1-1-1992

The effects of family intervention on parenting behaviors and parent's and children's self-esteem

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The effects of family intervention
on parenting behaviors and parent's and children's self-esteem

by

Mary Guinane Smith

A Thesis Submitted to the
Graduate Faculty in Partial Fulfillment of the
Requirements for the Degree of
MASTER OF SCIENCE

Department: Human Development and Family Studies
Major: Child Development

Signatures have been redacted for privacy

University
Ames, Iowa

1992

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INTRODUCTION

The present study was initiated from an interest in the effects of a family therapy program on children. The program is designed to increase the self-esteem of both the children and the parents enrolled in the program and to treat the family as a unit. The program is firmly based on the premise that dysfunctional behaviors exhibited by the children are part of an intergenerational cycle of familial events. Educating children and parents to perform appropriate behaviors is a vital part of the program.

The program is designed to foster positive self-esteem in both parents and children, to encourage parents to incorporate behaviors congruent with an authoritative parenting style into their personal parenting style, and to end the cycle of dysfunctional behaviors exhibited by members of the family that have a negative impact on the functioning of the children in these families.

Before discussing the research literature in these areas the limitations to the research methods used in this area should be pointed out. Ethical considerations in the manipulation of variables affecting self-esteem severely limit researchers’ control over these variables, thus making it virtually impossible to make direct cause-effect conclusions. A second consideration in research of this nature is that information received by whatever method of assessment, questionnaire, observation, or personal interview, will be tainted by the informant’s perspective. Subjects impart their own biases, whether
reporting on their own behaviors or on someone else's. Even well-trained observers reporting on the behavior of others inject their biases into their observations.

Finally, researchers have often assumed a directional pattern when drawing conclusions from their data, either parent to child or child to parent. Though these assumptions are a common part of research and lend clarity to research results, they are still assumptions on the part of the researcher. Parents and children are constantly influencing one another's behavior and there is no way to control all aspects of human behavior for research purposes.

The current study is centered on a program whose basic philosophy is geared to changing the intergenerational cycle. Participation in the program was expected to influence parenting styles and improve the self-esteem of both parents and children. The program is designed to enhance self-esteem for all participants by encouraging communication and fostering an authoritative parenting style.

The diverse family backgrounds of the families enrolled in the program demand the unique and varied approaches used. The intervention program in this study has combined several elements from other successful programs into one program to help many families that may have different problems but the common trait of being a dysfunctional family unit.
LITERATURE REVIEW

Discussion of literature relevant to this study will be presented in five sections. Each section will highlight an element examined in the study based on the goals of the program being evaluated. Discussion of these elements and the factors affecting them will be in the following order: parental self-esteem; parenting style; children’s self-esteem; perceptions of parents and children; and methods of intervention.

Self-Esteem

One negative in research on parenting and children’s self-esteem is the lack of a clear definition of the term self-esteem. Many researchers fail to define what they mean or may use similar terms such as self-concept or self-image to mean nearly the same thing. Coopersmith (1967) gave the following definition:

By self-esteem we refer to the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short, self-esteem is a personal judgement of worthiness that is expressed in the attitudes the individual holds toward himself. (pp. 4-5)

The self-concept is influenced by an enormous number of variables. Adults develop their attitudes about themselves using many sources of feedback, years of experiences, and the ability to analyze this information. Children have less
exposure to outside sources of feedback, limited experiences, and are not always mature enough in their thinking processes to correctly interpret this information. In reviewing the literature the complexity of the association between the variables of the parent-child relationship becomes quite apparent. Each aspect of the relationship is intertwined with every other aspect. Parental self-esteem affects parental behavior which in turn affects the child’s self-esteem. The child’s self-esteem affects his behavior and thus begins the cycle of behavior between parent and child. It is then necessary to feed into the equation the perception factor. Each person has perceptions of their own and the other’s behavior which may or may not correspond to the other’s perceptions of the same relationship. An attempt will be made to clarify to some extent the complex nature of the parent-child relationship by reviewing studies that have looked at the many factors affecting both parents and children.

Parental Self-Esteem

Small (1988) found a relationship between a parent’s feelings of self-worth and the behavior he or she employs when interacting with adolescent offspring and the child’s independence and desire for greater autonomy. By assessing 139 parent-child dyads, Small (1988) found that mothers with lower self-esteem were perceived by their children as more controlling and restrictive than mothers with high self-esteem. He also found that children were more likely to
report being punished and were given less decision making freedom by mothers with low self-esteem. Based on their self reports rather than their children’s, fathers with higher self-esteem reported to better communicate with their children and to be less likely to use physical forms of punishment.

Another study that lends support to the idea that parental self-esteem is related to child self-esteem, is a 1991 study by Brown and Mann. This Australian study included 584 adolescents aged 12-18 years and 352 of their parents. Survey results indicated that high parental decision self-esteem, that is, confidence in decision-making ability, was associated with high decision self-esteem among young adolescents. Fathers appeared to be the more influential for decision self-esteem for males and females than mothers.

Johnston and Mash (1989) studied two dimensions of parenting self-esteem, efficacy and satisfaction. Satisfaction represented the affective dimension of parenting and efficacy the instrumental (competency) dimension. Low overall levels of parenting self-esteem were reported by parents who reported more child behavior problems. The satisfaction dimension was particularly sensitive to the effects of deviant child behavior. Fathers were more likely to indicate a relationship of instrumental dimensions to perceived child problems. Johnston and Mash (1989) suggest that these results, for fathers, connect parenting efficacy, at least partially, to the extent in which the child is perceived as problematic. They also concluded that mothers may rely
more on social comparisons in their estimation of their ability to handle child problems in evaluating their competency as parents.

Beekman (1991) stated that lack of confidence in parenting ability was more likely to be found in the parents of drug-abusing adolescents. Adolescents revealed positive perceptions of parents who engaged in such factors as consistent discipline, rule making, and limit setting for the child. Contributing to a drug-free lifestyle model was the parents’ ability and willingness to accept responsibility for their decisions and behavior and to show their own problem solving skills and attitudes.

These studies all indicate that how parents feel about themselves in their role as a parent affects how they deal with their children. Further study is needed to find by which processes and with which sources of information they examine and evaluate their parenting skills.

**Parenting Style**

Research on parenting is extensive and significant results have been found that consistently point to characteristics that have been categorized into several parenting styles; these include the authoritarian, authoritative, permissive, and neglectful parenting styles. Various researchers have labelled comparable styles with similar names which will be noted as each style is discussed.
Authoritarian. The authoritarian style of parenting, also called authoritarian-autocratic (Maccoby & Martin, 1983), describes parents whose demands on their children exceed their acceptance of their children’s demands on them. These power-assertive parents place strict limits on their children and issue severe punishment should these restrictions be violated. There is no discussion or negotiation of rules. Authoritarian parents value the power they have over their children.

Baumrind’s (1971, as cited in Eilings, 1988) study presented the following description, "The authoritarian parent attempts to shape, control, and evaluate the behavior and attitudes of the child in accordance with a set standard of conduct... She does not encourage verbal give and take, believing that the child should accept her word for what is right" (p. 22).

The effects of this style of parenting on self-esteem have been investigated. Coopersmith (1967) found that this style related to low self esteem in sons. Maccoby and Martin (1983) refer to work by Loeb, Horst, and Horton (1980) relating directive parenting style and children’s self-concepts. The study considered a directive teaching style, that is, physically taking over or giving direct verbal orders or directions, as one aspect of authoritarian parenting. This style was found more often among parents of fourth and fifth graders with low self-esteem than among the parents of children with high self-esteem. The authors concluded from these results that high levels of parental authoritarian
control communicate to children that they are not trusted to undertake activities independently and that they are not viewed as competent by their parents. This controlling parenting style thus contributes to the development of a negative self-concept.

**Authoritative.** The authoritative parenting style was described by Baumrind (1967, 1971, as cited in Maccoby & Martin, 1983) as including the following elements; expectation for mature behavior from child and clear standard setting; firm enforcement of rules and standards, using commands and sanctions when necessary: encouragement of the child’s independence and individuality; open communication between parents and children, with parents listening to children’s point of view, as well as expressing their own; encouragement of verbal give-and-take; recognition of the rights of both parents and children.

The authoritative parenting style is also referred to as the authoritative-reciprocal pattern (Maccoby & Martin, 1983) because it includes a responsiveness on the part of the parent to the needs of the child. Coopersmith’s (1967) study of fifth and sixth grade boys reported that the characteristics of an authoritative parenting style were present in the parents of boys with high self-esteem.

Other studies (Apolonia, 1975; Comstock, 1973; Lewis, 1981; Quadri & Kaleem, 1971) also investigated levels of parental control, and their relationship to children’s self-esteem. Whereas power-assertive parenting was associated
with low self-esteem, very firm levels of parental control combined with warmth and a democratic style of family decision making were associated with high self-esteem. Allowing children a voice in family matters without yielding complete control such as in a democratic style of family functioning seems to have a positive effect on children.

**Permissive.** Permissive parents allow children to control many of the decisions in their daily lives, such as bedtimes and meals, and avoid attempts to control, punish, or restrict children’s actions if at all possible. Permissive parents do not neglect the needs of the children but are tolerant of their impulses and as accepting as can be allowed. This permissiveness extended into the area of aggression leads to children unable to control aggressive impulses (Yarrow, 1968).

In contrasting parenting styles Becker (1964, as cited in Eilings, 1988) described children of permissive parents as outgoing, creative, independent, and successfully aggressive, whereas Maccoby & Martin (1983) described these children as impulsive, aggressive, and lacking in independence and responsibility.

