IMMEDIATE AND GENERALIZED EFFECTS OF ONE COMPONENT (STAY CLOSE TOOL) OF A BEHAVIORAL PARENTING CURRICULUM

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The Essential Tools for Positive Behavior Change is a behavioral parenting curriculum that is currently being disseminated throughout the state and Florida and is now being utilized in Texas to teach parents who are at risk or are founded of abuse and neglect. Research on the curriculum thus far has focused on large scale outcomes, skill acquisition of caregivers during analog role-play assessments, and scores on a written quiz. Little research has focused on generalization of classroom performance to the home. The measurement systems that have been used to evaluate positive outcomes also were in need of improvement. The current study was designed to determine whether teaching a component (Stay Close) to typical parents resulted in immediate improvements in written exam scores and on a role-play assessment and if those skills could be seen in a home setting. The results indicated that small improvements were seen across quiz scores in all but one family and some improvements across behavior was seen in both the role-play and home observations. Additionally, a reliable measurement system was created that captured both home observations and role-play assessment data.
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CHAPTER 1

INTRODUCTION

The prevalence of child abuse and neglect in the United States is alarming. Government reports reveal 899,000 confirmed cases of child maltreatment in 2005, and an estimated 1,460 children died from maltreatment (United States Department of Health and Human Services, 2007). Many different approaches have been used to address this problem, including stress-reduction classes, parent training, marriage counseling, cleanliness training, child health education, money and time management training, and others (Bigelow & Lutzker, 2000; Lutzker & Campbell, 1994).

Methods to identify at-risk populations have permitted a focus on the development of interventions aimed toward prevention of child maltreatment (Azar, Povilaitis, Lauretti, & Pouquette, 1998). One approach to prevention is improving the parenting skills of parents who have been identified as members of groups at high risk for child maltreatment (Gershater-Molko, Lutzker, & Wesch, 2003). Parent-child relationship training has been a particularly effective preventative strategy (Center for Disease Control [CDC], 2005). Teaching parents how to interact with their children through feedback, both in-vivo and in analogue settings, has been found to be effective in teaching parents appropriate parent-child interaction skills (Hansen, Warner-Rodgers, & Hecht, 1998).

Behavioral parent training is, in general, based on the principles of behavior analysis. Parents are taught to increase positive reinforcement for alternative behavior while ignoring inappropriate behavior, implement extinction and reinforcement procedures, use time-out, and establish environments in which children are most successful (Graziano & Diament, 1992; James & Scotti, 2000; Sanders & Dadds, 1982).
There are two distinct approaches to parent training: an approach that focuses on child behavior, and one that is focused on changing parent behavior (James & Scotti, 2000; Van Camp, 2004). The child-focused approach is typically used for families with children who have behavioral deficits or excesses, such as children with disabilities or conduct disorders. In this type of behavioral parent training, parents are taught to implement a specific, individualized behavior plan based on the child’s needs. The parent-focused approach is typically used when skill deficits in parenting, per se, need to be addressed or when it is more cost effective to train parents in a group setting. Examples of populations for which this approach is used include young parents, parents with disabilities, parents who are at risk for, or reported for, abuse and neglect, and foster parents (Bigelow & Lutzker, 2000; Graziano & Diamnet, 1992; Taylor & Biglan, 1998). Parents who are at risk for or have been found to have engaged in abuse or neglect comprise a population that has received increasing attention in parenting programs (Berard, 2007; Lutzker, Megson, Webb & Dachman, 1985). These efforts are consistent with the national prerogative toward maintenance or reunification of intact, biological families whenever possible (Wulczyn, 2004).

A wide array of different approaches have been used to measure the effectiveness of behavioral parent training packages, including written exams, parent report, questionnaires, checklists, and direct observation (Berard, 2007; Cocoran, 2000; Lutzker, 1994). Observational measurement is an important component of behavioral research. This allows the researcher to answer questions about how behavior changes as a function of experimental manipulations (Johnston & Pennypacker, 1993). Direct and repeated measures of behavior are preferred (Marcus, Swanson & Vollmer, 2001), and measures, such as written exams, parent reports, and questionnaires, have been
found to be less valid than direct observation (Korotitsch & Nelson-Gray, 1999). Nevertheless, indirect measures continue to be utilized in the literature on parenting (Weise, 1992).

Checklists may be considered direct measures of behavior in that they are derived from direct observation; however, information is lost due to the discontinuous nature of this format. Typically, checklists measure performance on specific tasks that require multiple steps to complete (Brown & Snell, 2000; Gershater-Molko, Lutzker & Wesch, 2003). The checklist is marked according to whether or not steps in the task are performed appropriately. Although operational definitions of the steps may be created, potentially important information about dimensions of the behavior is not reported. For example, it may not be known how long the person engaged in the behavior or how frequently the behavior was emitted, dimensions that may be important when dealing with parent-child interactions.

Other issues in measurement in the parent training literature include the nature of the subjects whose behavior is measured and where measurement occurs (Graziano & Diament, 1992; Wiese, 1992). In a literature review, Weise found that there is a lack of research reporting direct measures of parental behavior (1992), with much of the research focusing on child outcome measures. Although it is important to determine if parenting interventions change child behavior, parent behavior change is the primary focus of parent training and should, therefore, be measured to identify the most immediate and direct effects of training. Behavioral parenting packages that focus on the parent typically include more parent measures than packages focusing on the child (Weise, 1992). Ultimately, determination of the direct effects of training on parenting behavior as well as the indirect effects of training on children’s behavior (as a function of
changes in parenting behavior) will require direct measures of the behavior of both the parent’s and the child’s behavior (Graziano & Diament, 1992).

The context in which behavioral assessment takes place has an effect on behavior outcome measures as well. Several studies investigating the effects of parent training packages have utilized role-play data to examine parent skill acquisition (Berard, 2007; Lutzker, 1994; Van Camp, 2004; Van Camp et al., 2008). Presumably, it is important that changes observed in clinical or analog settings generalize to the home environment; however, the validity of role-play assessments in providing an estimate of changes occurring in other contexts is at best questionable. Torgruid & Holborn (1992) discuss various factors in role-play assessments that can affect behavior change, such as the instructions, the setting in which the role-play takes place, and the behavior of the confederate. Typically, participants perform better in role-play settings than in vivo. Currently, more research is needed to determine if improved parenting behavior demonstrated in analog settings transfers to natural home settings.

Parents sometimes struggle with relationship building, even though it is an important aspect of the family dynamic (McGimsey, Lutzker, & Greene, 1994). Many at-risk families spend their time correcting minor problem behaviors of children, instead of interacting with the child when he or she is doing what is expected. Parents at risk for abuse and neglect may have not have an adequate understanding of child development and what is typical for children to be doing at various ages in life. Therefore, they may have unrealistic expectations for their children’s behavior (Azar et al., 1998). This negative focus and lack of knowledge often leads to behavioral problems in abused and neglected children which may, in turn, cause even more stress in the home. (Timmer, Urquiza, Zebell, & McGrath, 2005).
Burgess and Conger (1978) found differences in typical family interaction patterns during home-based observations of families that had a history of abuse and neglect and those who did not. Two observers were present in the families’ homes 6 hrs per week to observe the families as they interacted in a contrived task. They found that abusive parents deliver lowered rates of verbal and physical feedback to their children and had fewer positive interactions than did the typical families. The neglectful parents engaged in more negative interactions than the other two groups and also made more requests of their children. This research suggests that frequency of positive vs. negative interactions could distinguish typical families from those with a history of abuse and neglect.

The outcomes of these studies provide strong evidence that the nature of social interactions between caregivers (e.g., parents) and those receiving care (e.g., children) is a potentially important target for intervention with parents who have a history of abuse and neglect. One approach to teaching appropriate parent-child interaction skills is the use of classroom-based curricula. One such curriculum, developed by Florida’s Behavior Analysis Services Program (BASP), has been used extensively to provide training for foster parents, adoptive parents and biological caregivers throughout Florida. The 30-hr parenting curriculum (Tools for Positive Behavior Change) was established as a pilot program in a single service district in 1996 and has expanded to serve all of the state’s 15 social service districts (Berard, 2007; Van Camp et al., 2008; Van Camp 2004). Components of the curriculum include Stay Close, Give Positive Consequences, Ignore Junk Behavior, Pivot, Stop-Redirect-Give Positive Consequences, Set Expectations, Use a Contract and Time-out (Latham, 1994). Each component incorporates procedures derived from applied behavior analysis, such as
differential reinforcement, extinction, and the systematic arrangement of antecedent environmental variables that are described in straightforward terms so that caregivers can easily understand and implement the procedures (Van Camp et al., 2004). The program uses didactic instruction, group activities, role-plays and feedback to teach target skills to parents. This program has been demonstrated to produce substantial improvements in indirect measures such as placement disruptions (removal from the home based on behavioral difficulties), and elopement (e.g., Van Camp et al., 2004); however, no research has yet assessed the necessity and sufficiency of program components to achieve desired outcomes, and few studies have attempted to determine the extent to which the skills taught in the program generalize to home settings.

Some direct measurement of parenting skills associated with this program has been reported. For example, Van Camp (2004) evaluated parent skill acquisition before and after the parenting course via role-plays performed in class over three districts within a 3-year period. Teachers of the parenting course played the role of children in typical family scenarios to assess how parents would respond. Checklists that broke down each component of the curriculum into steps were used to record parent behavior and the percentage of steps performed correctly was reported. Parent’s showed improvements in measured skills, with an average increase of 38% across groups (Berard, 2007). However, the measurement system produced low interobserver agreement (IOA) indices (75% for pre-class data and 84% for post-class data), and no data were collected in the homes of the participants to determine if skills generalized to the home settings.

Van Camp et al. (2008) recently reported outcomes of observations during home visits for 14 families. The checklists used by Van Camp et al. (2004) were used to
measure the parents’ use of targeted skills in the home setting. Results indicated that near perfect accuracy of skill demonstration was attained for all 14 participants. However, no IOA measures were collected, and the data recorder also functioned as the teacher of the parenting course; therefore, observer expectancy may have influenced these findings.

The effect of the BASP curriculum was evaluated within a multiple-baseline experimental design with four participants (Van Camp et al., 2008). Two participants received the full 30-hr curriculum package, and two of the participants were exposed to a 6-hr training package. Role-play assessments were completed multiple times prior to and following the course. Role-play situations differed from previous studies but contained the same basic elements. Results indicated that all four participants increased accuracy of each specific skill following training with that skill. Again, IOA was below traditionally acceptable levels (average IOA was 83%) and, throughout the study, the observer was aware of the participant’s training status, so observer expectancy could have influenced these findings.

A systematic replication of the BASP program is currently being implemented at the University of North Texas. This program is called Behavior Management and Parenting Services (BMAPS). The program utilizes a modified 15-hr version of the BASP curriculum to serve (primarily) biological parents who have been reported to the local Child Protective Services agency for alleged (or, in some cases, confirmed) abuse and neglect. An initial evaluation of the program was conducted with 10 participants (Berard, 2007). The participants engaged in role-play assessments before and after taking the course, and a 36-question, multiple-choice quiz was administered within a multiple-probe experimental design before each tool was taught. A data collection
system using a modified checklist was used to score role-play behavior. The results showed moderate improvements in participants’ ability to recognize correct answers on the multiple choice quiz and to apply the skills taught in the curriculum during role-play scenarios. Although the data collection system produced higher IOA coefficients relative to other reported role-playing observations, it was based on a checklist corresponding to the targeted skills. Thus, it was possible only to determine whether these skills were demonstrated given scheduled opportunities, and other potentially important dimensions of behavior may have gone unrecorded.

The current study was designed to extend the above literature by evaluating whether teaching the Stay Close component of the BMAPS positive parenting curriculum would result in improvements in typical parents’ scores on a written exam, performances during role-plays, and interactions in home settings. Stay Close is a relationship-building tool comprised of components including: get physically close; touch appropriately; use appropriate facial expressions; tone of voice and appropriate body language; ask open-ended questions; listen; make empathy statements; avoid junk behavior; and avoid using punishment and coercive interactions. Typical parents participated in the current study for three reasons: Most of the population of parents served by BMAPS has lost some or all of their custodial rights; thus, opportunities to observe interactions between these parents and their children were limited or nonexistent. Furthermore, Wiese (1988) has observed that research in parent training mainly focuses on children and parents who have been referred for either child or parent behavior problems or deficits. Thus, little empirical information has been produced about interaction patterns of typical families—information that could be valuable for comparing patterns of interactions in families with maltreatment or child
behavior issues. In addition, it is unclear the extent to which typical families might benefit from parent training packages.

The current experiment included home-based observations to determine if skills taught in the parenting class changed parent-child interactions in the home (Berard, 2007; Lutzker, 1994; Wiese, 1992). As previously noted, prior attempts to conduct descriptive assessments of parent-child interactions in home settings have not generated levels of IOA below those typically expected in behavior-analytic research (Van Camp et al., 2004). Thus, an additional goal of this study was to create and evaluate a direct observation coding system to record naturalistic parent-child interaction data.
CHAPTER 2

METHOD

Participants

Four families with children ranging in age from 2-6 yrs of age were recruited from a local state-funded preschool and a local parenting group. All but one of the families was intact; however, all families had at least two primary caregivers living in the home. The average age of the parents involved in the study was 32 (range = 25-40). Three of the four parents of interest stayed at home with the children all day. One caregiver from each family participated, including one father and three mothers. The mean age of the children was 3.5 (range = 2-6). Four boys and 2 girls participated in the study. All of the families were Caucasian.

Families were recruited through flyers sent out to the preschool and the parenting group. Each family contacted the primary investigator via email to inquire about the study. The families were then asked to schedule an initial meeting with the experimenter to explain the goals and methods of the research at the University of North Texas (UNT). Families were asked to come alone if they could, but babysitting services were arranged if necessary. Two research team members conducted all initial meetings in the BMAPS office, located on the UNT campus. The primary investigator reviewed the consent forms with the parent and answered parental questions. After the parent signed the consent form, the initial assessment was conducted. A participant consent form is located in Appendix A. All but one of the families that attended an initial meeting consented to participate in the research. Families who consented to participate were eligible to participate in a free 5-week positive parenting course conducted by BMAPS.
Response Definitions and Measurement

*Role-play scenarios and home observations.*

Participant behaviors during role-plays and home observations were videorecorded for subsequent scoring and analysis using a Sony Digital Handycam™. The camera was mounted on a tripod located on a desk during role play assessments and was hand-operated by the experimenter during home observations. The camera was positioned so as to capture as much of the behavior of the target parent as possible. Digital video was stored on a computer hard drive for scoring and analysis.

