy child rearing than they were in past generations. He notes lack of adequate child care and public play grounds, the troubled educational system, and the changing standards of the media and consumer marketing as examples of disintegrating support for parents. In addition, he suggests that urbanization has caused parents to lose their influence over the important recreational and entertainment interests of their children. Elkind (1990) and White (1989) highlight the realization that mainstream America has been developing into a drug.

culture for a number of years and now accepts the drug culture and its impact on children and youth. Montana statistics (Healthy Mothers, Healthy Babies et al., 1990) indicate that 49% of twelfth grade male students and 43% of females report having had five or more drinks of an alcoholic beverage in a row in the two weeks prior to the date the study was conducted.

Sexual mores have changed significantly in recent years. Benson (1990) reports only 35% of almost 47,000 sixth through twelfth graders surveyed said they valued postponing sexual activity. Healthy Mothers, Healthy Babies et al. (1990) report 73% of twelfth grade males and 67% of females respond that they have experienced sexual intercourse. Half of those twelfth graders report having sexual intercourse by age 15. The Research and Evaluation Program (1991) points out unwanted pregnancy, sexually transmitted diseases, and negative effects on social and psychological development as the results. For example, two thirds of the gonorrhea and syphilis cases occur in people under the age of 25 (Healthy Mothers, Healthy Babies et al., 1990). Often alcohol and other drug use is related to the sexual behavior with 32.8% of sexually active teens reporting use of alcohol or other drugs before intercourse (Research and Evaluation Program, 1991).

Finally, the extent of teen suicide in the United States has tripled since 1950 with almost one fourth of Montana ninth grade females reportedly attempting suicide in a recent one-year-period (Research and Evaluation Program, 1991).

In the midst of family crises, often directly related to the social, technical, and economic changes, parents are seeking help in rearing their children. Parents and family professionals are aware that parenting practices appropriate 20 or more years ago are no longer effective methods for raising responsible, confident and courageous children (Hicks & William, 1981; Popkin, 1986; Schlossman, 1983). Those family professionals are working with parents and children to understand the changes, establish models for family functioning, and learn behaviors that will enable children to grow and thrive in their environment.

Parent education has been heralded as the remedy that will cure the social ills of our society (Schlossman, 1976). Whether true or not, increasing numbers of parents are voluntarily participating in parent education programs (Noller & Taylor, 1989; Popkin, 1989). In addition, neglectful and abusive parents and parents of troubled children are attending parent education programs as court referrals (S. Petrovich-Staedler, personal communication, July 29, 1991).

Parent education courses with a group design have been especially popular in the past 20 years. Parent Effectiveness Training (P.E.T.), developed by Thomas Gordon, and Systematic Training for Effective Parenting (S.T.E.P.), designed by Don Dinkmeyer and Gary McKay, are two group models which endorse a democratic style of parenting (Noller & Taylor, 1989). Democratic parenting emphasizes the social equality of children and parents requiring mutual respect, freedom within known limits, cooperation, and acceptance of responsibility (Popkin, 1986). In the content, P.E.T. incorporates concepts and techniques of Carl Rogers emphasizing communication skills and problem solving techniques (Gordon, 1975). The work of Rudolf Dreikurs, Adlerian psychiatrist, is a basis for the S.T.E.P. program which introduces the use of natural and logical consequences for problem solving, and discusses goals of positive behavior (Noller & Taylor, 1989). S.T.E.P. introduces audiocassette tapes into the learning process (Popkin, 1989).

Another model based on democratic parenting is the Active Parenting program designed by Michael Popkin. Active Parenting promotes principles similar to P.E.T. and S.T.E.P., but incorporates the content into a unique learning system utilizing a video-based training package consisting of a parent handbook, action guide, video

vignettes, class discussion, and application of skills in the home (Popkin, 1986). Discussion group leaders are introduced to the content of Active Parenting in an eight hour Leader Certification Workshop (LCW) led by a trainer certified by Active Parenting.

The Montana State University Extension Service is involved in a state-wide program of parent education using the Active Parenting program. Through the efforts of the MSU Extension Service, over 500 Extension personnel, community volunteers, and family professionals have been trained to facilitate Active Parenting parent discussion groups in Montana.

Croake and Glover (1977) suggest that the purpose of parent education is to enable parents to change their patterns of interaction with their children in order to influence more positive behavior within the family. Family functioning encompasses the structure and organization within a family as well as the patterns of interaction among the members (Epstein, Baldwin, & Bishop, 1983). Therefore, in measuring the effectiveness of parent education, changes in family functioning will be considered.

The purpose of this study is to examine the effect that Active Parenting education, as taught by MSU Extension Service-trained leaders, has on the functioning of Montana

families, as perceived by parents attending the Active Parenting program.

### Significance of the Problem

Some research has been conducted on the effectiveness of parent education programs, but the number of studies is limited and the reliability of that research has been questioned (Clarke-Stewart, 1982; Croake & Glover, 1977; Dembo, Sweitzer, & Lauritzen, 1985; Moore and Dean-Zubritsky, 1979; Noller & Taylor, 1989; Small, 1990). After reviewing 48 investigations of parent education programs, Dembo et al., (1985) concluded,

There are not enough well-designed studies to draw definitive conclusions and implications about the general effectiveness of parent education or whether one type of program is more beneficial for a certain type of family or person. (p. 183)

Only three known studies have been conducted specifically on the Active Parenting program. Soon after initial marketing of the program, Popkin (1989) conducted a field test with 35 Active Parenting discussion groups. Participation in the field test was self-selected by the leaders. Popkin reported that of the 274 parents self-selected to attend the groups 97% reported positive changes in their own parenting and 84% reported improvement in their children's behavior. In addition, 97% of the parents indicated they would recommend the course to others. As a

result, Popkin indicated "strong support" (p. 94) for the Active Parenting program. However, as Popkin agreed, the results of the field test should be viewed cautiously due to the weak research design. Leaders and parents participating in the research were self-selected and may not represent a true sample of the population. The measuring instrument was a "behavior checklist" soliciting the parent's perception of changes in their behavior and their children's behavior after the parent attended the six-session Active Parenting discussion group. Only a posttest was administered, requesting parents to recall behavior patterns of six weeks previously, before the Active Parenting discussion group began, and compare them with current behaviors. There is no indication that the questionnaire was tested for validity or reliability. Lack of a pretest and control group significantly weakened the design.