Lamborn and Mounts (1990) found that children from homes with permissive parents showed strong evidence of self-confidence, but also reported a higher frequency of substance abuse and school misconduct. Research on the permissive style of parenting has not shown it to be as
conducive as the authoritative parenting style in fostering positive self-esteem in children.

**Neglectful.** The neglectful parenting style has also been referred to as the indifferent-uninvolved pattern (Maccoby & Martin, 1983), as hostile-permissive (Becker, 1964), and as unengaged (Baumrind, 1989). This parenting style is followed by those wanting to minimize the effort required to raise a child. These parents put forth the least effort, minimal emotional involvement and are psychologically unavailable to their children. Hostile verbal abuse and physical abuse may accompany this style (Egeland & Stroufe, 1981). The findings by Loeb, Gitelson, Petersen and Hurtig (1980) that involvement was positively correlated with children’s self-esteem, also mean that the lack of parental involvement is associated with lower self-esteem in children.

Various other aspects of parenting styles and their effects on children have been studied. In reviewing the effects of parenting styles on children’s self-esteem, Eilings (1988) discussed Becker’s (1964) modifications of dimensions originally used by Schaefer (1959, 1961). Cited in her review was a lengthy quotation from Becker’s description of his orthogonal factors of warmth versus hostility, restrictiveness versus permissiveness, and anxious emotional involvement versus calm detachment. This passage includes dimensions of the parenting styles just reviewed.
The warmth versus hostility dimension is defined at the warm end by variables of the following sort: accepting, affectionate, approving, understanding, child-centered, frequent use of explanations, positive response to dependency behavior, high use of reasons in discipline, high use of praise in discipline, low use of physical punishment, and (for mothers) low criticism of husband. The hostility end of the dimension would be defined by the opposite characteristics. The restrictiveness versus permissiveness dimension is defined at the restrictive end by: many restrictions and strict enforcement of demands in the areas of sex play, modesty behavior, table manners, toilet training, neatness, orderliness, care of household furniture, noise, obedience, aggression to sibs, aggression to peers, and aggression to parents. Anxious emotional involvement versus versus calm detachment is defined at the anxious end by: high emotionality in relation to child, babying, protectiveness, and solicitousness for the child's welfare. (p. 174)

These dimensions clarify the characteristics associated with each of the parenting styles just reviewed. The authoritarian, permissive, and neglectful styles each fall under an extreme of one or more of these dimensions. The authoritative, on the other hand, attempts to strike a balance within and between each dimension.
Paulson, Hill, and Holmbeck (1991) examined perceived closeness and parental warmth in the families of 200 seventh grade boys and girls. The purpose of the study was to distinguish perceived closeness as a specific facet of warmth. Measures were taken from both parents and children in several areas: closeness, warmth, parental satisfaction with parenting, children's participation in family activities, self-esteem, expressiveness, and instrumentality.

Results analyzed in all four parent-child dyads showed that children's reports of closeness significantly predicted self-esteem. Parents' reports of closeness only predicted self-esteem in the mother-son dyad. However, the authors did report that parental warmth significantly predicted self-esteem above and beyond both parents' and children's reports of closeness in all but one analysis.

Becker's reference to restrictive versus permissive parenting correlates to Schaefer's control versus autonomy variables. Studying adolescent autonomy, Pardeck and Pardeck (1990) pointed to the degree and kind of control as the determining factors in how parenting style affects adolescents. Though conflict is to be expected during the adolescent years they state that, "The parenting style that appears to best promote autonomy in adolescents is one that includes a love-oriented approach with an authoritative stance that allows adolescent input but also sets limits" (p. 313).

The parenting style research seems to indicate that the authoritative-
reciprocal pattern of parenting would be the most beneficial to foster self-esteem in children. Highlighted characteristics of this style, warmth, responsiveness, firm rules negotiated between parent and child, encouragement of the child’s independence and recognition of the rights of both parents and children, all seem to encourage positive self-esteem in children.

**Children’s Self-Esteem**

In addition to the studies already mentioned, other studies have been published that support the positive effects on children’s self-esteem of behaviors congruent with an authoritative parenting style. A 1984 study by Siegal and Cowen found children gave favorable ratings to parents who used induction occasionally backed by physical punishment and that permissive parenting was not a preference of the children. Enright and Ruzicka (1989) documented an inverse relationship between the rating of a mother as physically punishing and the child’s self-esteem. Also reported was a positive relationship between self-esteem and what children perceived as a mother likely to explain her discipline reasons, making clear her expectations of them, and to be supportive.

Several studies have researched the effects of divorce on children’s self-esteem. Parish found differences on the effects of divorce between genders (Parish, 1987a) and differences as a function of birth order and marital status (Parish, 1987b). A final study (Parish, 1987c) revealed that first-born college
students who had experienced parental divorce did not differ on self-esteem ratings from those who had not. The author did find differences between youths ranging in age from 10 to 18 years in a later study (Parish, 1991). He concluded that although all youths may initially traumatized by the effects of divorce these effects may become muted by the time they reach young adulthood.

Other results from the 1991 study revealed an interesting gender by marital status interaction effect. Results showed that self-esteem ratings for boys from divorced non-remarried families appeared higher than those from intact and divorced remarried families. On the other hand, girls from intact families had higher self-concepts than their counterparts from the other two categories. These findings relate to Brown and Mann’s (1991) hypothesis that "if there is pressure for the adolescent to be more involved in family decision-making, such as families where there is only one parent, the male adolescent appears to develop greater decision confidence and competence" (p. 370).

Another factor noted in research and relating to children in the present study is child abuse. The psychological profile of the abused child is generally agreed upon. Beezley, Martin, and Alexander (1976) describe the following characteristics; a tendency to distrust adults, intense need for nurturing, poor self-concepts and difficulty relating spontaneously and openly to others.

Interestingly the description used initially for the intended victim of the
abuse is now being used for other members of the family. Halperin (1981) stated that "both abused and nonabused children from abusive families seem to have more negative feelings and perceptions toward their parents and siblings" (p. 93). Other writers (Johnson & Morse, 1967; Kempe & Kempe, 1976) also noted the similarities between abused children and their siblings. These similarities may be caused by the violent environment and the children's feelings by having witnessed the abuse. The major implication is that the effects of child abuse spread to the entire family and the family therefore should be treated as a whole.

Another kind of abuse not to the child but by the child is often related to low self-esteem. Research has identified low self-esteem as among the most important predictors of drug use (Beekman, 1991). Low self-esteem youth may use deviant behaviors such as drug abuse and delinquency to gain the attention of adults when their efforts at prosocial behavior have gone unnoticed. Richman (1984) found an inverse relationship between general and area-specific self-esteem scores of high school students and indices of maladaptive behavior.

The influence of low self-esteem on drug use makes parental responsibility to foster positive self-esteem clear. The parental relationship with the child provides the experiences from which self-esteem is learned. The development of self-esteem is a direct result of interaction with parents or parent substitutes, and the sense of value or significance that children develop about themselves
results from their interpretation of parental responses. Parental neglect to foster positive self-esteem in children will result in the children’s susceptibility to those behaviors associated with low self-esteem such as drug-abuse.

Feeding into the relationship between adolescents and their parents are other stressors that may effect the family as a unit. Low family cohesion and low active recreational orientation (Haddad, Barocas, & Hollenbeck, 1991) and cumulative family stressors, such as divorce, interpaternal conflict, and maternal depression, (Forehand, Wierson, McCombs, Armistead, Kempton, & Neighbors, 1991) all related to deterioration in adolescent functioning. It is essential then for parents to provide children with an atmosphere conducive to developing a positive self-concept.

The negative repercussions of low self-esteem have created intergenerational cycles of events. As noted, parental control and discipline effect self-esteem. As children grow and become parents themselves they assimilate the parenting views and styles they have known as children into their parenting. This view is supported by Trickett and Susman (1988) who stated that failure to assimilate new beliefs about parental control and discipline may be a partial explanation for the intergenerational aspects of abuse, because there is growing evidence that the upbringing of abusive parents is likely to have been less than ideal. They found further support for this view in a study of abusive parents who reported receiving harsher physical punishment from
their own parents than did control parents (Trickett & Susman, in press). The question to be addressed now is whether or not this cycle can be broken.

**Perceptions of Parents and Children**

How each member of the family sees him/herself has an effect on the relationships within the family. Also important are the perceptions each has of the other. Parents may see their behavior as being one way while their children may perceive their actions very differently. The same of course holds true for the reverse. Several studies have noted such differences in perceived behavior in their findings.

Demo, Small, and Williams (1987) found such a relationship when they examined the different perceptions that parents and adolescents have of their relationships and the correlates between those perceptions and the overall self-esteem level of adolescents and their parents. One hundred and thirty-nine parent-child dyads of predominately white, middle or upper-middle class, well educated families were assessed. Results indicated that adolescents and their parents have independent yet overlapping perceptions of their relationships. The individual’s perceptions of the relationship were consistently related to his or her own self-esteem but the other’s perceptions were generally unrelated. The authors recognized the influence of the interaction between the parent and adolescent as affecting the other’s self-esteem. However, they placed a great deal of stress on the importance of the quality of intrafamilial communication as
the strongest correlate to the adolescent’s self-esteem.

