

Parenting Wisely: Interactive CD-ROM Training for Parents and Teens

The Parenting Wisely intervention is a self-administered CD-ROM program developed for parents of delinquent adolescents and those with children (9 to 18 years old) at risk for delinquency. The program teaches parents of preadolescent and adolescent children important skills that lay the foundation for combating risk factors for substance use and abuse. Using a risk-focused approach, the Parenting Wisely program reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and discipline.

Most parents with at-risk children are unwilling to make the time commitments necessary for therapy and parent education classes, especially if there is a substantial cost. Since most therapy and parent education classes are delivered by a trained person talking to them, as opposed to demonstrating the parenting methods, parents' ability to recall and repeat these methods with their own children are limited.

To eliminate these barriers, the Parenting Wisely video-based program was developed in which:

- No self-disclosure is required for parents to learn the relevant skills.
- Feedback for mistakes is made by a computer rather than a person, thereby reducing defensiveness.
- Scenarios are highly relevant, thereby guaranteeing parental interest.
- Good and poor parenting skills are demonstrated with children.
- Tutoring in the needed skills begins immediately, without the need to gradually build a trusting relationship.

Parents use this *unusually versatile* program privately, in a social service agency, community center, school, or at home on a laptop computer. The highly interactive and non-judgmental CD-ROM format accelerates learning, and parents implement improved parenting skills immediately. Poorly educated parents can use the Parenting Wisely program, as it provides the option to have the computer read all text aloud. Printed program portions are written at the fifth-grade level. A Spanish translation of the program has also been completed.

A brief, appealing, low-cost, and effective method of parent education, long-range outcomes objectives include:

- Reduced child involvement in the juvenile justice system (recidivism, out of home placements, probation violations)
- Reduced self-reported delinquency, including substance abuse
- Reduced risk for child maltreatment
- Reduced special class placement
- Improved parenting of the next generation

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Clientele

Parenting Wisely is aimed at families with delinquent children or children at risk for becoming delinquent. Children 9 to 18 years old are usually targeted, especially during the middle and junior high school transition years. In particular, Parenting Wisely focuses on families who do not usually seek out or complete mental health or parent education treatment for child problem behaviors. Single-parent families and step-families, whose children exhibit behavior problems, comprise the majority of families targeted. Formal research has been conducted on the program with low income, poorly educated parents. The program is suited both for Selective and Indicated populations.

Major Services

Parents (and children) use the CD-Rom program, unassisted, over one to three sessions in 2 to 3.5 hours, depending upon the amount of discussion users engage in and the pace they select. The program depicts nine problems typical of most families, and several common methods which parents use to deal with these problems in daily family life.

Skill practice occurs when the parents mimic the skills portrayed in the video scenes is given in the form of skill building exercises in a workbook each parent is given. The workbook for parents is a very concrete review of the program content and refers parents, at various points, to skill development exercises in the workbook. Research has indicated that most parents use the workbook at home and refer to it periodically when problems with their children arise.

Group use by three to eight parents promotes much discussion. Homework assignments can be given when parents use the program as part of an ongoing group. Booster sessions in which parents (and children) repeat use of the program, or in which they watch the program on videotape (available in three parts, which can be loaned to parents to view at home) are likely to increase gains. Discussions between parents or parents and children, or between parents and service providers do facilitate learning and retention.

The program covers monitoring and supervision of children, communication skills, problem solving skills, contracting, token economies, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, step-family problems, single parent issues, violence, and others.

Recruitment of at-risk families involves juvenile court, child protective services, or school coercion, or it involves incentives such as money, gift certificates for food, theater passes, etc. Only one staff needs to be involved in the actual delivery of the program, and that is to turn on the equipment and demonstrate the use of the mouse cursor. That staff person also turns off the equipment at the end of the day. Training to use and administer the program is not necessary, but is available to increase staff and community enthusiasm for the program. Training in using the program in a group format or in conjunction with brief family interventions is available. No supervision is required. Telephone consultation and technical assistance is available.

Accomplishments

Eight controlled studies have been conducted on this program. All showed significant improvements in the treatment group, such as substantial gains in child problem behavior. Five independent replications (Ireland, Canada, KS, MA, CA) confirmed the findings from these eight controlled studies.

Two examples of the controlled studies are the following: One study determined the effectiveness of an interactive parent training program for changing adolescent behavior for court-referred parents, *and* showed significant positive results.

Eighty parents whose children had been involved with juvenile court or children's services received either the Parenting Adolescents Wisely interactive videodisk program or treatment as usual (usually probation for their adolescents). Parents (almost always single mothers) used the program in a public library, a group home for delinquents, or in a university facility. For the Parenting Wisely group, scores on the Eyberg Child Behavior Inventory declined (improved) by more than 50% at one, three, and six months after treatment. For the control group, these scores did not change. A court mandate to use the program did not lessen the positive effects nor produce parental dissatisfaction with the program. For parents not seeking help for their adolescents who had serious behavior problems and delinquency, this treatment produced substantial improvements, both in parenting knowledge and child behavior problem. Low income, poorly educated parents were able to use the program successfully and without assistance.

Another study involved 62 pregnant or parenting teens that were randomly assigned by classroom to either the Parenting Adolescents Wisely interactive videodisk parenting program or to a control group. Both groups attended a teen parenting class in their high schools. The program was presented in a group format during the class and the parenting skills were adapted to toddlers via discussion. Compared to the control group, the intervention group scored significantly higher at two months' follow-up on:

- Parenting knowledge
- Belief in the effectiveness of adaptive parenting practices over coercive practices (yelling and hitting)
- Application of adaptive parenting skills to hypothetical problem situations

Participation of the mothers in the discussion groups was frequent and enthusiastic, compared to the normal methods of teen parenting classes. Most of the teens, the majority of whom still lived with their parents, reported that the problematic interactions in the program mirrored those in their families. The knowledge gains and ability to apply adaptive parenting skills to different situations may prevent child abuse and neglect.

Funding

Program purchase and training is usually funded through grants for substance abuse prevention, delinquency prevention, domestic violence reduction, and school dropout. Best Practices, Model Program, and Exemplary Program designation for Parenting Wisely greatly facilitates success with grant applications.

Program Materials

The Parenting Wisely program is contained on a CD-ROM played by a personal computer (PC) with a CD-Rom player and the ability to play video on the computer screen and play sound. The program purchase price is \$599, and includes:

- One interactive CD
- Program manual
- Five parent workbooks
- Parent completion certificates
- Parent brochures for describing the program to parents.
- A program poster
- Referral cards
- A floppy disc containing evaluation instruments (for duplication)

Additional workbooks cost \$9.00 each, declining to \$6.75 depending on quantity. The program is copyrighted and is sold by Family Works, Inc., at Ohio University's Innovation and Technology Center.

The estimated program cost-per-family (parent), including purchase of a PC, the program kit and workbooks, declines as the number of families treated increases. For 100 families, \$23 each; for 200, \$15 each, for 300, \$12 each.

Short Description

The Parenting Wisely intervention is a self-administered CD-ROM program that teaches parents and adolescent children (9 to 18 years old) important skills that lay the foundation for combating risk factors for substance use and abuse. Using a risk-focused approach, the Parenting Wisely program reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and discipline.