All home observation and role-play videos were scored by the primary investigator using a combination of partial-interval recording and event recording. For measures collected using partial-interval recording, observation sessions were divided into 10-s intervals, and measures were scored if the behavior of interest was observed to occur at any time during the interval. The number of intervals containing target behaviors was summed and the result was divided by the total number of observation intervals to calculate the percentage of intervals during which the behavior was observed. Measures collected using partial-interval recording included parent-child interaction, parent-child proximity, parent affirmation, parent prohibition, parent-child touch, parent coercive interaction, child junk behavior, and parent attending to junk behavior. For measures collected using event recording, discrete occurrences of target behaviors were scored, the number of target responses occurring during the observation session was summed, and the result was divided by the number of observation mins to obtain a rate measure. Measures recorded using event recording included parent delivery of open-ended questions and parent empathy statements. Response definitions are provided in Table 1.
Observation intervals from home observations were omitted from data analysis if the child/children were asleep or if individuals other than the participating parent or child/children interacted with participants for more than half of observation intervals during a given observation. Other intervals were omitted from data analysis if 1) there were technical problems with the quality of the video recording that did not permit accurate transduction, 2) the parent was not visible in the frame and it was unclear if the parent was interacting with another individual, or 3) children interacted with a person or persons who were not part of the investigation.

Four graduate students were trained in the data collection procedures and independently scored a minimum of 33% of sessions from each condition in the home and office assessments for each family. Interobserver agreement (IOA) was evaluated for each target behavior of interest by comparing the primary and secondary observers’ records. For behavior recorded using partial-interval recording, IOA was calculated by summing the number of intervals with agreement (whether the behavior was or was not recorded) by the number of observation intervals and multiplying the result by 100. For behavior recorded using event recording, IOA was calculated by dividing the session into 10-s intervals, calculating IOA for each interval (number of agreements divided by agreements plus disagreements) and then averaging overall IOA across intervals.

All secondary observers received training prior to independently scoring video. The experimenter gave each observer a written copy of the observation code and provided a detailed verbal description of each target definition. The experimenter then watched a video with the observers while coaching them on examples and non-examples of the target behaviors. Finally, each observer scored one session from each participating family. If scores fell below 90% on any target the investigator replayed the
parts of the video recording where disagreements occurred. When the observers scored 90% or above on all primary targets (parent-child interaction, parent-child proximity, touch, parent delivery of open-ended questions, parent delivery of empathy statements, and parent coercive interactions) without coaching they were considered trained and began to score IOA. A score of 80% or above was acceptable for all secondary targets (parent affirmations, parent prohibitions, child junk behavior and parent attention to child junk behavior). A complete list of the targets and session-by-session IOA for each family is presented in Tables 2 and 3.

Experimental Design

A multiple baseline across assessments was used. Parents were semi-randomly assigned to receive a specific number of office assessments and home observations before their initial meeting. The primary investigator rolled dice to determine in how many role-play assessments, written quizzes and home observations the parents would participate. When a number was rolled for one participant it was unavailable for the next participant, so that all participants were assigned a different number of assessments. The maximum number of assessments that the parents performed during the office visit was 3 and the minimum was 1. All role play assessments and written quizzes were identical. If the parent was assigned to do the role play assessment more than one time they received the first role play, participated in another part of the office assessment, and then were asked to do the role play assessment again. The role play and written quiz assessments were never given consecutively.
Office assessment

Setting and Materials.
The room for office assessments was a 3.05 m by 4.27 m office, designed to simulate a family room. The office contained a couch, an ottoman, a lamp, a bookshelf containing books, a microwave oven, and items used during role-play assessments (e.g., toy trucks, a toothbrush, a wooden basket, and some dolls). A computer and a Sony Digital Handycam™ on a tripod were located on top of a desk in a corner of the room.

Procedures.

Role-play. A research team member acted out a scenario with the parent, with the team member taking the role of the parent's child. Team members followed a script that prompted the research team member to provide opportunities for the participant to demonstrate skills taught in the positive parenting class. The participant received a brief overview of the scenario and then was instructed to, “Show us what you would do in this situation”. Participants 1 and 4 engaged in one role-play during the initial office visit. Participant 2 engaged in two role-plays and Participant 3 engaged in three role-plays. The script of the role-play assessment is located in Appendix B.

Written quiz. During the office assessment parents completed a written multiple choice quiz that included seven questions about the stay close tool. Three of the questions were conceptual, while four of the questions were scenario questions containing a short passage describing an interaction between a parent and child. The parent selected the answer that best described how he or she would have handled the situation as a parent (Berard, 2007). Participant 1 and 4 completed one written quiz, Participant 2 completed two written quizzes and Participant 3 completed three quizzes during the initial office visit. A written quiz is located in Appendix C.
General information form. A general information form was given to the participants to fill out, and the experimenter interviewed the parent about his or her interactions with his or her child and discussed what the parent and child did during a typical day. This portion of the assessment was used to build rapport with the parent before conducting in-home observations and to provide the investigator with information about when home observations could be conducted. The general information form was completed between role-plays and written quizzes. A general information form and questionnaire is located in Appendix D.

Post-class office assessment. Directly after completing the “Stay Close” positive parenting class, all parents participated in one role play and one written exam. The post-class role play and written exam were identical to those conducted during the initial office assessment. The parent from Family 1 did not attend the class but participated in a role play and written quiz after he completed all of his home observations.

Home Observations

Setting and Materials.

All observations were captured by a Sony Digital Handycam™. Observations occurred in the family’s natural environment. The family was not restricted to the house or instructed to interact with their child/children while the observer was present. The only instruction the families were given was to “Do what you typically do” while the observer was in the home. Observations were collected in the home, on car rides, and at the park.

Procedure.

Home observations occurred at specific times of the day that were predetermined by the family and the experimenter at the initial assessment. At the initial
assessment the parents were informed how many observations would be collected and when collection would begin. Home observations were 10 min in duration. Observations were scheduled to occur three times daily until the scheduled number of observations were conducted (some scheduled observations were not conducted due to changes in families’ schedules and cancellations by parents). The number of home observations was staggered across participants during the baseline observations. Families were observed 2-3 times daily across 6-13 total home observations. Observers arranged upcoming observations at the completion of each observation. For example, at the end of an observation conducted early on a given morning, the observer arranged with the parent to return later that day for a second observation.

All parents were scheduled for 6-9 additional home observations following completion of the class. These procedures were identical to those used in baseline observations. All families were observed within 1 day following the parenting class except family 4. Family 4 was unavailable for home observations following the class due to a planned vacation. Observations with this family were conducted 1 week after completion of the class.

Class

Setting and Materials.

The positive parenting class tool “Stay Close” was presented in the conference room at the Behavior Analysis Department at UNT. The room contained a large table, chairs, a computer and projector, a white board and a small book shelf.

Procedure

The class met Saturday evening from 3:00pm – 7:00pm. At the beginning of the class, the parents were provided with a Participant’s Guide (Appendix E) that included
information to be covered during that class period and exercises that the class would do together. The participants also received a class evaluation form which they filled out at the end of the class. One of the four participants was absent from the scheduled parenting class but continued with home observations and completed an office assessment after all home observations were completed.

Classroom training was conducted by trained graduate students from the Department of Behavior Analysis. The graduate students were currently enrolled in or had completed a structured 18-week practicum designed to teach them how to present the BMAPS curriculum. One lead trainer and a co-trainer taught each class together. The lead trainer had completed extensive training, including attending a complete course sequence as an observer, functioning as co-trainer for a complete course sequence, and teaching an entire class sequence under supervision of an experienced lead trainer. During training, staff received frequent feedback from the project supervisor on lecture performance, interactions with participants, role plays, and classroom management. A leaders’ guide, which included an overview of the information that should be covered during each class was also provided to all staff. A leaders’ guide for the Stay Close lecture is located in Appendix F. All staff attended 2-hr staff meetings each week.
CHAPTER 3

RESULTS

Figure 1 displays the percentage of 10-s intervals containing parent-child interaction and proximity during home observations and role-play assessments. Each participating family completed 1-3 pre-class role-play assessments, 6-13 baseline home observations, 6-9 post-class home observations, and 1 post-class role-play assessment. The data are plotted in the sequence that assessments were conducted, with office assessment role-plays displayed first, followed by baseline home observations, post-class role plays, and, finally, post-class home observations. Note that data are aligned and enumerated according to condition (rather than the absolute number of sessions) in order to facilitate analysis of the effects, if any, of repeated exposure to a given condition. Parent-child interaction (PCI) is represented by the closed black squares for home observations and closed black triangles for role-play office assessments. Parent-child proximity (Prox) is represented by the open black squares for home observations and open black triangles for role-play office assessments. Data for Family 1 (F1) are organized differently from the other families because this parent never attended the positive parenting class.

The session-by-session PCI and Prox scores for Family 4 (F4) are presented in the top panel in Figure 1. Condition mean values of PCI and Prox from home observations are presented in the first two sets of bars in the upper left panel of Figure 2, and condition mean values of PCI and Prox from office assessments are presented in the first two sets of bars in the upper left panel of Figure 3. Due to the structure of the office role-play assessments PCI and Prox occurred during 100% of intervals (this was true for all of the families, as can be seen in Figure 3). Both PCI (mean = 80%, range =
22-100%) and Prox (mean = 51%, range = 3-87%) showed variability during baseline, primarily due to a single session (observation 3) in which measures of both PCI and Prox dropped quite low. Prox occurred at lower levels and with greater variability than PCI. Post-class role play scores remained at 100% for both PCI and Prox. Post-class data from home observations showed slight increases relative to pre-class data for both PCI (mean = 86%, range = 61-96%) and Prox (mean = 64%, range = 12-88%), with slightly increasing trends observed in session-by-session data for both responses.

The session-by-session PCI and Prox scores for Family 2 (F2) are displayed in the second panel in Figure 1. Condition mean values of PCI and Prox from home observations are presented in the first two sets of bars in the second panel on the left side of Figure 2, and condition mean values of PCI and Prox from office assessments are presented in the first two sets of bars in the second panel on the left side of Figure 3. PCI (mean = 82%, range = 61-100%) and Prox (mean = 68%, range = 20-100%) showed increasing trends throughout the baseline phase. In the post-class home observation phase the data paths for both PCI (mean = 73%, range = 42-98%) and Prox (mean = 66%, range = 5-100%) dropped in level and the variability for both increased. The role-play assessment data did not show any change.

The session-by-session PCI and Prox scores for Family 3 (F3) are displayed in the third panel in Figure 1. Condition mean values for PCI and Prox from home observations are presented in the first two sets of bars in the third panel on the left side of Figure 2, and condition mean values of PCI and Prox from office assessments are presented in the first two sets of bars in the third panel on the left side of Figure 3. Overall levels of both PCI (mean = 78%, range = 47-98%) and Prox (mean = 74%, range = 28-100%) were very similar throughout the first home observation phase. The
data paths for PCI (mean = 62%, range = 35-100%) and Prox (mean = 65%, range = 25-100%) after the parenting class showed an initial drop in level and a subsequent increasing trend through the remainder of the condition. The means for both PCI and Prox were lower following the parenting class. Again, the role-play assessment scores remained at 100% before and after the class.

The session-by-session PCI and Prox scores for Family 1 (F1) are displayed in the bottom panel of Figure 1. Mean values of PCI and Prox from home observations are presented in the first two bars in the bottom panel on the left side of Figure 2, and mean values of PCI and Prox from office assessments are presented in the first two bars in the bottom panel on the left side of Figure 3. These measures showed generally stable patterns throughout the home observations, although, as with the other participants, Prox (mean = 79% range=20-96%) showed more variability than PCI (mean = 80% range = 51-96%). As with other participants, role play scores for F1 were 100%.

Overall, Figures 1, 2, and 3 revealed little systematic changes in level, trend, or variability in PCI and Prox during home observations and office assessments conducted before and after the positive parenting class. These measures tended to “track” each other across sessions, such that a high degree of correspondence was seen in session-by-session variations in measures. That is, sessions in which high levels of PCI were scored were likely to also show high levels of Prox. These outcomes suggest, but do not confirm, a functional relationship between proximity and parent-child interaction. Because class outcomes did not appear to result in reliable or systematic changes in PCI and Prox, changes in other observed behaviors were most likely not a function of
the amount of time the parents interacted with their children or the amount of time the parents were within proximity of their children.

Figure 4 displays the percentage of 10-s intervals that contained parent-child touch. The session-by-session outcomes for F4 are shown in the top panel in Figure 4. Parent-child touch during home observations is represented by the closed black squares and parent-child touch during role-play office assessments is represented by open black squares. Condition mean values for parent-child touch from home observations are shown in the third set of bars in the upper left panel in Figure 2, and condition mean values of parent-child touch from office assessments are shown in the third set of bars in the upper left panel in Figure 3. In the pre-class office assessment parent-child touch occurred at zero levels. Touch (mean = 3%, range = 0-5%) remained at low and stable levels during baseline. Little change in parent-child touch was evident following the class; in fact, other than one outlier during session 9 in the post-class home observation data the data path for touch (mean = 13%, range = 0-70%) was flat with little variability throughout the second home observation period. An increase in parent-child touch was observed in the post-class role-play to 9% of the intervals.

The session-by-session parent-child touch scores for F2 are located in the second panel in Figure 4. Condition mean values of touch from home observations are presented in the third set of bars in the second panel on the left side of Figure 2, and condition mean values of parent-child touch from office assessments are presented in the third set of bars in the second panel on the left side of Figure 3. No parent-child touch was recorded during the pre-class role-play assessment. Levels of parent-child touch during home observation were very low and stable before (mean = 11%, range = 2-30%) and after (mean = 14%, range = 0-43%) the parenting class. Outlier points were
seen in sessions 6, 10 & 16, raising the overall means for the home observation phases. No parent-child touch was observed during the post-class office role-play assessment.