More directly related to the present research are studies that looked specifically at children’s perceptions of their parent’s parenting behaviors. Gecas and Schwalbe (1986) found little connection between parents reports of their behavior (on measures of control/autonomy, support and participation) and children’s perception of the same behaviors. Interestingly, they did find strong relationships between children’s perception of their parent’s behavior and children’s self-esteem, interpreted to mean that how children view their parent’s behavior is more influential for their self-image. Reflecting the socialization experiences of boys versus girls, boys’ self-esteem was affected more strongly by parental control and girls’ self-esteem by parental support and participation.

An interesting finding was present in both the above research as well as in research by Demo, Small, and Williams (1987). Parental behavior had a greater influence on the self-esteem of adolescent boys than on the self-esteem of adolescent girls. The latter study concluded from its replication of the Gecas and Schwalbe results that the boys may provide clues in the expression of their self-esteem to prompt parents to respond and that girls may provide fewer or more subtle expressions. The authors concluded that for both boys and girls, "Communication and participation with parents are strongly tied to adolescent self-esteem, illustrating highly reciprocal social relationships, in which shared activities, conversations, and emotional support are correlates of children’s self-
Rees and Wilborn (1983) found a linkage between parents’ perceptions of their children and adolescents’ perceptions of their parents in drug-abusing and nondrug-abusing adolescents. Their study consisted of 26 clinical inpatient drug-abusing adolescents and their parents. Data were collected using the Self-Esteem Inventory (SEI, Coopersmith, 1977), the Child’s Report of Parental Behavior Inventory-Revised (CRPBI-R; Schaefer, 1965) and the Hereford Parent Attitude Survey (PAS; Hereford, 1963). Results showed that parents of nondrug-abusing adolescents were more likely to accurately predict their child’s perceptions of their parental behavior than the parents of the drug-abusing adolescents, perhaps an indication of clearer communications between parent and child in the nondrug-abusing families. Also, children’s drug-abusing behavior was more likely to be associated with the parent’s use of such psychological techniques as control through guilt, hostile control (loss of temper), and instilling persistent anxiety to control the child’s behavior. Less likely to be associated with drug-abusing behavior was firm parental control that set consistent and overt limits for the child’s behavior. These results re-affirm the authoritative parenting style conclusions previously stated.

Finally, Rey and Plapp (1990) studied the quality of perceived parenting in normal, oppositional, and conduct disordered adolescents. The oppositional and conduct disordered adolescents perceived their parents as more overprotective
and less caring. Though there is not enough data to support a causal relationship between parenting and the development of these disorders, the findings do highlight the highly complex interactive nature of family relationships.

Methods of Intervention

Particularly relevant to the present research are studies that support specific techniques and philosophies used in the therapy program in this study. Support for the use of peer groups to provide social support, parent skills training and education to change parenting behaviors and beliefs, art therapy and play therapy to enhance communication skills, and the importance of treating the family as a unit in order to break the cycle of dysfunctional behavior will be discussed.

Parent Training. Parent training programs deal with parents of children from infancy through adolescence. Anderson and Nuttal (1987) examined three distinct stages: preschool, school-age, and early adolescence. Communication training workshops were offered to the 118 parents in the study. The workshops consisted of four parts: (a) processing of homework from the previous session that was designed to use the specific skill learned the week before, (b) feedback in the form of mini-lectures from the workshop leader, (c) role playing of positive and negative communication skills, (d) homework using new skills and self-evaluation. Parents attended either 3, 4, or 6
workshops, depending upon the age of their child.

Findings showed that a majority of parents reported positive changes in their child’s level of cooperativeness and the quantity of communication shared with the parent. An interesting conclusion of the authors was that their findings supported the idea that "communication skills can be taught successfully regardless of the specific parenting tasks which may vary from one parenting stage to another" (p. 43). In contrast to other reports on parent training programs, this study found participants identifying peer group discussions as the most favored workshop activity. The opportunity to express personal feelings and receive support from the group was especially valued by these participants.

Comparison of communication skills training with contingency management was the focus of the 1988 study by Hughes and Wilson. Parents were randomly assigned to either of two behavioral training programs, contingency management or communication skills/problem-solving, or a waiting list control condition. Parents of forty-two conduct disordered children participated in sessions either with or without the child present. Their results reported improvements in child behavior in both treatment conditions. The contingency management condition reported greater success than the communication skills/problem-solving condition. The authors attributed this difference to the type of assessments used to measure improvements in behavior. The
contingency management condition was seen as more likely to produce those behavior changes sensitive to these instruments.

Several studies (Belsky, 1980; Garbarino & Gilliam, 1980; Sigel, 1986) have noted that parental child-rearing beliefs and practices can be influenced by agents of change such as educational institutions, the media, and social networks. Unfortunately the child-rearing styles most often connected with low self-esteem also tend to be an isolated style of child-rearing with limited access to these agencies. Exposure to new ideas and beliefs on child-rearing is essential to changing the cycle.

A large body of work encompasses parenting/treatment programs for child abusers or those at risk to become child abusers. The cyclical events intertwined with child abuse have been noted by researchers. Friedman, Sandler, Hernandez, and Wolfe (1981) noted two common antecedent stimuli to an abusive situation: 1) The child's aversive behavior (e.g., crying, screaming, wetting) and 2) Marital conflict. Wolfe, Sandler, and Kaufman (1981) carry the cycle a step further by saying that, "The parents' behavioral capabilities (i.e., predisposed to using aggressive conflict resolution tactics, poor knowledge of child development and unrealistic expectations and demands of the child, isolation from appropriate parenting models and resources) are often not adequate to deal effectively and non-violently with these aversive stimuli, leading to aggression toward a child (or a spouse)" (p. 633). The short-
term consequences, relief from the stimuli and tension reduction, may reinforce the aggressive response.

To further the cycle, Patterson and his colleagues (Patterson, 1977; Patterson, Reid, Jones, & Conger, 1975) have suggested that the use of corporal punishment accelerates the child’s aversive behavior, which then triggers further abuse. The parent and child are then trapped in a coercive circle and the abuse is maintained. Without any outside influence the child may grow up to view this cycle as normal and it will be maintained with his/her child. Thus, the cycle then extends into an intergenerational one.

In support of the intergenerational theory Trickett & Susman (1988) found differences over several generations in child-rearing beliefs and practices between physically abusive and nonabusive families. They refer to the two dimensions of Maccoby & Martin (1983): degree of parental control and parental nurturance or acceptance. Though the empirical evidence which finds abusive parents to be less nurturant and more rejecting of their children is scant, it is widely assumed that this is the case. Their findings indicated that abusive parents were less satisfied with their children, perceived child rearing as more difficult and less enjoyable, reported very different disciplinary approaches, promoted an isolated lifestyle for both themselves and their children, and reported more anger and conflict in the family. Without extended contact with society or some participation in wider ecological contexts families
are not exposed to beliefs that are antithetical to their own. Perpetuation of family isolation keeps the cycle intact.

Attempts by the parent to control the child as a possible antecedent to child abuse was supported by Gil’s (1970) national survey. Eighty-seven percent of abusive incidents involve a parent or parent substitute. In nearly two-thirds of these incidents, the immediate antecedents were parental attempts to discipline or control the child’s behavior in some way. It is statistics such as these that bring to light the great need for parents to gain an understanding of child development and be exposed to parenting techniques that will enable them to form alternative interaction patterns to manage their parenting responsibilities without harming their children.

Concurrent with the act of physical abuse is often the underlying emotion of anger. In work exploring cognitive-behavioral interventions aimed at parents at risk of child abuse, Whiteman, Fanshel, and Grundy (1987) investigated four treatment programs to see how they might alleviate this anger. The first group was involved in cognitive restructuring with interventions designed to change the perceptions, expectations, and appraisals of the parent regarding the child as well as the stresses encountered by the parent. The second group was exposed to relaxation procedures designed to alleviate states of arousal and stress that accompanied the anger response. The third group focused on the development of problem-solving skills designed to replace the hostile response
of the parent. The fourth group received a composite package of the other three interventions. Results showed the composite program resulted in the strongest degree of anger alleviation. This treatment gave the client a range of resources to cope with anger and relieve stress.

**Group Therapy.** Koeske and Koeske (1990), in researching the effects of parental stress, stated that social support had a stress-buffering effect for parents, particularly for mothers. They also found results supportive of education level as a stress buffer. Peer support groups provide at least a temporary social support network to decrease the social isolation that inhibits change (Brunk & Whelan, 1987).

Peer support groups for children were beneficial for children in the "Children of Divorce Intervention Program" evaluated by Pedro-Carroll and her colleagues (Pedro-Carroll & Cowen, 1985; Pedro-Carroll, Cowen, Hightower, & Guare, 1986). The program was designed to provide support for suburban children experiencing parental divorce or separation. It included components dealing with children’s feelings about and perceptions of the divorce as well as games and activities designed to enhance coping skills and self-esteem. The support groups helped children feel less isolated and different by enabling them to share their feelings with peers who had been through similar experiences and could empathize with them.

In another study of the same basic program, Alpert-Gillis, Pedro-Carroll, and
Cowen (1989) found significant improvements in self- and family perceptions in the children who participated as compared to matched divorce controls and demographically matched children from intact families. The authors concluded, "By sharing intimate feelings and concerns with peers who had been through similar experiences and could empathize with them, children came to feel less isolated and different" (p. 587). They also reported that the group participants were better able to identify and appropriately express their feelings, an observation that was also noted by the children’s parents.

