Chapter – II

REVIEW OF LITERATURE
Children must learn to act appropriately, in ways that differ from society to society and from context to context. The question of how best to socialize children so that they can function successfully is a large and crucial question that has fascinated educators and psychologists for centuries. In a world in which children exhibit levels of violence that are strikingly un-childlike, the question of how to bring children up takes as immediacy for parents and psychologists. Does physical punishment prevent further outbreaks of violent behavior? Are there ways of influencing children so that punishment will not be necessary? These are the questions raised by Howlin (1998) in thinking about childhood behavioral problems.

Literature survey reveals that four major approaches have been investigated in the research dealing with behavior problem in children and adolescents. Most of the literature deals with procedures aimed at reprogramming the social environment of the child via parent behavior training. Other approaches include the use of token economies in the home, behavioral contracting, and conflict resolution skills training. The first two approaches have been used most often with younger children. Behavioral approaches with children emphasize that deviant behavior is shaped and maintained through maladaptive patterns of family
communication and behavioral interchange that reinforce (positively or negatively) coercive behavior. Most of the behavioral treatment strategies involve teaching the parents to change their behavior toward the problem child (Wells & Forehand, 1981).

Behavioral intervention procedures have been utilized with a wide variety of childhood behavior problems that occur in the home setting. The majority of these problems fit into the category of conduct disorders.

In an attempt to teach parents to alter coercive behavior, Williams (1959) instructed parents in a simple ignoring (extinction) procedure to modify bedtime tantrums of a 21-month old boy. The parents put the child to bed and did not reenter the room regardless of the child’s tantrum. Tantrums were completely eliminated by the eighth night.

Wahler, Winkel, Peterson, and Morrison (1965) treated three boys who engaged in coercive behavior, such as excessive shouting, crying, noncompliance and demanding, by training parents in differential attending and ignoring procedures. Training occurred in the clinic and was facilitated by signal lights that cued the
parents when to ignore and attend to their children's behavior. Results indicated improvement in mother behavior as well as child behavior as a function of training.

O'Leary, O'Leary, and Becker (1967) reported a treatment program for two male siblings, aged six and three, one of whom had been under psychiatric treatment for two years with little improvement in his destructiveness, temper tantrums, aggressiveness, and noncompliance. During the first treatment phase, the therapist administered candy and social reinforces to the children contingent on cooperative play in the home. Later a home token reinforcement was added. During the second phase, the mother was trained to take over the treatment program by attending to the children's positive behavior, ignoring minor deviant behavior, and using a time out procedure for aggressive and destructive behavior. She also learned to administer the token program. The therapist prompted the mother to employ each of these procedures in the home during problematic behavior using a prearranged cueing system. Data from the home observations collected during baseline and treatment phases showed improvement in cooperative play behavior and decrease in deviant behavior as a function of these procedures.
Studies employing more sophisticated experimental methodology were conducted to assess the effectiveness of parent training in a more rigorous fashion. In such a study, Patterson, Cobb and Ray (1973) treated 13 consecutive referrals of conduct disordered boys and their families. Behavioral observations were conducted in the homes before and during treatment using professional observers trained in a complex coding system. Results indicated that 9 out of the 13 families showed improvements equal to or greater than 30% reduction from baseline in scored deviant behavior following treatment.

Parents receive training that involves positive reinforcement, ignoring, commands, and appropriate punishment in accordance with their needs and developmental level of the child. In addition, therapists train parents to engage in daily activities with their child that serve to strengthen the child’s area of deficiency and to promote adaptive functioning. These activities include modeling and rehearsal of developmentally appropriate language abilities and social interaction abilities.

Sanders et al. (1982) reviews research on use of self-management procedures to enhance generalization and maintenance effects in behavioral parent training. It is argued that while many training
programs for parents implicitly expect parents to engage in self-controlling behavior, specific training in these skills is rarely provided. Research evidence relating to teaching parents goal selection, self-monitoring, self-determination of rewards and punishments, self specification of performance standards, self administration of rewards and punishments, techniques to rearrange the physical environment, and problem solving skills are discussed. Of these techniques only self-monitoring procedures have adequate empirical support.

The effects of a brief parent training package as parental application of behavioral procedures during child instruction and on child learning of 2 intellectual skills was examined by Bergen et al. (1983). 49 parents and their 21 / 2.5 year old children participated. Discriminate analysis revealed that the training package produced variations in parental use of modeling, physical prompting, verbal instructional prompting, and aversive control. However the pattern of variations differed across instructional tasks. Regression analysis showed that parent training produced differences in child learning.

