INTRODUCTION

Chapter – I

INTRODUCTION
Like flowers and butterflies to a garden, children add flavor and bliss to family life. Giving birth and raising children, two universal functions of any family, are major responsibilities associated with parenting. Bringing up children provides happiness, meaning, direction and fulfillment of parental life. Though at times naughty and mischievous, childish behavior is often enjoyed by everyone. Frequently this enjoyment by others adversely reinforces the focal children to continue to behave in the same way or behave in more and more of similar ways. Thus, in order to get attention, they may continue such behavioral styles. When such behavioral styles get entrenched at the cost of appropriate and desired developmental tasks, problems in the behavior of children become a matter of grave concern to parents and significant others. Many a times the reasons for development of such unwarranted, inappropriate or undesirable behaviors range from the reinforcements that they receive, through the attention these behaviors get from the supposedly corrective measures adopted by the parents, to absence of appropriate models and consequences. According to Bandura (1962), behavioral problems among children are learned. Hence, unlearning the old ways and relearning desirable behavior is the focus of behaviorism. Parents, teachers and other significant adults besides peer group have a vital
role in the development as well as extinction of undesirable behaviors.

The problems created by children’s troublesome behavior constitute one of the most serious sources of difficulty in our society. Children’s problems may lead to dissatisfaction, to distress, or even to violence among family members. Behavioral problems are behaviors of children, which are perceived and judged by parents, teachers and others as problem behavior and are not ‘normal’. Antisocial behavior, conduct disorders, attention deficit behavior and noncompliant behavior are commonly known as problem behavior. Children with such problem behavior are also likely to show academic deficiencies as reflected in achievement levels, grades, being left behind in school, early termination from school, and deficiencies in specific skill areas such as reading (Kazdin, 1997).

The definition of “behavior problem child” is complicated by numerous factors. There appears to be four primary complicating factors in defining this:
1. What is a behavior problem in one situation may not be so in a different situation. The definition of behavior problem must involve the setting in which the behavior occurs.

2. The personal opinion of the observer or judge such as the classroom teacher will influence the definition.

3. The theoretical orientation of the professional observer or judge will influence the definition.

4. There is little doubt that any definition of behavior problem child put forward by anyone is relative.

In general, the definition of behavior problem in the school context emphasizes the judgments of teachers. The following definition can be put forth:

"The behavior problem child is one who cannot or will not adjust to the socially acceptable norms for behavior consequently disrupts his own academic progress, the learning efforts of his classmates and interpersonal relations" (Kazdin, 1977).
Behavior generally described as ‘out-of-control’ of the parents include: aggressiveness toward others (hitting, kicking, fighting); physical destructiveness; disobedience to adult authorities; temper tantrums; high rate annoying behaviors (yelling, whining, high activity level, and threatening others); and to a lesser extent community rule violations such as stealing or fire setting (Peed, Forehand, & Roberts, 1977).

The emotional maladjustments of children frequently are characterized by anxiety reactions. They may include habit disorders such as nail biting, thumb sucking, bed wetting and temper tantrums. Conduct disorders such as extreme aggressiveness, lying, stealing, destructiveness, fighting, fire setting, cruelty, and running away from home are also characteristic of childhood emotional maladjustment. Behavior problems are exhibited through non compliancy, excessive crying, inability to eat, insomnia, fighting with others, stubborn behavior etc.

Unhealthy parent-child relationship may contribute to the disturbed behavior in children. Disruptive parental actions like alcoholism, hostility, cruelty, neglect, overprotection of the child, excessive
ambitions and expectations of the child are common factors that cause behavior disorder in children. The existence of neurotic, psychotic, or psychopathic conditions in the parents often contribute to a faulty parent-child relationship. The death or loss of a parent may also have a lasting effect on his emotional growth and behavioral characteristics. Faulty child-rearing practices of parents are also a contributing factor for behavior problems in children.

Behavior Modification Techniques with children have been applied to a diverse set of behaviors in the home, at school, and in the community, as well as traditional settings where treatment is provided such as outpatient clinics and institutions. The range of behaviors included in such programs has varied widely in the severity of problems they encompass. Many behaviors treated are those that emerge as part of normal development such as toileting and self care skills. More frequently, behavioral techniques have been applied to address problem behaviors at home and at school that involve noncompliance, aggressive behavior, and poor academic performance. In addition, techniques have been applied to many serious problems where the child may be institutionalized because of behavioral problems.
Historical beginning of behavior modification of child behavioral problems in the home.

The application of principles of operant and respondent conditioning to modify child behavior problems in the home goes back to the early years of the century. Kazdin (1978) has traced the development of the field from that time, citing early work in the conditioning of emotions by Jones, 1924, and other operant and respondent conditioning research with children. One important illustration is Mowrer’s work in 1938 on a conditioning treatment for enuresis: a pad with a buzzer that awakens the child at the onset of urination.

Way back in 1959, Williams introduced the topic of parent’s use of operant principles to alter their child’s behavior. He trained the parents to ignore and thereby eliminate the child’s temper tantrums at bedtime. In another classic work (Wahler, Winkel, Paterson and Morrison, 1965), mothers were trained to decrease the frequency of deviant behavior by not paying attention to them and by reinforcing competing responses.
Prior to 1965, most attempts to treat childhood behavior problems focused exclusively on the child. Approaches included outpatient play therapy, and inpatient child therapy. Since the mid-1970s, however, there has been a shift in treatment philosophy for child conduct problems from an exclusive focus on the child to recognition of the primary social context in which the child lives—that is the family. As a result, parent training (PT) has become an integral part of services for many childhood disorders including autism and developmental disabilities (Schreibman, Kaneko, & Koegel, 1991).

In India, the research in the field of child mental health, however, has been slower. It was only around 1960s that interest was shown in pursuing research in the area of child psychiatry as a result of funding made available by the Indian Council of Medical Research (ICMR). But somehow the development in the area of child mental health started losing ground after the mid-sixties (Prabhu, 1987). On reviewing the psychiatric research undertaken in India, one finds that child psychiatry has remained a largely neglected field. Most of the studies that have been done in this area confined to analysis of clinical data (Prabhu, 1980). Few studies have been done to obtain the prevalence estimates of problem behavior in the
general population (Sood & Misra, 1995). Studies on intervention strategies for child problem behavior are almost nil.

Families of behavior problem children are characterized by a high rate of "coercive" interaction among family members. Children engage in excessive rates of behavior aversive to parents (e.g. Noncompliance, physically aggressive behavior, and temper tantrums), and parents retaliate with equally excessive rates of aversive responses (e.g. Threatening commands and criticisms) designed to "turn off" their children's negative behavior (Patterson, 1976).

Parents might fail to model or reinforce more appropriate pro-social skills and may continue to respond to the child's coercive behavior. Researches have been focused on four major approaches for the treatment of behavior problems in children.