Omizo and Omizo (1987) found that group counseling had positive effects for parents and children following divorce. Sixty volunteer parents and their children participated in an eight week program that provided information and skills training in a supportive atmosphere. Parents’ child rearing attitudes were measured pre- and post-treatment using selected items from the Parent Attitude Survey (PAS, Hereford, 1963). Though the children were not given any direct treatment or counseling, they were also evaluated using the Primary Self-Concept Inventory (PSCI, Muller & Leonetti, 1974).

Results indicated that both parents and children benefitted from the counseling session. Parents gained confidence about being parents and seemed more accepting of their children. Higher self-concept scores on three of the PSCI measures indicated differences between the children who were in the experimental group and those who were not. The authors stated that "The
findings suggest that the child-rearing attitudes of the parents in the treatment group had changed and quite possibly affected their interactions with their children...parents seem to have benefitted from these group sessions by acquiring more positive child-rearing attitudes about dealing with their children" (p. 178).

**Art and Play Therapy.** The use of art and play therapy techniques to enhance communication is a significant part of the program being examined. Stronach-Buschel stated that art therapy meets the needs of children who have been traumatized in two important ways. Art therapy provides these children with a visual means of expressing and integrating the trauma. Secondly, the child feels more in control of the emergence of the memories and feelings surrounding the trauma by reproducing aspects of the trauma in symbolic form before beginning to talk about them.

Art therapy can be used to uncover family patterns of interaction and behavior. Landgarten (1987) described the use of art therapy as having a threefold value. In creating the project the therapist can see how the family interacts, the contents portray unconscious and conscious communications, and the product is lasting evidence of the group's dynamics.

Play therapy provides a safe environment for children to experiment with change (Eyberg, 1988). Parents and therapists can engage in activities appropriate to the child's age to create an environment that allows the child to
express him/herself on a broad range of childhood problems. It is also allowable for the adult to model appropriate behaviors and ways to express feelings into the play activities. The activities generate the processes the family uses to function as a unit and that process is the focus of family therapy (Wolfe & Collins-Wolfe, 1983).

Family Therapy. Support for the use of family therapy came from Jansen (1986) who found that treating the family as a dysfunctional system rather than focusing on the individual lessens the likelihood that problematic behaviors will be reinforced by other members of the family. Meredith and Beninga (1979) concluded after their research on parent training programs to help parents enhance the self-concept level of their children, that a parent training/education program combined with a direct intervention program for children would be the best solution.

Halperin (1981) reiterates these same conclusions in research conducted to identify family perceptions of abused children and their siblings. Cited as a major clinical implication from a study of 80 abused and nonabused children was the need for the abusive family to be treated as a total system and not simply in terms of its individual components. Halperin also discussed the need to have a period of conjoint family therapy, after individuals have begun to function on a healthier level, to integrate these new behaviors into the family system.
Egeland, Jacobvitz, and Stroufe (1988) found several significant relationships to support treating both parents and children. Subjects were from a prospective longitudinal study of 267 families from lower socioeconomic backgrounds. The goal of the study was to identify variables that distinguish mothers who broke the cycle of abuse from mothers who had been abused as children and abused their own children.

The variables that distinguished those who broke the cycle versus those who did not, were emotional support from an adult available during childhood, or having undergone extensive therapy at any time in their lives. Either of these two events seemed to have enabled those who broke the cycle of abuse, to recognize the effects parental abuse had on them, as well as its potential effects on current child-rearing patterns. The therapy program in this study allows opportunities for this kind of recognition of the effects of abuse for both parents and children involved, encouraging both generations to break the cycle.
METHOD

Subjects

Subjects were 25 parents and 25 children enrolled in the "Light A Child’s Life" (LACL) program at Marian Behavioral Health Center in Sioux City, Iowa. Families were from the midwest community where the program was located or from the immediately surrounding area. Population of this area is approximately 85,000. Subjects were enrolled in the program through referrals from county and community social service agencies, private practitioners, and self-referrals. Though there was a fee for the program, scholarships were available to enable those who could not afford the tuition to enroll.

Children in the program ranged in age from 4-13 years. Therapy groups were divided by age and normally grouped as 4-6 year-olds, 7-9 year-olds, and 10-13 year-olds. Some variance in this grouping occurred due to enrollment demands.

Children in the oldest age group actively participated in the study by completing assessments on their own and their parents behavior. The middle age group of children did not complete assessments, though their parents did participate in the study. The younger children were not included in the study.

The term parents includes biological mothers and fathers and step-fathers. Twenty biological mothers, six biological fathers, and two step-fathers participated. Mothers’ ages ranged from 25-44 years with the average being
36.53 years. Fathers and step-fathers ranged in age from 25-49 and the average age was 36.25 years. Marital status in these families was as follows: two were never married, three were married, seventeen were divorced or separated, and six were divorced and remarried.

Children’s groups varied somewhat based on enrollment demands. During Session I there were two older children’s groups and no middle age group. During Session II there was one older children’s group. During Session III there was one older age group and one middle age group. Children’s group compositions are listed in Table 1.

In the study 13 girls and 12 boys participated. There was no control group in this study. Three of these subjects also had a sibling enrolled in the program. Fourteen of the children lived with their natural mothers only, seven with their natural mothers and a step-father, three lived with their natural parents, two with their natural fathers, two with a grandparent, and one spent equal time in each parent’s home. Of these children, fourteen had a mother who had a substance abuse problem, seventeen a father, and three a step-father with a substance abuse problem.

Family history information revealed that 17 of the families in the study had a history of physical and/or sexual abuse and 19 had a history of emotional abuse in their records. Some of the families in the study had family histories that included them in both of these figures. Of the adults, 15 were concurrently
receiving counseling for either marital problems or substance abuse. Five of the children received individual therapy or were in family counseling concurrently with the program. This research has been reviewed by and approval given by the Iowa State University Human Subjects Review committee.

Table 1. Children’s group compositions, mean ages, and age ranges

<table>
<thead>
<tr>
<th>Group</th>
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<th>Males</th>
<th>M</th>
<th>Range</th>
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<td>6</td>
<td>1</td>
<td>11.9</td>
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</tr>
<tr>
<td>2</td>
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<td>3</td>
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<td>4</td>
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<td>1</td>
<td>3</td>
<td>10.1</td>
<td>9.5-10.6</td>
</tr>
</tbody>
</table>

Instruments

The Rosenberg (1979) Self-esteem Scale and the Asher (1984) Loneliness Scale were completed by the older children’s groups (groups 1, 2, 3, and 5) (see Appendix E). All parents completed similar forms on both their own and
their child’s self-esteem (see Appendixes D). The primary therapist completed the same form for the child before and after the initial program (see Appendix F).

Parenting behaviors were assessed using a parenting questionnaire. The questionnaire contained items taken from Schaefer’s (1965) Children’s Report of Parent Behavior Inventory. Children in groups (1, 2, 3, and 5) and their parents completed similar versions (see Appendixes E and F).

Cronbach alpha reliability coefficients for the self-esteem scales were .88 or higher in all cases. The parenting scales were divided into two factors, nurturance and discipline at both Time 1 and Time 2. The reliability coefficient for the parents’ discipline scale at Time 1 was .38 and for the children .62. At Time 2 the children’s nurturance scale coefficient was .37. All other parenting scales were at .74 or higher.

Procedure

There was a primary care phase and an aftercare phase in each session. Data was collected in three consecutive sessions. Session I was conducted from July to September of 1991. Session II was conducted from September to November of 1992. Session III began in November 1992 and concluded in April of 1992.

All groups were formed by the therapist and were therefore not randomized. One therapist and three interns were present at each session for
all the adult and children’s primary care sessions and the children’s aftercare sessions. The parents’ aftercare group sessions were conducted by program interns only.

At each session parents were divided into two groups, each group meeting once per week for two hours during the primary care phase. The two parent groups were combined into one group for the aftercare phase of treatment and met weekly for two hours each time.

Children’s primary care groups met twice each week for 90 minutes each session. Group compositions for the aftercare phase were the same as for the primary care phase for the children. The children met once per week for 60 minutes during aftercare.

Whether those enrolled in the LACL program participated in the research or not had no bearing on their treatment in the program. After completing the assessments participants placed them into an envelope that was then sealed. The therapist had no access to any research information. Of those eligible to participate in the study, six parents did not, four of these parents were not contacted. All of the children old enough to complete assessments agreed to participate.

Prior to the start of the first scheduled therapy session everyone enrolled in the LACL program was asked to consider participating in the study. A cover letter, explaining the nature of the research, a set of brief instructions, and the
assessments were distributed by the primary therapist (see Appendixes A and B). The researcher was never present at any of the actual sessions.

This procedure of distributing assessments to participants was repeated after the initial eight-week program and again at the end of the eight-week aftercare program. There was a one week break between the two programs.

Any participants not attending an assessment session were mailed assessments to be completed at home. The responses of both the parents and the children were kept confidential from the therapist or any other family members. Every child was required to have an adult family member enrolled in the program with them to be accepted this resulted in a highly selected subject population. Attendance at all sessions was mandatory. Attendance at primary care sessions was high for both parents and children. All parents, except two, attended at least six of the eight primary care sessions. All the children, except one, attended at least fourteen of the sixteen primary care sessions. Attendance at the aftercare sessions dropped sharply. Assessment completion statistics for participants enrolled in the program and eligible for the study are listed in Table 2.
Table 2. Assessment completion statistics for adults and children at Time 1 and Time 2

<table>
<thead>
<tr>
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<th>Time 2</th>
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<td>9/11</td>
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<tr>
<td></td>
<td>Children</td>
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<td>Adults</td>
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<td>4/4</td>
</tr>
<tr>
<td>III</td>
<td>Adults</td>
<td>8/9</td>
<td>8/9</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>4/4</td>
<td>4/4</td>
</tr>
</tbody>
</table>

At the beginning of each group session participants were asked to state their names and how they were feeling that day. The therapist allowed each group member the choice to elaborate on their feelings or not. Both parents and children’s groups began in this fashion and this time was referred to as group process. The older children’s group also read aloud a short paragraph regarding confidentiality of the sessions before each group began.