In the first systematic study of Active Parenting, Boccella (1988) studied the "Effects of the 'Active Parenting' Program on Attitudinal Change of Parents, Parent Perceived Behavioral Change of Children, and Parent Perceived Change in Family Environment." She reported a modest increase in parents' confidence but no significant results concerning a variety of additional variables. Because of problems with a small sample and

instrumentation, Boccella advised against using the results to establish an empirical base.

Sprague's (1990) research measured "The Impact of the Active Parenting Program on the Moral Development and Parenting Skills of Parents." Results indicated significant difference between pretest and posttest scores on the Defining Issues Test (DIT) as measured by the percent of principled thinking (P-score) (.008), the total Parent Skills Inventory (PSI) score ( $p=.005$ ), and PSI subscales of limit-setting skills ( $p=.002$ ), role support ( $p=.008$ ), and communication skills ( $p=.028$ ). The DIT P-score correlated positively with the PSI rapport subscale ( $r=.556$ ). However, these results may be biased due to small sample size, and lack of randomization and a control group.

Interestingly, both Boccella (1988) and Sprague (1990) distributed a posttest evaluation questionnaire seeking qualitative data. Parents in both studies indicated the program was beneficial and had a positive effect on behavior within the family.

Because the previous studies on parent education are rated as questionable, and the number of studies conducted on the Active Parenting program are few in number and provide limited results, there is a need for additional rigorous research to test whether or not change does occur

in family functioning when a parent or parents have participated in a parent education program.

### Conceptual Framework

The theoretical constructs of the Active Parenting program are based on the individual psychology of Austrian psychiatrist, Alfred Adler (Popkin, 1983). Sigmund Freud and Adler were colleagues early in the twentieth century. However, Adler soon began to develop his own work which became more attractive to other professionals and the general public, and the two psychiatrists went their separate ways in their analytical work. Adlerian psychology reached a peak in the 1930's with Adlerian child study groups in Europe and the United States. Data presented by Ansbacher (1983, cited in Hergenhahn, 1990), Noller and Taylor (1989), and Popkin (1983) indicated another surge in popularity beginning in the 1980's with Adlerian constructs serving as a basis for a variety of popular parent education curricula.

Adler's approach to human behavior has often been called both humanistic and existential. Adler believed people care about one another in a positive way, are at least partially free to determine their own fate, and are concerned about the meaning of life (Hergenhahn, 1990).

In a systematic presentation of Adler's writings edited by Ansbacher and Ansbacher (1956), Adler suggested the fundamental fact of life is that individuals are born with an innate feeling of inferiority which is the driving force for change and growth. The feelings of inferiority create a striving for a superior or perfect society.

As Hergenhahn (1990) discussed, Adler introduced the construct of life-style, defining it as the means through which a person strives for the superior or perfect society. Hergenhahn stated, "Adler said that one's life-style was fairly well crystallized by the age of four or five through interactions within the family" (p. 96). Hansen, Stevic, and Warner (1986) summarized Adler's thinking, pointing out that during the first five years a child forms a notion or perception of self, a pattern of behavior, develops a life-style, and begins to select a life goal, "the attainment of which represents all that is good and toward which all behavior will be directed" (p. 63).

Adler believed, however, one's life-style is based on perceptions of childhood and not on actual reality (Ansbacher and Ansbacher, 1956). While experience plays an important part in influencing a child's future, it is the conclusions that a child draws from life experiences that have a far greater impact on life-style.

Hansen et al. (1986) summarized Adler's view that a person's self-image and view of the world determine life-style and interaction with other people and the world. Adler indicated it is within the first five years of life that a person can develop a healthy life-style or a faulty life-style, influenced by perception of life experiences and feelings about self. Thus, the family environment can influence a child's perception of the world. Active Parenting strives to develop positive self-esteem in the child and nurture an impression of an encouraging, cooperative, safe world, so the child will develop a life-style of cooperation, responsibility and courage (Popkin, 1989).

Adler attributed the development of a faulty life-style to a number of conditions and interactions within the child's environment. Pampering and neglect (Ansbacher & Ansbacher, 1956) as well as

failure to express a normal amount of tenderness..., excessive use of punishment..., establishment of standards or goals that are unattainable, excessive criticism of other people, and consideration of one parent as superior to the other. (Adler, 1931/1958, cited in Hergenhahn, 1990, p. 101)

all contribute to a child developing a distorted view of the world and failing to overcome feelings of inferiority. From these the child can develop inappropriate patterns of behavior.

Hansen et al. (1986) suggested that maladaptive behavior is often the result of inappropriate childrearing techniques by parents and other care-givers. These authors pointed out Adler's belief that a pampered, spoiled and over protected child will lack courage. A child who is not allowed to make choices, experiment, and therefore, make mistakes, will not develop autonomy and self-control. Adler thought over protection, of all parenting behaviors, was the most harmful to individuals and society (Hansen et al., 1986).

Hansen et al. (1986) further explained that neglected children must rely on their own means of testing and experimenting to learn and, even when they do succeed, are usually not rewarded. This leads to a lack of stability in their lifestyle and causes more harm to themselves than society (Hansen, et al, 1986). Children who are experiencing intense feelings of inferiority usually do not have satisfactory interactions with others and, therefore, continue to satisfy only their personal needs and do not learn to cooperate with others (Hansen et al., 1986).

Finally, Adler developed the concept of creative self in which he espoused that humans take their environment and their heredity and are free to act on them as they choose. It is the individual's attitude toward life that determines how the environment and heredity will influence the

individual's life-style and interaction with others (Hergenhahn, 1990). If children are encouraged, they will have a positive attitude but if they are discouraged their attitude will be negative (Popkin, 1986).