1. Reprogramming the social environment via parent behavioral training.
2. Use of token economies in the home.
4. Conflict resolution skills training.
More attention is given to reprogramming the social environment via parent behavior training. This approach often includes use of token economy or behavioral contracting as part of an overall program. Parent training involves the child’s parents or caregivers as behavior change agents or as administrators of the treatment program in the home setting. Parent behavior and child behavior is modified at the same time (Wells & Forehand, 1981).

**Excess and Deficit Behavior in Children.**

An excess behavior occurs when a person shows a certain class of response too often, too intensely, or in too many stimulus contexts, such as a child’s grabbing toys from peers, having tantrums at bedtime, scratching his or her skin, lying, or stealing. It is considered excess because it occurs at a rate or an intensity that is maladaptive in that it is “costly” to the child or to others in the long run. The cost can be in terms of either lost reinforces or unnecessary punishers. The behavior may also be viewed as socially maladaptive in that it is atypical and thus may bring about undesirable social consequences (e.g. being teased or ostracized).
A deficit behavior occurs when a person shows a certain class of response at too seldom a rate, at too low an intensity, or in too few stimulus contexts, such as child's failing to learn to read, infrequent interacting with other children, failing to do home work, talking too quietly, or rarely expressing his or her wishes (i.e., being nonassertive). These are considered deficits only if they are maladaptive in the sense stated above (Morris & Hawkins, 1999).

**Behavioral Counseling of Parents.**

Counseling was geared toward teaching parents to modify their responses to the child in order to affect the child's subsequent behavior (Patterson, 1971). The stress was on the importance of learning theory in understanding parent-child behavior. Patterson (1971) had isolated two initial steps in the process.

1. Training parents to carefully observe and record the child's behavior; and
2. Training them to reinforce the child's behavior appropriately.
The common denominator, therefore, was teaching the principles of conditioning and their application in specific circumstances. Among the procedures explained to the parents were the operant procedures such as extinction of undesirable behavior by withdrawing attention, reinforcing competing behaviors, reprogramming the social environment, reinforcement contingencies, time-out and spending quality time with the child to increase warmth and affection in the family. Home observations of behavior were also stressed. They were taught behavioral contracting and conflict resolution skills training (Wells & Forehand, 1985).

**Parental Skill Training.**

Parental skill training program by Dishion & Andrews (1995) focuses on helping parents develop consistent, non-harsh methods of setting limits on children’s behavior while increasing their positive reinforcement of appropriate social behavior. The specific parenting skills include (a) making neutral requests, (b) using rewards, (c) monitoring, (d) making rules, (e) providing reasonable consequences for rule violations, (f) problem solving, and (g)
active listening. As a result of the program, Dishion and Andrews found that parents and child negative behavior in problem solving interactions was significantly reduced and teacher ratings of the focal child improved on the Externalizing Scale of the Child behavior Check List by Achenbach (Dishion & Andrews, 1995).

Inadequate parental monitoring and discipline marked by high levels of coercive interaction predict the development of antisocial behavior both in childhood and adolescence (Irvine et al, 1999). Ary et al (1999) found that parent-child conflict, inadequate monitoring and poor family relationships contributed to the development of general problem behavior. Parental skills training programs for parents have been shown to bring about improvements in these parenting practices and to lead to reduction in childhood problem behaviors (Taylor & Biglan, 1998).

What particular behavioral skills are taught to families with problem children is a matter of concern. For increasing behavioral repertoires, basic behavioral procedures are taught. Providing clear verbal prompts, hierarchies of prompting, contingent reinforcement, and shaping continue to be common elements across parent training programs (Harrold, Lutzker, Campbell, &
Basic procedures for reducing problem behaviors commonly include time out (Harrold et al., 1992; Sanders & Dadds, 1993), physical guidance (Robbins & Dunlap, 1992), extinction, physical restraint, and differential reinforcement (Moran & Whitman, 1991).

Which Family Members are taught? The majority of studies of behavioral training in intact families with problem children have focused on mothers as primary careers (Singer & Irvin, 1990). Some reports do not differentiate between parents (Kashima et al. 1988). Fathers have been taught successfully in generalized behavioral skills, and there is some evidence that fathers may learn skills incidentally through a modeling effect from a trained mother (Horton, 1984).

Characteristics of Families Who have Benefited most from Behavioral Training.

Reviews of parent behavioral training research have indicated that desired behavioral change in both parents and children is more likely when families have particular advantages (Frankel &
Simmons, 1992; Graziano & Diament, 1992; Friest & Forehand, 1982; Webster-Stratton & Hammond, 1990). Higher socioeconomic status, a wide range of social contact and support, absence of psychopathology (particularly depression and psychosis), membership of the ethnic majority, absence of negative life crises and environmental stress, and an intact family low on marital distress have been found to be predictors of success. Families without some of these advantages may drop out of training (Frankel & Simmons, 1992), or they may not access training that may be available, or they may complete training but may not benefit.

**Theoretical and Ethical Rationale.**

In a review Berkowitz et al (1972) discussed the theoretical, empirical and ethical rationales for the training of parents as behavior therapists for their own children. Thirty-four studies, ranging from single case studies to reports of large-scale, multi-family training programs were reviewed. They concluded that there is little doubt that behavioral techniques could be effectively applied to children’s problem behaviors through the training of their parents.
There are several theoretical and practical arguments in support of the development and use of behavioral parent training. The application of the principles and procedures of behavioral parent training to children suggests that many of their behaviors are shaped and maintained by events in the natural environment i.e., at home, and therefore can best be changed by the modification of these events at home itself. Thus parents are trained in the effective use of such techniques as reinforcement and punishment to increase or decrease specific child responses (Sisson & Taylor, 1989). The basic principles are relatively simple and can be learned and applied by comparatively unsophisticated and uneducated persons (Feldman, Case, Rincover, Towns and betel, 1989).

The evolution and development of parent training had two major influences:

1. The theory of operant conditioning (Skinner, 1938): It serves as a foundation of the techniques used in parent training. Every such program utilizes basic behavioral techniques viz. reinforcement, punishment, time out, extinction, modeling etc.
2. Studies on parental disciplinary practices: Research over the past 30 years has demonstrated that inept disciplinary practices develop and exacerbate undesirable behaviors in the child. It has been said that much of their phenomenology of behavioral disorders and personality deviations can be linked directly with motivations resulting from parents' attitudes towards their children. For example, parents of antisocial children have been found to be both power assertive and lax in their discipline (Dumas et al., 1995). They lack consistency in dealing with children and this inconsistency coupled with vague equivocal instructions tends to maintain and exacerbate antisocial behavior. Dumas (1989) further elaborates the behavioral perspective associated with understanding and managing childhood problems. He proposed that:

i. Human behavior is a function of the contingencies of reinforcements and punishments to which an individual is exposed in course of daily exchanges with the environment.
ii. Undesirable behaviors are learned and sustained through the reinforcements children receive from social agents, particularly parents.

iii. Therapy seeks to establish a shift in social contingencies.

iv. Maintenance and generalization of treatment relies on a process of positive reinforcement.