The therapy sessions for the children during the first week of treatment tried to get the participants to begin to express their feelings and begin building trust
in the other members of the group and with the therapist. To accomplish these goals members of the group made name tags that were displayed in the therapy room, and personalized a folder to hold all their drawings for the duration of the program. Group activities included determining rules for their group, compiling a list of possible feelings (both of which were posted in the room for reference at later sessions), and drawing a collective mural. The groups also played the "Stamp Game", a card game where the children described an event and then chose cards labeled with feelings to express their feelings about the event.

The second week was oriented toward understanding family relationships. Members of the group participated in trust walks, drew individual family maps and kinetic family drawings. The two drawings were used to determine who the child felt close to and to help the therapist begin to understand family dynamics and process.

The third week of treatment focused on increasing self-esteem through self-disclosure. The middle age group of children made body tracings and the older children designed personalized t-shirts. The groups also played the "Who Am I?" game. In this game group members divulged clues about themselves and the group guessed to whom the clues referred. The groups also made a collective mural using their personal symbols.

Week four covered several areas. The children were offered an opportunity to learn appropriate methods of expressing anger (i.e., screaming into a pillow)
and also the option of trying these methods out. The children then drew and discussed appropriate and inappropriate ways to express anger. The anger work often led to discussions of specific family issues affecting individual participants.

During the fourth week of treatment an effort was also made to increase participants awareness of alcohol and its effects on the family system. The middle age group watched a short film on alcohol and its effects and the older children discussed alcohol related issues. The final activity, guided imagery, was used to enhance their understanding of the mind-body connection and introduce relaxation techniques to reduce stress.

The fifth and sixth weeks of treatment were devoted to family sculptures. Members of the group took turns "directing" an event in their family that was then videotaped. Each participant "cast" other members of the group to portray either him/herself or members of his/her family. As they directed the event and discussed it with the therapist on the videotape they were also asked to explain how the family members behaved and felt throughout the event. Those videotapes were then shared with other family members at the family interaction sessions in week seven. The goals of the family sculpture were to provide visual representations of the family’s dynamics and to show the parent(s) the child’s viewpoint of the family.

In the seventh week of therapy families made separate appointments to
view their family sculptures. If there was more than one sibling in the program they only made one appointment and attended as a family unit. Those sessions were devoted to discussion of specific family issues and gave participants an opportunity to express feelings with the therapist present. That session also enabled the therapist to encourage appropriate communication skills within the family.

During the last week of therapy, all the participants met at a graduation ceremony. Each of the children received a diploma. The therapist, family members, and other group members then had the opportunity to give the participant feedback on their time in the program. This final session also gave a sense of closure to the therapy process.

Children in aftercare attended one hour sessions once per week for eight weeks, following a one week break after the primary care program. The content of each group’s aftercare varied. Generally, participants chose from the activities presented during the primary care sessions and expanded on those techniques. The goal of the aftercare program was to provide continued group support and to continue the therapy process.

The adult therapy program was conducted concurrently with the children’s program. Each session began as the children’s sessions had with group process. The therapist incorporated discussion, role play, family maps, and other art related activities into the group sessions. After group process a
specific topic was the focus of the rest of the session.

During the first session members discovered and discussed ways that stress affected their parenting and relationships. The therapist then offered ways to appropriately relieve stress. Learning appropriate ways to communicate and investigation of positive and negative communication techniques were the focus of week two. The third week of therapy dealt with the members’ family of origin. They learned how their family of origin affects their parenting. The goal of that session was to help participants accept past family history in order to be a better parent in the present.

Week four was focused on anger and incorporated many of the same techniques the children’s groups had used. Week five was centered on discipline and learning the use of realistic consequences. The goals of that session were to learn to distinguish between structured and unstructured families and how to increase personal responsibility. Weeks seven and eight were the same as those described for the children’s groups.

The aftercare program for parents ran for eight weeks concurrently with the children’s program. The aftercare sessions generally followed the "Active Parenting" program (Popkin, 1983). They included group discussion, videotape presentations of family situations, and various exercises and homework assignments. Each session was again devoted to a particular topic and built on information from previous sessions.
The first session focused on the differences between active and reactive parenting and the description of the democratic family method of parenting. In the democratic method parents and children are social equals but not equals in terms of power within the family. The democratic family was described as freedom within limits.

The second session was devoted to understanding children. Different psychological viewpoints on children were discussed as were the basic goals of children's behavior: contact, power, protection, and withdrawal. Parenting and anger were also discussed.

Instilling courage and developing responsibility in children were the topics for the next two sessions. These sessions encouraged parents to accept and value their children and stimulate independence and responsibility. These sessions also explained the differences among natural and logical consequences and punishment. Natural consequences are the experiences which follow naturally without parental intervention from what children choose to do or not to do. Logical consequences are the results that parents deliberately choose and set up to show children what logically follows when children violate family values. Punishment is defined as an arbitrary retaliation for children's misbehavior that is intended to impose parents' will on children.

The fifth session discussed winning cooperation from children and methods of communication. The final session showed how to incorporate the
democratic method into the family by using a family meeting.

The Active Parenting program can be run on a six week time table but was extended to eight weeks to allow for extra discussion and to leave the final group session for closure to the group therapy process. At that time members could exchange phone numbers and addresses and form a support network for after the program.
RESULTS

The children’s scales resulted in two factors, self-esteem and loneliness. The parenting scale was divided into two factors as well, nurturing and discipline behaviors. Table 3 lists the means and standard deviations for each variable before and after treatment. One parent did not complete the self-esteem scale on herself at Time 1 resulting in a difference between the number of assessments completed on the parents and the number of assessments completed by the parents on the children at Time 1. One parent did not complete any of the Time 1 assessments resulting in a higher number of parental self-esteem scores at Time 2. Review of these results and of significant Pearson correlation coefficients will be divided into intra-attribute and inter-attribute sections. Within each section the variables at each time of measurement will be discussed. Correlation analysis for variables at Time 1 can be found in Table 4, for Time 2 in Table 5, and for Time 1 to Time 2 measurements in Table 6.
Table 3. Perceptions of the parents, therapist, and children on self-esteem, loneliness, nurturance, and discipline variables

<table>
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<th>N</th>
<th>Time 2</th>
<th>SD</th>
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Note. Abbreviations for variable names are as follows:

PSEP = Parent on self-esteem of parent
PSEC = Parent on self-esteem of child
PLON = Parent on loneliness of child
TSEC = Therapist on self-esteem of child
TLON = Therapist on loneliness of child
CSEC = Child on self-esteem of child
PNURT = Parent on nurturing behaviors
CSEC = Parent on discipline behaviors
CPNURT = Child on parent’s nurturing behaviors
CPDISC = Child on parent’s discipline behaviors
Table 4. Correlation analysis for Time 1 measurements

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</table>

Note. Abbreviations for variable names are as follows:
- PSEP = Parent on self-esteem of parent
- PSEC = Parent on self-esteem of child
- PLON = Parent on loneliness of child
- TSEC = Therapist on self-esteem of child
- TLON = Therapist on loneliness of child
- CSEC = Child on self-esteem of child
- CLON = Child on loneliness of child
- PNURT = Parent on nurturKng behaviors
- PDISC = Parent on discipline behaviors
- CPNURT = Child on parent's nurturing behaviors
- CPDISC = Child on parent's discipline behaviors
Table 5. Correlation analysis for Time 2 measurements

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PSEC = Parent on self-esteem of child  
PLON = Parent on loneliness of child  
TSEC = Therapist on self-esteem of child  
TLON = Therapist on loneliness of child  
CSEC = Child on self-esteem of child  
CLON = Child on loneliness of child  
PNURT = Parent on nurturing behaviors  
PDISC = Parent on discipline behaviors  
CPNURT = Child on parent’s nurturing behaviors  
CPDISC = Child on parent’s discipline behaviors
Table 6. Correlation analysis for Time 1 to Time 2 measurements

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Intra-Attribute Results

Interrelations among self-esteem measures. Parental self-esteem scores differed significantly from Time 1 to Time 2, \( t = 2.87^{**} \). The higher mean score at Time 2 indicates that parental self-esteem increased during this time. Changes in children’s self-esteem from the parents’ perspective and the therapist’s perspective were both significant at, \( t = 3.18^{*} \) and \( t = 10.72^{***} \), respectively.

In analysis from Time 1 to Time 2, parents’ self-esteem ratings on themselves before treatment did relate to parental self-esteem after treatment, \( r = .80^{***} \). Assessments of the self-esteem of children were completed by the children, the parents, and the primary therapist. Children’s self-esteem increased from Time 1 to Time 2, though this increase only approached statistical significance, \( p < .09 \).