Adler applied his theory of individual psychology in therapy. Hergenhahn (1990) explained that his approach was to avoid "criticism, blame, punishment, and an authoritarian atmosphere, because these things would amplify the patients' already strong feelings of inferiority" (p. 109). Although Adler was a therapist, Hergenhahn commented on Adler's belief about prevention in the following manner.

As innovative and effective as Adlerian psychotherapy is, Adler always insisted that the prevention of disorders through proper child rearing and education was far easier and less costly than treating disorders later with psychotherapy (p. 109).

Adler was therefore, a strong advocate of what is currently referred to as parent education.

#### Operational Definitions

The following definitions are provided to insure clarity of understanding within this work.

Active Parenting Discussion Program is the original discussion program by Michael Popkin (1983, 1986) designed to reach a variety of parent audiences. The format allows for six two-hour discussion programs led by a facilitator.

Certified leader is any adult who has attended an eight-hour Active Parenting-approved Leader Certification Workshop (Popkin, 1989).

Democratic parenting is freedom within limits which acknowledges the social equality of children and parents, and concentrates on rights and responsibilities of each (Popkin, 1983).

Family functioning encompasses the structure and organization within the family as well as the patterns of interaction among family members (Epstein, Baldwin, & Bishop, 1983).

Parent education is the "purposive learning activity of parents who are attempting to change their method of interaction with their children for the purpose of encouraging positive behavior in their children" (Croake & Glover, 1977, p. 196).

## CHAPTER 2

## LITERATURE REVIEW

History of Parent Education.

Tracing the beginnings of parent education in the United States depends in part on the definition of parent education (Schlossman 1983). Using a very broad definition, with no discrimination on sponsorship, one could argue that parent education was occurring in the early 1600's in the United States as the church and state enforced childrearing practices that were defined in the Bible (Schlossman, 1983). Sunley (1955, cited in Croake & Glover, 1977), reported that before 1820 mothers who were concerned about the moral and religious training of their children met in "maternal associations."

During the mid 19th century the Mother's Magazine and the Mother's Assistant and Parents' Magazine were published (Sunley, 1955, cited in Croake & Glover, 1977), but disappeared from publication by the late 1800's. Taking their place in the role of parent educator were large, coordinated organizations such as the oldest continuous parent education program in America, the Child Study

Association of America, founded in 1888 as the Society for Study of Child Nature (Croake and Glover, 1977).

The National Congress of Mothers, the precursor to the National Parent-Teacher Association (PTA), was organized in the 1890's (Schlossman, 1983). Objectives of the National Congress of Mothers were (a) to "break down...isolation in individual households;" (b) to "share everyday childrearing frustrations in order to diffuse them;" (c) to "establish forums for self-instruction in new scientific research on children's physical, psychological, and moral development;" (d) to "convey basic knowledge on childrearing to impoverished women;" and (e)...to "serve at local, state, and national levels as political lobbyists to safeguard the special needs of women and children" (Schlossman, 1983, p. 9). The PTA grew from 60,000 members in 1915 to 1,500,000 by 1930 (Schlossman, 1976).

This continued interest in families and childrearing fostered federal government support in 1909 with the first White House Conference on Child Welfare, and establishment of the Children's Bureau in 1912 (Schlossman, 1983). Six years later, in 1918, the United States Public Health Service began parent education classes emphasizing the health of the children (Brim, 1965, cited in Schlossman, 1983). During that same decade, as homemaking became a vocation for women, more educational programs were

established, including those provided by the Department of Agriculture, through the Smith-Lever Act. Over 2,000 county home demonstration agents were hired to provide education to homemakers (Croake & Glover, 1977). The American Association of University Women (AAUW) revived an earlier interest (1890's) in parent education and featured a regular column on parenting in its monthly journal (Schlossman, 1976).

Schlossman (1983) indicated that by 1920 more scholars, government agencies, foundations, publishers and varied audiences were involved in parent education than at any other decade until the 1970's. He believed this interest developed primarily because the study of child development became more scientific and acceptable and because of increased involvement by private organizations.

In 1924 Columbia's Teachers College opened the first well-funded, university-based research center on children called the Institute of Child Welfare Research. This was followed by centers in Iowa, California, Minnesota, and Ontario, Canada. Research was the main goal, but the Centers also trained women as parent educators to provide educational services to state and local governments and private educational organizations (Schlossman, 1983). The 1920's also brought the introduction of parent education

into the high schools and grade schools to train future mothers in basic child care (Schlossman, 1977).

Schlossman (1983) observed that by the latter part of the 1920's parent education was well-established as a support for families seeking direction as they struggled with the social upheavals of that decade. Scientific study of children seemed a reliable guide for parents to "mediate between traditional and new values, between the attractions of the traditional family and the enticements of post war modernity" (p. 32).

Statistics presented at the 1932 White House Conference on Child Welfare indicated 378 organizations in the U.S. were providing parent education of which 126 were considered major programs (Croake & Glover, 1977). That same year, as a result of the 1930 White House Conference on Child Health and Protection, a publication presenting guidelines for parent education programs was produced (Croake & Glover, 1977).

Parent education continued to be a popular outreach to families until the distraction of World War II in the late 1930's. Brim (1965, cited in Croake & Glover, 1977) reports that in 1938 the National Council of Parent Education lost its funding, but the Departments of Agriculture, Mental Health, and Education continued to be supportive. Again, in the late 1940's, expansion of parent

education programs began and have continued into the present decade.

In spite of a history of interest over more than one hundred years, Schlossman (1983) suggested that parent education has never been fully "legitimated as a social service" (p. 32) no matter whether the sponsorship is public or private. There are still suspicions about its disruption of families and interference in private family matters.

#### Factors Creating the Need for Parent Education

It is significant to note that interest in parent education seems to be related to times of social upheaval. As Schlossman (1983) reported, the 1920's saw a great surge in the popularity of parent education as the U.S. experienced social change. Again, in the 1970's, a marked increase in interest occurred (Hicks & Williams, 1981) and has continued into the current decade. These authors cite changes in the family and in society as major factors in this renewed interest. Changes in the family include (a) a higher incident of divorce, remarriage, and single parents; (b) increased spouse abuse, and child abuse and neglect; (c) more emotionally disturbed family members; (d) more frequent teen run-aways and pregnancies; (e) both parents in the work force; and (f) smaller families.