Session-by-session parent-child touch scores for F3 are displayed in the third panel in Figure 4. Condition mean values of parent-child touch for from home observations with F3 are presented in the third set of bars in the third panel on the left of Figure 2, and condition mean values of parent-child touch from office assessments are presented in the third set of bars in the third panel on the left of Figure 3. No parent-child touch was recorded during the pre-class role-play assessment. During the baseline home observation phase measures of parent-child touch were quite variable (mean = 26%, range = 2-76%). Family 3 continued to display variability in parent-child touch during post-class home observations (mean = 23%, range = 7-39%). Zero levels of responding occurred for F3 in the post-class role-play assessment.

Session-by-session parent-child touch scores for F4 are displayed in the bottom panel in Figure 4. The mean of parent-child touch for from home observations are presented in the third bar in the bottom panel on the left of Figure 2, and mean of parent-child touch from office assessments is presented in the third bar in the bottom panel on the left of Figure 3. No parent-child touch was recorded during the pre-class role-play assessment. Parent-child touch showed considerable variability during home observations (mean = 28%, range = 0-85%) and occurred during 9% of intervals during the final role-play assessment.

No significant changes were evident in the data for the 4 families in respect to parent-child touch. The role-play assessments for parent-child touch and the home observations indicated similar patterns before and after the class for all families who
participated in the class; however, the home observation data provided preliminary information about levels of parent-child touch in typical homes, while the role-play data showed zero levels of responding for most families.

Figure 5 displays the percentage of 10-s intervals that contained parent affirmation and prohibition statements. Parent affirmation is represented by the closed black squares for home observations and closed black triangles for the role-play office assessment. Parent prohibition is represented by the open black squares for the home observations and the open black triangles for the role-play office assessment. The session-by-session outcomes for F4 are shown in the top panel in Figure 5. Condition mean values for parent affirmation and prohibition from home observations are shown in the fourth and fifth sets of bars in the upper left panel in Figure 2, and condition mean values of parent affirmation and prohibition from office assessments are shown in the fourth and fifth sets of bars in the upper left panel in Figure 3. No parent prohibitions occurred during the pre-class role-play assessment. Prohibitions (mean = 9%, range = 2-22%) showed a slight increasing trend during the pre-class baseline home observation. Post-class home observation data for prohibitions (mean = 10%, range = 2-20%) showed a slight decreasing trend. No parent prohibitions occurred during the post-class role-play assessment. Affirmations occurred during 27% of the intervals in the pre-class role-play assessment and increased to 45% of the intervals in the post-class role-play assessment. Affirmations (mean = 20%, range = 2-30%) occurred at relatively stable levels during the pre-class baseline home observations. The data jumped and remained at a higher level during the post class home observation phase (mean = 27%, range = 16-37%).
The session-by-session parent-affirmation and prohibition scores for F2 are located in the second panel of Figure 5. The condition mean values of prohibition and affirmation for home observations are displayed in the fourth and fifth sets of bars in the second panel on the left side of Figure 2, and condition mean values of affirmations and prohibitions from office assessments are presented in the fourth and fifth sets of bars in the second panel on the left side of Figure 3. The role-play assessment scores indicated a decreasing trend for affirmations (mean = 24%, range = 17-31%) and no prohibitions were scored. The trend for both affirmations (mean = 20%, range = 12 - 47%) and prohibitions (mean = 23%, range = 19 - 35%) was level in the baseline home observation phase. In the post-class role-play assessment phase, affirmations increased to 36% of intervals but prohibitions remained at zero. In the post-class home observation phase levels dropped for prohibitions (mean = 7.5%, range = 0 - 15%) and increased for affirmations (mean = 25%, range = 11 - 56%).

Session-by-session parent affirmation and prohibition values for F3 are located in the third panel of Figure 5. The condition mean values of prohibition and affirmation for home observations are displayed in the fourth and fifth sets of bars in the third panel on the left side of Figure 2, and condition mean values of affirmations and prohibitions from office assessments are presented in the fourth and fifth sets of bars in the third panel on the left side of Figure 3. Affirmations (mean = 46%, range = 43 - 50%) were level in trend, while no prohibitions were observed during the three pre-class role-play assessments. During the baseline home observation phase, prohibitions (mean = 23%, range = 2 - 64%) showed a slight decreasing trend. Affirmations (mean = 24%, range = 2 - 47%) followed prohibitions closely throughout the phase with exceptions during observations 1, 8 and 11. In the post-class role-play assessment, no prohibitions were
observed while affirmations remained level at 40% of intervals. In the post-class home
observation phase, affirmations (mean = 25%, range = 15 - 39%) decreased slightly but
showed an increasing trend. Prohibitions (mean = 8%, range = 0 - 29%) stayed low but
then increased during the last three home observations.

The bottom panel in Figure 5 displays F1’s session-by-session scores for
prohibitions and affirmations. The condition mean values of prohibition and affirmation
for home observations are displayed in the fourth and fifth bar in the bottom left panel in
Figure 2, and condition mean values of affirmations and prohibitions from office
assessments are presented in the fourth and fifth bar in the bottom left panel in Figure
3. During the pre-class role-play assessment, no prohibitions occurred and affirmations
were observed during 10% of intervals. During home observations, affirmations (mean =
15%, range = 5 - 32%) and prohibitions (mean = 16%, range = 2 - 42%) occurred at low
and steady levels. During the final role-play assessment phase prohibitions stayed at
zero and affirmations occurred during 18% of intervals, showing an increase from the
initial role-play assessment.

For all of the families that participated in the positive parenting class, data paths
for affirmations and prohibitions initially overlapped during the baseline home
observation. After the class, the data paths for affirmations and prohibitions for Families
2 - 4 separated. Data for F4 and F2 indicated a decrease in prohibitions and an
increase in affirmations. F3 had a significant decrease in prohibitions but affirmations
remained at previous levels. Interestingly, all of the families showed changes in these
measures even though they were not specifically targeted during the Stay Close lecture.

Figure 6 displays the percentage of 10-s intervals in which coercive interactions
occurred while during home observations and office role-play assessments. Coercive
interactions are represented by the closed black squares for the home observations and open black squares for the role-play office assessment. The top panel of Figure 6 shows coercive interaction values for F4. Condition mean values of coercive interaction from home observations are presented in the sixth set of bars in the upper left panel of Figure 2, and condition mean values of coercive interaction from office assessments are presented in sixth set of bars in the upper left panel of Figure 3. During the pre-class office role-play coercive interactions occurred during 9% of intervals and during the post-class office role-play responding was at zero levels, a significant decrease. During the pre-class home observations coercive interactions showed an increasing trend (mean = 15%, range = 2 - 38%). After the class, the data for home observation showed a decreasing trend (mean = 10%, range = 2 - 22%). Both the role-play and the home observations revealed a decrease in coercive interactions.

Session-by-session parent coercive interaction values for F2 are located in the second panel of Figure 6. Condition mean values of coercive interaction from home observations are presented in the sixth set of bars in the second panel on the left side of Figure 2, and condition mean values of coercive interaction from office role-play assessments are presented in sixth set of bars in the second panel on the left side of Figure 3. Coercive interactions decreased from the pre-class role-play assessment (mean = 16%, range = 15 - 17%) to zero during the post-class role-play assessment. During baseline home observations occurrences of coercive interactions (mean = 9%, range = 0 - 17%) were steady at low levels. During the post-class home observation phase (mean = 2%, range = 0 - 5%) coercive interactions decreased and remained stable.
Session-by-session parent coercive interaction values for F3 are located in the third panel of Figure 6. Condition mean values of coercive interactions from home observations are presented in the sixth set of bars in the third panel on the left side of Figure 2, and condition mean values of coercive interaction from office assessments are presented in sixth set of bars in the third panel on the left side of Figure 3. No parent coercive interaction occurred during the pre-class role-play assessments. With the exception of the first session, levels of coercive interactions were quite low (mean = 7%, range = 0 - 42%) during pre-class home observations. The data path stayed low and steady during the post-class home observations (mean = 3%, range = 0 - 8%). No parent coercive interaction occurred during the post-class role-play assessment. Although the mean levels indicate an overall decrease in coercive interactions for this family, higher levels during pre-class home observations were a function of a single outlier session, so little substantial change was seen in the data.

The session-by-session coercive interaction scores for F1 are located in the bottom panel of Figure 6. Condition mean values of coercive interaction from home observations are presented in the sixth bar in the bottom left panel of Figure 2, and condition mean values of coercive interaction from office assessments are presented in sixth bar in the bottom left panel of Figure 3. Zero levels of coercive interaction occurred during both role-play assessments. During the home observation, coercive interaction (mean = 5%, range = 0 - 15%) levels were low and showed slight variability.

All four families displayed low levels of coercive interactions throughout baseline and post-class home observations. Coercive interaction decreased for F4 and F2 during both the role-play assessment and during home visits after the class. No changes were seen for F3.
Figure 7 displays the percentages of 10-s intervals that contained junk behavior (Junk; child) and attention to junk behavior (AJ; parent). Interpretation of the data from Figure 7 is slightly different from other figures. Child junk behavior is represented by the closed black squares for the home observations and closed black triangles for the role-play office assessment. Parent attention to junk is represented by the open black squares for the home observations and open black triangles for the role-play office assessment. Absolute levels of Junk and AJ are presented but, because occurrences of Junk constituted opportunities to exhibit AJ, measures of AJ cannot exceed measures of Junk. Thus, overlapping data points indicate that parents attended to all instances of child Junk, and greater distances between data points indicate that parents attended to fewer instances of child Junk. Although during the role-play assessments, scripts were used to maintain stable numbers of instances of junk behavior across assessments, levels of Junk varied slightly ranging, from 23 - 45% of intervals across all participants.

Session-by-session junk and AJ scores for F4 are displayed in the top panel in Figure 7. Condition mean values of Junk and AJ from home observations with F4 are presented in the last two sets of bars in the first panel on the left of Figure 2, and condition mean values of Junk and AJ from office assessments are presented in the last two sets of bars in the first panel on the left of Figure 3. During pre-class role-plays Junk occurred at 28% of intervals and AJ was not observed. During baseline home observations Junk occurred at relatively low levels (mean = 7%, range = 0 - 17%) and AJ (mean = 5%, range = 0 - 12%) followed Junk on most occasions (71%). Figure 7 illustrates this point as the data paths for Junk and AJ nearly overlap throughout the baseline phase. In the post-class role-play assessment Junk occurred during 36% of intervals and AJ occurred during 9% of intervals. AJ followed Junk on 25% of
opportunities. Following the class Junk (mean = 15%, range = 0 - 30%) increased and AJ (mean = 11%, range = 5 - 22%) occurred following nearly each occurrence of Junk (73% of opportunities) with the exception of observation sessions session 7 and 9.

Session-by-session junk and AJ scores for F2 are displayed in the top panel in Figure 7. Condition mean values of Junk and AJ from home observations with F2 are presented in the last two sets of bars in the second panel on the left of Figure 2, and condition mean values of Junk and AJ from office assessments are presented in the last two sets of bars in the second panel on the left of Figure 3. Junk (mean = 24%, range = 23 - 25%) occurred at relatively stable levels during the pre-class assessment and AJ (mean = 4%, range = 0 - 8%) remained stable at values, occurring following 17% of Junk. Junk (mean = 26%, range = 2 - 62%) occurred at variable levels during the baseline observation phase while AJ (mean = 13%, range = 2 - 34%) followed half of the occurrences of AJ (50%). Junk occurred during 45% of intervals during the post-class role-play assessment, while AJ occurred during 9% of intervals, or following 20% of occurrences of Junk. In the post-class home observation phase, Junk (mean = 26%, range = 0 - 55%) increased slightly whereas AJ (mean = 11%, range = 2 - 28%) showed a slight decrease, and followed Junk on 42% of opportunities.

Session-by-session junk and AJ scores for F3 are displayed in the third panel in Figure 7. Condition mean values of Junk and AJ from home observations with F3 are presented in the last two sets of bars in the third panel on the left of Figure 2, and condition mean values of Junk and AJ from office assessments are presented in the last two sets of bars in the third panel on the left of Figure 3. During the initial assessment levels of Junk were relatively stable (mean = 29%, range = 25 - 33%) and levels of AJ were substantially below Junk (mean = 8%, range = 0 - 12%). AJ followed Junk on 28%
of opportunities. During pre-class home observations Junk (mean = 28%, range = 4 - 85%) showed a decreasing trend across sessions, with increasing variability toward the end of this condition. AJ (mean = 21%, range = 2 - 63%) closely tracked Junk, with attention following Junk on 75% of opportunities. In the post-class role-play assessment Junk occurred during 20% of the intervals and AJ was never observed (0%). Junk continued to show variability during home observations following the class (mean = 30%, range = 2 - 82%) and AJ (mean = 18%, range = 2 - 48%) continued to track Junk. AJ followed Junk on 60% of opportunities, showing a decrease relative to the pre-class performance in the home.

Session-by-session junk and AJ scores for F1 are displayed in the bottom panel in Figure 7. Mean values of Junk and AJ from home observations with F1 are presented in the last two bars in the bottom panel on the left of Figure 2, and mean values of Junk and AJ from office assessments are presented in the last two bars in the bottom panel on the left of Figure 3. Junk occurred during 40% of intervals in the initial assessment and AJ occurred at zero levels. During home observations Junk showed substantial variability (mean = 25%, range = 2 - 89%) and AJ (mean = 16%, range = 0 - 60%) tended to track Junk relatively closely, following Junk on 64% of opportunities. Junk occurred during 45% of intervals during the final role-play assessment, and AJ was never observed to occur.

The results of the analysis of Junk and AJ indicate that most parents tended to ignore junk during office assessments, both before and after attending the class, but more frequently followed Junk with attention in the home settings. Small but consistent decreases in percentages of Junk followed by AJ were observed during post-class observations in home settings.
Figure 8 displays the count per min of open-ended questions and empathy statements. Rates of parent open-ended question are represented by the open black squares for the home observations and the open black triangles for the role-play office assessment. Rates of parent empathy statements are represented by the closed black squares for the home observations and the closed black triangles for the role-play office assessment. Session-by-session values of open-ended questions and empathy statements for F4 are located in the top panel of Figure 8. Condition mean values for open-ended questions and empathy statements during home observations are presented in the upper right panel of Figure 2, condition mean values from office role-play assessments are presented in the upper right panel of Figure 3. Rates of open-ended questions and empathy statements did not change from the pre class role-play to the post-class role-play. Open-ended questions occurred at 0.56 responses per min (rpm) and empathy occurred at 1.11 rpm during the role-play assessments both before and after the positive parenting class. Variability was seen in the data for open-ended questions during baseline home observations (mean = 0.51 rpm, range = 0 - 1.14 rpm), while empathy statements (mean = 0.04 rpm, range = 0 - 0.14 rpm) remained low and stable. In the post-class home observation phase open-ended questions (mean = 0.73 rpm, range = 0.22 - 1.4 rpm) jumped in level but then showed a decreasing trend, while empathy statements (mean = 0.07 rpm, range = 0 - 0.22 rpm) remained at low and stable levels. An increase was seen in both targets during home observations but not in the role-play assessment.