The program was developed for parents of delinquents and those with children at risk for delinquency. It is a brief, low-cost, effective, and very appealing method of parent education, whose long-range outcomes objectives include:

- Reduced child involvement in the juvenile justice system (recidivism, out of home placements, probation violations)
- Reduced self-reported delinquency, including substance abuse
- Reduced risk for child maltreatment
- Reduced special class placement
- Improved parenting of the next generation

Parents and children in at-risk families use this program privately, in a social service agency or at home on a laptop. The highly interactive and non-judgmental CD-ROM format accelerates learning, and parents implement improved parenting skills immediately. Poorly educated parents can use the Parenting Wisely program, as it provides the option to have the computer read all text aloud. Printed program portions are written at the fifth grade level. A Spanish translation of the program has also been completed.

Program Developer Bio

Donald A. Gordon, Ph.D., is an *Emeritus* Professor of Psychology at Ohio University, and a child and family clinical psychologist by training. After an internship in child psychology, he served as Chief of Psychology Service in an Army hospital for two years. He has taught and trained clinical psychologists during his 28 years at Emory and Ohio Universities.

Dr. Gordon's research has focused on family interactions and the development and evaluation of parent and family interventions to reduce children's risk for behavior problems. He has treated families privately during his career, and consults with organizations serving children and families, including juvenile courts. Dr. Gordon has developed or modified three parent or family interventions which are used nationally and internationally: Functional Family Therapy, the Children In The Middle program for divorcing families, and the Parenting Wisely CD-ROM program. All three programs have received best practices recognition from leading professional review panels. He has published more than 60 research articles in scientific journals, and has received numerous state, federal, international, and private foundation grants.

New Versions of Parenting Wisely

Three new CD-ROM programs (which are also available on videotape) were created with funding from the Youth Justice Board, Greater Manchester Youth Offending Teams, and the Health Services Board of the U.K. These programs have significant improvements over the Parenting Wisely: broadcast quality digital video, excellent acting and enhanced realism, and a new graphic design for the CD-ROM. Users can control the video with buttons similar to a VCR, they can enlarge the video to full screen, take notes throughout the program and print those notes (if a printer is connected to the computer), and select to have the text read throughout the program with one click. The scenes were filmed in the UK with British families, and the accents are comprehensible to non-British audiences.

A. Parenting Wisely: UK (British) Urban Teens Version

The nine scenarios are similar to the American version, but take place in an urban setting. Two of the scenarios are new and deal with a mother staying up late waiting for her 16 year old daughter to come home, and a father trying to get his teenage son to get out of bed in the morning to go to school. This program is used in the US as a booster treatment for parents who have used the American version of PW. The repetition of skills used in different contexts sustains parental interest and fosters fuller implementation of the skills. In this program, the teens reactions to their parents using improved parenting skills is very realistic.

B. Parenting Wisely: Young Children's Version

The seven scenarios show children aged 3-9 years presenting very typical challenges of this age group. A daughter continually interrupts her mother while she is talking on the telephone. A daughter refuses to turn off the television when her mother tells her it is time for bed. A mother struggles, on a school morning, to get her son to eat breakfast and her daughter to get dressed on time, while her own mother, who lives with the family, undermines her authority with the children. A father gives advice to his son after he has trouble getting along with friends. A mother denies her daughter the sweets she wants in the grocery store, leading to a tantrum. A father discovers his son's marks in school are not as good as the boy led him to believe. A mother tries to cope with a brother and sister who are fighting over a puzzle. A nondirective style of play is featured and taught to parents via an innovative on the spot analysis of its critical features.

C. Parenting Wisely: Children in Foster and Residential Care

Eight scenarios show scenes common in foster and residential care. The four dealing with foster care show stealing, children not respecting privacy of other foster children in the same home, problems with hygiene, and a child facing expulsion from school for fighting. The four scenes in a residential institution show bullying, defiance of staff authority, peer aggression, and vandalism. These eight scenarios show child and adolescent behavior that is more disruptive than

that depicted in Parenting Wisely, and the skills parents use to handle these are carefully depicted and explained. Once parents (birth, foster, and residential) have mastered the skills in Parenting Wisely, they will have a better chance of mastering the challenges in this program, so we recommend using Parenting Wisely first.

Parenting Wisely

A draft of an upcoming OJJDP Bulletin

Background and History of the Program:

Parenting Wisely (PW) fills a unique market niche because this parent training program is delivered with a self-administered, interactive CD-ROM. This individually-tailored parenting skills program arose out of a desire to reach substantially larger numbers of low income, at-risk families with effective, brief parent training. Most at-risk families lack access to evidence-based interventions, especially those that respond to their needs for privacy and convenience. They also need interventions that minimize the very real barriers of cost, accessibility, and social stigma. Agencies serving such families are looking for low-cost, time-limited, effective interventions. Training staff to implement evidence-based programs is becoming increasingly popular, but it is expensive and requires an ongoing commitment of quality control and substantial efforts to maintain treatment integrity. These costs and efforts have kept most agencies from participating in the evidence-based treatment movement. Agencies need a simple program that is not dependent upon complex practitioner skills. Parenting Wisely, hereafter called PW, was created to fill that need.

Program content was guided by a comprehensive literature review of risk and protective factors for delinquency, substance abuse, and behavior problems. This research literature (Kumpfer & Turner, 1990/1991; CSAP, 2001) suggests that three family factors (e.g., family bonding, parenting skills in supervision and discipline, and effective family

communication) are critical in protecting youth from substance abuse and delinquency. PW teaches parents skills and techniques to help them better understand and deal with their children. PW focuses on increasing communication among all members of the family. The program points out, in a non-blaming manner, how a user's current parenting practices may be contributing to their family's problems, and then demonstrates proper parenting techniques which have been shown to decrease family tension and improve parent/child relations as well as children's problem behaviors.

The intervention is a self-administered CD-ROM, Parenting Wisely (PW), which teaches parents and their children and teenagers important skills which have been implicated in the cause of delinquency and substance abuse (communication, support, supervision, and discipline). This is a highly interactive CD that responds to choices each parent makes, thus it is individualized in its approach. Parents receive feedback about their choices and are regularly quizzed about what they have learned. In this way, parents are continually informed about their learning progress, which increases their motivation to improve their performance. Most CDs are more linear in design, presenting text and video material sequentially without regard to user's mastery of earlier material. The PW design is the highest level of interactivity and functions as a personal coach or tutor as the parent progresses through the program.

The PW program presents the parent with nine different problem situations that are common in many families. These include getting a child to complete homework, getting children to do household chores, and dealing with stepparent/stepchild conflict. When a problem is selected, a short video plays in which actors illustrate the problem. After the initial problem situation is presented, a screen appears that prompts

the parent to select the method he or she normally uses (from a list of three solutions) to respond to the child's problematic behavior. The parent then watches as his or her selected solution is played out in the video. After the video segment is completed, the computer provides the parent with feedback in the form of a question and answer session. This feedback prompts the parent to think about the response he or she chose, as well as reasons why the response was effective or ineffective. Through the question and answer sections, the parent is taught parenting skills such as monitoring and supervision, contracting, praise, use of "I" statements, and assertive discipline. If an effective and adaptive method of dealing with the problem was not selected, the program prevents the parent from progressing to a new problem until the correct solution is chosen, viewed, and critiqued. After the correct solution has been chosen, a short review quiz (with feedback) is presented. This quiz allows parents to practice the newly learned skills. Upon completion of the quiz, the parent then advances to a new problem situation. Parents using the PW program receive a workbook to take home. This workbook contains review questions (based on the problems presented in the computer program), critiques of each solution, a glossary of terms, and detailed instructions and practice exercises to aid in the implementation of skills taught in the program.