Prior to the treatment none of the ratings on children’s self-esteem by the child, parent, or therapist intercorrelated. Parental self-esteem at Time 2 was significantly correlated to children’s perceptions of their own self-esteem before treatment, \( r = .44^{*} \). Children’s perceptions of their own self-esteem after treatment were significantly related to those of the therapist, \( r = .60^{**} \). The parents’ perceptions of the children’s self-esteem were also related to the therapist’s with the same coefficient. However, the children’s and parent’s perceptions of children’s self-esteem were still not related. From Time 1 to
Time 2, children’s perceptions of their self-esteem correlated, $r = .82^{***}$, as did the parents’ perceptions of children’s self-esteem at each measurement, $r = .58^{**}$.

**Interrelations among loneliness measures.** Assessments of children’s loneliness were completed by the same three sources. Mean differences were not significant for the children but were for the parents, $t = 2.31^{**}$, and dramatically for the therapist, $t = 10.72^{***}$.

Before treatment, assessments of children’s loneliness were significant in only one case. The therapist’s ratings were correlated to the children’s, $r = .53^{**}$. After treatment, the therapist’s and children’s perceptions were again correlated, $r = .57^{**}$. The parents’ perceptions were also correlated to the children’s, $r = .57^{**}$, at that time.

Time 1 to Time 2 perceptions of children’s loneliness were intercorrelated quite extensively. The perceptions of the children of their loneliness at each measurement correlated, $r = .77^{***}$, as did the parents’ perceptions from Time 1 to Time 2, $r = .72^{***}$. Children’s loneliness ratings at Time 1 were significantly related to Time 2 ratings of the parents, $r = .64^{**}$ and to the therapist, $r = .74^{***}$. These correlations were stronger for Time 2 to Time 2 than Time 1 to Time 2 ratings, indicating that both the parents and the therapist were more accurately assessing children’s self-esteem after treatment than before it. Parental perceptions of children’s loneliness before treatment
were similarly, though not as strongly, related to the children’s after treatment ratings, $r = .51^*$, and the therapist’s, $r = .47^*$. The therapist’s perceptions of children’s loneliness before treatment were only related to the parents’ after treatment assessments of children’s loneliness, $r = .60^{**}$. As noted previously the therapist’s and children’ perceptions were related at Time 1 and Time 2, though the strongest correlation was between the therapist’s ratings at Time 1 and the children’s at Time 2, $r = .61^{**}$.

**Interrelations among nurturance measures.** There were no significant differences on t-tests for nurturance items. As would be expected, parents who perceived themselves as nurturing rated themselves low on the discipline scale, $r = -.46^*$. The only significant correlations for nurturance between parents and children were on ratings from Time 1 to Time 2 by the parents, $r = .77^{***}$, and the children, $r = .57^*$.

**Interrelations among discipline measures.** Significant differences between the mean scores of Time 1 and Time 2 measurements on parenting were significant only for the parents’ ratings of their behaviors, but not on the children’s. The change in the parenting ratings were only significant on the discipline items, $t = -4.14^{***}$.

Before treatment parents’ perceptions of their discipline behaviors were related to children’s perceptions, $r = .55^*$. There were no intercorrelations on parenting items after treatment. Parents’ perceptions of discipline before
treatment correlated to children’s perceptions after treatment, \( r = .65^* \).

Parents’ ratings of discipline before and after treatment correlated, \( r = .42^* \).

**Inter-Attribute Results**

*Interrelations among self-esteem and loneliness measures.* The self-esteem ratings of the parents on themselves was not interrelated to any other variables either before or after treatment. The self-esteem ratings of the children on themselves were related to their ratings of their loneliness, \( r = .71^{***} \), and to the therapist’s ratings of their loneliness, \( r = .58^{**} \). The ratings of children’s self-esteem by the parents did not correlate to the children’s self-esteem ratings but did correlate to the children’s ratings of their loneliness, \( r = .77^{***} \). The therapist’s pre-treatment assessments of children’s self-esteem accordingly correlated to pre-treatment assessments of children’s loneliness, \( r = .42^* \).

After treatment, children’s assessments of their self-esteem correlated to assessments of their loneliness by themselves, \( r = .72^{***} \), their parents, \( r = .59^{**} \), and the therapist, \( r = .61^{**} \). These results indicate that both the parents and the therapist were rating the children more similarly to how the children were rating themselves. The parents’ self-esteem ratings of the child after treatment correlated to the parents’ ratings of children’s loneliness, \( r = .63^{***} \). The therapist’s self-esteem ratings correlated to his ratings of children’s loneliness, \( r = .51^{**} \), and to the child’s, \( r = .52^{**} \).

Children’s self-esteem at Time 1 was correlated to Time 2 ratings of
loneliness by themselves, \( r = .51^* \), the parents’, \( r = .51^* \), and the therapist, \( r = .64^{**} \). Parents’ ratings of children’s self-esteem before treatment were related to their loneliness ratings after treatment, \( r = .47^* \), as was their loneliness pre-treatment ratings to post-treatment ratings of self-esteem with the same coefficient and significance. The therapist’s pre-treatment ratings of loneliness were correlated to his post-treatment ratings of children’s self-esteem, \( r = .46^* \), and the children’s, \( r = .62^{**} \). Children’s ratings of their loneliness correlated with their own ratings of their self-esteem after treatment, \( r = .71^{***} \), and the therapist’s, \( r = .43^* \).

**Interrelations among self-esteem and parenting measures.** Before treatment several significant correlations were found between self-esteem measures and parenting behaviors. Children’ ratings of their self-esteem were related to parents’ ratings of their discipline behavior, \( r = .48^* \). Parents’ ratings of high children’s self-esteem was correlated to their high rating of their nurturance, \( r = .53^{**} \), and children’s ratings of low discipline, \( r = -.53^* \). Oddly, the therapist’s ratings of children’s self-esteem was correlated to low parental nurturance, \( r = -.54^{**} \).

After treatment, there was only one relationship between self-esteem and parenting measures. Parents who rated their children high in self-esteem also rated themselves high in nurturance, \( r = .44^* \). From Time 1 to Time 2, two significant correlations were found. Therapist’s ratings of children’s self-esteem
before treatment was correlated to children’s ratings of their parents’ nurturing behaviors after treatment, $r = .60^{**}$. Parents’ high nurturance ratings on themselves before treatment were related to their ratings of their children as having high self-esteem after treatment, $r = .64^{***}$.

**Interrelations among loneliness and parenting measures.** Only two significant correlations were found between the loneliness and parenting measures. Before treatment the therapist’s rating of children being less lonely correlated to the children rating their parent’s low on discipline measure, $r = -.47^*$. After treatment, children scoring high on the loneliness scale, meaning they did not feel lonely, also rated their parents as very nurturing, $r = .54^{**}$.

**Analyses of Variance Results**

One way analysis of variance found significant differences on children’s perceptions of their parents’ discipline behaviors between those who had a natural father with a history of substance abuse from those who didn’t before treatment, $F(1, 16) = 6.05$, $p < .026$. For those with a history of substance abuse $M = 35.70$ and $M = 42.13$ for those without. Those who had a father with a history of substance abuse rated their parents lower on discipline items (e.g., scolding less often, less inconsistent punishment).
Children with a natural mother with a history of substance abuse were rated as lower in self-esteem by the therapist before treatment, \( F(1, 21) = 4.02, p < .058 \) than those whose natural mother was not a substance abuser. For those who had a natural mother who was a substance abuser \( M = 20.33 \) and \( M = 21.79 \) for those who didn’t. An even more significant result on this factor occurred after treatment, \( F(1, 20) = 8.30, p < .009 \). Again the mean for those with a substance abusing mother was 26.50 and 29.64 for those without.

Before treatment there were no significant differences on how parents rated their children’s self-esteem, \( F(1, 22) = 3.36, p < .081 \) and their children’s loneliness, \( F(1, 23) = 3.79, p < .064 \). After treatment significant differences for this factor occurred on children’s ratings of their parents’ discipline behaviors, \( F(1, 22) = 6.43, p < .019 \). The mean of the parents’ ratings of those with a substance abusing mother in the family was 40.25 and 36.50 for those without.

Before treatment very significant differences between those with and without a history of emotional abuse in the family were found on children’s and parents’ perceptions of parenting behaviors. The children’s mean rating was 69.56 for those with emotional abuse in the family and 77.20 for those without. The parents’ mean ratings were 55.24 and 57.89, respectively. For children’s perceptions of parents’ discipline behaviors, \( F(1, 17) = 29.17, p < .0001 \) and for parents’ perceptions, \( F(1, 24) = 12.99, p < .001 \). A history
of emotional abuse also accounted for some small variance between groups on children’s self-esteem, $F(1, 22) = 3.31, p < .08$.

A history of sexual abuse accounted for higher parents’ self-esteem ratings before and after treatment: before treatment, $F(1, 21) = 4.67, p < .042$ and after treatment, $F(1, 23) = 6.21, p < .0204$. The mean of those with a history of sexual abuse before treatment was 31.92 and 27.20 for those without, and after treatment 33.80 for those with a history of sexual abuse and 28.80 for those without a history of sexual abuse. Children’s loneliness ratings by the therapist before treatment, $F(1, 22) = 6.19, p < .021$, was affected by a history of sexual abuse in the family. Those with a history of sexual abuse had a mean of 26.18 before treatment and 33.45 after, and those without, 29.16 and 33.83 before and after respectively. Children’s ratings of their own loneliness were also affected by this factor after treatment, $F(1, 20) = 7.66, p < .012$, these means were 27.09 and 28.33 respectively.

Physical abuse in families accounted for significantly lower ratings by parents of their nurturing behaviors, $F(1, 23) = 4.73, p < .04$ and for higher discipline ratings, $F(1, 24) = 4.04, p < .05$. Parents’ nurturance ratings averaged 27.47 for those with a history of physical abuse in the family, and 27.18 for those without. Discipline ratings averaged 27.80 and 30.18.