Session-by-session values of open-ended questions and empathy statements for F2 are located in the second panel of Figure 8. Condition mean values for open-ended questions and empathy statements during home observations are presented in the
second panel to the right of Figure 2, condition mean values from office role-play assessments are presented in the second panel to the right of Figure 3. Low rates of responding occurred during the pre-class role-play assessment for both empathy (mean = 0.7 rpm, range = 0.5 - 0.9 rpm) and open-ended questions (mean = 0.73 rpm, range = 0.45 - 1.0 rpm). A significant increase was seen in the post-class role-play score for empathy statements (2.78 rpm) and open-ended questions (2.22 rpm). Empathy statements (mean = 0.11 rpm, range = 0 - 0.43 rpm) and open-ended questions (mean = 0.42 rpm, range = 0.12 - 0.87 rpm) occurred at low levels during pre-class home observations. The rates for the post-class home showed a decrease for empathy observations (mean = 0.01 rpm, range = 0 - 0.1 rpm) and an increase for open-ended questions (mean = 0.70 rpm, range = 0.24 - 1.69 rpm).

The session-by-session values of open-ended questions and empathy statements for F3 are presented in the third panel of Figure 8. Condition mean values from home observations are located in the third panel to the right of Figure 2, and role-play assessment mean values are located in the third panel to the right of Figure 3. F3 displayed no empathy statements and a decreasing trend in open-ended questions (mean = 1.77 rpm, range = 1.33 - 2.31 rpm) during the pre-class role-plays. Empathy statements increased to 1.76 rpm during the post-class role-play assessment but open-ended questions decreased slightly to 1.18 rpm during the post-class role-play assessment. Rates of both empathy (mean = 0.01 rpm, range = 0 - 0.1 rpm) and open-ended questions (mean = 0.35 rpm, range = 0 - 0.68 rpm) were low during the baseline home observations. Empathy statements (mean = 0.14, range = 0 - 0.4 rpm) increased following the class, as did open-ended questions (mean = 0.76 rpm, range = 0.47 - 1.10 rpm).
The session-by-session measures of open-ended questions and empathy statements for F1 are located in the bottom panel of Figure 8. Condition mean values from home observations are located in the bottom panel to the right of Figure 2, and role-play assessment mean values are located in the bottom panel to the right of Figure 3. The rate of open-ended questions during the initial role-play was 3.53 rpm, while empathy occurred at 0.59 rpm. The rate of empathy statements did not change significantly, with a rate of 0.56 during the final role-play, and rates of open-ended questions decreased with a rate of 2.22 rpm. Both open-ended questions and empathy statements occurred more often in the office assessments than the home observations. An empathy statement was never recorded during the home observations for this family. The rate for the home observations for open-ended questions (mean = 0.65 rpm, range = 0.13 - 1.14 rpm) remained variable but level in trend.

Empathy statements and open-ended questions tended to occur more frequently during the role-play assessments than the home observations before and after the parenting class for most of the families. Increases were seen in open-ended questions following the class for F4, F2 and F3. Slight increases were seen in empathy for F4 and F3.

Table 4 presents the scores for the written quizzes administered to the parents before and after the parenting class. Parent F4 scored 86% correct on both administrations, missing the same question in each. F2 averaged 71% correct on the two quizzes that were taken before the class and 100% on the quiz administered after the class. F3 scored 57% correct on all three quizzes before the class and 86% on the quiz administered after the class. F1 took one quiz before home observations were conducted and one quiz after home observations were conducted. The scores were
71% and 86% respectively. Question number 5 was consistently answered incorrectly across all participants. A copy of the written exam is located in Appendix C.
CHAPTER 4
DISCUSSION

The current study was designed to evaluate two experimental questions (1) if teaching a component of a positive parenting curriculum to typical parents would produce improvements in scores on a written exam and during role-plays and (2) if skills taught to the parents in the parenting class would be demonstrated in home settings. The results revealed small improvements in written quiz scores for all families except for Family 4. Additionally, behavior change was seen in some of the target behaviors across participants in both the role-play assessments and during home observations.

Targets such as parent-child interaction and parent-child proximity occurred during 100% of intervals in the role-play context prior to and following the class. These high scores were likely due to the structure of the role-play scenarios, in which parents and children (research team members) are designed to evoke interaction between the parent and the researcher. The small size and arrangement of furniture in the room probably influenced levels of parent-child proximity. In addition, research team members positioned themselves in close proximity to the parents, further inflating proximity scores. Therefore, the role-play setting and arrangement in the current experiment may not be suitable for evaluating changes in the amounts of interaction and proximity displayed during role-play assessments.

Touch and prohibitions occurred at zero levels for most of the families during the role-plays. Although it is possible that participating parents rarely touch or dispense prohibitions to their children, other explanations are also possible. It may be that the parents were less likely to touch research team members during role-plays because it is socially inappropriate to touch strangers. Parents may have avoided using prohibitions
during the role-plays for many reasons. First, they knew that the experiment was an evaluation of a positive parenting curriculum and, thus, may have refrained from exhibiting prohibitions or other negative interactions. Second, opportunities to prohibit behavior were not systematically integrated in the role-play scenarios. Third, the physical conditions of assessment, such as the presence of a camera and observers, may have caused reactivity such that parents did not display certain behaviors. Fourth, although the parents were instructed to pretend that the research team member was their child; however, research team members were adults who neither appeared nor behaved (outside of role-plays) like the parents’ children. Thus, critical discriminative stimuli that typically influence interactions with their child/children may not have been present, and stimuli that produced behavior inconsistent with typical parenting behavior in the role-play scenarios may have been present (Torgrud & Holborn, 1992).

Few to no changes were seen across families in parent-child interaction, parent-child touch and parent-child proximity. This could be the case because families who participated in the study had no deficits in these areas prior to the study. Alternatively, explanations similar to those that may have accounted for the absence of touch and prohibitions may explain these outcomes. For example, as in the office assessments, an observer with a video camera was present during home observations, which could have produced reactivity in some measures. Similarly, the parents were aware that the purpose of the study was an evaluation of the Stay Close tool, which may have affected their behavior during home observations.

No significant changes were seen in junk behavior and attending to junk behavior. There may be multiple reasons for this finding. First, although the Stay Close portion of the curriculum instructs parents not to attend to junk behavior, elimination of
junk behavior is not the primary focus of this tool. Stay Close is a relationship-building tool that emphasizes attending to appropriate behavior and promoting communication between parents and children. For this reason, it may be unlikely that significant changes in junk and attending to junk would be produced by the Stay Close tool. Additionally, parents were never coached in the home with their children; direct, in-vivo coaching may have helped decrease attention to junk behavior in the home.

Parents’ tendency to attend to junk behavior in home settings may also be affected by the social functions of junk behavior. Although ignoring junk may produce overall reductions in junk that is attention-maintained, ignoring could increase junk behavior if the function of the behavior is to escape from the parent. It is possible that parents’ behavior comes under control of subtle distinctions in the functions of their childrens’ junk behavior and, thus, may be somewhat resistant to change based on rules that are inconsistent with operating contingencies. Interestingly, the current version of the curriculum treats junk behavior generally as attention-getting behavior. However, as with any other behavior, junk can be maintained by many different environmental consequences other than parental attention. Therefore, attention to junk behavior may not be an appropriate target for decrease through parent training. In any case, the potential multiple functions of junk behavior are not addressed within the current curriculum, which could have the consequence of teaching parents an ineffective or, in some cases, potentially deleterious strategy.

Finally, changes in junk behavior and attending to junk may not have been evident due to measurement problems. Junk behavior is defined as any behavior that is annoying but is age typical and does not cause harm to others or to property. Thus, by definition, it is necessary to know if a parent considers a given behavior annoying in
order to accurately score it as junk. That is, because junk behavior is defined, in part, by
the subjective reaction of the parent (the parent must be “annoyed”), a universal
definition of junk behavior and a priori identification of topographies of junk is not
possible. It may be possible to improve the validity of measurement by asking parents
via a structured interview or questionnaire what—for them—constitutes junk. However,
the ability of parents to produce an accurate and comprehensive list of annoying child
behavior may be suspect, and self-report has been found to be an unreliable way to
obtain information (Korotitsch & Nelson-Gray, 1999). Perhaps, a more objective way to
define junk would be to collect data on behaviors that resulted in parent prohibitions
during baseline. However, identifying junk in this fashion might omit child behaviors that
are annoying but do not produce prohibitions (as may occur if parents learn to ignore
annoying attention-getting behavior).

Small changes were seen in affirmations and prohibitions in the home. This
finding is interesting considering these targets are not specifically taught as part of the
Stay Close tool. The curriculum does promote an underlying message that attention
should be provided contingently on appropriate behavior and that junk behavior should
be ignored. Thus, although parents did not receive specific instructions to increase
affirmations and decrease prohibitions as a part of the Stay Close Tool, those changes
in behavior could be indirectly established through instruction to increase attention for
appropriate behavior and decrease attention for inappropriate behavior.

Small decreases were seen in coercive interactions during the home
observations across all families after attending the class. Reductions in coercive
interactions were another focus of training in the class; in fact, “Eliminate Coercion” is a
tool taught within the Stay Close lecture designed to address this issue. Again,
instructions to reduce attention for inappropriate behavior and to attempt to establish more generally positive interactions may have contributed to this effect.

Slight increases were seen in open-ended questions for all families who attended the class and an increase in empathy statements was seen in families 4 and 3. These two skills are primary components of the Stay Close tool and are practiced during class activities. An increase in these skills was also seen in the role-plays, with Family 2 showing an increase in both open-ended questions and empathy statements and Family 3 showing an increase in empathy statements.

The overall outcomes of the current study indicated that, in general, only minor changes in target behaviors were observed as a result of participation in the parent training class. Although this may appear to be a negative finding, interpretation of the current results must be made in the context of several considerations, For example, few studies have attempted to systematically identify normative levels of many of the behaviors measured during this study, Therefore, it may be the case that measures such as touch, proximity, empathy statements, and open-ended questions occurred at appropriate levels prior to intervention and, thus, no change in levels of these variables would be expected (or desired) following training. Given that the participants in the current study were typical families with no histories of maltreatment or child behavior disorders, it may be the case that most, if not all, of the target responses in this study occurred at acceptable levels during baseline.

The way in which observations were conducted could have affected levels of behavior seen in the home. The current procedures for documenting family interaction patterns across long periods of time were adapted from Hart and Risley (1995),. During home observations the parents were told to, “Do as they normally do” with no
instructions on use of the television, telephone, and interactions with non-participants. This arrangement may have increased the occurrence of irrelevant activities (e.g., talking on the phone) and decreased opportunities for the demonstration of skills taught in the class. Because sessions were of brief duration and relatively few in number, some class-relevant behaviors may have occurred at non-observation times. Furthermore, observation times were chosen based on interviews with the parents, who indicated that these were times when interactions were likely to occur. Perhaps, a better approach would have been to identify high-interaction times via extended observations.

One potential way to address problems of atypical behavior could be the use of a structured home observation. Structured home observations have used in previous parenting research to evaluate parent-child interaction (Eisenstadt et al, 1993; Lutzker et al, 1985; Zangwill, 1983). Structured observations involve instructing families to engage in a specific activity or routine during observations so as to increase the probability of observing relevant types of behavior. In the current study, it may have been possible to implement conditions so as to establish some of the antecedents of a Stay Close interaction so that the skills taught in the class could be evoked from the parents. This logic is similar to a structured descriptive assessment (SDA), in which antecedents are systematically manipulated during naturalistic observations to identify environmental events correlated with problem behaviors (Anderson & Long, 2002; James & Scotti, 2000). Using such an approach might not only present antecedents that evoke relevant parenting behavior but also, may allow investigators to determine the antecedents and consequences associated with problem behaviors that the child/children exhibit during the home observations. This information would allow
investigators and clinicians to provide individualized feedback to parents regarding the most effective approaches to decreasing child problem behaviors.

One of the goals of the current study was to refine the measurement system used to evaluate the effects of the BMAPS parenting curriculum on relevant parenting behaviors. Many behavioral parenting packages use checklists, parent report, rating scales and child outcome data to evaluate outcomes (Berard, 2007; Eisenstadt et al., 1993; Van Camp et al., 2004; Wiese, 1992;). In order to provide a data-based behavioral parenting curriculum, developing a direct observation measurement system was necessary to ensure that the BMAPS training program produces the intended behavior change (Polster & Dangel, 1984). Previous research on this curriculum has focused on parents’ behavior during role-play scenarios, using a checklist that records the occurrence or nonoccurrence of target behaviors given opportunities to respond (Berard, 2007). For the current study, an observation system that operationalized some components of the Stay Close Tool, a tool that focuses primarily on the quality of parent-child interactions was created. High levels of IOA, averaging 93%, were obtained across all target responses, indicating that the current system may be more useful than previous measures in providing a reliable format for documenting parent-child interactions.

The measures in the observation code focused on parent behavior mainly because the parents received the training and, therefore, were the primary participants of interest in this study. However, Stay Close is a parenting tool that focuses on the social interaction between the parent and the child. More focused measures of the children’s responses may have provided more information about the effectiveness of the tool itself. That is, it may have been possible to evaluate not only parents’
responsiveness to training, but also children’s responsiveness in cases wherein parents applied skills as prescribed. The curriculum has not yet been experimentally examined to determine what components are necessary and sufficient to achieve improvements in children’s behavior (James & Scotti, 2000; Van Camp, 2004). It is still unclear whether or not the curriculum is effective in producing substantial benefits to everyone in the family. Further measures for the child should be added to determine how changing the parent’s behavior, in turn, produces changes in children’s behavior.