One barrier to participation in parenting programs can be a poorly trained or authoritarian practitioner, since many parents object to having another person (a stranger) tell them how to raise their children. A disrespectful, superior attitude by a parent trainer can lead to rejection of program content and early drop-out. With that in mind, PW was developed to overcome these barriers. Table 1 summarizes the differences between therapy, as practiced in community settings, and the technological approach used in PW.

Table 1: Comparison of Therapy and Interactive CD-ROM

Therapy ¹	Interactive CD-ROM
1. Verbal descriptions of parenting	1. Detailed verbal and visual examples of parenting
2. Judgment by therapist	2. No judgment by computer
3. Client defensiveness main obstacle to progress	3. Minimal client defensiveness
4. Focus on therapist-client relationship	4. Exclusive focus on teaching good parenting
5. Majority of therapy time and cost devoted to resistance	5. Little of program time devoted to resistance
6. Client discloses parenting errors	6. Client recognizes parenting errors by actors
7. Feedback on parenting errors is infrequent and indirect	7. Client actively seeks feedback on parenting errors performed by actors in the program
8. Client rarely asks for repetition of unclear advice	8. Client can repeat any portion of the program at any time
9. Often pace is selected by therapist	9. Pace always selected by client
10. Infrequent reinforcement of good	10. Frequent reinforcement of good

¹ Therapy as commonly practiced in community settings. Empirically validated treatments, which have just begun to penetrate community practice, may share some of the features listed under Interactive CD-ROM (such as demonstration of effective parenting practices).

parenting practices	parenting practices
11. Difficult to improve therapist skills	11. Relatively easy to improve program structure and content

The program's development was based on two premises, which are well supported in the literature. One premise is that interactive videodisk programs increase knowledge and performance more efficiently than do standard methods of instruction and produce moderate mean effect sizes of .53 (Fletcher, 1990, McNeil & Nelson, 1991; Niemiec & Walberg, 1987). (Effect sizes are a measure of the strength of the treatment effect. Sizes of .1 to .3 are small, .4 to .7 are moderate, and above .7 are large.) The other is that videotaped modeling of parenting skills is as effective in producing improvements in child behavior as are parent education discussion groups and parent training with a therapist (Webster-Stratton, Hollinsworth & Kolpacoff, 1989; Webster-Stratton, Kolpacoff & Hollinsworth, 1988).

The theoretical models upon which the PW program was based are cognitive-behavioral, family systems, and social learning. The intervention approach is primarily behavioral parent training. A key concept incorporated into the program was to change the coercive parent-child interactions that give rise to antisocial behavior, a process well documented by behavioral parenting pioneer Gerald Patterson at the Oregon Social Learning Center (Patterson, 1986). The Functional Family Therapy model, which the developer has taught to graduate students and community professionals, was also influential in the development of PW (Alexander & Parsons, 1982). A family systems approach, where family members' actions are seen as interdependent is incorporated into

the content and instructional design of PW. This family systems approach uses reframing and cognitive restructuring methods to foster behavior change. The content of PW was provided by the author's twenty years of experience supervising graduate students conducting home-based functional family therapy with families of delinquents (over 250 families), as well as his thirty years of clinical experience working with low- and middle-income families in parent training sessions or family therapy.

In 1993, a prototype of the program was developed for interactive laser-disk technology. The hardware included a computer, computer monitor, laser-disk player, and TV monitor which were connected so that the user's responses on the computer determined video playback from the laser-disk player. This prototype was installed in social service agencies in 11 counties in southeastern Ohio serving low-income Appalachian families (with funding from OJJDP). Based upon feedback from parents and agency staff, the program was modified. In 1997, the program was adapted to CD-ROM, greatly simplifying and reducing the hardware costs.

Risk and Protective Factors Addressed.

Protective factors are characteristics that serve as buffers against children developing behavior problems, including substance abuse problems and delinquency. The more protective factors children have themselves and in their environment compared to risk factors, the lower the chance they will develop problems. The PW program addresses the following protective factors:

Individual: accepting personal responsibility, personal power, self-esteem, attachment to parents, empathy with parents, and problem solving skills.

Family: family support and cohesiveness, parent-child bonding, clear and positive communication, clear rules and consequences, monitoring, goal setting, age-appropriate parental expectations, parent-to-parent support, and parental empowerment.

School: parental involvement in schoolwork, parent-teacher communication.

Peer: parental monitoring of peer activities, and healthy communication with peers.

Risk factors are characteristics of individuals and environments that increase the chances that children will develop serious behavior problems, including delinquency and substance abuse. The PW program addresses the following risk factors:

Individual: lack of bonding to parents; aggressive, demanding, antisocial, or disruptive behavior; peer conflict and aggression; poor social skills.

Family: poor supervision and control, inconsistent rules and consequences, harsh and erratic discipline, poor communication and support, child abuse or neglect, domestic violence and parental conflict, favorable attitudes toward substance use, and parental substance abuse.

School: lack of parental support and involvement in school-work, truancy, academic failure, and behavior problems.

Peer: lack of parental supervision of peer activities and networking with peers' families

The PW program strengthens protective factors and reduces risk factors, thus reducing the chance that children will develop or continue to show serious behavior problems and risky behavior. The focus of the program is on the family and parenting practices; however, parenting practices impact individual, school and peer factors so the program's reach extends beyond the family.

Target Population

. The PW program is used along the continuum from primary prevention to treatment. PW is designed for use by all parents and all personnel who work with children, their parents, and their families, but is especially suited for families with delinquent children or children at risk for becoming delinquent. Hence, this program is primarily an *indicated* prevention program designed for youth already manifesting delinquency problems, but can be used as a *selective* prevention program with high-risk youth or as an adjunct to family treatment. Single-parent families and step-families, whose children and adolescents exhibit mild to serious behavior problems, comprise the majority of families targeted. Children 9 to 18 years old are usually targeted, especially during the late elementary, middle and junior high school transition years. In particular, Parenting Wisely focuses on families who do not usually seek out or complete mental health or parent education treatment for child problem behaviors. The PW program was written on a fifth-grade reading level. When PW's narrator option is chosen, all text is read aloud. This enables parents who cannot read, or have minimal reading ability, to benefit from the program as well. (The majority of parents, regardless of reading ability, prefer this option).

Parenting Wisely is easy to use, even for those who have little or no experience with computers. In most cases, we have found that if a staff person starts the PW program for the parent and shows the parent how to use the mouse, the parent is able to complete the program on his or her own. PW prompts the parent to select his or her level of computer ability. It then proceeds with instructions based on computer literacy (more

detailed, step-by-step instructions, including a demonstration video of parents using the program) for those with little or no computer experience.