A repeated measures ANOVA with age and sex as the between-subjects factors and with time of measurement as the within-subject factor showed
significant differences over time for parents' perceptions of their children's self-esteem $F(1, 14) = 5.06, p < .05, M = 24.83$ at Time 1 and $M = 28.42$ at Time 2. Also significant over time was the difference in the therapist's perception of children's self-esteem at Time 1 and Time 2, $F(1, 14) = 64.25, p < .001, M = 21.22$ at Time 1 and $M = 28.50$ at Time 2. The therapist's perception of children's loneliness at Time 1 and Time 2 was also significantly different, $F(1, 14) = 27.36, p < .001, M = 27.73$ at Time 1 and $M = 33.65$ at Time 2 were also significantly different.
SUMMARY AND DISCUSSION

Summary

Results of statistical analyses revealed that self-esteem and nurturance showed increases, and loneliness and discipline showed decreases as had been hypothesized. Parents’ and children’ perceptions of their relationship did not correlate well. A history of substance abuse was related to lower self-esteem in children if the mother was the abuser but not if the father was the abuser. Oddly, emotional abuse was related to higher self-esteem. Nurturance was related to the absence of a history of physical abuse in the family.

The small sample size may have affected these results and the lack of a control group also limits these findings. Discussion of these findings will be presented in the same format as they were in the results section, including interpretations of how parents and children perceive each other, and conclusions on the effectiveness of the treatment program.

Discussion

Intra-Attribute Findings

Self-esteem. Parental self-esteem was positively affected by the treatment program. Increase in the mean self-esteem ratings of parents regarding themselves supports this conclusion. As expected, parental self-esteem was influenced by a history of sexual abuse in the family.
Although the increases in mean self-esteem for the children across time was not statistically significant, other results suggest that the program did have a positive effect on the children. Statistically significant increases in self-esteem ratings of the children by both the parents and the therapist support this conclusion. The brevity of the therapist’s exposure to the children before treatment brought question as to the accuracy of the pre-treatment ratings. However, the substantial post-treatment correlations of the children’s and the therapist’s perceptions lend credibility to the therapist’s observations.

Combined with the parents’ perceptions of a significant increase in children’s self-esteem from pre- to post-treatment measurements there is sufficient evidence to say that all three parties rated children’s self-esteem higher on post-treatment measures. Unfortunately, the perceptions of the children and the therapist were more closely related than the children’s and the parents’ perceptions, supporting the conclusions of Demo, Small, and Williams (1987), that parents and children have different perceptions of their relationship. At both Time 1 and Time 2 children with a history of substance abuse by the mother were perceived by the therapist as lower in self-esteem than children without a history of substance abuse by the mother.

The program allowed each child to be an important part of their group and to be, or become, an important part of their family. Allowing children an opportunity for this recognition and to be positively rewarded for being a
worthwhile individual were all part of the treatment program. Especially important were the elements of self-disclosure and acceptance. Acceptance of each child’s disclosures of feelings about themselves and their families, both positive and negative reinforced the goals of accepting and valuing themselves. Acceptance of these feelings was strengthened by positive reinforcement from an adult therapist and a support group of peers. The safe environment created by the therapist may have allowed the children to be more open in their communications which allowed the therapist a more accurate reading of how the children really felt about themselves.

Loneliness. Parental and therapist ratings of children’s loneliness both assessed children as being less lonely after treatment than before treatment. Again, the strong relationships between the therapist’s and children’s ratings of children’s loneliness indicate similar perceptions of how the children really felt. If this conclusion is true and the environment created by therapy groups lends itself to children opening up about their feelings then the use of peer groups for children was supported in this research as it was in research by Pedro-Carroll and Cowen (1985).

Parenting. Parents’ perceptions of how they discipline their children showed dramatic changes over time. Whereas parents’ perceptions of their discipline behavior before treatment correlated to their children’s perceptions, children’s and parents’ perceptions did not correlate after treatment; however,
children’s post-treatment ratings still correlated to the parents’ pre-treatment assessments of their discipline behaviors. These results indicate that while parents’ views of their parenting changed, their children’s perceptions did not change.

A history of substance abuse significantly affected children’s perceptions of their parents’ discipline behaviors. Parents’ perceptions were higher and children’s perceptions of discipline behaviors were lower if the family had been affected by a history of emotional abuse. Also, those who had a history of physical abuse had parents who rated themselves as less nurturing and rated themselves higher in discipline. Perceptions of parenting behavior differed among the parents and the children. The lack of congruity among the subjects on parenting behaviors supports the idea that parents and children may perceive parenting behaviors very differently.

**Inter-Attribute Findings**

**Self-esteem and loneliness.** Perceptions of children’s self-esteem were significantly related to their feelings of loneliness. Children with high self-esteem were rated as being low in loneliness; those with low self-esteem were seen as being lonely. A history of sexual abuse also led to lower ratings of children on self-esteem and loneliness factors. These differences support the statements by Beezley, Martin, and Alexander (1976) that the abused child may have trouble relating to others.
Self-esteem and parenting. Associated with the increase in the parents’ self-esteem are the parents’ perceptions of their own parenting behaviors. Support for Small’s (1988) conclusion of a relationship between parents’ self-esteem and their behavior toward their children was bolstered by the combination of significant changes in parental self-esteem accompanied by significant differences in their perceptions of their parenting behaviors.

This change in parental behavior was most notably in discipline behaviors. The program’s support for authoritative parenting behaviors (i.e., less spanking, yelling) leads to the conclusion that parents began to accept and to practice a more authoritative style using behaviors taught in the program. Further support for this conclusion is evidenced by the significant correlation of after-treatment assessments of children feeling less lonely, as perceived by the therapist, and children perceiving their parents as more nurturing.

The emphasis of the program on authoritative parenting behaviors such as nurturance and communication and teaching and discussion of specific situations within each family were important. Especially in families with a history of emotional abuse, the significant change in both the parents’ and children’s perceptions was crucial. Each member of the family had an opportunity to learn new ways of dealing with their own feelings and the feelings of other members of their family in separate context. The concluding family interaction session of the program allowed participants to consummate
Overall, results from this research have shown that a program of this type can help families with different problems concurrently. Treatment of the families as a unit with common goals but individual parts was a central theme of the program. The program provided a support group for both parents and children but discussed their problems in terms of their roles within the family unit. This philosophy and accompanying techniques enabled families to begin the journey toward healthy family functioning. Elements reviewed in the research literature concerning parenting style, variables affecting self-esteem, and family functioning were supported to some extent.

The main reason for this research was to see the effect of the "Light A Child's Life" program on the intergenerational cycle of dysfunctional behaviors (Egeland, Jacobvitz, & Stroufe, 1988; Trickett & Susman, 1988; Wolfe, Sandler, & Kaufman, 1981). Research literature revealed numerous programs yielding change in particular situations (e.g., divorce or substance abuse). Unfortunately in today's society few families in need of counseling have only one problem. A web of problems and the dysfunctional behaviors developed to cope with these problems overwhelm many families.

The "Light A Child's Life" program provides an environment for families with varied backgrounds and problems to begin to understand and better deal with their particular situations. A previously cited quote from Egeland, Jacobvitz, & Stroufe (1988) talked of recognizing effects of past experience
these newly tested skills in a safe setting with professional support.

Children’s self-esteem ratings were related on more than one occasion to parental nurturance. Also children’s ratings of their parents’ discipline behaviors were related to their self-esteem. These results support the idea of an authoritative parenting style, a combination of parental warmth and firm control.

Loneliness and parenting. Children’s perceptions of themselves as being less lonely also related to them perceiving their parents as more nurturant. Substance abuse by either parent affected how children rated their parents’ discipline behaviors. Emotional abuse played an even bigger role in how both children and parents viewed parental discipline behaviors before the treatment program.

General Conclusions

Statistical results denoting significant differences between families with particular dysfunctional elements were found in this research. For families with emotional abuse problems differences in discipline behaviors were found. For sexual abuse problems, differences in self-esteem and loneliness were found. Differences in nurturing behaviors were found in families with a history of physical abuse. For families with a history of substance abuse differences in discipline, self-esteem, and loneliness were found. Each of these elements has affected nearly all families in the program in some way.
and the potential influence on current behavior. That study also concluded that
two elements, either an available supportive adult during childhood or extensive
therapy at some time in life, enabled people to recognize these intertwined
effects of past on present. Both of these elements are present in this program.
More importantly, they are available to two generations simultaneously. The
results of this study of the effects of the "Light A Child’s Life" program show
that this type of intervention can effect this dysfunctional cycle of behavior in a
positive manner.

Unfortunately, limitations to this research must be noted. Small sample size
and the lack of long term data severely limit the generalizations that can be
made from these results. The built-in bias in self-report testing instruments also
taint the validity of the study. Ideally, a long-term evaluation of this program
would substantially validate these findings. Also, instruments more sensitive to
the particular elements of the program that have encouraged the behavior
changes would help in the development of other programs designed to help
dysfunctional families.
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ACKNOWLEDGEMENTS

This project could not have been completed without the help of many individuals to whom I am very grateful. I would like to express my sincere thanks to Dr. Jacques Lempers for his patience, guidance, and expertise, and without whom I could not have completed this research. As well, I would like to thank the members of my committee, Dr. Dianne Draper and Dr. Robert Strahan, for their contributions and assistance. I am also very grateful to the many other faculty and staff members in the Human Development and Family Studies department, especially Dr. Albert King, Dr. Joan Herwig, Dr. Robert Fuqua, Dr. Sam Clark, and Ms. Donna Richards for their support.