Hughes & Peter (1988) in a study gave behavioral parent training to parents of 42 conduct-disordered children for the treatment of
their children's behavioral problems. At the end of treatment, in comparison with controls, significant treatment effects were found on the Behavior Problem Checklist.

Vincent et al (1987) conducted a study on parent training to increase compliance in a young child. They implemented a training program to modify a mother's behavior management skills to improve compliance behavior in her 4 year old child. Results indicate that behavioral intervention was effective in training the mother to make behavior management skills. Child compliance behavior was also increased.

Another research study evaluated the effects of parent management training in the treatment of antisocial behavior of children aged 7 to 12 years. Results indicated that children showed significantly less aggression and externalizing behavior at home and at school and greater pro-social behavior and overall adjustment after the treatment sessions (Kazdin et al., 1987).

In their research Logan et al. (1993) indicate that parent training produces consistently positive outcome changes in both attitudes and behavior and that it is cost effective compared with other forms of psychotherapeutic intervention.
Children with home behavior problems frequently are treated via training their parents to become behavior therapist for their own children. Mothers report that specific home management behaviors were improved. Individually trained mothers expressed significantly more satisfaction with the program (Eyeberg & Matarazzo, 1980).

Henry (1981) affirmatively establishes that parent training is an effective mode of therapeutic intervention with children. The outcome evidence of these studies makes PMT one of the most promising treatments for behavioral problems in children.

The effectiveness of parental training on learning disabled children and their parents was studied by Giannotti et al. (1982). They found parents reporting more confidence in them as parents, greater awareness of the effects of their behavior on children, and more acceptances, understanding, and trust of their children. Similar results were obtained on the children’s Report of Parental Behavior Inventory. The Piers-Harris Children Self-concept Scale also showed a significant difference in favor of the children whose parents received training. Teacher ratings on the Devereux Elementary School Behavior Rating Scale indicated that these
children showed less achievement anxiety and external reliance and more actively sought out positive relationships with their classroom teachers.

Forehand et al. (1984) reviews the effects of maternal distress on several aspects of parent child interactions that were identified in the course of a parent-training program for child non-compliance. Distress was measured by a number of self-report questionnaires examining depression, anxiety, marital relations, and extra familial relationships. Assessment and treatment procedures included observations, parental perceptions of child adjustment, and parental distress measures. Distress appears to be related primarily to measures of parent perceptions of child maladjustment. Several relationships between distress and treatment outcome are noted.

In a research on the father's participation in the outcome of parent training Horton (1984) suggested that the father's unsuccessful skill requisition is linked with possible inconsistent parenting, increased marital conflict and lack of generalization of improved child behavior. Data suggest that fathers are able to learn parenting skills, but their skill acquisition may be indirectly from the mother. Research results have failed to demonstrate a clear benefit from including fathers in training possibly due to mother's assumption
of the bulk of childcare responsibilities. However, the father’s support of his wife’s skill acquisition may be crucial to the effectiveness of parent training.

Rios and Gutierrez (1985) in a review of literature on behavioral parent training (BPT) noted that although BPT has been shown to be effective with a variety of child behavior problems, the adaptation and generalization of this treatment across family populations has not met with consistent success. To promote effective and generalized treatment success across this population, family characteristics like interpersonal and interfamilial factors have to be considered.

The general shortcomings in parent training programs for families of handicapped children are identified by Helm and Kozloff (1986) and they report that parent-training programs typically help families with respect to only a limited number of their short-term needs.

The literature on parent training was surveyed by Lutzker et al. (1983) and suggests that behavior therapists do not have much to offer parents in many areas of parent-child relationships. It is proposed that research should concentrate on planned activities
that separate deviant from non-deviant families and types of physical support and affection offered to children in non-deviant homes.

Budd et al. (1982) reviews studies from 5 behavior journals from 1970 to 1981 to determine the extent of father involvement in parent training research. Out of 72 parents training studies only 28 reported that some fathers were involved in training. Studies also indicate that father participation does not substantially increase the effectiveness of parent training. However, therapists judged that the inclusion of fathers was beneficial since it led to more consistent treatment of the child and support for the mother.