We designed PW to be used by all parents, regardless of the age of their children. Although the actors in the video segments are preadolescents and adolescents and the example problems are those faced by children of those age groups, most of the parenting skills taught can be used with all age groups.

Contents and Program Mechanics

The Parenting Wisely program is contained on a CD-ROM played by a personal computer (PC) with a CD-ROM player and the ability to play video on the computer screen and play sound. [Windows 95 and later versions has a media player that plays the video in the CD.] The program package allows immediate implementation and includes:

- One interactive CD
- Program manual—Service Provider’s Guide (40 pages)
- Five parent workbooks
- Parent completion certificates
- Parent brochures for describing the program to parents
- A program poster
- Referral cards
- A floppy disc containing evaluation instruments (for duplication) and a primer on evaluation

Additional workbooks are available and decline in cost for larger quantities. The program is copyrighted and is published and distributed by Family Works, Inc.

The estimated program cost-per-family (parent), including purchase of a PC or laptop, the program kit and workbooks, declines as the number of families treated increases. For 100 families, \$23 each; for 200, \$15 each, for 300, \$12 each.

How The Program Works

Parenting Wisely is a very versatile program, and different agencies and practitioners use the program in multiple ways. They tend to use the program in ways that are compatible with their existing practices. For instance, agencies that do outreach (i.e., child protective services), sending staff to families' homes, have their staff take the program on a laptop computer with them. Among the most common implementations are:

- Case managers, practitioners, probation officers, or volunteers take the program to the families' homes for use by several family members.
- Parents are loaned the CD-ROM or video series to use at home.
- Program is used in juvenile court and detention centers, and social service agencies: mental health, child protective services, schools, libraries, welfare, adult literacy labs, extension offices, homeless shelters, public housing, workplace family resource centers.
- Agencies refer parents to a private room at the agency where they use the program on a computer and take home the workbook for reference and skill practice.
- Families use the program before, during, or after clinic-based family treatment to complement the treatment.

--Parents use the program in groups led by a facilitator. (Group participation increases after parents use PW alone.)

The versatility of a program that is portable, brief, private, and engaging has led to its creative uses, and gives practitioners a sense of ownership when they imagine and implement novel uses of the program.

Research Studies and Results

A number of studies from Ohio University were conducted primarily in community settings, including juvenile courts, group homes, mental health centers, primary and secondary schools, and in the homes. Research has shown that PW is effective at reducing child problem behaviors, improving family functioning, reducing maternal depression, reducing family violence, improving parent knowledge of positive parenting skills, and increasing parent use of such skills (Segal, et al, in press; Kacir & Gordon, 1999; Gordon & Kacir, 1998; Lagges & Gordon, 1999; Woodruff, Gordon, & Lobo, 2000; Gordon, 2000; Rolland, Gordon, & Carlston, 2001). The magnitude of change for problem child behavior was generally a 40-50% reduction, with effect sizes for child problem behavior ranging from .4 to 1.2, which are in the moderate to very large treatment effectiveness range. These results (see Table 2) have been published in Child and Family Behavior Therapy, the Journal of Primary Prevention, and are soon to be published in the International Journal of Human Computer Interaction, and in a chapter in James McGuire's (Ed.) Offender Rehabilitation (John Wiley).

Table 2
Comparison of Studies of Parenting Wisely

Study	Participants (n)	Site	Design	Follow Up Period
Segal et al. (in press)	Parents of 11-18 yr olds (42)	Community mental health and juvenile Detention	RA ¹ to 2 treatment groups	1 month
Lagges & Gordon (1999)	Teen parents of infants and toddlers (62)	School	RA to treatment and control	2 months
Kacir & Gordon (1999)	Parents of problem adolescents (38)	University	RA to treatment and control	2, 4 months
Gordon & Kacir (1998)	Parents of delinquents	Community and University	Treatment and matched control	1, 3, 6 months
Woodruff, Gordon, & Lobo (2000)	Parents of 9-13 year olds	Home	RA to 2 treatment groups	2, 6 months
Rolland Stanar, Gordon, & Carlston (2001)	Parents of 11-13 year olds	Home and school	Treatment and matched control	3, 6, 9 months

¹ = RA: Random Assignment

² = Eyberg Child Behavior Inventory

³ = Parents Daily Report

⁴ = Parental response to hypothetical problem behavior

One study (Kacir & Gordon, 1999) targeted 38 parents of middle school students with behavior problems who volunteered to use the program or be in a control group. The parents reported that 42-74% of these children were in need of treatment, but none of the

parents had sought it. All randomly-assigned mothers used the program alone, taking 2-3 hours to complete it. Comparing their pre- and post-test to her scores on measures of knowledge of effective parenting practices and child problem behaviors, these mothers reported substantial gains in child problem behaviors one and four months later. There was no drop in effectiveness from one to four months, indicating that the mothers were continuing to use their newly acquired skills. Between 50-100% of those children whose behavior problems were in need of treatment (clinically elevated) scored in the normal range of behavior four months after their parents used the PW program. The control group children did not show any improvement over this period. See Figure 1 for group changes in behavior problems.