Empirical evidence regarding the above assumptions has come from studies of interactive patterns in families of antisocial children. These studies have been based on both analog procedures and direct observations of family interactions (Wahler et al., 1990) and provide a strong rationale for the application of behavioral parent training in childhood behavioral problems.

Outcome Studies of Behavioral Counseling of Parents with Problem Children.

Parents were assigned a relatively minor role in treatment until the 1950’s and 1960’s when they were co-opted as active “therapists”
for their children and given varying degrees of responsibility for planning and carrying out treatments (Berkowitz & Graziano, 1972). More recently, parents are seen as predominantly in need of education in parenting skills to help them cope with their problem children, and they are also perceived as having a more equal role in parent-professional joint ventures to help children (Mittler & Nittler, 1983). Current approaches to parent group interventions are based on a range of theoretical models and thus vary in both method and context of training (O’Dell, 1974; Tavormina, 1974). Nevertheless, all deal with child rearing and child management issues and shares the broad aim of teaching parents singly or in groups, to ameliorate present problems of their children in the hope that this will prevent future difficulties too.

O’Dell (1974) believed that effective parent training required three steps:

1. The parents must acquire the modification skills and change in their own behavior,
2. Changes must be implemented with the child, and
3. Changes must generalize and persist.
Of these three phases, he contended that only the implementation phase had received sufficient attention. The tendency to focus on the child had resulted in a neglect of obtaining data on changes in parent behavior.

Childhood behavior problems may be due to faulty learning patterns and faulty child rearing practices of parents. However, the goals and objectives of a prevention-oriented approach to child behavior problems can be formulated on the theoretical assumption that behavior problems are learned ones and may be prevented if appropriate learning opportunities are available. These goals include:

1. The development of positive child-rearing habits through successful and non-aversive parent/child interactions at an early stage,

2. Improvement in the parents ability to cope with stress; and,

3. The development of the child's adaptive behaviors that will contribute to their overall adjustment. (Wolfe, 1985).
Prevention and intervention studies suggested that parents who had previously used extra punitive and harmful child management approaches could learn appropriate skills with relative ease. Moreover, parents reported fewer child behavior problems during post treatment and follow-up, presumably due to their improved child rearing ability. In general, these parents were initially quite resistant to efforts directed at their own behavior. The focus upon child behavior problems allowed for structure, direction, and readiness for the initiation of treatment. In this manner, the parents viewed modifying several aspects of parental behavior toward their child as a means to an end and they readily accepted. Rather than complaining, parents would respond to the new skills favorably once they realized the methods were not all that difficult or strange (Wolfe, 1987).

Parent Variables or Type of Parents.

Several parents and family characteristics are associated with conduct disorders (Kazdin, 1995b; Robins, 1991; Rutter & Giller, 1983). Conduct disorder is associated with a variety of untoward living conditions. Many of the untoward conditions in which families live place stress on the parents or diminish their threshold
for coping with every day stressors. The net effect can be evident in parent-child interaction in which parents inadvertently engage in patterns of behavior that sustain or accelerate antisocial and aggressive interactions (Dumas & Wahler, 1983; Patterson, Capaldi & Bank, 1991). Therefore several investigators have attempted to evaluate the type of parents with whom training in behavioral principles would be useful. Salzinger, Feldman and Poertney (1970) reported parent success relating to educational level, intelligence and particularly reading ability. Training was based primarily on verbal learning of behavioral principles. Patterson, Cobb and Ray (1972) found training some uneducated, lower socio-economic status parents to be difficult because of their lack of even the most rudimentary child management skills and low availability of reinforces. Working with parents without spouses or working in homes with parental conflicts required considerably more time and effort to achieve success.

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 socio economic status in comparison to relatively lower socioeconomic status parents, exhibit greater proficiency in
behavioral management skills following parent training (Kazdin & Frame, 1983; Philips & Ray, 1990; Reisinger, Ora & Frangia, 1976). In addition, low socio economic status parents are more likely to terminate treatment prematurely than are their higher income counterparts (Clark & Baker, 1983; Dumas & Wahler, 1983; Firestone & Witt, 1982).

What may 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 pretreatment child management skills may influence parent-training outcome (O'Dell, 1974; Ollendick & Cerny, 1981). In addition, Dumas and Wahler (1983) suggested coercive interchanges between disadvantaged mothers and adults outside the home might lead to negative parent-child interactions. 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. If, for example, 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 taught to parents may be less socially valid when taught to low, rather than middle, income mothers.

Effective Behavior Management.

Parents and other adults who work with children are consistently faced with the challenge of managing children's behavior. "My child never listens to me!" "She won't pick up her toys!" "He won't clean his room!" Such frustrated exclamations are all too familiar to many caregivers. One area that is continually of concern for parents and other adults who work with children is behavior management.

When considering behavior management, adults often tend to focus on how children control (or do not control) themselves. However, by observing effective managers in a business setting, for example, it is realized that effective management is
implemented by the individuals in charge, not by the people being managed. Effective behavior management is not so much about what children do. Instead, it involves adults' behavior, and research shows that adults vary in both discipline and care giving styles.

**Discipline Styles.**

One common misconception about discipline is that discipline is synonymous with punishment. The Latin root of the word discipline, however, means "instruction" or "knowledge." Thus, discipline is really a process by which adults teach children and convey knowledge about appropriate behavior for various situations. However, some methods of discipline are better at achieving this than others.

Research (Kochanska, 1991) suggests that there are at least three discipline styles. The first, power-assertive discipline, involves such adult behavior as spanking, withdrawal of privileges, and threats of punishment or physical harm. Children respond to adults' requests out of fear, rather than respect. Consequently, children's motivations for appropriate behavior are external, and they conform to expectations to avoid punishment. However, when
children find themselves in situations where they will not be "caught," they are likely to engage in inappropriate behavior.

The second discipline style, love withdrawal, involves such adult behavior as refusals to speak or listen to children, threats to leave children, or expressions of dislike and disappointment. Adults who practice this discipline style often give children the proverbial "cold shoulder" when inappropriate behavior occurs. As a consequence, children conform to expectations because they fear abandonment or the loss of adults' love and affection. Like power-assertive discipline, love withdrawal produces external motivation for appropriate behavior (Hoffman, 1975).

The third discipline style, induction, incorporates the true nature of discipline teaching. (Krevans, J; & Gibbs, J. C. 1996). Adults who practice induction provide children explanations for appropriate behavior as well as reasonable consequences for inappropriate behavior. Because children understand WHY certain actions are expected of them and others are prohibited, they internalize reasons for these behaviors. As a result, children's motivation to behave appropriately comes from within, and they are more likely to engage in expected behaviors even when they are in situations.
where they are not being watched and thus will not be "caught." An additional benefit of induction is that children will be more likely to understand the effects of their behaviors on others and exhibit empathy.

**Care Giving Styles**

Research (Baumrind & Black, 1967) on care giving styles also tells us something about the most effective ways of interacting with children. This research suggests that care giving behavior can be organized along two dimensions: demandingness and responsiveness.