Parents of 46 learning-disabled 4th-6th graders participated in an 8-wk Parent Effectiveness Training Program or served as delayed treatment controls. Post intervention scores on the Parent Attitude Survey showed a significant improvement on all 5 scales, with parents in the experimental group reporting more confidence in themselves as parents; greater awareness of the effects of their behavior on children; and more acceptance, understanding, and trust of their children. Similar results were obtained on the Children’s Report of parental Behavior inventory. The Piers Harris Children self-concept scale also showed a significant
difference in favour of the children whose parents received training: teacher ratings on the Devereux Elementary School Behavior Rating Scale indicated that these children showed less achievement anxiety and external reliance and more actively sought out positive relationships with their classroom teachers. However scores remained low compared to those obtained with non-handicapped children. It is argued that parent training should include a follow-up and be accompanied by direct child interventions and teacher training (Giannotti & Doyle, 1982).

In a study, Gerler and Merrell (1985) investigated the effects of parent training on the perception of mothers and fathers in the perceived behavioral problems of their children. Ss were given instruction in observing and defining behavior recording behaviors, and applying consequences to shape these behaviors. Ss were administered a bipolar adjective checklist before and after the intervention. Results indicate limited change in Ss as a result of the intervention. Result also support the notion that parent training by school counselors can be an effective method of treatment.

Hall and Rose (1987) studied the merit of parent training by administering an assessment package to measure parent-adolescent conflict and communication to parent-adolescent pairs. Results
show that treated parents viewed their adolescents less negatively at post test, increased the use of positive communication skills, and decreased the use of negative skills. Treated adolescents used fewer negative communication skills than did controls.

Rogers (1981) investigated whether (1) lower-class parents differ in their interaction with and perception of their children from middle and upper class parents and (2) lower-class parents and their children are less responsive to treatment than middle or upper class parents and their children. 31 mother-child pairs were divided into low, medium and high socio-economic (SES) groups with 9, 10 and 12 Ss respectively. Ss mean age was 57.7 - 64 months. Treatment consisted of teaching the parents to use social reinforcement and time-out techniques. Observational behavioral data, Parent Attitude Test, Behavior Rating Scale, and Attitude Check list results were obtained pre- and post treatment. Pre-treatment data revealed no significant difference among groups, but treatment outcome data revealed changes in the desired direction for all dependent variables. All SES groups demonstrated similar changes for all outcome measures.

Parent-training programs conducted by professionals and implemented by parents and books on behavior modification
written for parents to implement with their children were examined by Mara (1982). Four areas of concern are discussed. First, what constitutes an appropriate target for intervention, and are there potential conflicts between parents' and children's rights? Many of the programs analyzed offered parents little guidance in selecting significant goals, and most selected goals focused on eliminating undesirable behaviors. Second, problems related to the nature of intervention are discussed, problems associated with positive contingencies and with sanctioned use of punishment. The third issue is that of conflicts between experimentation and therapeutic intervention. Conflicts between parents and researchers concerning the use of techniques (such as reversals, returning to baseline, and the triggering of undesirable behaviors) are analyzed in terms of ethical and methodological ramifications. A final issue concerns the level of training provided to parents who are instructed to design and implement behavior modification programs with their children. How such training is given and evaluated is raised as an ethical concern.

Although parent training generally has been successful sufficient data exist to indicate that treatment outcome is not always positive. Several investigators have suggested that problems in the family system may be responsible for the failures that occur. Griest and
Forehand (1982) reviewed the relationship between three family problem variables (parental maladjustment, marital difficulties, and dysfunctional extra familial interactions) and child behavior problems and their treatment. The available data suggest that there is a positive relationship between child behavior problems and problems in each of the 3 types of family variables. Some data also suggest that the outcome of parent training is affected adversely by poor parental personal, marital, and extra familial adjustment.

Wierson & Forehand (1994) studied the rationale for parent behavioral training program. They say that parent behavioral training based on social principles is an effective intervention strategy for non-compliant children. They further emphasize positive reinforcement strategies and disciplinary techniques. Short-term and long-term follow-up indicate that behavior change is maintained and generalizes across behaviors. They further affirm parent behavior training is an effective clinical strategy for disrupting coercive parent-child interchanges.

Research indicate that parent training produces consistently positive outcome changes in both attitudes and behavior and that it
is cost effective compared with other forms of psychotherapeutic intervention Wright et al. (1993).

Parent Behavioral Training (PBT) is most effective for children that are non-compliant / oppositional or have discrete behavioral problems such as phobias or enuresis Graziano and Diament (1992). They observed that parents also benefit from PBT gaining in knowledge, child-management skills, and attitudinal improvements.

In a study by Firestone and Witt (1982) parents of 83 hyperactive children aged 5-9 years were offered a social learning based parent training program. 40 of the 62 families who agreed to treatment finished the 4 months program. Analyses revealed that those children whose families dropped out were younger and had lower IQs. Parents who dropped out were also significantly younger and had lower IQs. Dropout families had lower mean family income and the mothers in this group had fewer years of education. Several differences in MMPI profiles were found between the parents who completed therapy and those who dropped out.