Further, Hicks and Williams (1981) suggested that changes in society have produced a more complex and challenging parenting environment. These changes include (a) urbanization and mobility which separates childrearing parents from their extended family and support network; (b) inflation which can allow changes in life-style, yet create values confusion; (c) the technology and information explosion (including the vast assortment of parenting information) creating confusion and new challenges for parents; (d) advanced human reproductive techniques creating additional confusion; and (e) government and social policies affecting the management of the family.

Bigner (1985) reported many family experts believe parents have relinquished all traditional family functions except the socialization of their children. In that light, Hicks and Williams (1981) concluded family scientists believe the family will remain the major socializer and nurturer of children in our society and, in 1990, the National Commission on Children made this same assumption. Therefore, it is imperative that families continue to receive the support that has been available through parent education programs.

### Models of Parent Education

Various forms of parent support have been available to U.S. parents during the current and past century. Publications, mothers' support groups, government programs and agencies, private programs, child study groups, and educational programs have enhanced parents' knowledge, skills and confidence in their parenting rôles.

Parenting information appears in a variety of models. Certainly, an individual's parents serve as a prominent model for discipline techniques, family activities, and communication (Earhart, 1980). Other parent education occurs in elementary and high schools, prenatal and postbirthing classes, on television, and in print materials. Workshops and parent discussion groups led by professionals or qualified laypersons continue to be effective (Earhart, 1980; Noller & Taylor, 1989).

Croake and Glover (1977) observed two approaches beginning to dominate parent education. One was the teaching of behavior modification techniques in order to empower parents with the ability to influence their children's behavior in a positive way. The second was the use of a specific parent education curriculum in parent discussion groups encouraging the use of certain skills that led to a democratic approach to parenting.

In conducting a review of literature, it is apparent that the latter endeavor, the democratic approach, has monopolized parent education in the 1980's (Dembo et al., 1985; Noller & Taylor, 1989; Popkin, 1989; Tiffany & Tollefson, 1986). The Parent Effectiveness Training (P.E.T.) of Thomas Gordon, based on the concepts and techniques of Carl Rogers, emphasizes communication skills such as "active listening" and "I messages" (Noller & Taylor, 1989). A recently updated curriculum, Systematic Training for Effective Parenting (S.T.E.P.), created by Don Dinkmeyer and Gary D. McKay, incorporates the theory and techniques of the Adlerian psychiatrist Rudolf Dreikurs, including natural and logical consequences in guiding children's behavior. S.T.E.P. also includes the communication skills of Gordon's P.E.T. (Noller & Taylor, 1989; Popkin, 1989).

A more recent innovation in the field of parent education is the Active Parenting program. Active Parenting, Inc. produces a variety of video-based parent education programs based on Adlerian psychology. This model was developed by Dr. Michael Popkin, a counseling psychologist and student of Adlerian therapist, Dr. Oscar Christiansen. The content reflects much of Dreikur's discipline and guidance work utilized by Dinkmeyer and McKay in S.T.E.P., Gordon's effective communication in

P.E.T., and is based on democratic parenting (Popkin, 1989).

The major difference between the Active Parenting program and other Adlerian-based curricula is not content but process (Popkin, 1989). Popkin introduced the educational video format to parent education. He stated,

It is more than just the use of video that make video-based training much more effective than traditional systems. It is video integrated into a total training package that includes at least eight separate steps.  
(p.87)

The eight steps in the training package include:

1. Parents read a handbook containing contents covered during the course.
2. Parents complete the action guide review questions at home.
3. The Leader reviews the contents and answers questions during the group presentation and discussion.
4. The concepts are modeled on prepared video presentations and vignettes of family interaction presented during the sessions.
5. The concepts are experienced during the session in class activities and video practice.
6. The skills are applied at home with support from the handbook and action guide.

7. Feedback and encouragement are given during the next group session.
8. The skills continue to be applied at home.

The Active Parenting Discussion Program consists of six-two hour sessions for parents led by an Active Parenting certified leader. Session topics include:

1. The Active Parent.
2. Understanding Your Child.
3. Instilling Courage.
4. Developing Responsibility.
5. Winning Cooperation.
6. The Democratic Family in Action.

According to Popkin (1983), the parenting model on which Active Parenting is based has been used successfully by over a million parents, teachers, counselors, and psychologists.

#### MSU Extension and Active Parenting

In the late 1980's the U. S. Department of Agriculture (USDA), through the Extension Service, established eight National Priority Initiatives. According to the Extension Service (1988), the intent was to utilize the "efficiency, accountability, and clarity of Extension's public mission" (p. 1) to establish the Extension Service in a "proactive role as a generator of innovative change" (p. 1). One of

the eight initiatives was Building Human Capital. It incorporated the issues of career preparation and transition, preparing responsible youth, developing leaders, and renewing volunteerism (Extension Service, 1988).

Much earlier, T. W. Schultz (1961, cited in Ormsby & Brasher, 1989) defined the concept of human capital as "the useful skills and knowledge acquired by people as a result of deliberate investment" (p. 241). Paolucci (1983, cited in Ormsby & Brasher, 1989) further expanded the understanding of human capital by pointing out that all human capital development begins within the home. Ormsby and Brasher (1989) stated,

The influence of the home environment begins early and continues throughout ones' life. The home and family have the power to increase or decrease human capital depending on the qualities and characteristics embodied in the examples observed and the lessons taught (p. 242).

Montana State University (MSU) Extension Service personnel chose the Building Human Capital initiative as one of three to pursue in Montana, and appointed a seven-member task group comprised of county Extension agents and state Extension staff to "plan and manage programs dealing with the issue of Building Human Capital, including the broader concept of human development" (R. E. Phillips, personal communication, June 20, 1988). The MSU Extension

Service Building Human Capital Task Group met in September, 1988 to receive their charge, discuss their understanding of human capital development, and establish goals for their task group.