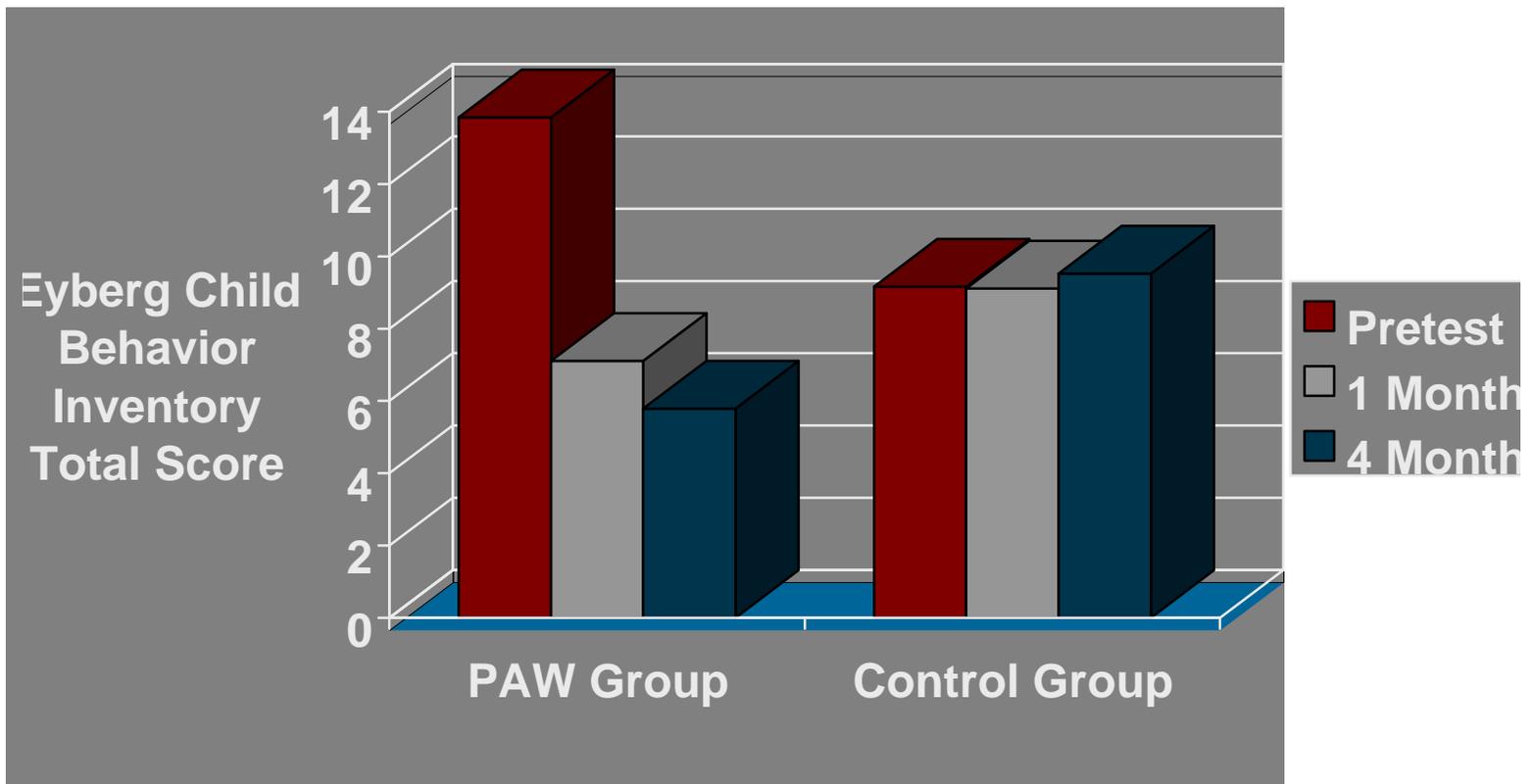


Figure 1. Changes in Eyberg Child Behavior Inventory Scores over time (pretest, one and four months) for treatment and control groups.

In another study (Gordon & Kacir, 1998) 46 parents of delinquents were ordered by several juvenile courts to use PW. These parents were often resistant to treatment, unmotivated, and had repeatedly demonstrated poor parenting practices in the past. Nevertheless, these parents showed improvement, in comparison to 26 parents in a matched comparison group, on both the Eyberg Child Behavior Inventory and a measure parenting knowledge. These improvements were demonstrated at three- and six-months post-treatment. (See Figure 2). Additionally, the children of parents who used the PW program showed decreases in negative behaviors as reported on the Parent Daily Report (Chamberlain & Reid, 1987) collected one week, one month, three months, and six months following treatment. Effect sizes ranged from .59 to .76, indicating a strong treatment effect. Clinically significant change in child problem behavior was reported by 71% of parents, whose children were considered recovered. Only 13% of the control group children were recovered, and 13% had deteriorated. The comparison group received only probation services, and scored lower on problem behavior at pretest due to different recruitment methods (newspaper ad).

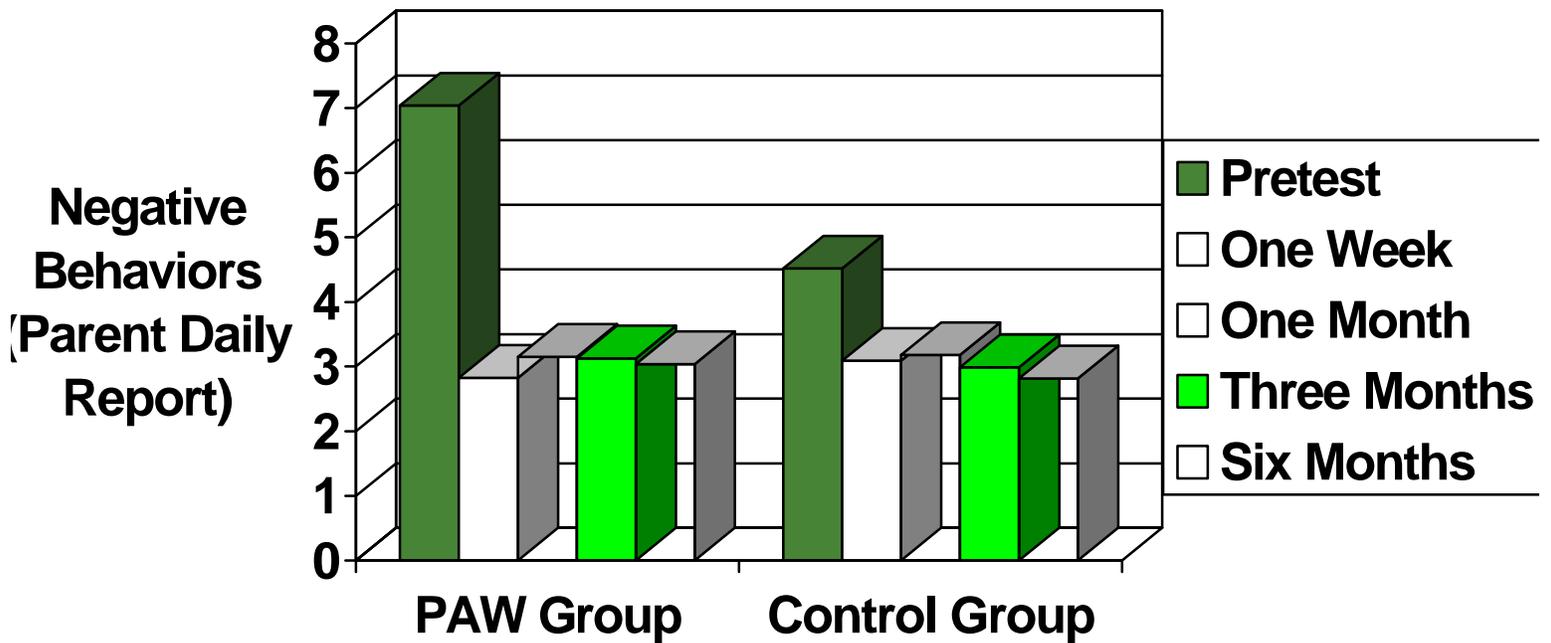


Fig. 2. Negative Behaviors--24 hr. Phone Interview (Parent Daily Report)

In another study (Segal et al, in press), 42 parents at community mental health centers, group homes, and juvenile detention centers were randomly assigned to use the PW program on interactive video equipment or on videotape. Parents in the interactive treatment reported that child behavior problems as measured by the Parent Daily Report declined substantially, with a large effect size of 1.27 (videotape treatment produced a moderate effect size of .69). Other empirically-validated parent training programs (Patterson, Webster-Stratton) were compared to PW on efficiency, such as the ratio of effect sizes per hour of intervention, shown in Figure 3. Given that maintaining high risk

families in treatment is more difficult as the length of treatment increases, a very brief treatment that does not lose effectiveness is a welcome addition to treatment options.

Effect ratios as seen in Figure 3 can help administrators decide how best to use staff time.