Forehand (1979) examined the temporal and setting generality of treatment effects resulting from parent behavior training in 2
experiments. In Exp.1, pre-and post treatment and 6-and 12-months follow-up data were collected in the home by independent observers. Ss were 10 mother-child pairs who had been referred for treatment for the child’s non-compliance. All treatment occurred in a clinic setting. Results indicate that parent and child behavior changes and parent perception of child behavior change that were achieved by treatment were maintained during follow-up. In Exp.2, 8 children and their mothers were treated in a clinic setting for the child’s non-compliance. Data were collected before and after treatment in the home and in each child’s school by independent observers. School data were also collected for untreated control Ss. In the home of the treated Ss, both parent and child behaviors and parent perceptions of child behavior changed in the predicted direction. No significant change occurred in the school behavior of the children treated at home or the control children.

The generalization of treatment effects from treated to untreated behavior in a parent-training program was examined by Wells et al (1980). Subjects were 12 noncompliant clinic referred children (mean age 60.3 months) and their mothers. All 12 mother-child pairs participated in a parent-training program and all children demonstrated increases in compliance to maternal commands as determined by home observations prior to and after treatment. A
significant decrease in other child deviant behavior (e.g. tantrums, aggression, crying) that was not treated occurred indicating that treatment effects generalized to untreated behaviors. A non-clinic comparison group (mean age 59.7 months) was also included. These 12 subjects were more compliant and less deviant than the clinic subjects prior to, but not after, treatment of the clinic groups.

Koegel et al. (1978) conducted a research study to assess the generalized effects several different parent / teacher training programs. It was found that a brief demonstration of how to teach the autistic child new behaviors were sufficient to teach parents how to teach those children those behaviors. However, generalization to new child-target behavior did not take place. Another parent training program, which did not demonstrate how to teach any one specific child behavior, but was based on teaching the use of general behavior modification procedures, was effective in teaching the parents how to teach new child-target behavior.

In a study Mc Donald (1977) reports a mother who was trained to use contingent positive reinforcement (praising desired behavior) and extinction (ignoring undesirable behavior) to deal with undesirable aspects of her 7-year old daughter’s behavior (arguing, yelling, and non-compliance with mother’s requests). Prior to the
experimental training the mother seldom praised, and frequently reprimanded her child. 10 days after the beginning of positive reinforcement and extinction the undesirable behavior was markedly less frequent.

Evans (1977) describes how a home-based behavior management project can be effectively maintained to ensure maximum behavioral change in a child with minimum involvement by a consultant if an effective reinforcement network is established to monitor and reinforce significant adults in the child’s environment with the focus being the primary child “shaper”.

The effects of parent behavioral training on child non-compliant behavior and on parents behavior and attitude change was examined by Forehand and Elizabeth (1977). 10 boys and 1 girl who had been referred for treatment of non-compliance and their mothers served as subjects. Results show that the short-term laboratory behavioral training program produced significant changes in both parental and child behavior when assessed in the laboratory settings. These changes were maintained at a 3-month follow-up. In addition, after treatment and at the 3 months follow up, the children were perceived by their mothers as being better adjusted than prior to treatment. Comparison of the treatment
group to a non-clinic “normal” sample of 11 mother-child pairs suggests that the behavioral training produced parent perceptions regarding their children’s adjustment that did not differ significantly from those that the parents of the non-clinic sample had towards their children.

In their study, Bollard and Woodroffe (1977) made two substantial modifications to the dry-bed training procedure described by N.H. Azrin et al. The first modification was to have parents administer the intensive all-night training program rather than an outside trainer. With 14 children treated in this manner, nocturnal enuresis was eliminated in all cases. The median time taken to the last night of bed-wetting was only 12 days. There were 2 relapses in a 6-month follow-up. The second modification involved administering the dry-bed procedure without the adjunct of an enuresis machine. This resulted in significantly reduced frequency of bed-wetting, although nocturnal enuresis was not completely stopped in any of 10 children treated.

Forehand et al (1974) examined the effects of a parent centered behavioral training program on the non-compliance of a 7-year-old deaf child. The program, which was designed to alter general parent-child interaction, involved initially teaching the mother
reinforcement skills for desirable behavior and, subsequently, a time-out procedure for deviant behavior. Results indicate that a general behavioral program could be rapidly learned by a mother and applied to the special problems of a deaf child. Changes occurred in both the child’s compliance and in the mother behavior and attitude toward the child.