Extension officials at this time asked the Task Group to not only consider the Building Human Capital initiative, but also the Family and Economic Well-Being initiative. The latter included issues of financial instability, children at risk, vulnerable youth, disruption and dislocation, and dependent elderly (Extension Service, 1988). The definition of building human capital on which the Task Group agreed was "developing the skills, abilities, and understanding people need in order to reach their full potential in their families, organizations, communities, and work places" (Extension Service, 1988, p. 8, cited in Building Human Capital Task Group, 1988, September).

Using the nominal group process, the Task Group chose four areas they believed to be of major concern to people in Montana. These areas were family skills, personal development/people empowerment, preparation for career and transition, and people at risk. A survey instrument was developed and Task Group members conducted an informal survey of their constituents in Extension Homemakers, County Advisory Groups, 4-H, Montana Extension Advisory

Committee, and other groups, asking for a rank ordering of the items in each category and then rank ordering the categories (Building Human Capital Task Group, 1988, September). The results indicated personal development/people empowerment, and family skills were of most interest to Montanans surveyed and were selected by the Task Group for further study (Building Human Capital Task Group, 1988, December).

Issues were developed based on these areas of study. They included:

1. "People are at risk because of ineffective or inappropriate parenting techniques."
2. "People are often at conflict or at risk because of ineffective or inappropriate communication skills (interpersonal, marriage, etc.)" (Building Human Capital Task Group, 1988, December, p. 2).

The program goal for the Task Group became "the enhancement of Montana residents [sic] human potential" (White, 1989, p. 2), and the instructional goal, "the citizens of Montana will enhance their human potential by acquiring skills in the areas of Parenting" (White, 1989, p. 2). "The target audience was individuals planning to be parents, actively involved in the parenting process, and those people who work/interact with youth" (White, 1989, p. 5).

In September, 1989 a nine-member Task Group reviewed parent education programs and chose to promote building human capital for the 1990-91 program year through the use of the video-based Active Parenting program. There were three reasons for this choice: (a) the content was accurate, (b) there were a variety of formats available for delivery, and (c) the certification process for leaders guaranteed quality control (Elizabeth McCoy, personal communication, Nov. 23, 1990).

The Task Group not only planned to train Extension agents across the state to be certified discussion group leaders, but, in addition, an agreement was made with the MSU-based public television station, KUSM, to transmit the all-video version of the Active Parenting program to all nineteen of their stations located across Montana. This double approach would have the possibility of reaching a wide variety of Montana families.

In March, 1990, forty-seven MSU Extension agents and state staff attended an Active Parenting Leader Certification Workshop led by Dr. Michael Popkin at Montana State University, Bozeman, MT. After the eight hours of training, they were certified as leaders of the Active Parenting Discussion Program. They represented 35 of 56 Montana counties. In September, 1990 agents began leading discussion workshops.

Meanwhile, in October, 1990, KUSM began broadcasting the six-part all video program and five other local cable television stations in western Montana began broadcasts at about the same time. These broadcasts reached communities in 23 counties. With this variety of delivery systems, MSU Extension Service had the potential to provide parent education to families in 42 of 56 counties through discussion groups or broadcasts.

Since March, 1990 seven MSU Extension Service personnel have attend the Active Parenting Training of Trainers Workshop and have been certified to conduct Leader Certification Workshops. An additional 500 human services personnel and community leaders have been certified to conduct Active Parenting discussion groups.

In the interest of providing effective programs for constituents and the general public, the MSU Extension Service wishes to evaluate the Active Parenting program in Montana. They are most concerned about the impact of the program on the family and whether or not it makes a difference in the functioning of the family.

#### Research Hypothesis

There is no significant change in family functioning when a group of parents who have attended an Active Parenting discussion program is compared with a group of

parents not participating in an Active Parenting discussion program, as measured by the Family Assessment Device (FAD).

## CHAPTER 3

## METHODS AND PROCEDURES

A causal-comparative method of research design was utilized for this study due to the fact that random selection was not possible. A nonequivalent control group design served as the basis for the research.

Instrument

Permission was received from the Brown University/Butler Hospital Family Research Program (see Appendix A) to use The Family Assessment Device (FAD) (Epstein, Baldwin, & Bishop, 1983) (see Appendix B) to measure family functioning in families of which the parents were participating in the study. The FAD was designed to screen individuals for clinical and research settings to identify problem areas in family functioning. The instrument has not been administered in an educational setting such as the Active Parenting discussion group, but it has been used as a pretest and posttest and with a variety of normal populations (Joan Kelly, personal communication, December 9, 1991). Parents had four possible responses to each of the 60 statements describing

the family. Those responses on a Likert scale were strongly agree, agree, disagree, and strongly disagree.

The FAD is a 60-item, self-report questionnaire measuring family functioning as described by the McMaster Model of Family Functioning (MMFF) which includes the structure, organization and interaction of a family. Epstein, Bishop and Levin (1978) described the model as one based on "Western Judaeo-Christian values emphasizing the optimal development of each human being" (p. 20), which, in fact, corresponds with Popkin's (1983) understanding of the family and the role of the parent, and the Extension Service's emphasis on building human capital (Extension Service, 1988). The MMFF is based on a systems approach assuming that all parts of the family and each family member's environment is interrelated, and the family cannot be understood without examining all parts of the family and its systems (Epstein, Bishop, & Baldwin, 1981).

The FAD is made up of seven subscales measuring problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. Problem solving refers to the "family's abilities to resolve problems within and outside the family at a level which maintains effective family functioning" (Miller, Epstein, Bishop, & Keitner, 1985, p. 348). Communication refers to whether "communication in

the family is clear and direct or indirect and vague," (p. 348). The roles scale assesses "the extent to which families have established patterns of behavior for handling family tasks" (p. 348). Affective responsiveness refers to "the ability of individual family members to respond to a range of situations with appropriate quality and quantity of emotion" (p. 348). The affective involvement scale assesses "the degree to which family members are involved and interested in the activities of other family members" (p. 349). The behavior control scale on the FAD refers to the "ways in which a family expresses and maintains standards of behavior for family members," (p. 349). The general functioning scale assesses overall health/pathology.