Caregivers vary in the demands that they place on children. Some adults establish high standards for responsible behavior, and they expect children to live up to those standards. Other adults, however, place few demands on children and seldom try to control children's behavior.

Responsiveness involves warmth, affection, and the degree to which adults consider children's ideas, feelings, and perspectives. Some adults are affectionate and receptive to children's ideas.
Additionally, these responsive adults allow for some give-and-take between adult and child in establishing standards and consequences for behavior. Other adults, though, are more aloof but are less likely to consider children's perspectives. The contrast here is similar to the contrast between a democracy and a dictatorship. Although both involve some sort of government or management, they differ in the extent to which they consider the voice of the governed (Baumrind, 1968).

Studies demonstrate that the most effective care giving style includes both high expectations and a high degree of responsiveness. Effective caregivers clearly communicate high standards to children, but they are also flexible and reasonable in their expectations, modifying them to accommodate the needs or perspectives of the children. Children of this type of caregiver are more responsible, better adjusted, and have higher self-esteem than children of less responsive or demanding caregivers (Zahn-Waxler et al, 1979).

In sum, research on discipline and care giving styles indicates that cooperative communication is crucial in adults' interactions with children. Effective caregivers clearly convey high expectations to
children and provide reasons for expected behaviors, while remaining receptive to the perspectives, suggestions, and needs of children. Additionally, effective caregivers are nurturing and responsive to children, even when mistakes occur, because they view discipline as a teaching and learning process.

**Communication and Effective Behavior Management.**

Communication with children promotes more effective behavior management.

**Effective communication is Clear communication.**

A key to effective behavior management is planning beforehand to prevent behavior problems. Adults need to clearly define their expectations for children at the outset. Establishing routines or specific procedures for certain behaviors, such as doing homework or getting ready for bed, will help children remember expected actions. In addition, making a set of rules about desired or forbidden behaviors will aid in informing children of adults' expectations. Keep children's developmental level in mind. Do not
expect more than children are capable of performing or overwhelm
them with long lists of rules. Research (Baumrind, 1967) with
elementary school students suggests the following four general
rules:

1. be polite and helpful,
2. respect other people's property,
3. listen quietly while others are speaking, and
4. Do not hit, shove, or hurt others.

Effective Communication is Cooperative
The American Heritage Dictionary defines communication as an
interchange. Effective communication, whether with children or
adults, is exactly that. It is cooperative. Rather than just dictating
wishes to children or demanding things from them, effective
caregivers talk with children. One specific way to ensure that
communication is a two-way street is to allow children to
participate in decisions about behavior management. For example,
when assigning household chores or making rules, ask children for
their suggestions. Children will be more motivated to complete tasks or obey rules if they have participated in choosing them.

**Effective Communication Conforms to Children's Cognitive Level.**

In order for children to comply with parents expectations, children must understand what parents want them to do. A major factor that affects children's understanding is their level of cognitive development (Piaget, 1969).

**Concrete Communication**

Until they reach adolescence, children are very concrete in the way that they think. They have difficulty in understanding abstract concepts. Thus, adults should use concrete examples to make expectations more clear. For example, if an adult says "be nice to others," children may not understand how to apply this expectation to everyday situations. Adults could aid children's understanding by saying, for example, that being nice means keeping your hands
to yourself, not taking things from others, or saying please and thank you when playing with other children's toys.

**Capacity**

Children are also limited in the amount of information that they can consider at one time. They can be overwhelmed easily if parents request or expect too much at once. What seems very simple to an adult may be quite complex for a child. When a parent tells a child to "go clean your room," it may be found that the child doesn't even know where to begin. However, if the job is broken down into concrete, manageable steps -- "first pick up your blocks, then pick up your dirty clothes and put them into the hamper" -- the child will have an easier time tackling the task. Because they are concrete thinkers, children may even need to see a behavior or procedure before they understand it well enough to perform it on their own. Demonstrating a routine for "room cleaning" (with the child's help, of course) will help the child learn desired behaviors in a positive, cooperative environment.
Cues

Because of their limited memory capacities, children may also need visible cues to remind them of appropriate behavior. A sign or chart posted on the bathroom mirror, for example, may serve as a cue for brushing teeth or picking up dirty clothes. For young children especially, pictures may be more potent reminders than printed signs. In addition, a signal such as a "dinner bell" can remind children to wash their hands prior to mealtime. Like adults, children need reminders to establish healthy habits, and they get a positive sense of accomplishment when completing an assigned task on their own.

Effective Communication is Complete Communication

Finally, effective behavior management involves communicating reasons for expected behaviors. Rather than just telling children what is expected, tell them WHY the expected behavior is important. For example, when asking children to pick up their toys, explain that someone may trip over the toys and get hurt or that the toys may be stepped on and broken. When children are given reasonable explanations for expected behaviors, children are more
likely to internalize the reasons and behave appropriately in the future (Hoffman, 1975).

**Consequences.**

Another area essential to effective behavior management involves consequences for children’s behavior. Behaviors are strengthened or diminished by consequences. For example, when a child cries for a toy or candy at the market and an adult purchases the desired product, the child experiences a pleasant consequence, a reward. As a result, he or she is MORE likely to cry for toys or candy when visiting the market in the future. Children learn associations between behaviors and consequences, and the types of consequences experienced by children affect their behavior directly. When attempting to manage children's behavior, careful attention must be paid to specific behaviors in children as well as to the consequences that follow the behaviors (Madsen et.al, 1968).

**Graded Consequences**

Often, using graded consequences that increase in severity is effective in reducing unwanted behaviors. For example, a child
may lose video game privileges for one day the first time an unwanted behavior occurs. The second time the behavior occurs, the child might be "grounded" for one day, and so on. Adults can plan a series of increasingly negative consequences to control troublesome behaviors in children.

The Two C's -- Clarity and Consistency

Using consequences to manage children's behavior requires advance planning. Adults must clearly define consequences before children's behaviors occur, and caregivers should discuss these so that they respond similarly to children. Consistency is crucial in this process. If children are only rewarded for desired behaviors on a part-time basis, those behaviors are not likely to increase. Similarly, if children are punished for inappropriate behaviors sporadically, these behaviors are likely to continue. Remember, rewards are more effective than punishments, and adult attention is very rewarding to children. Thus, adults should spend more time and attention on desired behaviors than undesired behaviors (Holden & West, 1989).
Attention

What many adults may not expect is that children thrive on adult attention. In fact, even when an adult "reprimands" a child for inappropriate behavior, the attention the child receives may actually serve as a reinforcer! Unfortunately, adults may overlook desired behaviors because they are not troublesome, and respond more vocally and more often to undesired behaviors. Children will continue to act out because their inappropriate actions are rewarded with adult attention. Knowing this, we can adjust our own behavior so that we provide children MORE attention for appropriate behavior than for inappropriate behavior (Holden & West, 1989).