The efficacy of a parent training intervention on coercive discipline, positive parenting practices, and child non-compliance was studied by Martinez & Forgatch (2001). Intervention effects were evaluated 5 times from baseline to 30 months. They found that the intervention produced ending benefits to coercive discipline, positive parenting and boys’ non-compliance. These benefits followed a classic prevention effects. Mothers and sons in the experimental group maintained stable outcome trajectories, whereas in the control group deteriorated. The intervention’s impact on boys’ noncompliance was mediated independently by its impact on coercive discipline and positive parenting. Change in positive parenting was more strongly associated with change in noncompliance than was change in coercive discipline.

According to relational theories, concepts such as compliance, self-regulation and internal control are also determined by dyadic
interaction (Kuczynski & Hilderbrandt, 1997) relational theories, however, tend to deemphasize parental management of child behavior. Rather, the focus is on the parent-child relationship over time, and parental responsiveness is assumed to be crucial to children’s receptivity to socialization (Maccoby & Martin, 1983; Parpal & Maccoby, 1985). Responsive parenting incorporates factors such as warmth, involvement, sensitivity, and positive reciprocity (Maccoby & Martin, 1983; Parpal & Maccoby, 1985; Shaw Keenan, & Vondra, 1994). Within this perspective, children show increased readiness for socialization if parents show a reciprocal willingness to be influenced. Compliance depends on synchronous interactions (Parpal & Maccoby, 1985), and synchrony develops through monitoring child behavior.

Findings from clinical and prevention studies support the effectiveness of replacing coercive discipline strategies with mild sanctions for noncompliance while increasing contingent encouragement for compliance. In a review of studies using their intervention model for serious child conduct problems, Forehand & McMahon (1981) found that compliance training improved family management and noncompliance, with child effects lasting up to 4-5 years.
Basic experimental studies in responsive parenting show that observed responsive parenting is associated with child compliance and that parents can be taught the skills involved in responsive parenting (Parpal & Maccoby, 1985; Westerman, 1990). Wahler and Bellamy (1997) extended these experimental findings by designing and contrasting a responsive parenting intervention with a compliance training intervention for boys with conduct problems. They found similar improvements in noncompliance after treatment (a 5-week interval) with both compliance training and responsiveness strategies.

Watson and Bassinger (1974) describe the parent training technology system as an operant-type behavior modification system that utilizes parents as behavior modification technicians. The program has been used to eliminate undesirable behavior and to teach self-help, language, motor coordination, social-recreational, and academic skills to mildly, moderately, severely and profoundly retarded children, as well as psychotic and ‘emotionally disturbed’ children. It is suggested that because parents, siblings, peers and teachers are involved in the program, and training takes place in the child’s natural environment, many stimulus control problems inherent in more traditional intervention
clinical strategies are avoided. Indeed parent training technology is a potential service delivery system.

4 mothers of children with a variety of communication disorders received training in behavior change techniques at a 2-day workshop. The goal was to teach the mothers to use a specific instructional approach, which involved an antecedent-behavior-consequence paradigm. For each case, specific child and parental behavior were determined by a speech pathologist. Follow up showed positive changes occurred in 3 of the 4 children over a 2-3 months period. Carpenter and Augustine (1973) suggested that such an approach should be useful where speech pathology services are limited or where daily treatment is required.

Patterson and Patricia (1994) reviewed programmatic studies of resistance during parent training therapy. Analysis of sequential interaction during treatment of 70 pre-adolescent boys and girls show that therapist’s efforts to intervene produced immediate parental resistance. From baseline to mid-treatment phases, there were increases in the therapists’ efforts to intervene, which were accompanied by increases in parental resistance. Contextual variables such as parent pathology also correlated with higher levels of parental persistence. Decreases in parental resistance
were associated with improvements in parental discipline practices. Parental resistance altered the behavior of the therapists reducing their effectiveness.

20 years of research on processes and outcome of parent training (PT) was reviewed by Wright et al (1993). Topics addressed include the cost effectiveness of PT, PT vs. Parent Behavioral Training (PBT), current status of PT other than PBT, variations in the PT process, types of disorders treated by PT, the demographics of PT consumers, and scientific quality of PT research. Research indicate that PT produces consistently positive outcome changes in both attitudes and behavior and that it is cost effective compared with other forms of psychotherapeutic intervention.