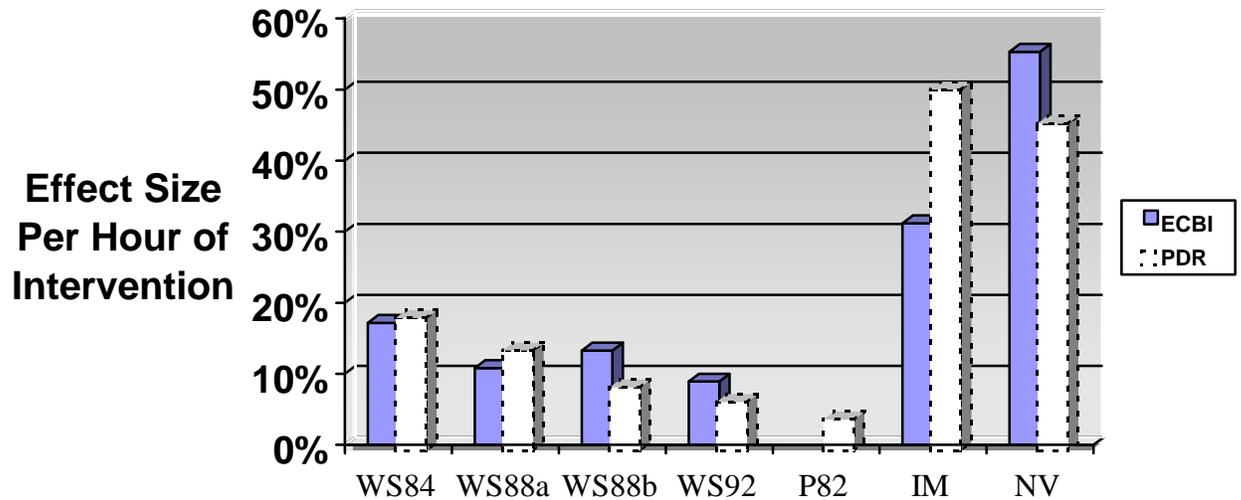


Figure 3 Effect size (on child problem behaviors) per hour of intervention for three parent training programs.

Note: ECBI = Eyberg Child Behavior Inventory; PDR = Parent Daily Report; WS84 = Videotape with group discussion in Webster-Stratton (1984) study; WS88a = Videotape modeling with group discussion in Webster-Stratton et al. (1988); WS88b = Videotape modeling in Webster-Stratton et al. (1988); WS92 = Videotape modeling in Webster-Stratton (1992); P82 = Individual parent training in Patterson et al. (1982); IM = Interactive multimedia in the current study; NV = Non-interactive videotape in the current study.

Replications

PW is currently used in over 400 sites in the US, and multiple sites in Canada, the UK, Ireland, and Australia. Most sites are not conducting formal evaluations, but report very high parental satisfaction with the program and that at-risk families are particularly likely to use PW rather than traditional services. In this section, we will focus on use of PW when formal evaluation was conducted, usually a simple pretest-posttest design. PW was used in *five* CSAP-funded community settings with different populations: a family-centered substance abuse service in Florida, a community health care clinic (inpatient and outpatient) in Massachusetts, a community substance abuse treatment service in California, and a school-based programs in Kansas *and* Iowa. In addition, PW was used with a consortium of youth offender treatment teams in England, *a community health center in Ireland*, and in a community mental health center in British Columbia, Canada. The various populations receiving the program include substance-abusing parents and their children, low-income ethnic minority families (Portuguese, Hispanic, Asian, African American, African Caribbean), and juvenile offenders. The pre-posttest differences summarized below are significant.²

Outpatient Community Health Center Families

In Fall River, MA, the PW program was administered to over 300 parents who were outpatients of a community health center. The parents represented an ethnically diverse mix of low-income families receiving treatment for substance abuse. Data analyses on 153 parents who used the PW program were conducted. Pretest, and three and six month follow up data showed that:

² Findings are significant at least at a .05 level of confidence.

--Parent satisfaction was very high on usefulness, ease of use, relevance, realism
--Program acceptability was highly rated by all ethnic groups, with no differences amongst them

--Parents increased their availability for communication with other family members

--Parents acted more loving and affectionate toward their children, and let them know they appreciated their actions

--Parents lost their tempers and yelled less often

--38% of parents participated in a group-based parenting skills class after using PW alone

--at three and six months follow up, 92 and 96% of parents reported that their parenting skills had improved

In Ireland (O'Neill & Woodward, in press), nine parents at a community health center who received PW showed gains in knowledge and their children showed reductions in problem behavior relative to a randomly assigned, delayed treatment control group.

Juvenile Probation Families

In Manchester, England, Approximately 260 parents used the PW program through juvenile probation and formal data were collected on 150 parents.

Main findings:

--Acceptance by parents of CD-ROM training delivered into their homes was very high, even by illiterate parents

- Very flexible use of program by practitioners
- Parents felt empowered by program, used skills in other areas of their lives, confidence raised, many parents felt affirmed in the skills they had
- Program equally useful in voluntary and statutory (mandatory) use by parents
- Program used effectively with individuals and groups
- Program delivered successfully in secure care unit (residential treatment center for delinquents)
- Teens' behavior problems were reduced significantly, as measured by the Eyberg Child Behavior Inventory and the Strengths and Difficulties Questionnaire

Schools

In Kansas over 400 parents participated in the PW program, offered at middle and elementary schools. The parents showed an improvement in their knowledge of parenting skills, which was the sole measure used. *In Des Moines, Iowa, 38 families of middle schoolers received PW in groups for three sessions (Hein, Martin, & Else, 2002). Parents and youth used the program together. Hispanic families used the Spanish videotaped version of PW. For the 38 families who completed pre and post intervention measures, the following significant findings occurred: Parents made the most significant progress in the areas of mentorship and help with homework/school projects and in acting as role models for their children, helping their children improve their school performance, talking with their children about how they are doing in school, and monitoring homework completion. Parents, but not youth, reported increased monitoring of youth activities. Parents' perceptions of family strengths increased on all of the twelve variables measured and that they made significant gains on five of those variables. The most*

significant progress was made in the area of family organization. Significant progress was also made in the areas of effective discipline style, physical health, positive family communication, and family unity. Levels of interfamilial conflict were lower three variables, for both parent and youth reports: handling disagreements, getting along well with each other and family members getting so angry that they throw things. Youth also reported improvements in having serious arguments, and criticizing each other. Regarding direct substance abuse measures, parents and youth made significant gains in knowledge of the effects of chemical dependency. The program did not impact substance use since at pretest youth did not report using substances to any significant degree. Both parent and youth ratings of program satisfaction were high, with most rating it between extremely and moderately helpful.

Mental Health Clinics

Family therapists in Redondo Beach, California enrolled clients in a PW study comparing family therapy without PW(control group) to brief family therapy with PW (Karr & Friedman). Measures were taken at pretest, posttest (at the end of treatment) and 6 months followup. Thirty families were in the PW group, and 10 in the control group. The following were the significant ($p < .05$) findings: parents and youth agreed that parents were more likely to know if the child were going to come home late after they participated compared to before. Also, parents and youth indicated that parents were clearer about family rules after their participation. Family relationships also were strengthened, as parents and youth alike believed it was much easier to think of things to do with other family members after participating in the program. PW parents significantly reduced their use of prescription drugs while in the program, and reduced

their use of alcohol and other drugs. Additionally, participating in the program appeared to open up lines of communication between parents. Parents reported that they talked about parenting issues more frequently with their partner than they did prior to participating in the program. After participating in the Parenting Wisely program, parents reported significantly less depression, whereas the control group did not change. Parents who hit their kids were less likely to report doing so after they participated in the program. Parents also reported yelling less at post implementation. Furthermore, after participating in the PW program with their children, parents were less worried about their child trying to “get back at them” if they disciplined them. Parents who used PW reported fewer behavior problems after use, whereas the control parents reported greater difficulties. Youth reported fewer difficulties in their own behavior in both groups. Youth in the PW group reported improved grade point averages in school (2.7 at pretest, 3.2 at posttest). In general, most means improved from pretest to 6 month followup. That is, improvements for the PW group accelerated from post test to 6 months followup.