The results during this investigation suggest that additional training, such as in-home coaching, may be necessary to ensure that parents reliably and correctly implement the Stay Close tool. Other studies have found similar results. Eyeberg and Matarazzo (1980) found that didactic group training without in-home one-on-one coaching did not produce significant changes in parents’ use of trained skills. Studies that have compared role-play performance to behavior in naturalistic environments have found that, typically, participants demonstrated criterion-level behavior during role-plays but that these effects were not necessarily observed in actual in vivo interactions (Torgrund & Holborn, 1992). Thus, even if parents demonstrate improvements during role-play scenarios, effects may not generalize into the naturalistic home setting. These outcomes emphasize the importance of testing generalization in the home when evaluating outcomes of a behavioral parenting curriculum. Although substantial changes in parenting behavior were not seen, the current results provide a preliminary approach to assessing occurrence and quality of parent-child interactions in the home of typical families. This information may help to identify the types of interactive patterns exhibited by typical families and to inform future research efforts aimed toward changing the nature of family interactions in families at risk for child maltreatment.
Figure 1: Parent-child interaction and parent-child proximity.
Figure 2: Means of pre and post-class home observation targets (textured bars indicates targets that decreases would have been a favorable post class outcome).
Figure 3: Mean of pre and post-class role-play assessment targets.
Figure 4: Parent-child touch.
Figure 5: Parent affirmations and parent prohibitions.
Figure 6: Parent coercive interaction.
Figure 7: Child junk behavior & parent attention to junk behavior.
Figure 8: Parent empathy statement & open-ended questions.
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<tr>
<th>Code</th>
<th>Target Name</th>
<th>Definition</th>
<th>Examples</th>
<th>Non-examples</th>
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<td>PCI</td>
<td>Parent/Child Interaction</td>
<td>Onset Parent or child talk to or touch one another or are engaging in an activity together. Offset either party retreat or if either party discontinue talking, touching or engaging in an activity for 10 seconds</td>
<td>Parent asks child a question, parent pats child on back, child tells mom about day, parent directs child to do something, parent and child are playing together</td>
<td>Pushing or grabbing of child's arms, legs, or back. Parent touches child and then child shows signs of pain or protest</td>
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<td>Touch</td>
<td>Appropriate touch</td>
<td>Parent touches child or child touches parent in any area other then the groin or buttocks</td>
<td>hugs, kisses, back rubs, messages of back, arms or feet, high five, cuddling, sitting on lap, pats on back, holding child while walking around outside or house, messing with child's hair, parent helps child get dressed or do an activity that requires assistance if child is accepting of that help.</td>
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<td>Prox</td>
<td>Proximity</td>
<td>parent or child walks within 2 feet of each other--about arms length apart</td>
<td>parent walks 2 steps toward child, parent sitting next to child, child sitting with parent, parent walks by child, child walks by parent, parent and child interact, parent and child are watching movie together on couch</td>
<td>Parent out of scene or off to side</td>
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<td>OpQ</td>
<td>Open-Ended Question</td>
<td>Functions to gain information other than yes or no.</td>
<td>Who, What, When, Where, How, Are.</td>
<td>How do you think that makes me feel? What were you thinking? Why would you do that? Where does this go?</td>
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<td>AJ</td>
<td>Parent attends to junk</td>
<td>Parent references Junk in some way or Child receives contingent attention, tangibles or parent gets child what they want to make them stop engaging in Junk</td>
<td>parent says something about the behavior the child just engaged in, &quot;Don't do that! Okay, I'm sorry, parent gives child item that they are crying/tantrum for, parent listens to child's demands and complies with them to make the child stop engaging in the Junk</td>
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<td>EmpS</td>
<td>Empathy Statement</td>
<td>starts with: Sounds Like... Are you... You Look... You are... That must be.... And ends with a descriptor of an emotion or a physical state. Statement that reflects back the child's feelings.</td>
<td>That is really tough. Are you angry? Sounds like you are sad, I'm sorry you are tired, Wow you are so happy!</td>
<td>It's not that hard. Stop being a baby! Don't get mad at me! I hate it when you have so much energy. You are pissed off. It's Okay. I'm sorry, It's sad, I know.</td>
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<td>Paff</td>
<td>Parent Affirmations</td>
<td>Said in a positive tone parent encourages child's behavior, refers to child's behavior or repeats paraphrases what the child has said.</td>
<td>Yeah!!, Wow, I like that, you are so smart, how sweet, good job, nice, excellent, So you want pasta, I know you are playing with the sand, good, Thank you, That's a great idea</td>
<td>Okay, Alright, Of course, Sure, I know, sarcastically praising, monotone praise, encouraging while looking away or attention diverted</td>
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*Table 1 (continued)*
| Coe | Coercive | **Coe**  | Coercive  | Questioning, Arguing, Sarcasm, Force, Threats, Criticism, Despair, logic, taking away privileges, telling on them, one-upmanship, and silent treatment. | **Sarcasm**- tone of voice saying something that is opposite of what the parent means  **Questioning**- rhetorical questions or questions that have no right answer  **Argue**- back and forth dispute  **Force**- causes pain or child cries or whimpers.  **Threats**- parent tells child that they will punish  **Despair**- using guilt to get child to do what parent wants  **Logic**- telling child in multiple ways in same conversation how they should do something and why,  **One-upmanship**- parent tells child that they had it worse off etc.  **Silent**- parent does not answer child after child talks multiple times and parent gives child eye contact.  **Telling on them**- Telling others negative statements about child  **Criticism**- pointing out child's flaws |
| -- | -- | **Junk**  | Junk behavior  | Any behavior that is annoying to the parent and is not physically harmful to the child or others and is age typical behavior  | tapping a pen, slurping soup, stomping feet, curse words, whining, rolling eyes, talking back, dropping items on the ground, tantrums, putting legs on furniture, flipping pages of book when parent is reading, non-compliance, not responding to parent, protests  | crayon walls, pulling hair, placing items inside mouth, eating non edible items, hitting, pinching, high pitch screams, saying no playfully when meaning yes, singing a song with disapproving comments to child, |
| Ppro | Parent Prohibitions  | Parent Prohibitions  | discouragement or disapproval of child's behavior  | "NO", "Uhuh", Stop it", "Nope", "I don't like that", saying child's name in a disapproving tone of voice, Hey! "Ahhh" "You better not" | -- | -- |
Table 2

Interobserver Agreement

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| Overall  | Mean | 95%  | 94%  | 97%  | 95%  | 96%  | 88%  | 93% | 94%  | 86% |

| Overall  | Mean | 95%  | 94%  | 97%  | 95%  | 96%  | 88%  | 93% | 94%  | 86% |

| Overall  | Mean | 95%  | 94%  | 97%  | 95%  | 96%  | 88%  | 93% | 94%  | 86% |

| Overall  | Mean | 95%  | 94%  | 97%  | 95%  | 96%  | 88%  | 93% | 94%  | 86% |
Table 3

*Interobserver Agreement Averages*

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<td>99%</td>
<td>97%</td>
<td>83%</td>
<td>94%</td>
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</table>

Table 4

*Written Quiz Scores*

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<thead>
<tr>
<th></th>
<th>Quiz 1</th>
<th>Quiz 2</th>
<th>Quiz 3</th>
<th>Post-Course Quiz</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family 1</strong></td>
<td>71%</td>
<td>86%</td>
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<tr>
<td><strong>Family 2</strong></td>
<td>71%</td>
<td>71%</td>
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<tr>
<td><strong>Family 3</strong></td>
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<td>57%</td>
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<td>86%</td>
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<td><strong>Family 4</strong></td>
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<td>86%</td>
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APPENDIX A

PARTICIPANT INFORMED CONSENT
University of North Texas Institutional Review Board  
Informed Consent Form

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose and benefits of the study and how it will be conducted.

**Title of Study:** Immediate and generalized effects of one component (the “Stay Close” tool) of a behavioral parent training curriculum

**Principal Investigator:** Michelle S. Greenspan, a graduate student in the University of North Texas (UNT) Department of Behavior Analysis.

**Purpose of the Study:**

You and your child/children are being asked to participate in a research study to evaluate the effectiveness of the “Stay Close” tool, a portion of a curriculum designed to teach parents to manage their child’s behavior.

**Study Procedures:**

You will attend a meeting before participating. At this meeting you and a graduate student will be videotaped acting out or role-playing a few parent-child interactions. You will also take a brief multiple choice quiz and will fill out a questionnaire about interactions you currently have with your child/children. This meeting should last ½ hour to one hour. Then, you and your child/children will be observed in your home during a time of typical interactions. For example, observations may occur when your child comes home from school, during play times, or when the children are doing chores. Three-to-six observations will occur. The investigator will prearrange times with you that fit your schedule. You will then be invited to attend a parenting workshop where the “Stay Close” tool will be taught. The workshop involves a lecture, active responding by participants (for example, asking and answering questions), and acting out interactions that you may have with your children with the instructors. The workshop will last for 3 hours. Within 1-3 weeks after you finish the workshop you will attend another meeting identical to the one you attended before training, and will be observed again (three-to-six sessions) in your home interacting with your children. Pre and post workshop observations will be scheduled around your availability. Each home observation will be a maximum of one hour during which you will be videotaped interacting with your child. Only the research team will have access to these videos and they will be destroyed once data collection is complete.
Foreseeable Risks:

The potential risks involved in this study are that you or your child may experience anxiety based on having observers in your home. The investigator will attempt to minimize any disruptive influence of the observation procedures on the family. If you or your child/children continue to experience anxiety you may withdraw from the study without penalty or loss of benefits (this means that you will still be able to attend the rest of the parent training course). It may be inconvenient to have an observer in your home for an extended time. If so, the investigator will attempt to schedule observations at your convenience or you may withdraw from the study without penalty or loss of benefits. In addition, if the investigator observes evidence of child mistreatment or abuse, that will be reported to the appropriate law enforcement agency.

Benefits to the Subjects or Others:

Parents who participate in this study may benefit by improving their ability to use effective behavior management strategies and build rapport with their children.

Compensation for Participants:

The Stay Close tool is part of a comprehensive, 5-week parent training curriculum. Study participants will receive free admission to the entire parent training course as compensation for their participation as well as feedback on their performance in the course.

Procedures for Maintaining Confidentiality of Research Records:

All signed consent forms, paper work and video will be kept in a locked file cabinet in the Behavior Management and Parenting Services (BMAPS) office at the University of North Texas. Only individuals who are a part of the research team will have access to the locked file cabinet. Participants will be assigned a unique participant number at the beginning of the study and at no time during the study will any information appear on any research record that would allow anyone without access to the code to link the documents to the participant. The code will be kept in a password protected computer file, available only to Michelle Greenspan and Richard Smith and will be destroyed when all data collection is complete. All data sheets, checklists, and video will be labeled using the participant code. Video images of role plays will stored on a password protected external hard drive and will be destroyed after the role plays have been scored. No names or other personally identifiable information will be used in any publications or presentations resulting from this study.

Questions about the Study

If you have any questions about the study, you may contact Michelle S. Greenspan at telephone number ______________ or Dr. Richard G. Smith, UNT Department of Behavior Analysis, at telephone number ______________.
Review for the Protection of Participants:

This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted with any questions regarding the rights of research subjects.

Research Participants’ Rights:

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Michelle Greenspan has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you and your child/children do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your and your child/children’s rights as a research participant and you voluntarily consent to you and your child’s/children’s participation in this study.
- You have been told you will receive a copy of this form.

Printed Name of Parent or Guardian  Printed name of Child/Children

__________________________  ______________________
Signature of Parent or Guardian  Date

For the Principal Investigator or Designee:

I certify that I have reviewed the contents of this form with the participant signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the parent or guardian understood the explanation.

__________________________  ______________________
Signature of Principal Investigator or Designee  Date
APPENDIX B

ROLE-PLAY ASSESSMENT SCRIPT
Stay Close:

**Describe the Setting**

“I am 6. I was just dropped off from school. You are in the kitchen getting a drink when I come in. When you see me you notice that I look sad. Show me what you would do.”

**Components of the Role Play**

Walk in the door and flop down on a chair beyond arm’s reach from the parent.

Kick a table or chair 2-3 times as you come in the room *(OPP to Ignore Junk 1)*

"I don’t like school anymore!" *(OPP for App Facial Exp 1)*

"My friend is moving" *(OPP to Ignore Junk 2)*

"Jimmy’s dad is stupid." *(OPP to Ignore Junk 2)*

Look for opportunity to describe at length Jimmy’s new home. *(OPP to Listen/Interrupt)*

  e.g. Parent asks where Jimmy is moving to.
      Parent pauses for several seconds without saying anything.

Ask: "Can Jimmy come over for dinner?" *(OPP for App Facial Exp 2)*

  *If parent says yes, change facial expression to happy and go to the conclusion.*
  *If parent says no, go to the conclusion.*

**Conclusion:** Ask: "Can I go call him?"
If - Then Scenarios

If the parent makes empathy statements
If the parent asks open-ended questions
If the parent tries to solve your problem

Look at the parent more.
Answer their questions.
Give responses that indicate why the solution isn’t good enough.

Parents offers to email or call
Parent offers to go visit Jimmy
Parents offers to help build treehouse
Parent offers to have a sleepover
Parent says you can make new friends

"But we can’t ride bikes anymore."
"We were gonna build a treehouse this summer."
"We were gonna have a sign that says No Parents Allowed."
"They’re too busy packing."
"None of the other kids like me."

Other Trainer’s response
1. It is Sunday morning and your 15 year old daughter is watching TV in the living room.

You,

A. Remind her of the chores that she needs to get done before the end of the weekend
B. Sit down next to her and ask her what she likes about the show that she is watching
C. Tell her that is a beautiful day outside and that she should be out there playing with her friends
D. I don’t know

2. When you pick up your 5 year old son from Kindergarten, he looks very sad. He says that he never wants to go back to school because Billy Jones is the meanest kid in the school. You,

A. Explain to your son that it is okay to go back to school and that he should tell the teacher when Billy does something mean.
B. tell your son that he has many other friends to play with and that he can just stay away from Billy at school
C. Ask him about Billy, and what he thinks about the mean things Billy does.
D. I don’t know
3. Your 17 year old daughter tells you that she just lost the $150 watch that you just bought her last week. You,
   
   A. Calmly describe the options that she has to try and find the watch, such as lost and found, or putting up a flyer.
   B. Say “you look upset” and inquire about how she lost the watch by asking her some questions
   C. Explain to her again how much the watch cost and tell her, “this is a good opportunity for you to learn about money, maybe you should try to get a job after school to buy another watch”
   D. I don’t know

4. When should you stay close with your child?
   
   A. When your child is upset
   B. While doing an activity with them
   C. On a special outing
   D. All of the above

5. Which is not a coercive?
   
   A. Hey, get over here!!
   B. I need you to sit next to me.
   C. Next time you clean, use Lysol.
   D. Where do your books belong?
6. You are talking to another mother while your son is on the playground. Your son comes over to you and tells you that he just hit another boy because the boy spit on him. Which of the answers below is the most appropriate thing to say?