Werle et al (1993) evaluated the effects of a behavioral parent training program on feeding related behaviors in the home for 3 boys aged 21-54 months, and their mothers. Mothers were trained to initiate regular offerings of previously rejected (target) foods and to provide contingent attention (i.e., specific prompts, positive reinforcement) to increase their child’s acceptance of no preferred foods. For 1 subject training was also directed at increasing self-feeding. Results show that, with training, all mothers increased offerings of target foods and use of specific prompts, and 2
mothers increased levels of positive attention. Children increased their acceptance of target foods and self feeding, thus demonstrating the functional effects of parent training on in-home meal times. Temporary increases in food refusals occurred when treatment was initiated but declined as treatment continued.

Changes in parent functioning resulting from parental participation in a behavioral parent training program specifically designed for parents of school aged children with attention deficit hyperactivity disorder (ADHD) was studied by Anastopoulos et al (1993). Relative to 15 wait list controls, the 19 mothers of ADHD children who completed the 9 session's parent training program showed significant post treatment gains, which were maintained 2 months after treatment. There were gains in both child and parent functioning. In particular, there were PT induced reduction in parenting stress and increases in parenting self esteem, which accompanied parent reported improvements in the overall severity of their child’s ADHD symptoms.

The rationale for parent behavioral training program was studied by Michelle and Rex (1994). They say that parent behavioral training based on social principles is an effective intervention strategy for noncompliant children. They further emphasize
positive reinforcement strategies and disciplinary techniques. Short-term and long-term follow-up indicate that behavior change is maintained and generalized across behaviors. They further affirm that parent behavior training is an effective clinical strategy for disrupting coercive parent-child interchanges.

The effectiveness of behavioral parent training has been well documented by different researchers (Baum & Forehand, 1981; McMahon & Forehand, 1980; Moreland, Schwebel, Beck, & Wells, 1982). Generally, the goal of parent training is to teach parents to increase their children's compliant and appropriate behavior through contingent delivery of praise, rewards, and time out. Much of the parent training research has been conducted with homogeneous samples and so has limited generalization.

Wahler (1980) states that behavior parent training has met with limited success when employed with low socio economic status (SES), impoverished or socially isolated parents.

In an effort to account for variability in success rates of parent training, researchers have identified parent variables, which differentially influence treatment outcome. For example, parents of a higher SES in comparison to relatively lower SES parents,
exhibit greater proficiency in behavioral management skills following parent training (Kazdin & Frame, 1983; Philips & Ray, 1980; Reisinger, Ora, & Frangia, 1976). In addition, low SES parents are more likely to terminate treatment prematurely than are their higher income counterparts. (Clark & Baker, 1983; Dumas & Wahler, 1983; Firestone & Witt, 1982).

How do we account for the negative relationship between low income and successful parent training outcome? Several authors have suggested that differences between low and middle-income parents reading ability, marital conflict, and pre-treatment child management skills may influence parent-training outcome (O’Dell, 1974; Ollendick & Cemy, 1981). In addition, Dumas & Wahler (1983) suggested coercive interchanges between disadvantaged mothers and adults outside the home might lead to negative parent-child interaction. They also proposed that the disadvantaged, insular mother might lack the social or problem solving skills necessary to benefit from parent training and to generalize her use of the techniques to new situations.

One unexplored hypothesis for the high failure rate of parent training with low income parents may be that different income groups vary in their perceptions of the social validity of treatment
procedures. For example, if lower income parents judge an intervention to be an unacceptable solution to their problems, they may be more likely to drop out of parent training or fail to use the techniques appropriately. Thus, behavioral interventions commonly taught to parents may be less socially valid when taught to low, rather than middle, income mothers.

Researchers who have attempted to socially validate parent-training intervention typically have evaluated parents' perception of the techniques following participation in a parent-training program (McMahon & Forehand, 1983). Parents generally have reported being satisfied with the treatment they received. Satisfaction ratings typically have been obtained from only those individuals who complete treatment. Given that low-income parents are more likely to terminate treatment prematurely, the generality of consumer satisfaction ratings to low income families is not known. An additional limitation of studies assessing consumer satisfaction is that client reactivity to therapist or to treatment outcome may bias respondents' evaluations of treatment (Kazdin, 1980a; Kiesler, 1983; Lebow, 1982).

Heffer & Kelley (1987) in a study assessed the effects of race and income on mothers' ratings of the acceptability of five child
management intervention. Positive reinforcement, response cost, time out, spanking, and medication were evaluated using the Treatment Evaluation Inventory (TEI). It was predicted that income would account for a differential acceptance of treatments between parents groups. The major findings of this study included: (a) parents consistently favoured response cost and positive reinforcement over the other treatments and (b) low and middle-upper income parents differentially rated the treatment.