Rewarding Behavior with Behavior

As would be expected, children enjoy some activities more than others. Adults can use activities that are enjoyable to children to reward children for completing less enjoyable activities. This is known as the Premack Principle (Premack, 1965). For example, most children enjoy helping their teacher in school. Thus, helping erase the chalkboard or distribute papers (more enjoyable) can be
rewarding for children who complete all of their assignments (less enjoyable). Similarly, helping to wash the car or playing with friends might be rewarding for children who complete their regular chores or homework.

There are generally two types of consequences: reinforcement and punishment (Skinner, 1989). Generally, when adults think of consequences for children's behavior, unpleasant things like spanking or restricting privileges are being thought of. Research demonstrates (Mills & Grusec, 1989) that reinforcement, or pleasant consequences, may actually be a more powerful motivator for children. The following sections suggest some ways or techniques to utilize consequences in managing children's behavior.

**Behavior Modification Techniques.**

**Reinforcement Techniques:**

There are two types of reinforcement techniques.

1. Positive Reinforcement.
2. Negative Reinforcement.
The most distinctive feature of behavioral counseling is its use of reinforcement techniques. The value of reinforcement has long been recognized. Mark Twain said, “I can live for two months on a good compliment”. Shakespeare said, “Our praises are our wages”.

The key to the successful use of reinforcement is proper timing. The reinforcer must be presented immediately following the desired behavior, and it must not be presented immediately following undesired behavior.

Very frequently teachers and parents ignore the productive task-oriented behavior that they are hoping to encourage and, instead, pay attention to a child only when he is causing difficulty. Attention from a powerful adult figure may frequently serve as a reinforcer to a child even when that attention may seem somewhat aversive to the adult (Krumboltz, 1969).

**Positive Reinforcement:**

Positive reinforcement is an operant conditioning procedure in which a response is strengthened by the onset of an event (positive reinforcer), incentive, which follows the response in time. The
response-strengthening effects of positive reinforcement typically involve an increase in the future rate or probability of occurrence of the response, although other changes in behavior (e.g., a decrease in response latency or an increase in response magnitude) may also be indicative of positive reinforcement (Poling, 1985). Positive reinforcement is providing rewards or incentives for a desired behavior.

Children can also be rewarded by eliminating unpleasant activities or events. For example, many high schools reward superior academic performance by exempting "A" students from final exams. Similarly, parents can reward children by eliminating (or offering to complete) children's household tasks for a period of time. Clearly, there are many methods to reward appropriate behavior in children. Remember, rewards appear to be more effective than punishments in motivating children, and adult attention is very reinforcing for children. Thus, in order to manage children's behavior effectively, adults must be sure that the bulk of the attention paid to children is for desired behaviors rather than undesired behaviors.
Negative Reinforcement: Punishment.

Although reinforcement is generally more effective and should be used most often, punishment may also be used in an effective program of behavior management (Skinner, 1989). The defining feature of punishment is that it should create an unpleasant situation for the child either because adults take away something the child likes, or because adults provide something the child does not like. The classic example of punishment is spanking. Because some research (Strassberg et al., 1994) suggests that frequent spanking may produce negative effects in children, many parents opt to use this technique sparingly. Punishment is a negative reinforcement.

Restricting Privileges

Restricting privileges is an effective means of punishment. This technique will vary according to the age and preferences of the child. For example, taking telephone or car privileges from a teenager might be very effective. Similarly, restricting access to the television, video games, a bicycle or other favorite toy might be more effective for an elementary-school-aged child (Baumrind & Black, 1967).
Time-out:

Time-out is a procedure whereby positive reinforcement is not available to an individual for a period of time. Implementation of the procedure is contingent upon the emission of a response (typically an undesirable one by an individual), and it is designed to decrease such behavior. Time-out primarily is utilized with children but can be utilized with adults also. Time-out has been used in homes, daycare centers, pre-schools, schools, institutions, and public facilities. The procedure has been found to be effective in reducing a wide range of maladaptive behaviors, including but not limited to, non compliance, aggression, stealing, disruptive verbalization, property destruction, and tantrums (Forehand, 1985). Time out continues to be taught routinely as one component in training programs for parents to enable them to reduce common problem behaviors (Lutzker, 1992; Sanders & Plant, 1989).

Procedures of Time out:

1. Obtain child’s attention,
2. Briefly explain what child was doing wrong,
3. Prompt appropriate behavior,
4. Praise correct behavior if it occurs,
5. If disruptive behavior continues, place child in time out chair or area.
6. After two minutes of quiet in timeout, remove child from time out,
7. Return to activity and,
8. Praise correct behavior when it occurs. (Sanders & Plant, 1989).

Time out technique can effectively be used with preschool-aged children as a method of punishment. This method involves restricting a child's activities and contacts for a short period of time. In order to use Time Out effectively, adults must realize that it creates an unpleasant situation for children because it provides time AWAY from anything reinforcing such as toys, other children, or adults. If adults are talking to a child while she or he is in Time Out, the adult's attention is actually rewarding the child! Similarly, sending a child to his or her room for Time Out is rewarding because they have access to all of their toys. To maximize the effectiveness of this procedure, select a location for the Time Out that is removed from family activity and other interesting items. A chair facing a blank wall works well. In
addition, remember that attention is reinforcing, so adults (and others who are present) must not interact with the child during the Time Out period (Betz, 1994).

**Response Cost:**

Response cost is a punishment procedure in which an individual or a group loses a positive reinforcement contingent upon a specified behavior. The positive reinforcement is often conditioned reinforcement within the context of a token economy. Thus, response cost might involve the removal of a token from a client’s possession when the token was exchangeable for an hour of off-grounds privileges. A traffic citation involving the payment of a fine is a common example of response cost. Response cost is distinguishable from extinction in that extinction consists of the failure to deliver reinforcements, whereas response cost involves the removal of reinforcements in one’s possession. Response cost is distinguishable from time out, in that time out specifies a time period in a less reinforcing environment, whereas response cost need involve no temporal component. Response cost derives from the notion that the probability of the occurrence of behavior is related to its physical or monetary cost. That is, the greater the cost
of performing behavior, the less likely it is that the behavior will be performed. Response cost often is a remarkably effective behavior reduction procedure, both in terms of the degree of suppression and the onset of the effect. The procedure can be applied to numerous behavior problems (Axelrod, 1985).

**Contingency Contracting:**

It is a behavioral change procedure in which an agreement is made between the persons who desire to change behavior (i.e., parents, teachers, counselors, etc.) and those whose behavior needs to be changed (i.e., child, student, client, etc.) or in which a bilateral contract is made between two or more people each of whom desires mutual changes in the other. Contingency contracts, usually in the form of written agreements, specify the relationships between behaviors and consequences. The contract clarifies the positive and negative consequences that can be expected to follow specific behaviors. Contracts often imply an "if-then" relation between behaviors and consequences (Dowd & Olson, 1985).
Behavioral Contracting:

Behavioral contracting involves the entering of a formal agreement with the child about what behaviors are required of him and what reinforces will be consequently available. Contracts are usually written, and need to be constructed with a careful eye to specificity. From a theoretical perspective, behavioral contracts are a particular example of establishing rule-governed behavior in the child (Martin & Pear, 1996).