In British Columbia, a study compared PW used individually vs. group use. Child behavior problem scores decreased by 29% for the individual use of the program, and by 43% for the group program. The effect size was .55 for the group use. Client Satisfaction scores were high: 71% indicated they would strongly recommend the program to others and 22 % indicated they would recommend the program (Pushak, 2002).

Current Replications.

A number of controlled evaluations of PW in various community settings in the US and abroad are underway. In Australia, individual use is being compared to group use to determine any additional benefits of group participation. In Florida, substance abusing parents are using PW during sessions with counselors, spread out over six sessions. At school clinics in Dublin, Ireland parents with oppositional-defiant disordered children will receive either the PW program (compared to treatment as usual in the community). In Fife, Scotland, young offenders who are getting cognitive behavioral treatment will be compared to those who also have their parents use PW. In Kansas, Georgia, Hawaii, Massachusetts, New Mexico, Pennsylvania, and Florida studies of PW are in progress with various clinical populations. A French version of PW will be evaluated in Quebec, France, Belgium, and Switzerland in various community and school settings.

Implementation Tips

Agency staff should use the program prior to referring families. Our experience has shown that requests for staff to use the program without any monitoring or consequences are often not successful. Staff members at the agencies that have used and will be using this program are usually extremely busy, may be resistant to change, and some may be afraid of or averse to technology.

The versatility of the PW program allows it to be used alone and in combination with other interventions.

1. Program used alone - Parents can use the PW program without any supplementary services.

This allows parents to seek out parent training without the self-disclosure that would be required in individual or family therapy. The non-judgmental quality of the program also appeals to parents. For additional privacy, parents can use earphones so that no one else can

hear what they are working on. This option is especially useful if the program is to be located in a public place such as a library or in a hallway or office without a door. Another advantage of this program is that unlike parenting classes, this program is self-paced; parents can go back over parts of the program that seem especially useful or unclear as many times as they like. In parenting classes, parents cannot go back and review parts of the class, and they have to keep up with the pace that the instructor chooses for the class. Although many parenting groups include review sessions and home practice, PW is more individually tailored with immediate feedback on progress based on the choices made in the program. Because the parents select the behavior problems they want to work on first, the feedback is more relevant to difficulties that the individual parents are experiencing. Therefore they are more likely to retain and use the information that they learn and more motivated to use the workbook afterwards.

2. Assisted use The PW program can also be used as an adjunct to therapy. The program can be assigned as homework, and then the therapist can discuss the program with the family or the parent in the therapy session. This saves time in therapy because the therapist will not have to spend hours teaching the skills to the parents, but will only need to reinforce the skills through discussion or role playing. The therapist can also assign homework from the workbook, such as instructing parents to set up and use a point system with their children, and to bring a copy of the point system to the session.

3. Group use. While we originally designed PW for individual use to provide parents with individualized feedback, providers can also use the program with groups as a component or the main curriculum of parent education classes. One of the advantages of using this program with a parent education class is that it allows parents to feel safe in discussing parenting. The mistakes made by actors playing parents in the PW program videos can be discussed and

critiqued freely. Because the actors are not in the class, no self disclosure is necessary for parents to discuss ineffective parenting practices.

Because there are nine child behavior problems in the PW program, three problems can be presented and discussed in each of three two-hour sessions. This amount of time allows for discussion and interaction among group members. A longer program, ten ninety minute sessions, with more discussion and skill practice, is presented in the PW Service Provider's Guide. With this expanded curriculum, one family scenario is covered in each meeting, and more discussion and skill practice can take place than in the shorter curriculum.

We recommend either an LCD projector attached to a computer (laptop or desktop), or a large monitor for group use (17 or 21 inch) so parents further away can read the text on the screen. For smaller monitors, it is helpful to activate the audio icon for the narrator to read each screen aloud. The video series of PW can be played with a VCR and television monitor.

4. Peer coaching. Parents who have used the PW program individually may find it useful to participate in peer discussion groups after completing the program. These groups would be led by a parent "coach" who is very familiar with the skills taught in the program, and, is able to further explain these skills, and is willing to give personal examples to illustrate both the use of these skills and ineffective parenting practices. Such a discussion among equals rather than a discussion with a therapist, may provide more support to the parents and may facilitate self-disclosure in the discussion.

Another use of peers is to have a parent who has used the program join a parent unfamiliar with the program for their first use of the program. The peer tutor will feel empowered, and the "trainee" will feel supported. Discussion of parenting issues will then

occur as they navigate through the program together. This can be especially useful for single parents in need of social support. Improving social support for isolated parents can improve their parenting, as they get a break from the kids and feel cared for.

5. Should a practitioner be with the parents while they use the program? Much of the benefit of the PW program occurs because parents are not feeling defensive while using the program. The presence of another person, such as a practitioner who is likely seen as an authority figure to the parents, may arouse defensiveness, as parents may fear being judged or being told what to do with their children. If providers are fairly sure the parents or family would like them to be present (they have said so), their presence may help them if they have questions about the content or operation of the program. Some parents want to talk to providers about family issues brought up in the program. Since the program begins with a tutorial on navigation, parents are unlikely to need technical assistance. Providers might offer their views on the content and their reaction to it, but should do so cautiously, and make it brief. For many of us in the helping professions, the temptation to offer advice can be quite strong, but we would impede their progress through the program by talking too much. To control the urge to be too helpful, we recommend providers have some reading or paperwork to do while the parents are using the program.

6. Telephone consult. The use of telephone consultation as a follow up with parents who have used the program is an inexpensive alternative to making the program a component of therapy. A therapist or other staff member (i.e., case manager) simply calls the parents on the telephone and discusses the program with the parents in order to reinforce the skills taught. For specific problems not covered in the program, the caller recommends that the parent repeat the program, paying particular attention to certain problems in the program in which parenting

skills similar to those needed to solve the new problem are demonstrated. The caller also refers the parent to a similar problem in the workbook and appropriate skill practice exercises. This approach offers the parents more privacy than they would have in therapy, takes less time than therapy, eliminates the need for the parents to travel to the therapist's office or the therapist to travel to their home, and is especially useful with parents who are resistant to the idea of therapy

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7. Repeated use and family use. Because the program contains a great deal of information, parents should be encouraged to repeat it several times. Two repetitions is the recommended minimum dosage (although the evaluation studies were conducted with a single two hour use). Some juvenile courts order, and many practitioners recommend, that parents use the program twice, a month apart. The repetition of the program (nine scenarios) really strengthens learning, and parents notice many things they missed the first time through it. The UK (British) version of PW is an excellent tool for the second or third use. Not only does the UK version have several new scenarios, but also the actors and dialogue are different. The appearance, graphics, and navigation are improved. Parents are intrigued by the differences, but the concepts and skills taught are the same in both American and British versions.