A. You sound really upset. Where is the other boy?

B. I am very disappointed in you.

C. Why did you have to hit him?

D. You need to go over there and apologize.

7. The Proactive approach to parenting focuses on

A. dealing with inappropriate behavior immediately

B. good behavior and using reinforcement to encourage more of it

C. bad behavior and using punishment and coercion to “control” it

D. using reinforcement to get more good behavior and using punishment to “control” bad behavior
<table>
<thead>
<tr>
<th>Parent Name: First, Middle, Last</th>
<th>Parent Date of Birth</th>
<th>Parent Gender: Male Female</th>
<th>Today's Date</th>
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<tbody>
<tr>
<td>Child Name: First, Middle, Last</td>
<td>Child Age: Month Day Year</td>
<td>Are there any other caregivers within the home that would like to participate in this study?</td>
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<tr>
<td>Child Gender: Male Female</td>
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<td></td>
<td>Are you the Primary Caregiver?</td>
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<td></td>
<td>Yes</td>
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<th>Home address</th>
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<tbody>
<tr>
<td>City, State, and Zip Code</td>
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<tr>
<td>Home Phone</td>
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</table>
Participant
#
Date

Questionnaire

How many children do you have and what are their ages?

How many individuals in the home care for the child/children?

What activities do you do with your children that are enjoyable for you?

What activities do you do with your child/children that are enjoyable for them?

What activities or routines seem hard for you and your child?

What would you like to get out of this parent training course?
What are some of the things you would like your child to be doing that they currently don't do?

What are some things that your child/children do that are annoying but not dangerous that you wish they wouldn't do?

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Activities</th>
<th>Enjoyable or Hard?</th>
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<td>Afternoon</td>
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<th>Evening</th>
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APPENDIX E

STAY CLOSE PARTICIPANT GUIDE
Being a parent means many things. Parents love their children, care for them, provide for their needs, and teach them things, and so on. But a huge part of parenting also involves managing a child’s behavior. Many people believe that kids do what they do partly because of how they are parented and partly because of the choices the child makes. While this is true in many ways, most people don’t realize that the way parents respond to their children’s behavior has much more influence on children’s behavior, including the choices they make, than anything else.

Focus means attention. How we pay attention to our kids is very important. In fact, attention from parents is probably the most important factor in a child’s behavior.

What is Attention?

- A look
- A smile
- A heavy sigh
- A word of praise
- A reprimand
- A comment to someone else
- A lecture
- A few minutes chatting

What are some ways you give your kids attention?

- ____________________
- ____________________
- ____________________
- ____________________
- ____________________
- ____________________
- ____________________
Why do kids need it?

It is learned from birth. From the moment children enter the world, all of their needs are met only after they have gotten an adult's attention. This means that the child learns to do whatever behavior works to get an adult's attention, and not do things that are ignored. The behaviors that work become the child's attention-getting strategies.

What are your child’s attention-getting strategies? And how well do they work? In the table below, list some examples of the behavior your children engage in to get your attention. For each behavior, also write how effective the behavior is in getting your attention, and how much attention you give them.

<table>
<thead>
<tr>
<th>Attention-getting Behavior</th>
<th>How well does it work?</th>
<th>How much attention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fighting with sibling</td>
<td>Very well, I respond immediately</td>
<td>Lots of yelling, lecturing and telling them to apologize.</td>
</tr>
<tr>
<td>Sharing, playing nice with sibling</td>
<td>Not very well, I respond if I notice</td>
<td>I tell them thank you for playing nice</td>
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</table>
What you will learn in this class…
• How to avoid using Coercion & Punishment to control bad behavior
• How to build solid, positive relationships with kids
• How to use your attention to encourage good behavior that makes you proud

...by using the

- Eliminate Coercion & Punishment
- Stay Close
- Use Reinforcement
- Pivot
- Redirect – Reinforce
- Set Expectations
- Use Contracts
In this course, you will learn how to change your parenting focus. We will teach you to focus on your child’s good behavior. We call this a proactive approach to parenting. What does this mean? Before we describe Proactive Parenting, let’s look at how parents usually manage their children’s behavior.

Proactive vs. Reactive Focus
A reactive focus on behavior means focusing on undesirable behavior and using punishment and coercion to control it.

Eliminate Coercion & Punishment

**Punishment:** Imposing negative consequences for undesirable behavior.

<table>
<thead>
<tr>
<th>Undesirable Behavior</th>
<th>Common Punishment</th>
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Coercion: Attempting to change someone’s behavior by causing fear, pain or humiliation.

12 Common Coercives
- Questioning
- Arguing
- Sarcasm
- Force
- Threats
- Criticism
- Despair
- Logic
- Taking away things & privileges
- Telling on them to others
- One-upmanship
- Silent Treatment

Coercion is often the way we respond to children’s minor irritating behavior. Coercives tend to work to control behavior in the moment, but, as we will discuss, they have some very negative side effects. In the next section we will talk about how to build a proactive approach to parenting, but before we can do that, we must first learn to eliminate coercive ways of responding to our children’s behavior. Following are some examples of situations in which the 12 Common Coercives might be used.
12 Common Coercives

**Questioning** – Asking questions when the parent does not really expect an honest answer and won’t accept the likely answer.

Example: Your child has left their dirty clothes on the floor of the bathroom. You walk by and notice this, find your child and say, “What are these doing here? What have I told you about leaving your dirty clothes lying around? Why have you left them on the floor of the bathroom again?”

**Arguing** – Attempting to force the child to agree and responding to any objection by the child.

Example: Your child has the chore of washing or drying the dishes along with another child in the house. After dinner you notice that only one child is working in the kitchen. You find the other child and tell them to go help with the dishes. They say, it is not their turn. You say they are supposed to help every night. They say they did it last night and they don’t want to tonight. You repeat that they need to do their chores. They repeat they do not want to. You repeat that they need to do chores everyday like everyone else. And on it goes

**Sarcasm/Teasing** – Making fun of the child or the child’s behavior.

Example: Your daughter comes to dinner twenty minutes late and you say, “Thank you for gracing us with your company, Your Highness. We are so honored by your presence.”

**Force** (physical or verbal) – causing the child pain or creating fear.

Example: Your child is running through the grocery store pretending to shoot people. You have asked them to stop several times and finally grab them by the arm, jerk them with all your might and drag them along next to you.
**Threats** – A warning by the parent that they will punish. (This is not a restatement of a previous expectation but usually an extreme, new consequence).

Example: Your teenager has come home late for the third weekend in a row and you say, “If you are late one more time you will be grounded for the rest of the year.”

**Criticism** - Putting the child down.

Example: Your child has mowed the lawn and you say, “Next time try to make the rows straighter so it will look nicer.”

**Despair/ Pleading/ Hopelessness** – Saying or doing things to make the child change because they feel sorry for you or guilty for what they have done to you.

Example: Your child curses at you when you ask them to do something. You say, “I don’t know what to do with you, I do my best to give you the things you want and this is how you treat me. I guess there is nothing that I can do to help you behave better.”

**Logic** – Explaining with more than one or two brief statements why a behavior is good or bad for the child. The explanation is especially likely to be coercive if it is a frequent conversation between you and the child.

Example: Your child has not been going to classes. You begin to discuss this with them as soon as they come home. You begin by explaining the importance of an education for getting a good job. You explain that you want them to succeed in life and that is why you push them to do well in school. You also explain that skipping classes is a breach of trust and that you can not trust them.

**Taking Away Things & Privileges** – Taking away items that the child likes or suspending privileges as a result of their behavior.

Example: You child stole gum from the candy jar and hid it in her pocket. You find out about it when you wash a load of clothes and the gum in her pocket gets all over the entire load of laundry. You tell her that since she stole the gum she can’t go swimming with her friends for two weeks.

**Telling On Them to Others** – Telling others, usually in the child’s presence, about their undesirable behavior.

Example: Your child messed around all morning as you chased him around repeatedly telling him to get ready for school. When you drop him off at school just barely on time you tell the teacher, “We had a crazy morning. I don’t what got into him, but he simply refused to get ready for school. I had to tell him about fifty times to get dressed. Don’t be surprised if he’s a pain in your neck today.”
**One-upmanship** – Responding to a child’s behavior by telling them how bad you had it when you were a kid.

Example: Your child complains that she has to clean her room. You tell her about all the chores you had to do when you were a kid and explain that if you complained about it you would have gotten a spanking too.

**Silent Treatment** – Ignoring the child for extended periods of time.

Example: You just spent a small fortune taking your children to the zoo. When you told them it was time to go they protested and complained saying, “You never let us have any fun.” You respond by saying, “We just spent the whole day at the zoo and this is how you thank me. I can’t believe I have such ungrateful children.” You then ignore them for the rest of the day in spite of their attempts to apologize to you and regardless of how good they behavior is.
Identify the Coercive

In this exercise, read the information in the box and determine which coercive the parent in the example is using. Write your answer in the space below the box.

Situation A

Your fifteen-year-old son is late for his curfew and you just grounded him. He is pleading to get out of it, just for this one night, so he can go to the opening of a new movie theater. He promises to do anything you want, to never come home late again, etc.

PARENT: You make these promises but never keep them. You know you will be coming home late the next time you go out. (The parent goes back and forth with the child about whether or not he will come home on time, keep his promise, should get another chance, etc.)

What coercive behavior is being used?

Situation B

Your ten year-old daughter has come in one hour late from playing outside.

PARENT: I can’t believe you are late. Do you know what time are you supposed to be here? What were you thinking? Did you think I would not notice?

What coercive behavior is being used?

Situation C

You are in the car with your three-year-old daughter and she keeps unfastening the seat belt around the car seat.

PARENT: Megan, you have to stay in your car seat because if you don’t we could get in an accident and you could get very hurt. Car seats are designed to keep that from happening. Mommy and Daddy always wear seat belts so we will be safe. We want you to be safe too. It is the law that you must wear a seat belt or Mommy can not drive the car. Do you understand?

What coercive behavior is being used?
Situation D

Mark is seventeen and using profane language while talking to his mother.

PARENT: If you talk to me like that one more time, I am going to take away the car, ground you, and you won’t be using the phone for a month.

What coercive behavior is being used? __________________________

Situation E

Your daughter, Sara, who is thirteen, has just come into the kitchen to grab something to eat before she goes to school. You glance at her very short skirt, skimpy top, and heavy make-up and say:

Parent: I can’t believe you are going to school looking like that. Sometimes I don’t think you have a brain in your head. If you could only see how you look. You are such a pretty girl when you dress nicely. Those clothes look like they belong to a street walker.

What coercive behavior is being used? __________________________

Situation F

John, your eight year old, has just hit his five year old brother for going into his room without permission.

Parent: Gee John, you’re really a tough guy hitting on your little brother, aren’t you?

What coercive behavior is being used? __________________________

Situation G

Your sixteen year-old son is about to leave to meet friends you know are bad for him to be around.

Parent (Screaming): I have told you that you can’t go. You are going to have to go through me to get out this door, and believe me I won’t make it easy.

What coercive behavior is being used? __________________________

Situation H

Your eleven year-old son refuses to take showers on a regular basis. It is a continual struggle.
Parent: (Your chin drops down, the shoulders droop, the spine slouches, the hands hang limp and lifeless at your sides, you walk with a shuffle) I give up. I don’t know what else to say, to do. I’ve tried everything and you still want to smell like a pig. Don’t you know I love you and just want you to be clean?

What coercive behavior is being used? ________________________

Situation I

Your nine-year-old daughter has taken a package of cookies from the kitchen and has apparently eaten them all.

Parent: Since you stole the cookies I am taking away your snacks and desserts for a week. That should teach you to ask permission first!

What coercive behavior is being used? ________________________

Situation J

Your sixteen year old is complaining that he can not drive to school, but has to walk one mile in the weather.

Parent: “In my day, no one drove to school. Why I walk three miles a day for exercise. One mile won’t hurt you. You can do that in 10 minutes. I used to have to take two public buses and walk 2 miles when I was in high school.”

What coercive behavior is being used? ________________________

Situation K

Your eleven-year-old just argued with you, cursed at you and told you he hates you because you won’t let him buy a new pair of expensive shoes.

Parent: I won’t be talked to like that, young man. (You walk away and for the rest of the day, regardless of what he says, you pretend he does not exist)

What coercive behavior is being used? ________________________

Situation L

Your two children, ages six and eight, were fighting in the living room and broke a lamp when they tumbled against the table. They then hid the broken pieces and tried to blame each other for the accident when you discovered the missing items.
Parent: (When you see your neighbor outside and stop to talk, your kids are standing nearby waiting for you.) You will not believe my day, my children were maniacs today. They rampaged around the living room until they broke my favorite lamp and then lied about it. Do you know how I found out? When I opened the closet and found the pieces. Can you believe that? Kids!

What coercive behavior is being used? ______________________________

Effects of Coercion
People experiencing coercion learn to:

• ________ people who use coercion
• _____ _______ with coercive people
• _________ from situations in which coercion is being used on them

Using coercion will A-G-E you!
When are parents typically coercive?
  • When we are tired, hungry, uncomfortable
  • When we have had a bad day
  • When we are frustrated
  • When we are angry
  • When we have been coerced by someone
  • When we encounter our “pet peeves”
  • When we are in the habit of using coercives

When are you typically coercive?
In the space below, write down some occasions when you are likely to be coercive. What are some of the things that frustrate you? What are some of your pet peeves? How do your children push your buttons?

Remember, our goal is to eliminate coercion and punishment so we can lay the foundation for a good relationship with our children.
Congratulations!