Token Economy:

The token economy is an intervention based on the delivery of positive reinforcement for specific target behaviors. The reinforcement that is delivered consists of tokens (e.g., tickets, coins, stars, points) that can be exchanged for a variety of other rewards that vary with the particular clientele. Essentially, three ingredients define a token economy: (1) the tokens or medium of exchange (2) the rewards or back-up reinforcement s that can be purchased with the tokens, and (3) the set of rules that define the inter-relationships among the specific behaviors that earn tokens and the back-up reinforcements for which tokens are exchanged.
The notion of an economy reflects the fact that tokens operate in a similar fashion to money in an ordinary economy. In fact, many concepts from economics such as earnings, expenditures, and savings, all have important counterparts in a token economy in a treatment environment.

Any event can serve as a token as long as it is feasible to administer. The tokens must only be obtainable by performance of desired behaviors. Once earned, the tokens can be spent for privileges and other rewards such as consumable items (e.g., food), special activities (e.g., free time, watching television), money, clothes, and others. A wide range of back-up reinforcements is provided from which clients may select. The range of back-up reinforcements imbues the tokens with their generalized reinforcing properties.

The use of tokens offers several advantages. First, tokens are potent reinforcements and can often maintain behavior at a higher level than other reinforcements such as praise, approval, or feedback. Second, tokens help bridge the delay between client performance of a desired behavior and delivery of a reward (back-up reinforcement). Third, tokens are less subject to satiation than
many other reinforcements because they can be used to purchase a
variety of back-up events. Fourth, tokens permit conducting large-
scale incentive programs using a simple system of reinforcement.
All clients can receive a common reinforcement (the tokens) and
exert their individual reward preferences in exchange for tokens
for back-up events. It is indicated by many studies that the token
economy can be extremely effective in producing change in
specific target behaviors while the program is in effect (Kazdin,
1985).

According to Skinner (1989), young children respond well to
concrete rewards such as colorful stickers. These can be used
individually to reward simple behaviors like washing hands or
sharing toys. Stickers (or other small tokens) can also be collected
by children and traded for bigger rewards. This kind of system is
especially helpful with more complex behaviors. Rewards will
help young children to better understand and remember the desired
behaviors and potential rewards

**Behavior Problem Prevention in Classroom.**

Three classroom-based instructional strategies can be utilized to
prevent behavior problems in school.
1. **Proactive classroom management**: This is aimed at establishing an environment that is conducive to learning that promotes appropriate student behavior, and minimizing disruption of classroom activities. Such an environment increases opportunities for skill development for all students and should therefore increase student commitment to learning. Teachers are taught to give clear and explicit instructions for student behavior and to recognize and reward attempts to cooperate. Classroom routines are to be established by the teacher at the beginning of the school year. These set up a consistent pattern of expectations between the teacher and the students. Clear directions and consistent expectations should result in effective use of classroom time for skill development and should prevent discipline problems (Emmer & Evertson, 1980).

Teachers are also taught methods for preventing minor classroom disruptions from interrupting instructions and decreasing opportunities to teach (Cummings, 1983). The teacher learns to take immediate and brief action to restore the learning environment while simultaneously downplaying the incident. Also integral to effective management of the classroom is the frequent, appropriate use of encouragement and praise. Praise should specify exactly
what student behavior is being rewarded so that desired behaviors are reinforced (Martin, 1977). The contingent use of praise should increase social bonding of student to teacher and classroom.

2. *Interactive Teaching*: This is a method based on the premise that virtually all students can and will develop the skills necessary to succeed in the classroom, under appropriate instructional conditions (Bloom, 1976). This approach has resulted in improved learning in a wide variety of classroom situations (Block, 1971; 1974; Stallings, 1980). The components of interactive teaching are mental set, objectives, input, modeling, checking for understanding, remediation, and assessment. Interactive teachings require that students master clearly specified learning objectives before proceeding to more advanced work. Grades are determined by demonstration of mastery and improvement over past performance rather than in comparison with other students. Interactive teaching expands opportunities for students to attain success while reducing the risk of failure. This should enhance students’ perceptions of their own competence as well as their commitment to educational pursuits. The use of clear and explicit objective standards in grading should promote students’ belief in the fairness of the educational system (Hawkins & Lam, 1987).
3. Cooperative Learning: Cooperative learning involves small, heterogeneous groups of students as learning partners. Students of different abilities and backgrounds work together in teams to master curriculum material, and receive recognition as a team for their group's academic performance. Cooperative learning makes students depend on one another for positive rewards (Slavin, 1980). Team scores are based on the individual student's academic improvement over past performance, allowing student to contribute to the team's overall achievement. Cooperative learning creates a classroom norm favoring learning and academic performance (Slavin, 1979). Mastery of learning tasks, motivation, positive student attitudes towards teachers and schools, and self-concept are greater in cooperative classrooms than in competitive or individualistic ones (Johnson & Johnson, 1980; Slavin, 1979). Research has shown that cooperative learning methods are more effective than traditional methods in increasing student achievement and in developing mutual concern among students across racial groups. In combination with training in basic cooperative skills, this approach reinforces students in helping each other to succeed in classroom endeavors. Positive student interaction should reduce alienation in the classroom and promote attachment among students based on the pursuit of accepted
academic goals. This should, in turn, reduce the likelihood that students will form alternative attachments with delinquent peers that lead to delinquent behavior (Hawkins. 1981).

**Parent Management Training**

Behavioral parent training began in the 1960s (Serketiech, 1996) for children who presented with problems of emotion or conduct. Hanf (1969) developed one of the first such programs using didactic instruction, modeling and role-playing to teach parents to modify their own behavior to increase the child's compliance.

The term 'Parent training' depicts the educational aspects of parenting and is in opposition to the popular view that being a parent comes about instinctively and naturally. Parent training has become quite popular in recent years and this may be not only due to the documented effectiveness but also because it can be administered by paramedical personnel, is relatively inexpensive and much shorter than other traditional forms of child psychotherapy. The term parent training (Kazdin, 1997; Danforth, 1998) has been used both in a general and specific sense.
Generally speaking, it refers to the use of educative interventions with parents that aim to help them cope better with a range of problems they experience with their children (Callias, 1994). It has also been used more specifically to refer to the use of behavioral principles in developing programs aiming to help parents manage behavioral problems inherent in many psychiatric problems encountered in children. In parent training, parents are taught behavioral strategies in order to modify their child’s behavior and re-establish positive relationships within the family (Danforth, 1998; Sonuga-Barke et al, 2001).