Certain family characteristics put children at particular risk for developing behavioral problems- poverty, low income, low education, teenage pregnancy, isolation, high levels of stress, single parenthood, parental psychiatric illness, parental criminal history or substance abuse, and high levels of marital discord and depression (Webster-Stratton, 1990). Children whose parents are inconsistent in their discipline, physically abusive, or highly critical and hostile, and whose parents are disengaged from their children's school experience and provide little cognitive stimulation are also at greater risk for behavior problems (Patterson & Stoutahamer-Loeber, 1984; Reid, Taplin, & Loeber, 1981; Haber, 1987; Hawkins, Catalano & Miller, 1992). The risk of a child developing behavioral problems seems to increase
exponentially with the child’s exposure to each additional risk factor (Coie et al, 19993; Rutter, 1980).

The risk factors for developing behavior problems in children are present at higher than average rates in the socio-economically deprived families (McLoyd, 1990). In addition to parent and family risk factors, child risk factors have been implicated in child behavior disorders. Studies indicate that early academic difficulties, such as reading deficits and cognitive language delays, are associated with behavior problems (Schonfeld, Shaffer, O’Connor & Portnoy, 1988; Sturge, 1982), as are poor social skills and poor problem solving (Asarnov & Callan, 1985; Richard & Dodge, 1982; Rubin & Krasnor, 1986).

The major component of the prevention intervention of behavior problems involved teaching positive discipline strategies and effective parenting skills. Parents were also taught ways to strengthen their children’s social skills and pro-social behavior.

Problem behavior in children is always judged by parents, teachers or other adults in the society. They decide whether children need to be referred to treatment or not. This judgement may be related to the degree of distress experienced by them.
The existence of the family depends upon the interaction of family members. Parents who share the primary responsibility in constituting the family have an important role to play in establishing a stable functioning of the family.

Child rearing is the shared responsibility of both father and mother. Often parents come out with complaints about their children’s behavior. Some children show a multitude of behavior problems. These behavior problems are consistent headache to parents as well as teachers. Childhood behavior problems are mostly reflection of parent’s own problems. These behavior problems can be handled by parents through effective parenting strategies and increasing parenting competency.

Raising children is one of the most difficult and demanding responsibilities of adult life. Yet most people have little preparation or training to be parents. Some adults have emotional problems or life stresses that make it difficult for them to be good parents.

In order to prevent childhood behavioral problems and parenting problems parenting competencies should be strengthened. Parent
management training programs help to strengthen parental competencies (Carolyn, 1998).

Parenting is a major factor influencing child and adolescent deviance. For adolescents, two components of parenting have been identified as important: (1) monitoring i.e., the extent to which a parent knows where an adolescent is and what he or she is doing. (2) Positive communication i.e., the extent to which a parent and adolescent listen to what each other is saying. Poor parent-adolescent communication has been linked to more delinquency and general deviance (Henggeler, 1989; Stewart & Zaenglein-Senger, 1984).

Higher levels of monitoring have been associated with lower levels of adolescent deviance (Lamborn, Dornbusch & Steinberg, 1996). Communication may serve to improve the parent-adolescent relationship, thus increasing the internalization of parental values and decreasing deviance. Whereas monitoring may serve to decrease deviance directly through parental control of adolescent activity.

Forehand et al (1997) studied the role of two parenting variables, monitoring and communication, in adolescent deviant behavior.
The result of the study indicated that higher levels of parental monitoring predicted lower levels of adolescent deviance compared to parent-adolescent communication.

The relative influence of parental monitoring and communication on child deviance has been examined in other studies. Gold (1991) found that both communication and monitoring were related to adolescent deviance and that the two variables contributed in an additive and interactive fashion to adolescent deviance (i.e. high levels of communication and monitoring predicted lower levels of deviance).

Patterson (1984) found that both parenting variables were correlated with adolescent deviance. He suggested that monitoring is the primary parenting variable. When a parent is aware of where an adolescent is spending his or her time and with whom, the opportunity for engaging in deviant behavior is reduced.

Studies have found that there are connections among parent's marital conflict, parenting styles and their children's externalizing or internalizing problems. A number of recent reviews indicate that when parents show high conflict and little positive emotion toward one another, particularly in front of their children we see two kinds of effects on the children, i.e. children internalizing or externalizing their problems (Conger et al, 1992, Cowan, 1991).
The “double whammy” of both direct and indirect effects of their parent’s marital conflict contributes to children’s socio-emotional developmental difficulties in regulating affect with other adults and with their peers. Quality of parenting behavior is to affect children’s development.