Another boost for effectiveness is to have parents and children use the program together, either the first time or after parents have used it alone. Most parents, after using PW alone, agree that using it again with their children would be very helpful. If a child understands why a parent's parenting behaviors change, they don't misinterpret the increased discipline as a lack of caring. During the program, a parent and child can have fruitful discussions that can lead to

later prompting and reminding each other to make recommended changes at home. They can also do workbook exercises together to help them retain the skills.

In addition to using the program as a complete intervention or as part of a therapy intervention, parents need to be given the supplementary workbook to take home after they use the program, which allows for program review and skill practice.

For agencies to achieve a full implementation (rather than partial or half-hearted) of the PW program, it helps if they conduct outcome evaluations on the program's impact with clients. A study of factors that predicted full implementation of the program found that conducting evaluations was the best predictor that more families would receive the program (Gordon & Rolland-Stanar, in press). Mid-level administrative support for the program, as well as practitioner buy-in (prior to purchasing the program) also fostered a more complete use of the program in an agency.

Policy Implications

The availability of a program that produces reliable improvements in risk factors very quickly and with high program integrity should encourage greater efforts to reach larger populations of at-risk families. Previously the relatively higher cost of family interventions and therapist-mediated treatment has limited prevention efforts to those families willing to undertake treatment and commit to several months of professional work. This CD-ROM approach affords privacy, convenience, and less stigma than other methods. A number of families who normally refuse to enroll in other family strengthening approaches (parent and family skills education groups, parent training, family therapy) agree to use the CD-ROM. Policies that promote creative and aggressive marketing of family strengthening programs are needed to reach these families before

their children's behavior becomes intractable. Since staff involvement in this intervention can be minimal, a high volume of families can be treated. A combination of advertising, incentives and coercion will be needed to recruit these families, so funding for these ancillary activities should be added to treatment programs.

Policies that require ongoing evaluation of these programs will result in more complete implementation, as practitioner accountability for program delivery is increased when evaluation occurs. Continuous quality improvement will occur with evaluation, as well as funding to sustain the program.

Much greater use of this technology by mental health centers would occur if third party reimbursement policies were changed to permit reimbursement for parenting and family approaches as well as for an intervention that was not face-to-face with a practitioner. Currently, practitioners have to be present with clients in order to receive health insurance reimbursement.

Conclusion

The creation of this technologically advanced program to perform training in critical parenting skills has filled a niche. The PW program mimics a coach or tutor while allowing parents privacy, it is completed briefly, it can be integrated in a variety of ways into agencies' services, and it has impressive evidence of effectiveness. Parents and children who have not participated in traditional parenting and family strengthening programs due to their length, location, cost, or lack of convenience now have an alternative.

Publications, References, and Contact Info

Alexander, J. F., & Parsons, B. V. (1982). Functional family therapy. Monterey, CA: Brooks/Cole.

Chamberlain, P., & Reid, J.B. (1987). Parent observation and report of child symptoms. Behavioral Assessment, 9, 97-109.

Center for Substance Abuse Prevention (2001).

Eyberg, S. M., & Robinson, E. A. (1983). Conduct problem behavior: Standardization of a behavioral rating scale with adolescents. Journal of Clinical Child Psychology, 12, 347-354.

Fletcher, J. D. (1990). Effectiveness and cost of interactive videodisc instruction in defense training and education (Report No. P-2372). Institute for Defense Analysis.

Gordon, D. A. (2000). Parent training via CD-ROM: Using technology to disseminate effective prevention practices. The Journal of Primary Prevention, 21 (2), 227-251.

Gordon, D.A. (2002) Intervening with families of troubled youth: Functional family therapy and Parenting Wisely. In J. McGuire (Ed.) Rehabilitation of Offenders: What works. Sussex, England: John Wiley, Ltd.

Gordon, D. A., & Kacir, C. D.(1998). Interactive videodisc training for court mandated parents. Unpublished manuscript.

Gordon, D.A., & Rolland-Stanar, C. (in press) Lessons learned from the dissemination of Parenting Wisely, a parent training CD-ROM. Cognitive Behavior and Practice.

Hein, M.L., Martin, T. J., & Else, J.F. (2002) Family Plus Program (Parenting Wisely)

of Employee and Family Resources (EFR) Des Moines, Iowa. Technical report to SAMHSA.

Kacir, C., & Gordon, D.A. (1999). Parenting Adolescents Wisely: The Effectiveness of an Interactive Videodisk Parent Training Program in Appalachia. Child and Family Behavior Therapy, 21 (4), 1-22.

Karr, K., & Friedman, D.(2002). *Comparison of family therapy and Parenting Wisely in the South Bay Youth Project. Technical report toCSAP.*

Kumpfer, K.L., & Turner, C. (1990/1991). The social ecology model of adolescent vulnerability to substance abuse. Substance Use and Misuse.

Lagges, A., & Gordon, D. A. (1999). Use of an interactive laserdisc parent training program with teenage parents. Child and Family Behaviour Therapy, 21, 19-37.

McNeil, B. J., & Nelson, K. R. (1991). Meta-analysis of interactive video instruction: A 10 year review of achievement effects. Journal of Computer-Based Instruction, 18 (1), 1-6.

Niemiec, R., & Walberg, H. J. (1987). Comparative effects of computer-assisted instruction: A synthesis of reviews. Journal of Educational Computing Research, 3 (1), 19-37.

O'Neill, H., & Woodward, R. (in press). Evaluation of the Parenting Wisely CD-ROM parent-training programme: An Irish replication. Irish Journal of Psychology.

Patterson,G.R. (1986). Performance models for antisocial boys. American Psychologist, 41,432-444.

Pushak, R. (2002). Group vs. individual use of Parenting Wisely at a community mental health center. Unpublished manuscript.

Rolland-Stanar, C., Gordon, D.A., & Carlston, D. (2001). A school-based parent training intervention to reduce family violence. Unpublished manuscript, Ohio University.

Segal, D., Chen, P., Gordon, D.A., Kacir, C., & Gyls, J. (in press). Parenting Adolescents Wisely: Comparing interactive computer-laserdisc and linear-video methods of intervention in a parent-training program. International Journal of Human-Computer Interaction.

Webster-Stratton, C., Hollinsworth, T., & Kolpacoff, M. (1989). The long-term effectiveness and clinical significance of three cost-effective training programs for families with conduct-problem children. Journal of Consulting and Clinical Psychology, *57*, 550-553.

Webster-Stratton, C., Kolpacoff, M., & Hollinsworth, T. (1988). Self-administered videotape therapy for families with conduct-problem children: Comparison with two cost-effective treatments and a control group. Journal of Consulting and Clinical Psychology, *56*, 558-566.

Woodruff, C., Gordon, D.A., & Lobo, T. R. (2000). Reaching high risk families through home-based parent training: A comparison of interactive CD-ROM and self-help parenting programs. Unpublished manuscript, Ohio University.

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