Parent Management Training (PMT) refers to procedures in which parents are trained to alter their child’s behavior in the home. The parents meet with a therapist who teaches them to use specific procedures to alter interactions with their child, to promote prosocial behavior and to decrease deviant behavior. Training is based on the general view that conduct problem behavior is inadvertently developed and sustained in the home by maladaptive parent-child interactions. The general purpose of PMT is to alter the pattern of interchanges between parent and child so that prosocial, rather than coercive behavior is directly reinforced and supported within the family. This requires developing several
different parenting behaviors such as establishing the rules for the child to follow, providing positive reinforcement for appropriate behavior, delivering mild forms of punishment to suppress behavior, negotiating compromises and other procedures. These parenting behaviors are systematically and progressively developed within the sessions in which the therapist shapes parenting skills. The program that parents eventually implement in the home also serves as the basis for the focus of the sessions in which the procedures are modified and refined.

Parent management training involves procedures geared toward teaching parents to manage their child's behavior in the home. A therapist meets with the parents to teach them techniques to increase pro-social and decrease delinquent behaviors. There is also emphasis on helping parents to recognize when they may be inadvertently reinforcing negative behaviors in their child. The overall purpose of parent management training is to change the cyclical pattern of interaction between the child and parent.

Although many variations of PMT exist, several common characteristics can be identified. First, treatment is conducted primarily with the parent, who implements several procedures in
the home. The parents meet with a therapist who teaches them to use specific procedures to alter interactions with their child, to promote pro-social behavior and to decrease deviant behavior. There is usually little direct intervention of the therapist with the child. Second, parents are trained to identify, define and observe problem behaviors in new ways. Careful specifications of the problem are essential for the delivery of reinforcing or punishing consequences and for evaluating if the program is achieving the desired goals. Third, the treatment sessions cover social learning principles and the procedures that follow from them including: positive reinforcement (e.g., the use of social praise and tokens or points for pro-social behavior), mild punishment (e.g., use of time out from reinforcement, loss of privileges), negotiation and contingency contracting. Forth, the sessions provide opportunities for parents to see how the techniques are implemented, to practice using the techniques, and to review the behavior change programs in the home. The immediate goal of the program is to develop specific skills in the parents. As the parents become more proficient, the program can address the child’s most severely problematic behaviors and encompass other problem areas, e.g., school behavior. Finally, child functioning at school is usually incorporated into the program and teachers are also involved.
Teachers can play an important role in monitoring or providing consequences for behavior at school.

PMT is one of the most well researched therapy techniques for the treatment of conduct-disordered children. Treatment effects have been evident in marked improvements in child behavior on a wide range of measures including parent and teacher reports of deviant behavior, direct observation of behavior at school and home and institutional records. The effects of treatment have also been shown to bring problematic behaviors of treated children within normative levels of their peers who are functioning adequately in the community.

The impact of PMT is relatively broad. The effects of treatment are evident in siblings also. Siblings of conduct-disordered children also improve in their behavior. This is an important effect because siblings of conduct-disordered children are at risk for severe antisocial behavior. Maternal psychopathology, particularly depression has shown to decrease systematically following PMT (Kazdin, 1985). These changes suggest that PMT alters multiple aspects of dysfunctional families.
Parent management strategies typically entail training parents to interact most effectively with their children and to use various behavioral principles (e.g., reinforcement, extinction, and punishment) to increase pro-social behavior. PMT has been applied to parents of diverse clinical populations including aggressive, acting-out, autistic, and mentally retarded children. Numerous studies have applied PMT to children with marked antisocial and oppositional behavior (Kazdin, 1984; Kazdin & Frame, 1983; Patterson, 1982; Wahler, 1976). The most programmatic work has been completed by Patterson and his colleagues, who have developed a model relating how antisocial behavior develops. The model emphasizes the role of coercive interactions between and among family members that serve to exacerbate aggressive behavior (Patterson, 1982). PMT focuses on directly altering these negative interaction patterns, reducing coercive interchanges between parent and child, and enhancing pro-social behavior through systematic reinforcement (Kazdin, 1984). A number of outcome investigations have been reported over the past fifteen years that clearly demonstrate the efficacy of Patterson’s program with systematic replication with the program itself and extensions by other clinical researchers (Fleischmann & Szykula, 1981; Patterson & Fleischmann, 1979).
Although PMT is a promising treatment technique, it is not without limitations. First, PMT is not, of course, invariably effective. The efficacy of PMT appears to depend upon the types of families that participate, the intensity of the treatment (e.g., duration, supervision in the home) and several parent and family factors (e.g., parental discord and psychopathology) (Kazdin, 1984). In dysfunctional families, the treatment may produce little or no change or gains may not be maintained once they are achieved (Wahler, Berland, & Coe, 1979).

A related concern with PMT is the breadth of its applicability. For clinically severe children it is not always a viable strategy. Limitations may not exclusively rest with the families and associated familial conditions in which they are embedded. For example, in a study to investigate inpatient treatments for children with serious conduct disorder, approximately 75% of the families of the children were not suitable for PMT. Parent psychiatric dysfunction, apathy, or disinterest in contributing further attention to their children were limiting conditions for the effective use of PMT. For this reason, the clinical services intensive treatment
efforts have been focused on the child rather than the child and parent combined.

At the end of the spectrum, PMT might appear to be applicable for large-scale preventive efforts. Based on existing evidence, there may be some benefit to large-scale dissemination of PMT. However, such an extensive application of PMT currently exceeds the present status of the evidence. PMT can be highly effective when administered intensively to an individual family or small groups of families. With regard to large-scale preventive efforts, the administration of this form treatment raises multiple problems including feasibility. Wide-scale application of PMT may sacrifice the intensity of treatment and the integrity of its execution (Michelson, 1987).

PMT places numerous demands on parents, including mastering educational materials, conducting home observations, successfully implementing treatment techniques, and attending weekly treatment sessions over a period of several months. These demands may affect the attrition rate that is reported between 17% and 32% (Eyeberg & Johnson, 1974; McMahon, Forehand, Griest & Wells, 1981; Patterson & Fleishmann, 1979). Moreover, other
factors may mediate drop out including low socio-economic status, depression, social insularity, and parental psychopathology (Kazdin, 1984; McMahon, 1981). While many parents undertake and successfully complete parent management training, others may refuse even to participate or only become minimally involved in implementing the comprehensive therapeutic regimen.

Overall, the PMT literature reveals treatment gains in adaptive child behavior both at home and at school. Follow-up studies ranging from 1 to 4 years (Fleishman & Szykula, 1981; Baum & Forehand, 1981) support the efficacy of PMT with regard to decreasing aggressive, noncompliant, and antisocial behavior in children from age 3 through 12 years (Patterson, 1982). Eyeberg and Johnson (1974), Patterson (1974), and Wells et al. (1980), have also reported that PMT is effective in reducing antisocial and deviant behavior in children to within normative levels of functioning as compared to adjusted peer cohorts.

Alternative Strategies.

While PMT is regarded as one of the more effective and currently practiced behaviorally based treatment strategies for antisocial
youth, it cannot be professed as the primary or sole therapy of choice. Alternative therapies like Interpersonal Cognitive Problem Solving (ICPS) and Behavioral Social Skills Training (BSST) have been evolved as an intervention strategy in cognitive therapy.