Development of the original 240 item instrument was based on a sample of 503 individuals from clinical and nonclinical settings. There were statements in regard to family functioning on all six levels of the MMFF and with an equal number of items representing healthy and unhealthy functioning for each level. Epstein et al. (1983) reported the Chronbach's alpha on this original instrument ranged from .83 to .90. The scales were also highly correlated. A process based on criteria promoting internal consistency was then utilized to reduce the number of items in each subset and yet retain a satisfactory reliability. The

result was a 53-item questionnaire which included the six subscales and the general functioning subscale. Based on the 503 individuals, the reliability of the scales ranged from .72 to .92. The correlation between the six dimension scales ranged from .4 to .6 (Epstein et al., 1983). The high correlation between scales was accounted for by the variance each scale shared with the general functioning scale.

The validity of the original, shorter, 53-item FAD was tested by discriminant analysis of the results of questionnaires answered by clinical and nonclinical samples. The prediction was made that clinical samples would reflect unhealthy family functioning. This held true in 67% of the clinical samples while 64% of the nonclinical samples appeared with healthy family functioning. Epstein et al. (1983) explained this as highly statistically significant ( $p < .001$ ). In addition, the mean in every nonclinical group was lower (healthier) than the clinical group.

A further test for validity involved a study of 178 retirement-age couples. Concurrent validity appeared acceptable as the FAD predicted 28% ( $R=.53$ ) of the variance on the Locke Wallace Marital Satisfaction Scale. The FAD presented more powerful predictive validity when variances

were tested with the Philadelphia Geriatric Morale Scale and the Locke Wallace (Epstein et al., 1983).

The FAD was tested for social desirability by administering the FAD and the Marlowe-Crowne Social Desirability Scale to a sample of 164 individuals from 72 families (Miller et al., 1985). Correlations between the two instruments ranged from  $-.96$  (behavior control) to  $-.19$  (affective involvement) and indicate little impact of social desirability on the FAD scores (Miller et al., 1985).

Test-retest reliability was tested by administering the FAD, FACES II (based on Olson's Circumplex Model of Family Functioning), and the Family Unit Inventory (FUI). The FUI and the FAD produced results as predicted with correlations over  $.50$  between those subscales based on similar constructs and theories and lower correlations between subscales with few theoretical similarities. Correlations between FAD and FACES II did not occur as predicted, but with additional assumptions and testing, high correlations resulted between both FAD and FACES II and FUI and FACES II (Miller et al., 1985).

To determine descriptive validity the FAD was administered to 36 psychiatric patients who were also clinically assessed by an experienced family therapist. Results indicated that FAD scores corresponded to the

clinician's ratings of the functioning of the subjects (Miller et al., 1985).

Further testing for validity and reliability occurred after the questionnaire was updated to the 60-item FAD. With the addition of items, internal reliabilities were increased ranging from .86 (general functioning) and .80 (problem solving) to .57 (roles) (Miller, Bishop, Epstein, & Keitner, 1990). Factor analysis was performed to evaluate the internal structure of the FAD and provided a "stable factor structure across psychiatric, medical, and nonclinical groups," (Miller et al., 1990, p. 435).

Miller et al. (1985) suggested the FAD has advantages as a screening and research instrument because it is based on the well-developed McMaster Model of Family Functioning, it covers several dimensions of family functioning, and it is short and economical to administer. Further, in addressing the results from the three studies, Miller et al. (1990) stated "the results...suggest that the FAD can provide reliable and valid assessment of a wide range of families" (p. 438).

Content validity of the FAD in regard to this study was determined by experts comparing the subscales of the FAD with the content of the Active Parenting Discussion Program. Three university faculty and one Active Parenting, Inc. staff person were sent copies of the FAD

and an article describing the McMaster Model of Family Functioning. Based on their knowledge of Active Parenting, the description of the subscales on the FAD, and the 60 questions on the FAD, the experts were asked to rate each subscale as correlating very well, adequately, inadequately, or not at all, with the content of Active Parenting. The majority of the experts indicated the subscales of problem solving, communication, affective responsiveness, affective involvement, and behavior control correlate very well or adequately with the content of Active Parenting. The group of experts did not consider the subscales of role and general functioning to correspond with Active Parenting content. Therefore, those subscales are not used for purposes of this study. In addition, the Family Information Form, supplied by the authors, is not utilized in this study. A confidential family information questionnaire specific to the needs of the MSU Extension Service and this study was administered in its place (see Appendix C).

#### Procedure

Letters were sent to 207 certified leaders of the Active Parenting program in Montana inviting them to participate in the study (see Appendix D). The leaders had attended Leader Certification Workshops conducted by Active

Parenting or MSU Extension Service personnel between March 1990 and the time of this study. To qualify for the study the leader had to be conducting a six-week Active Parenting Discussion Program between February and April, 1992. Sixty six leaders responded to the initial letter by returning postcards (see Appendix E) for a response rate of 32%. Five leaders self-selected to invite the parents in their discussion groups to participate in the study, four additional leaders requested more information, and 57 leaders were not able to participate in the study for reasons such as the time constraints placed upon the study and lack of interest in participating in the research project.

Followup telephone calls were made to the nine interested respondents to ensure adherence to the leader and group qualifications specified in the letter. As a result, four leaders and their parent discussion groups from four counties were qualified to participate in the study. Those counties were Ravalli, Madison, Fergus, and Glacier.

The four leaders signed a Leader Contract (see Appendix F) agreeing to: (a) be the sole instructor during the six week course (a resource person could be in attendance); (b) follow the content outline presented in the Active Parenting Leader's Guide; (c) facilitate the

two hour class once a week for six weeks in succession; (d) administer the pretest after reading the instructions to the class during the first class meeting, and administer the posttest during the sixth class session after rereading the instructions; (e) invite only parents attending the entire six sessions to respond to the posttest; and (f) require each parent to sign a participation contract.

One week before the first discussion group was scheduled to begin, the certified leader was mailed the FAD pretest instrument and parent participation contract (see Appendix G) for each parent, along with the instruction sheet (see Appendix H) for administering the instrument. Twenty nine parents responded to the pretest and signed the parent participation contract.