Carlo Schuengel et al (1999) found that frightening parental behavior is a predictor of disorganized infant attachment, whereas caring, and sensitive to children’s needs parental behavior boost up the self confidence and attachment of children.

Parent's interaction behavior and communication pattern to children should focus on understanding the children. Parents should restrain themselves from extreme criticism and blame, authoritarian or disengaged parenting and low levels of emotional support and cohesion (Liddle, 1995; Patterson, 1986).

In a study on family therapeutic intervention on adolescent problems Diamond and Howard (1996) suggested that parents should shift their attention to trying to better understanding of children rather than trying to control them.

Coercive interaction and aggressive behavior in the family especially of parents tend to stimulate oppositional behavior and conduct disorders in children. Personal adjustment of parents, marital discord, interaction style of the family, maternal depression
are some other factors that determine effective parenting. Studies have consistently shown that parental practices like parental acceptance, inductive discipline, non-punitive punishment practices and consistency in child rearing are associated with positive developmental outcome in children. Gray and Stgeinberg (1999) provides evidence that parental involvement, behavioral control, and autonomy granting contribute in unique and independent ways to psychosocial development, academic competence, behavior problems, and internal distress.

Amato and Rivera (1999) in a study revealed that positive paternal and maternal involvement were independently and significantly associated with children’s behavior problems. Father positive involvement with children as reflected in shared activities, supportive behavior, and feelings of affection has beneficial implication for children’s behavior and development. Mothers who are effective parents may be supportive of paternal involvement with children.

The patterns of 50/50 parenting in which mothers and fathers contribute equally to child rearing generally benefit everyone. Shared parenting relieves strain and improves their sense of well being. Fathers who adopt this style of parenting have the opportunity to develop closer relationships with their children.
Increased paternal child care is not only possible but also benefits mothers, fathers, and children. Fathers must become actively involved in child rearing in order to ensure healthy child development. Paternal non-involvement has been linked to psychological maladjustment, behavioral disorders, and educational problems (Biller, 1981: 1993; Osherson, 1996). Many scholars argue that qualitative factors such as paternal warmth, support or nurturance are more important for children’s development than factors such as the simple amount of time fathers spent in child care (Lamb, 1997).

**Indian Studies**

Dogra and Veeraraghavan (1994) in a study used a group design to study the effects of play therapy and parent counseling on aggressive behavior disorder. The treatment group showed significant positive change than the no-treatment group. Using an A-B-A-B-design, Jena (1994) in a study, demonstrated successful use of differential reinforcement of incompatible responding in reducing classroom aggressive behavior of a retarded child. The class teacher was used as a mediator of the program. Agarwal (1995) also successfully used teachers as contingency managers in reducing aggressive behavior of a nursery school child. Vahali &
Kapur (1995) used parent training program to enhance pro-social behavior of children with hyperactivity. Basu and Deb (1996) conducted a parent training program for children with hyperactivity and attention deficit disorder. In another study, Jena (2004), attempted to examine the effects of parent-mediated behavioral intervention in aggressive behavior of a 12 year old retarded child. Combinations of three behavioral techniques, such as differential reinforcement, extinction, physical restraint were used for intervention. Three sessions of behavioral counseling and one month of monitoring of the program reduced the target response from 26 to 6. There was generalization of the treatment effect to the school setting. The program is viewed as successful step towards communalization of professional skills and use of community resources for intervention in childhood disability.

Behavior problems can be effectively managed by application of learning principles (Patterson, et al., 1975). Explanation of simple behavioral principles to parents helps to build up and enhance skills in the parents to implement the behavioral programs. Parenting self-efficacy is a crucial component of parenting competence. Parenting self-efficacy can be viewed as a parent’s ability to perform a range of valued behaviors that relate to optimal child development. Parenting self-efficacy is a potentially crucial component of both mother and child well being. Individuals who
perceive themselves as high in parenting self-efficacy exhibit greater competency in parenting behaviors including increased monitoring of their children and responsiveness to their children. Dorsey et al (1993) in a study found that HIV infected mothers reported lower levels of parenting self-efficacy than did mothers who were not infected.

In order to prevent childhood behavioral problems and parenting problems, parenting competencies should be strengthened. Parent Management Training programs help to strengthen parental competencies (Carolyn 1998). Effective parenting strategies reduce the parenting problems and childhood behavioral problems. It also helps in positive development of children, positive mental health of the family and increased happiness in the family.

“Let not any child feel that he is unwanted”.