Interpersonal cognitive problem solving skills training emphasizes the importance of cognitive processes in understanding, mediating, and resolving interpersonal conflicts. Cognitive treatments focus on modifying dysfunctional thinking processes that are presumed to result in antisocial behavior. The specific cognitive processes that are targeted for change differ according to the varying characteristics of the child or adolescent.

A number of cognitive operations are commonly focused upon in treatment, including remediation of negative perceptions, attributions, self-statements, and expectations, and enhancing effective problem solving strategies. 'The assumption of cognitive therapy is that children with deviant behavior suffer a deficiency in particular processes or an inability to use their applied cognitive skills', says Kazdin (1984).
Another strategy that holds much promise for the prevention and/or treatment of antisocial disorders in children and adolescents is Behavioral Social Skills Training (BSST). This modality is directed at developing specific and complex interpersonal behaviors that encompass a wide variety of social situations to promote pro-social interactions. BSST is based on the view that children with antisocial, aggressive, noncompliant, and acting-out behavior have not sufficiently developed the requisite skills to function optimally, both inter and interpersonally. BSST focuses on developing complex and adaptive behavioral repertoires to enhance personal competencies.

There has been a sea-change in the notions and ideas about parenthood and parenting practices. On one hand, there has been a demonstrable link between some of the ‘mal-adaptive’ parenting practices and deviant behaviors in children. On the other hand, it is being recognized increasingly that it is possible to teach these parenting skills to the concerned parents. Efficacy studies do suggest that although limited, one might expect a certain degree of improvement. There has been increasing interest both in the clinical and research aspects of parent training and it seems to be promising field both for the client and the therapist. Recent trends
suggest that incorporation of cognitive and social learning skills along with the behavioral ones might further augment the effectiveness of the same.

Certain moderating factors, which may limit the effectiveness of behavioral parent training programs have been identified and are as follows:


2. Single parent is mother (Patterson, 1974; Webster-Stratton, 1990).

3. Depression in mother (Griest et al., 1981).


**Basic Assumptions of Behavioral Management**

Behavioral assessment is based on several assumptions about behavior. The first assumption is that behavior is lawfully
determined by the confluence of interrelationships between setting events and individual responses (Hawkins, 1986; Haynes, 1978). The second assumption is that the lawful interrelationships between settings and responses can be identified most effectively through the use of minimally inferential empirical methodologies (Barlow & Herson, 1984; Cone, 1988; Hay, 1982). The third assumption is that setting and response interrelationships can be systematically modified to foster improved functioning in patients with a wide range of behavior disorders (Eysenck, 1988; Kazdin, 1984).

Behavior disorders are thus presumed to be the manifestation of complex setting X response interactions that may have transitory and/or lasting effects. Further, each factor in the setting X response interaction may subsume distinct components, levels, and parameters (Cone, 1988; Hyness, 1991; Schwartz, 1986).

**Consumer Satisfaction**

The assessment of consumer satisfaction with mental health services was unusual a few years ago. Consumer evaluation is
found to be useful method of assessing services. Measures of consumer satisfaction assess the extent to which treatment gratifies the wants, wishes, and desires of clients for service (Lebow, 1982).

Due to an increasing emphasis on treatment effectiveness in outcome research, consumer satisfaction is becoming recognized as an essential component in the outcome assessment of psychological treatments, including parent training (Plante, Couchman, & Diaz, 1995; Seligman, 1995). Consumer satisfaction in the context of psychosocial treatments refers to the extent to which patients or clients liked the process and the outcome of the treatment they received, including the treatment format, the techniques used, and the effects of treatment. As such measures of consumer satisfaction are considered the most subjective measures of treatment effectiveness (Eyberg, 1993). Many outcome studies that have included assessment of consumer satisfaction have suggested that greater satisfaction is related to greater efficacy of treatment (Bradley & Clark, 1993).

Researchers who have attempted to socially validate parent-training interventions typically have evaluated parents’ perceptions of the techniques following participation in a parent-training
program (McMahon & Forehand, 1093). Parents generally have reported being satisfied with the treatment they received. Satisfaction ratings typically have been obtained, however, only from 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. As 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).

**Significance of the Present Study**

From the above narrative it can be seen that all over the world there are various approaches to deal with problems among children. This includes theoretically specific approaches as well as generic eclectic approaches. Almost all of these works and related studies were conducted in the west. From the available reports it can be seen that a good number of them utilized a generic or eclectic approach. Relatively only few studies have pursued a specific or definite theoretical model. Coming to Indian context, there are not many studies on the effectiveness of training parents
in the management of problem children particularly focusing on assessing the effectiveness of a parental training exclusively from a behavioral perspective. In this context the present study assumes vital importance. In India there are very few trained Clinical Psychologists who work with problem children. Further the rate of incidence and prevalence of behavioral problem among children are comparatively very high. In such a situation equipping other auxiliary personnel with basic skills in behavioral management will go a long way in tackling problems among behaviorally disordered children in our Indian context. Such personnel from the community include lay counselors, parents, teachers, local volunteers and such other groups. Training these groups will help in reaching out to more needy children as early as possible especially when there are not enough trained clinical professionals. The present study is designed to achieve this goal. Further the present study also envisages to empirically assessing the effectiveness of behavioral management of problem children by non professional personnel. Current mental health scenario witnesses a paradigm shift from a conventional therapist oriented practice to a radical collaborative practice. Training and skill empowerment of teachers and parents in fostering positive behavior in children represent this radical shift. The present
research work is planned in this direction. Further this study also intent to appraise the method and outcome of intervention from the attitude of parents as a part of consumer satisfaction. For the convenience of the study the present work was specifically restricted to training up the parents in the behavioral management of their children. This is also determined by consideration of the various requirements of a scientific research such as available time, cost, energy and such other resources. The findings from this study are expected to contribute to enrich existing theoretical knowledge, practice skill, development of policies and plans, and training of appropriate man power even at local levels.

Aims and Objectives of the Study

The present study reads as “Behavioral Counseling: A Treatment Modality for Behavioral Problems in Children”. This is an intervention study using parents to modify the problem behaviors of children. Instead of the therapist actively involving in intervention as such directly with children, behavior modification is made directly through parents.
Aims.

The main aim of the present study is to find out the efficacy of behavioral management skills training for parents in modification of problem behavior observed among school children.

This above mentioned aim is further specified categorically into the following objectives:

1. To find out the efficacy of imparting behavioral management skills training for parents in modifying the behavioral problems of their own children.

In other words, this objective targets the success in the transfer of behavioral management skills imparted to parents as assessed through their level of satisfaction (Consumer Satisfaction).

2. To find out the efficacy of behavioral management by parents in modifying the behavioral problems of their own children.
In brief, this objective has its goal of measuring the behavioral change among children as a result of behavioral management by parents.

Operationally, the term “behavior counseling” is often used as a broad label to denote a multitude of behavioral techniques which also includes training of significant persons in behavioral management of problem clients. For the purpose of this study, the behavioral counseling approach used was the behavioral training for parents in management of problem children or problem behaviors among their own children.