One week before the sixth and final session, the posttest, family information questionnaire, and posttest instructions (see Appendix I) were mailed to the certified leader. Upon completion of the pre and the posttests, the leader returned the confidential responses and the unused tests in the self-addressed, stamped envelope provided. Followup telephone calls were made when the items were not returned to the researcher as requested. Thirteen parents from three study groups participated in the posttest. One posttest from the fourth study group was returned too late

to be included in the data reduction. The dropout rate for the study was 44.8%.

Volunteers were solicited for the control group during the later part of January, 1992 through a take-home letter (see Appendix J) distributed through 143 school children to parents of kindergartners through sixth graders in Hillcrest Elementary School, Harlowton, Montana. It is not known how many letters actually reached the parents. Parents agreeing to participate returned a tear-off reply form to the school office within one week of the mailing indicating their name, mailing address, and their willingness to participate in the study. An advertisement was placed in the Harlowton Times-Clarion weekly newspaper (see Appendix K) inviting parents of kindergartners through sixth graders to participate in the study. Forty four parents responded to the letter for a response rate of 31%, and 33 of those parents expressed an interest in participating as part of the study.

In mid-February parents participating in the control group were sent the pretest and the instructions (see Appendix L) asking them to complete the test immediately and return it in the stamped, self-addressed envelope provided. A week later a reminder postcard was sent to parents in the control group (see Appendix M). Twenty eight pretests were returned for a response rate of 85%.

The posttest was to be sent to the control group exactly six weeks later asking for completion and immediate return in the stamped, self-addressed envelope. However, due to the Easter holiday, followed by a teen suicide in Harlowton, the mailing of the control group posttest and instruction letter (see Appendix N) was delayed by two weeks. A reminder postcard (see Appendix O) was sent one week after the posttests were mailed. Nineteen parents returned the control group posttest for a response rate of 58%.

A followup letter was sent to certified leaders indicating the preliminary results of the study and thanking them for participating in the research project (see Appendix P).

### Subjects

The subjects were 12 parents and 1 grandparent who attended Active Parenting Discussion Programs offered by certified leaders trained through the MSU Extension Service between February 1 and April 30, 1992. Subjects lived in Ravalli County (n=8), Fergus County (n=3), and Glacier County (n=2). Most participants self-selected to attend the courses, and it is not known if any were referred by the court system to attend the discussion groups. Twelve persons were married and one single parent attended the class. As Noller and

Taylor (1989) predicted, more mothers (n=8) than fathers (n=4) attended the class (unknown n=1). Five persons reported family income from \$10-\$20,000, four persons had family income from \$20-\$30,000, one person each reported income from \$30-\$40,000 and over \$40,000, and two participants did not respond to the question. This represents a somewhat different socioeconomic group than was predicted by Croake and Glover (1977) when they suggested subjects from the middle or upper socioeconomic class are prone to self-select classes for further education. The majority of the subjects had a high school education and at least some college. The extremes were one person with a graduate degree and another with the first year of high school. There was one no response. Ages of children ranged from 5 months to 16 years (excluding the adult children of one grandparent in attendance).

The control group consisted of 19 parents with school-age children attending Hillcrest Elementary School, Harlowton, Montana. Sixteen of the parents were married, two were single parents, and one response was incomplete. Ten mothers and five fathers responded to the questionnaire with four unknown responses. The family incomes for 14 parents ranged from \$10,-\$30,000 with five no responses. Parents' education level included high school graduates and varying levels of college education. Children's ages

ranged from one year to 16 years with five incomplete responses.

#### Data Reduction and Transformation

After the posttests were received, data from the five subscales of problem solving, communication, affective responsiveness, affective involvement, and behavior control were scored and entered into a computer file. Data entry was checked for accuracy. Data was analyzed using the Statistical Package for Social Sciences (SPSS/PC+) V2.0 Base Manual.

#### Statistical Analysis

The data collected in this study was analyzed in the following manner after the group means and the standard deviations of the pre and posttests were determined. A  $t$  test was utilized to analyze the means of the differences in family functioning between the pre and the posttest of the five subscales of the FAD highlighted for purposes of this study. This was accomplished for both the experimental group and the control group. The .05 level of significance was used to evaluate the  $t$  tests.

One-way analysis of covariance (ANCOVA) was used to adjust the posttest means (dependent variables) of the experimental group and the control group on the basis of

the pretest mean (covariate) (Huck; 1974). The posttest means of the two groups were then compared to test for significant differences between posttest behaviors of the two groups.

## CHAPTER FOUR

## RESULTS

The purpose of this study was to examine the effect the Active Parenting education program had on family functioning as measured by the Family Assessment Device (FAD). The FAD utilizes seven subscales from the McMaster's Model of Family Functioning. Five of the subscales used in this study were Problem Solving (PS) which refers to the family's ability to resolve problems, Communication (CM) which refers to the clearness of family communication, Affective Responsiveness (AR), referring to the level of emotional response within the family, Affective Involvement (AI) which assesses the degree of interest in other family members, and Behavior Control (BC), referring to the manner of expression and maintenance of control within the family. The Active Parenting education program was the independent variable and posttest scores on the FAD as related to family functioning were the dependent variables.

Analysis of Data

A preliminary analysis was conducted to determine the total range of scores represented on the five subscales of the combined experimental and control groups' pretests and posttests (n=32). The potential scores ranged from 1 to 4 with 1 representing a healthy level of functioning and 4 representing an unhealthy level. Table 1 displays the total group mean and the total group range of scores for each subscale for the pretest and the posttest.

Table 1. Distribution of Scores for Combined Experimental and Control Groups.