You just learned your first parenting tool.
Becoming a Proactive Parent
As you work on eliminating coercion and punishment from your interactions with your children you will notice that they start to look at you a little differently. You might find that they start to trust you more and listen to you a little better. The next step, after clearing away the junk in your relationship with your kids, is to start building a solid foundation for a better relationship now and in the future. We do that by Staying Close.

Stay Close
Stay Close means showing you care by being near, touching, being attentive, just talking, and listening to your children often every day.

Benefits of Stay Close

- Children will care about what you say. Your approval and disapproval will be important to them because YOU are important to them.
- Children will learn good communication skills and how to stay close.
- Children will listen to your expectations and advice because you listen to them
The rest of the tools you will learn in this class are made up of a set of steps. By completing each step you will know that you have used the tool correctly. Here are the steps for Stay Close.

10 Steps to Stay Close

1. Get physically close
2. Touch appropriately
3. Match facial expressions
4. Match tone of voice
5. Relax body posture
6. Ask open-ended positive questions
7. Listen while the child speaks
8. Make caring empathy statements
9. Ignore junk behavior
10. Stay cool (avoid coercion)
We will go through them one by one.

**Step 1** Get Physically Close

You can’t “stay close” from across the room. Move within arms reach of your child within 15 seconds.

**Step 2** Touch Appropriately

- A pat on the back
- High five
- Touching their shoulder, arm, hands (safe places)
- Scratching their back
- Rubbing their back
- Hugging

Note: This should be done with care with children who have been victims of physical or sexual abuse.
Body Language It is not just important what we say, but how we say it. Our body language communicates a lot. It is an important part of how we show our children that we genuinely care about them and their situation. The next three steps help us do that.

**step 3** Match Facial Expressions

Show with your facial expressions that you understand your child’s situation and that you care.

**step 4** Match Tone of Voice

Also, let your child hear that you care in your voice. Match the sound of your voice to the emotion of the situation.

**step 5** Relax Your Body Posture

Get down on your child’s level, open your arms, lean toward them a little, face them, maintain eye contact. Your goal here is to make yourself safe and inviting.

Remember, you are trying to show your child that you involved in their lives. Don’t send one message with your words and a different one with your “look”.

Ask Open-ended, Positive Questions

This step is how you encourage your child to talk. Many children do not know how to express themselves with words because they are rarely given the opportunity to talk without being interrupted. Answering your open-ended, positive questions gives them a way to learn this valuable skill. Here is how it’s done.

Using the “W” words (see table below), ask questions that require more than just a “yes” or “no” answer.

“What happened next?”
“How did that make you feel?”
“Could you tell me more about that?”

Note: Avoid “Why” questions. Why questions tend to sound accusatory and coercive.

In the table below, write the questions you asked in the group exercise plus any other questions you can think of that might work.

<table>
<thead>
<tr>
<th>Beginning Word</th>
<th>Open-ended Positive Question</th>
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<tbody>
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</table>
Listen While the Child Speaks

- Do not take over the conversation.
- Do not interrupt.
- You cannot listen to your child unless you first stop talking.

This is the child’s opportunity to talk. Parents often take this time as an opportunity to lecture the child on values or correct something about what the child is saying. Most likely, the child will not listen to your lecture because they are still trying to say what they were trying to say. Teaching your values is important, but it is most important right now to listen to the child. If you listen to them now, they will be more likely to listen to you later.

Make Caring Empathy Statements

Instead of lecturing or correcting your child, show them you care by identifying how they feel. And empathy statement lets your child know that you see how they situation is affecting them.

- “That must have been tough.”
- “You seem worried about this.”
- “Sounds like you had a good day.”

In the space below, write the empathy statements you made in the group exercise plus any others you can think of that show your child you care.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Ignore Junk Behavior

What is Junk Behavior?
- Annoying
- Age-typical
- Not physically harmful to persons or property

Examples of Junk Behavior:
- Rolling eyes, kicking the table leg, cursing, saying “I hate you”

Stay Cool (avoid coercion)

Along with the 12 Coercives we’ve already discussed, there are some others to watch out for while staying close.

Lecturing
Setting the Record Straight
Moralizing
Being Judgmental
PROBLEM SOLVING

Doing these things could interfere with your efforts to Stay Close because they communicate to your child that their problem is not as important as your opinion of it. Remember, your job here is to listen to your children. Yes, there are many things that you may want to say or explain to them, but the time for that is later. Right now is your child’s time to talk and be heard.
Some points to ponder this week…

1. Positive parenting is something that needs to be learned through practice and patience, and it is a skill we will continuously work on as long as we are raising children.

2. Parenting is a journey, not a destination!

3. The tools we covered today, Avoid Coercion & Punishment and Stay Close, will help you provide your children with experiences filled with positive, loving interactions, help to build their self-esteem, and help develop trust between you and the child.

4. Remember, in many cases, children will not accept our attempts to love and care for them until they learn that we are safe people who can be trusted. Using the Stay Close steps will help children feel better and act better toward themselves and others.
Session Evaluation

Date: ___________    Trainer: ______________________________

Briefly answer the following questions about today’s class:

1. What did you like best? 😊

2. What did you like the least? 😞

3. What is the most important thing you learned? 🌟

4. Other comments:
APPENDIX F

STAY CLOSE LEADER'S GUIDE
Why do I need this training?

- Parents have many jobs.
- Ask: “What are some of the responsibilities you have as parents? What are some of the challenging aspects of being a parent?”
- Listen to their answers and praise each person’s participation.

- A large part of parenting involves managing our children’s behavior.
- Ask: “What are some of the ways parents manage their children’s behavior?”
- Listen to their answers and praise each person’s participation.

Continue by making the following points.
- Many parents attempt to manage their children’s behavior in the ways we just talked about.
- Some of the ways parents manage behavior are positive, such as ______________. (Use their examples if possible.)
- Some of the ways parents manage behavior are negative, such as ______________. (Avoid using their examples when discussing this.)
We have described some ways that parents manage behavior. Many parents manage their children’s behavior, though, when they do not realize it.

The way parents respond to their children’s behavior has a huge impact on their behavior.

Parents often cause their children to behave poorly by responding too much to undesirable behavior.

In this class, you are going to learn how this happens and how you can use this knowledge to make sure that you are responding to your children’s behavior in a way that helps them behave well.

Examples of Behavior that Frustrates Us
- These are some examples of the kind of behavior we do not like our children to do.
- Read through the examples and describe them.
- Ask: “What are some other examples?”

Examples of Behavior We Like
- So, first, let’s talk about behavior.
- These are some examples of the kind of behavior we like our children to do.
- Read through the examples and describe them.
- Ask: “What are some other examples?”

What does a typical day for your child look like?
- So, we have good days and bad days, but often parents feel like their days tend to look like this.
- There’s a lot more frustrating behavior going on here then there is good behavior.
This can wear you out, stress you out and make parenting feel like an impossible chore sometimes.

But there is hope because we are going to talk a lot about what causes a situation like this, what causes children to have these kinds of days, and how we as parents can make things better for our children and in our homes.
Why do I need this training? (Continued)
- So, the main reason everyone could benefit from training like this is that a large part of parenting involves managing our children’s behavior.
- The basic idea that we are going to be repeating throughout this course is that the most important thing about managing behavior is what we focus our attention on.
- What we mean by focus
  When you (pick a participant to ask this question to) walk into a clothing store, you see men’s clothes on this side and women’s clothes on this side. If you are shopping for yourself, which side of the store are you going to focus on?
  When they answer: That’s right. You look at that side of the store, you approach that side, you look at the items on that side. That’s what we mean by focus.
- Focusing on behavior means that we are giving our attention to it. It is very important to focus our attention on the behavior we like because attention, even negative attention, is what teaches kids how to behave.

What we typically focus our attention on...
- Describe the two children’s behavior in the slide and the different ways the parents are responding to those behaviors.
Possible Discussion Opportunity

- Participants may offer some reasons parents typically respond to bad behavior. If they do not, you can ask them why they suppose parents typically respond more to bad behavior.
- Some of the concepts that are important to cover here include:
  - It is often the way we were parented.
  - It is common in our culture. Discuss examples from TV, politics, school, law enforcement, etc.
  - When you are in public, other people pressure parents to “do something about” their children’s bad behavior.
  - Many “parenting experts” recommend strategies to punish and correct bad behavior.
  - Bad behavior is irritating and motivates us to do something to stop it immediately.
- In spite of so much pressure to focus on bad behavior, it is an ineffective way to manage behavior. We are going to show you several effective ways to manage behavior by focusing on good behavior.

What is Attention?

- Since attention is so important, we want to talk about what it is in some detail.
- We are going to talk about what it is, why kids need it and the best ways to give it to them to encourage more of the behavior we like.
What is attention?
- Attention is important to kids, and in a moment we will talk about why that is.
- Describe the examples of attention listed on the slide.
- Direct participants to Page 1 of their workbooks and ask them to write in a few examples of ways that they give their kids attention.
- Give them a few minutes to write some examples.
- Once they have written some examples, ask them to share a few of the examples they wrote.
- Reinforce each person’s participation.
- Ask: “Did anyone write down an example of a negative way you give attention to your child?”

Why do kids need it?
- Sometimes you hear people say something like “Oh, he’s just trying to get attention. Just ignore him,” as if wanting attention is inappropriate.
- But the value of attention is something children learn from birth.
- Describe the following scene. Imagine an infant lying in a crib. The world is brand new to her and she does not know that her mother is near and ready to take of her needs. She is warm and content. And then something changes. An uncomfortable feeling occurs in her stomach or her diaper.
- Ask: “What is the child going to do when she starts to feel uncomfortable?”
That's right! She starts to cry.

Ask: “What is the next thing that happens?”  
Mom or dad suddenly appear. The child gets attention.

Ask: “Then what happens?”  
Mom or dad takes care of the problem.

Now the child has learned something important. In order to get any of her other needs met, she must first get the attention of an adult. She continues to learn this in a variety of situations throughout the rest of her early childhood. Let's look at some of those situations.

Describe each situation (animate the slide each time):
- Dirty-Cry-Attention-Changed
- Hungry-Cry-Attention-Fed
- Toy out of reach-Cry-Attention-Toy returned
Why do kids need it? (Continued)

☐ Ask: “What do you suppose happens when a child stops getting the attention they are used to?”
☐ Listen to responses and look for approximations to the following answer to use in discussing the answer.
☐ They start to engage in other behaviors that will work to get attention.
☐ Some of these new behaviors are good ones.

For example, we want kids to stop crying for things and start asking for things. But they often learn to do the things we do not like this way as well.

How Kids Often Get Attention

☐ When kids are young, crying is their primary attention-getting strategy.
☐ When this does not work, they engage in other kinds of behavior.
☐ Describe the behaviors as they appear. Describe how they become more severe and intense until the parent finally must respond to it.
☐ When this is how kids must behave to get your attention, the kind of attention they get is going to be negative, and can eventually contribute to a breakdown in your relationship with them.
Direct participant to Page 2 of their workbooks and ask them to write down some of their children’s attention-getting behaviors.

- Give them a few minutes to write down some examples.
- Ask them to share 4 or 5 of the examples they wrote down.
- Praise each person’s participation.

The good news is that the same process can be used to get kids engaging in good behavior.

- You just shift your focus to good behavior and those good behaviors will start to become your child’s attention-getting behaviors.
- Learning how to do that is what this class is all about.
What you will learn in this class.
  □ How to avoid using Coercion & Punishment to control bad behavior
  □ How to build solid, positive relationships with kids
  □ How to use your attention to encourage good behavior that makes you proud

Parenting Tools for Positive Behavior Change
  □ We are going to do this by teaching you how and when to use these 7 behavior management tools.
  □ Briefly describe the tools. There is no need to go into detail.
Changing a child’s behavior requires changing your parenting focus.

- Describe the Reactive and Proactive focuses as they are described on the slides.
- In the second half of today’s class, we are going to start talking about the proactive focus. Right now, we are going to spend a little more time understanding the reactive focus.
- Our goal here is to learn what the reactive focus looks like so we can eliminate it from our approach to parenting.

Eliminate Coercion & Punishment

- Describe Punishment according to the definition on the slide.
- We all very familiar with punishment.
- Direct participants to Page 4 in their workbooks and ask them to write down some examples of behavior kids typically get in trouble for and some common punishments delivered for those behaviors.
- Give them a few minutes to write some examples.
- Ask them to share some of the examples they wrote.

- Describe Coercion according to the definition on the slide.
- Coercion is often the way parents respond to minor irritating behaviors that kids do.
- Coercion is usually not as severe as punishment, but it can be more damaging to a child than punishment usually is.
12 Common Coercives

- Coercion is much more subtle than punishment, so it is difficult to see when we are using it.
- We will discuss 12 common types of coercive ways that parents respond to their kids’ behavior.
- This is an important first step because all the positive parenting in the world will not do any good if you continue to use coercion.
- Describe the metaphor of building a house:
  - Say you purchased some land and you want to build a house on it.
  - Ask: “What is the first thing you need to do on that land?”
  - Someone will probably say “build a foundation.” Explain that if you build the foundation first, you will run into problems. The first thing to do is clear the land. You must bulldoze off the rocks and trees and old junk and make the land level. If you do not do this, the foundation will be uneven and the house will never be stable.
  - Clearing the land provides a good place to build a solid foundation. It is the same with parenting. If you continue to use coercion and punishment, your positive parenting strategies will be unstable and unsuccessful.

- We are going to discuss 12 common coercives. We are also going to act out a role play to let you see what they look like.
- You can follow along in your workbooks as we go through them.

- Role play the scenarios on the participants workbook pages 6 through 8. Trainer plays the parent. Co-trainer plays the child.

- Describe and role play the scenarios on the participants workbook pages 6 through 8. Trainer plays the parent. Co-trainer plays the child.

**Questioning**

- Describe Questioning according to the definition in the participant workbook.
☐ Role play the scenario for Questioning.
☐ Ask: “What was the parent hoping to accomplish by asking these questions?”
☐ Answer:
☐ Ask: “What do you think the child will actually do?”

☐ Role play the scenarios on the participants workbook pages 6 through 8. Trainer plays the parent. Co-trainer plays the child.

12 Common Coercives
- Questioning
- Arguing
- Sarcasm
- Force
- Threats
- Criticism
- Despair
- Logic
- Taking away things & privileges
- Telling on them to others
- One-upmanship
- Silent Treatment
☐ Direct participants to **Pages 9 through 12** in their workbooks and ask them to read each scenario and identify which coercive(s) the parent is using.

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Direct participants to Pages 9 through 12 in their workbooks and ask them to read each scenario and identify which coercive(s) the parent is using.

They will work by themselves on this for about 10 minutes.

After they have finished, go through each one and ask them to give you the answer they wrote down.

Accept any answer they give. If it is not the answer you expected, look for how the parent is interpreting the scenario. Discuss how the coercive they identified can be seen in the description.

Then offer the expected answer and point out this coercive in the scenario also.

---

Effects of Coercion

- Describe the three effects of coercion
- Ask: “We don’t want our kids to avoid us. What do we want them to do?”
  - We want them to approach us.

Coercion makes children feel unsafe and less likely to approach us or show us things that are important to them.

- Ask: “We don’t want our children to look for ways to get even with us. What do we want them to do?”
  - We want them to look for ways to make us proud. Coercion motivates children to look for ways to make us mad.

- Ask: “We don’t want our children to escape challenging situations. What do we want them to do?”
  - We want them to tackle challenging situations with confidence.

Coercion produces in children a fear of failure. They will often escape challenging situations, or avoid them by engaging in low risk behavior rather than trying something more difficult.

---

Coercive Cycle

- What we end up with when we use coercion is a frustrating situation in which we cause children to be more likely to engage in the behavior that irritates us by using coercion, and then they engage in that behavior, and then we respond to that behavior with more coercion, and so on.
When are we typically coercive?
- When we are tired, hungry, uncomfortable
- When we have had a bad day
- When we are frustrated
- When we are angry
- When we have been coerced by someone else
- When we encounter our “pet peeves”
- When we are in the habit of using coercives

Congratulations!
- You just learned your first parenting tool.

Stay Close
- Now that we have learned how to “clear the land”, we are ready to start building the foundation.
- This is our first proactive tool.
- Remember, Proactive Parenting means we manage our children’s behavior by focusing on their desirable behavior and using reinforcement.
- Describe Stay Close using the terms listed on the slide.
Role play the following scenario twice. Do it incorrectly first and then use Stay Close.

**Scenario:** Co-trainer is a ten-year old child just returning home from school. He/she is a little late and arrives home with mud all over her new jeans.

**Role Play 1: Wrong Way**
As soon as the parent sees the child, the parent yells at the child to stop walking in the house because he/she is tracking mud. The parent scolds the child for being muddy, asks the child how they got mud all over their new jeans, and complains that he/she does not respect the things that are provided for her. The child tries to answer his/her questions and explains where he/she has been but the parent keeps interrupting these efforts to scold. The parent finally sends the child to his/her room to clean up and get to the homework.

- Ask: “How do you think the child feels?”
- Ask: “Do you think the parent responded appropriately?”
- Ask: “Is the parent going to have much cooperation later if he/she tries to get the child to help clean the mud off the floor?”
- Ask: “How do you think homework will go later?”

**Role Play 2: Stay Close**
When the child appears at the door, the parent quickly moves to the child and begins going through the steps of Stay Close. The child explains that he/she has been playing with friends at a construction site. The parent expresses surprise and concern but continues to listen to the child, ask open-ended questions and deliver empathy statements. Then he/she asks the child if they have homework, directs the child to go clean up on the back porch before entering the house and get started on his/her homework.

- Ask: “How do you think the child feels?”
- Ask: “Do you think the parent responded appropriately?”
- Ask: “Is the parent going to have much cooperation later if he/she tries to get the child to help clean the mud off the floor?”
- Ask: “How do you think homework will go later?”

**Benefits of Stay Close**
- From the role plays you can see that one of the important benefits of Stay...
Close is that you are able to learn more about your children.

☐ There are many more benefits. Here are some important ones.

☐ Describe the points on the slide.

Possible Discussion Opportunity

☐ Ask participants what some other benefits of Stay Close they can see based on the role plays

☐ Ask them to imagine someone they know of whom they are very fond and whom they would not want to disappoint.

☐ Provide an example of your own.

☐ Point out that this person most likely behaved towards them in a manner consistent with the steps of Stay Close.

10 Steps to Stay Close

☐ Now we are going to teach you how to use this valuable tool.

☐ The rest of the tools we will learn in this class are laid out as a series of steps. This helps you make sure that you are using the tool completely.

☐ Here are the steps to Stay Close

   Note: There is no need to read the steps to read each step to the class since you will be going through each step individually.
Get Physically Close

- Read the cartoon for those participants who cannot clearly see it.
- This cartoon presents a similar situation to the role play where the child was getting mud on the floor.
- The rule of thumb is that you want to get within arms reach of the child within 15 seconds of the beginning of the opportunity to Stay Close.
- Ask: “Why is it important to be physically near the child?”
- Reinforce appropriate responses.

Touch Appropriately

- As Dr. Latham describes in his book, the skin is the body’s largest organ and it is full of nerves.
- Humans need to be touched by other humans.
- Studies have discovered that babies who do not experience caring touch by others fail to thrive.
- Describe the ways to touch appropriately on the slide.
- Describe the following warning: touch can be unpleasant and scary to a child who has experienced physical abuse, sexual abuse, or physical coercion.
- Take care when touching children with these experiences. Watch their reactions to make sure your touch is welcome.
- If they tend to back away from you, touch them in less threatening ways. For example, ask them to “Gimme five.”
- Ask the participants to give some examples of appropriate ways to touch children.
- Reinforce appropriate responses.

Body Language

- Your facial expression should match the child’s emotion.
- Your tone of voice should match the child’s emotion.
- Relax your body posture.
- Don’t send one message with your words and a different one with your “look.”
Body Language

- How we say things to our child is just as important as what we say.
- When staying close, we want to:
  - Match your facial expressions to the child’s emotions.
  - Demonstrate examples and non-examples of appropriate facial expressions.
  - Match your tone of voice to the child’s emotions.
  - Demonstrate examples and non-examples of appropriate tone of voice.
  - Relax your body posture.
  - Demonstrate examples and non-examples of appropriate body posture.
  - Don’t send one message with your words and another with your body language.

What the Listener Believes

- Describe the graph on the slide.

Ask Open-Ended Positive Questions

- Ask: “Does anyone know what an open-ended question is?”
- It’s a question that cannot be answered with simple yes or no.
- Asking your child questions like these gives them an opportunity to say what is on their mind.
Many kids are not used to having adults showing interest in them like this, so you may have to ask them a few questions and help them learn how to answer them.

A positive, open-ended question starts with a "W" word, such as Who, What, When, How, etc.

"Why" questions tend to sound coercive. Try to avoid asking "Why" questions.

Open-ended Questions Exercise

Class breaks up into small groups. Trainer and co-trainers each work with a group. Trainers play the role of the child and take turns making one of the following to each participant:

- I got a pair of new shoes.
- I was late to my job again today. I got fired.
- I won a trip to Hawaii.
- I forgot to put gas in the car.
- I found a dollar on the ground.
- I got suspended from school today.
- I got drunk last night.
- I hit a home run.
- I flunked my math exam.
- I accidentally broke your favorite dish.
- I forgot to lock my bike and it got stolen.
- Last night I tried some pot at the party.
- I backed into another car when I was parking.
- I lost all my lunch money.
- This is my favorite movie.
- I made a new friend today.
- I caught a big fish.
- I got in a big argument at school.
- I was picked first for the team.
- I think I'm pregnant.
- I got a promotion.
- When the participant asks an open-ended question, praise their question and then continue the "conversation". Give them three or four opportunities to ask open-ended questions in response to the statements you make as the child.
- Prompt as needed to get participants started asking open-ended questions.
- Deliver enthusiastic praise after they complete their turn.
- Direct participants to Page 18 of their workbooks and ask them to write in some of the questions they asked during the exercise.
Listen While the Child Speaks
- Do not take over the conversation.
- Do not interrupt.
- You cannot listen to your child unless you first stop talking.

- It may seem strange to include this as a step, but it is actually often the most difficult part for parents to do well.
- Describe the points on the slide.
- Parents are tempted to interrupt, take over the conversation, give a lecture, reprimand, or fail to show interest in what the child is saying.
- While it is important to teach the child certain values that you have as a parent, it is better to teach those values at another time.
- Right now is the time to listen.

Make Caring Empathy Statements
- This is a good way to say things to your child without saying something disruptive.
- Empathy statements show your child that you are trying to understand how their situation is affecting them.
- To make an empathy statement, you say something like “You look...” or “You seem...” and then state the emotion the child seem to be feeling.
- Describe the empathy statements on the slide.
Empathy Statements Exercise

- Class breaks up into small groups. Trainer and co-trainers each work with a group. Trainers play the role of the child and take turns making one of the following to each participant:

  - I got a pair of new shoes.
  - I lost all my lunch money.
  - I was late to my job again today.
  - I got fired.
  - I won a trip to Hawaii.
  - This is my favorite movie.
  - I forgot to put gas in the car.
  - I made a new friend today.
  - I found a dollar on the ground.
  - I caught a big fish.
  - I got suspended from school today.
  - I got in a big argument at school.
  - I got drunk last night.
  - I was picked first for the team.
  - I hit a home run.
  - I think I'm pregnant.
  - I flunked my math exam.
  - I got a promotion.
  - I accidentally broke your favorite dish.
  - Last night I tried some pot at the party.
  - I backed into another car when I was parking.

- Prompt participants to deliver empathy statements and ask open-ended questions. This is an extension on the last exercise and a further approximation of the entire tool.
- When the participant delivers an empathy statement, praise their statement and then continue the "conversation". Give them three or four opportunities to deliver empathy statements and ask open-ended questions in response to the statements you make as the child.
- Prompt as needed to get participants started.
- Deliver enthusiastic praise after they complete their turn.
- Direct participants to Page 19 of their workbooks and ask them to write in some of the empathy statements they made during the exercise.
In two weeks, we will learn a tool to deal with a kind of behavior we call Junk Behavior.

In today’s class, we are going to talk about ignoring junk behavior when you are staying close with your child.

Ask: “If you sat down with your child and tried to have a more or less serious conversation with them, what annoying things might they do when you are trying to talk to them?”

Look for approximations to junk behavior. Prompt answers to this question if necessary by pointing out the example on the slide.

Describe the characteristics of junk behavior
  - Annoying
  - Age-typical
  - Not physically harmful to person or property

Discuss the importance of ignoring these behaviors to keep from distracting from the purpose of Staying Close.

We already talked about lots of examples of coercion earlier. Here are some other forms of coercion that may be tempting to use when staying close.

Describe the forms of coercion listed on the slide.

Ask: “What were some examples of punishment and coercion that I used in the first role play we did earlier?”

Discuss the examples on the slide and give examples of how they interfere with Staying Close.
When to Stay Close

- Now you know the steps to Stay Close. Earlier, we did a role play to show you what it looked like.

- Ask: “What was the occasion that prompted the parent’s need to Stay Close?”

- While we discuss times to Stay Close, think about a time with your child that you would like to practice staying close. You will use this example in a role play in a few minutes.

- Direct participants to Page 21 of their workbooks and ask them to write in some examples of when to Stay Close as the class discusses it.

- Discuss each time on the slide, give examples, and ask participants to share examples.

When to Stay Close

- Those are several times that you need to remember to Stay Close.

- This is a tool that you should be using very, very often.

- A good rule of thumb is that a good time to Stay Close with your child is just about any time you interact with them.

10 Steps to Stay Close

- Now we are going to practice using Stay Close.

- First, we’ll demonstrate it one more time, and then it will be your turn to try it.
Role play the following scenario twice. Do it incorrectly first and then use Stay Close.

Scenario: Co-trainer is a sixteen-year old child coming in at 1:00 in the morning. His/her curfew was at 11:00 P.M. He/she smells like he/she has been smoking something.

Role Play 1: Wrong Way
When the child walks in the door, the parent shouts, “Where the hell have you been? Do you know what time it is?” The child does not answer. The parent says, “It is 1:00 in the morning. You have been out all night. What the hell have you been doing until this late? ANSWER ME!” The child says, “Nothing, I just lost track of time. Geez.” The parent says, “Don’t give me that attitude, young man/lady. I guess you won’t be going out anymore for a while.” The child mumbles, “Hmph. Just watch me.” The steps closer to the child in a threatening way and says, “What did you just say?” The parent sniffs the air and says, “What is that smell? Have you been smoking something?” The child says, “No. Leave me alone. I’m going to bed,” and walks away. The parent follows saying, “You get back here. I’m not done talking to you. Answer my question, right now!”

Role Play 2: Stay Close
When the child walks in the door, the parent approaches him/her, touches his/her arm and says, “Hey, kiddo. I’m so glad you are home. I was worried.” The child looks at his/her feet, not saying much. The parent asks, “Are you ok?” The child says he/she is fine. The parent puts his/her arm in the child’s arm and walks the child into the house. The parent says in a non-accusing tone, “You’re pretty late. I’ve been worried.” The child says, “Yeah. Sorry about that.” The parent asks, “Is everything alright?” The child says yes. “The parent says, “You seem a little worried.” The child says, “I think I did something that I shouldn’t have.” The parent puts his/her arms around the child and says, “Oh? What did you do, honey?” The child reluctantly answers, “One of the guys had some pot and I tried smoking it.” The parent says, “Wow. That does sound scary. How did it go? What happened?” The child says, “Well, I coughed so hard I almost threw up. I didn’t feel anything from it. I don’t know. It was just weird, but I thought if I didn’t try it the other kids would think I was a wuss.” The parent hugs the child and says, “Yeah, that doesn’t sound fun at all. Well, why don’t you go to bed and get some rest. We can talk about it more tomorrow.” The child says, “Ok, dad/mom. I’m sorry.” The parent says, “It’s OK, honey. I’m glad you told me. We can talk more in the morning.” The child says, “Ok, goodnight.”
10 Steps to Stay Close

Conduct Stay Close role plays with each member of the class. Ask for volunteers or select participants in turn to participate in a play. Trainer or co-trainer plays the part of the child.

Remember:
- Congratulations. You have completed your first session.
- Discuss the quote on the slide.
- Direct participants to Pages 23 & 24 of their workbooks and describe how to do the homework.
- Direct participants to Page 26 of their workbook and ask them to complete the Feedback Form and turn it in.
REFERENCES