Range of Scores	Pretest				
	PS	CO	AR	AI	BC
1.0 - 1.5	0	2	6	2	8
1.6 - 2.0	17	8	9	15	22
2.1 - 2.5	11	16	14	12	2
2.6 - 3.0	1	5	2	3	0
3.1 - 3.5	2	1	1	0	0
3.6 - 4.0	0	0	0	0	0
Mean	2.15	2.18	2.07	2.05	1.67

  

Range of Scores	Posttest				
	PS	CO	AR	AI	BC
1.0 - 1.5	1	2	5	2	12
1.6 - 2.0	17	8	13	13	19
2.1 - 2.5	10	18	10	15	1
2.6 - 3.0	4	3	2	2	0
3.1 - 3.5	0	1	2	0	0
3.6 - 4.0	0	0	0	0	0
Mean	2.07	2.17	2.05	2.03	1.61

Prior to the primary analyses of this study which compared the experimental group to the control, each group was individually examined. A  $t$  test was performed to compare pretest and posttest results on the five subscales of both the experimental group and the control group to analyze the differences between means between the pretest and the posttest of each group. The results for both groups were similar. No differences were found between the pretest and posttest scores for any of the five subscales for the experimental group: PS ( $t=1.58$ ,  $df=12$ ,  $p=.14$ ), CM ( $t=.17$ ,  $df=12$ ,  $p=.87$ ), AR ( $t=1.00$ ,  $df=12$ ,  $p=.34$ ), AI ( $t=.4$ ,  $df=12$ ,  $p=.7$ ), and BC ( $t=1.02$ ,  $df=12$ ,  $p=.33$ ). Likewise, no differences were found between the pretest and posttest scores in the five subscales for the control group: PS ( $t=.18$ ,  $df=18$ ,  $p=.86$ ), CM ( $t=.32$ ,  $df=18$ ,  $p=.75$ ), AR ( $t=.8$ ,  $df=18$ ,  $p=.43$ ), AI ( $t=.06$ ,  $df=18$ ,  $p=.95$ ), and BC ( $t=.66$ ,  $df=18$ ,  $p=.52$ ). This lack of differences suggests that the Active Parenting program did not have an effect on family functioning in the experimental group.

A one-way analysis of covariance (ANCOVA) was used on the five scales to compare the means of the posttests of the experimental group and the control group after adjusting the posttest means on the basis of the pretest means for individual differences (Huck, 1974). Table 2 displays the results from these five analyses.

Table 2. Analysis of Covariance of Comparison by Groups of Active Parenting Discussion Program.

Scale	SS	df	MS	F	p
<b>Problem Solving</b>					
Covariant	1.01	1	1.01	13.88	.01
Between	.08	1	.08	1.08	.31
Within	2.19	29	.07		
<b>Communication</b>					
Covariant	2.30	1	2.30	34.99	.01
Between	.01	1	.01	.01	.97
Within	1.91	29	.07		
<b>Affective Responsiveness</b>					
Covariant	5.08	1	5.08	39.56	.01
Between	.28	1	.28	2.21	.15
Within	3.73	29	.13		
<b>Affective Involvement</b>					
Covariant	1.17	1	1.17	13.81	.01
Between	.01	1	.01	.07	.79
Within	2.45	29	.09		
<b>Behavior Control</b>					
Covariant	.56	1	.56	9.12	.01
Between	.01	1	.01	.01	.93
Within	1.77	29	.06		

On the PS the adjusted means were 2.01 for the experimental group and 2.11 for the control group. On the CM the adjusted means were 2.17 for both the experimental and the control group. On the AR the adjusted means were 1.93 for the experimental group and 2.13 for the control group. On the AI the adjusted means were 2.01 for the experimental group and 2.04 for the control group. On the BC the adjusted means were 1.61 for both the experimental and the control group. Because no significant differences were found, the null hypothesis was retained that there was

no significant difference between the posttest behaviors of the experimental group and the control group to suggest parent education has an effect on family functioning as perceived by Montana parents.

## CHAPTER FIVE

## DISCUSSION

The results of this study indicate there is no evidence that the Active Parenting Discussion Program has an effect on family functioning as perceived by Montana parents participating in the Program using the Family Assessment Device as an assessment tool. However, this research was severely limited in some aspects and no conclusive decisions about parent education should be made based on this research.

This discussion will include limitations of the research, implications for further research, and implications for practitioners.

Limitations

"A major source of bias is the use of volunteers" (Gay, 1987, p. 166). Gay points out that the results from studies using volunteers are limited in their generalizability, limited only to other volunteers. In addition, the experimental group volunteers who were motivated enough to actually complete the program may have characteristics different from control group volunteers who

did not have to meet the qualifications of attending six two-hour classes. Such may have been the case in this study.

Considerable frustration was experienced with the use of volunteer discussion group leaders and volunteer parents involved in the study. Two hundred and seven letters were sent to trained leaders inviting their participation in the experimental group. Sixty-six responses were received with five leaders responding "yes," 57 responding "no," and four responded with "need more information." This was a response rate of 32%. The 57 "no" responses were due to lack of interest, parent discussion groups did not meet the requirements, and/or groups were not being conducted within the dates specified. Telephone calls were made to the 9 possible leaders and, after continued contact with them, only four leaders agreed to participate in the program. The other five were lost due to lack of registration and therefore, cancellation of their class, and failure to meet the study requirements. A second mailing to leaders failing to respond to the initial letter may have gained a few additional groups or, at the least, additional information might have been gathered about the number of parent groups actually being conducted by the certified leaders.

Different levels of parent commitment in regular class attendance were evident in the reduction of sample size from the experimental pretest (n=29) to the posttest (n=13). Parents were required to attend all six discussion group sessions in order to complete the posttest. One parent group that began with 10 subjects had only two subjects completing the posttest six weeks later. Parent commitment to the class may have been affected by the quality of instruction, instructor involvement with and encouragement of parents, familial interruptions, or discomfort with the subject. As Schlossman (1983) stated, distrust of parent education as an invasion of privacy remains a factor in the success of programs. Finally, the high dropout rate might be the result of the instructor's lack of perseverance in administering the posttest on the sixth week. The loss of control group participants from the initial response of n=33 to the posttest response of n=19 may reflect the lack of follow through indicative of volunteer subjects responding at their own convenience.

Additional limitations to this research revolve around the commitment of volunteers. This research setting moved away from the convenient sampling of university-affiliated persons and utilized parents in a variety of settings throughout Montana, thus incorporating subjects with characteristics more similar to the general population.









































































