I am very grateful to the Marian Behavioral Health Center for allowing me to conduct this research, especially Ms. Gloria Ryan for her assistance. I would like to thank the staff and participants from the Light A Child’s Life program for their efforts on my behalf. A special thank you is extended to Ms. Lynn Jones and Mr. John Sondag for their support and encouragement.

I would like to thank Ms. Wen-Ling Chen for her valuable assistance with the statistics and programs for this research. As well, I would like to thank Briar Cliff College for the use of their facilities and Mr. Tom Kleen and Mr. Bill Jacobson for their time and assistance.

The many friends I was honored to meet while at Iowa State provided me with the support, encouragement, and laughter I needed to complete my studies and
take with me many wonderful memories. I would like to thank them all, especially, Patty Henrich Laurenzo, Kristin Stainer, Sue Tuttle Johnston, Edith Gozali, Kecia Hickman, Dan Repinski, Mike Merrick, and Tracy Stavros.

For providing me with a home away from home while I lived in Ames I would like to thank my good friends Martha and Kevin Dowling. For allowing me to share their home on so many occasions and for making me feel welcome and loved I would like to extend a special thank you to the Ritz family, Ronn, Dianne, Aaron, Claire, Ian, Leah, and Asa.

I have many friends in Sioux City who have offered me their encouragement and support as I completed this project. I would especially like to thank, Mark Mangold, Kris Counterman, Jeanette Bobeen, Carol Harder, Marla Kerr, Helen McGuire, and Judy Toso, and all those who took the time to ask about my research.

I could not have completed my studies nor this research without the special support of my parents, Ed and Pat Guinane, and my grandparents, Gerald and Catherine Barrett. I would also like to thank the other members of my family who have encouraged and assisted me in so many ways, Cathy, Tim, Gene, Rachel, Emily, Tom, and Nancy Guinane, Dennis, Karen, Kevin, Donna, Korey, Kelsey, Denise, Darin, and Kurt Smith, and Helen Ritz.

Finally, I would like to thank my husband Kyle, for his endless love, support and encouragement and my faithful companion, Max, they had to put up with me.
APPENDIX A: COVER LETTER TO PARENTS
Dear Parent/Guardian:

As a relatively new program in our community the "Light A Child's Life" program has already impacted many people, parents and children alike. As part of my research work to complete a Master of Science in Human Development & Family Studies from Iowa State University I have chosen to scientifically evaluate the impact this program has on those who participate in it.

As part of the study I will be asking parents to fill out questionnaires on their own and their child's self-esteem. The children will be asked to fill out questionnaires on their parent's behavior and their own self-esteem. These questionnaires will be filled out periodically throughout the program. They will be completed at the regular therapy sessions and will not require separate appointments.

Participation in this study is completely voluntary. I would like both you and your child to participate in the study. Any information obtained from yourself or your child will be kept strictly confidential. You will not be able to find out any of your child's responses, nor they yours. Whether you choose to participate or not, it will not affect your treatment in this program. You also retain the right to withdraw your consent and to discontinue participation in the study at any time without affecting your treatment in the program.

If you are willing to participate and have your child participate in the study please sign the statement below.

If you have any questions concerning this study please feel free to contact me at (712) 239-4072. Thank you for your time and attention.

Sincerely,

Mary Guinane Smith

I give permission for my child ______________ to participate in this study.

I __________________ agree to participate in this study.
APPENDIX B: COVER LETTER TO CHILDREN
Dear Participant:

As a relatively new program in our community the "Light A Child's Life" program has already impacted many people, parents and children alike. As part of my research work to complete a Master of Science in Human Development & Family Studies from Iowa State University I have chosen to scientifically evaluate the impact this program has on those who participate in it.

As part of my study I will be asking you to fill out a survey on how you feel about yourself at different times throughout the program. I will also ask you to fill out surveys on how your parents act towards you.

Participation in this study is completely voluntary. That means you don't have to fill out the surveys if you choose not to participate. Your answers will be kept strictly confidential. That means no one else will read your answers, not even your parents. That way you can be honest and not worry about someone seeing your answers. Whether you choose to participate or not, you will be treated the same as everyone else in your group at "Light A Child's Life".

If you would like to be part of this study I'd like you to sign your name at the bottom of the page.

If you have questions about this study I'd be happy to answer them. You can call me at (712) 239-4072. Thank you for your time.

Sincerely,

Mary Guinane Smith

I _________________ agree to participate in this study.
APPENDIX C: WRITTEN INSTRUCTIONS TO SUBJECTS
As you fill out these surveys please keep in mind the following things:

A) No one else will see your answers.
B) How you answer the questions will not affect how you are treated at this program.
C) Be honest.
D) Answer every question to the best of your ability.
E) Parents: Think about ONLY the child who is also part of the study as you answer the questions. If you have more than one child participating in the study you will be asked to fill out separate questionnaires for each child.
F) Kids: Think about ONLY the parent who is also part of the study as you answer the questions. This may be difficult, but please try your best to do that.
G) Our goal is to find out how to help families better. Your answers will help other people in the future.

Thank you for your cooperation!
APPENDIX D: ASSESSMENT FORMS FOR PARENTS
7. Please read each statement and circle the number which indicates how much you agree or disagree with how it describes you. Your choices are:

1 - Strongly disagree  
2 - Disagree  
3 - Agree  
4 - Strongly agree

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>On the whole, I am satisfied with myself.</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b</td>
<td>At times I think I am no good at all.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c</td>
<td>I feel that I have a number of good qualities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d</td>
<td>I feel able to do things as well as most other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e</td>
<td>I feel I do not have much to be proud of.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f</td>
<td>I certainly feel useless at times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g</td>
<td>I feel that I am a person of worth, at least on an equal plane with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h</td>
<td>I wish I could have more respect for myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i</td>
<td>All in all, I am inclined to feel that I am a failure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j</td>
<td>I take a positive attitude toward myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
The next series of questions is about you and __________.

Please read each of the following statements and use the choice that best describes the way you have acted towards __________ during the last 2 months.

In rating the statements, use the following choices:

1 = Never
2 = Seldom
3 = Sometimes
4 = Often
5 = Very often

In the last 2 months how often did you...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Let your child know he/she was appreciated, loved and respected?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Praise him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Enforce a rule or not enforce a rule depending upon your mood?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Want to know exactly where your child was and what he/she was doing?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Make your whole life center around him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Threaten punishment more often then you used it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Nag him/her about little things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Feel proud of the things your child did?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Scold him/her for disobeying or misbehaving?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>a. Provide supervision and check up on him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. Take an interest in where your child was going and who he/she was with?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. Listen to his/her ideas and opinions?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. Yell at him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. Punish him/her by grounding or sending to room?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>o. Punish him/her physically (spank, slap, etc)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>p. Tell others about the good things your child did?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
We'd like to again focus on _________ who is in the study.

Please read each statement and circle the number which indicates how much you agree or disagree with how it describes this child. Your choices are:

1 = Strongly disagree
2 = Disagree
3 = Agree
4 = Strongly agree

a. On the whole, my child is satisfied with his/herself.  
   1 2 3 4
b. At times my child thinks he/she is no good at all.  
   1 2 3 4
c. It's easy for my child to make friends at school.  
   1 2 3 4
d. My child feels that he/she has a number of good qualities.  
   1 2 3 4
e. My child feels able to do things as well as most other people.  
   1 2 3 4
f. My child feels he/she does not have much to be proud of.  
   1 2 3 4
g. My child certainly feels useless at times.  
   1 2 3 4
h. My child feels that he/she is a person of worth, at least on an equal plane with others.  
   1 2 3 4
i. My child is well liked by the kids in his/her class.  
   1 2 3 4
j. My child wishes he/she could have more respect for him/herself.  
   1 2 3 4
k. All in all, my child is inclined to feel that he/she is a failure.  
   1 2 3 4
l. My child gets along with other kids.  
   1 2 3 4
m. It's hard for my child to make friends.  
   1 2 3 4
n. My child takes a positive attitude toward him/herself.  
   1 2 3 4
o. My child has lots of friends.  
   1 2 3 4
p. My child feels alone.  
   1 2 3 4
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>q</td>
<td>My child doesn't have anyone to play with or, hang around with.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>r</td>
<td>It's hard for my child to get other kids to like him/her.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>s</td>
<td>My child feels left out of things.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>t</td>
<td>There's nobody my child can go to when he/she needs help.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>u</td>
<td>My child is lonely.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>v</td>
<td>My child doesn't get along with other children.</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
APPENDIX E: ASSESSMENT FORMS FOR CHILDREN
This set of questions is about you. We'd like to know how you feel about yourself. Read each statement and circle the number which tells how much you agree or disagree with how it describes you. Your choices are:

1 = Strongly disagree  
2 = Disagree  
3 = Agree  
4 = Strongly agree

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>On the whole, I am satisfied with myself.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>At times I think I am no good at all.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>It's easy for me to make new friends at school.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>I feel that I have a number of good qualities.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>I am able to do things as well as most other people.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>I feel I do not have much to be proud of.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>I certainly feel useless at times.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>I feel that I am a person of worth, at least on an equal plane with others.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>I wish I could have more respect for myself.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>I am well liked by the kids in my class.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>All in all, I am inclined to feel that I am a failure.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td>I get along with other kids.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>I take a positive attitude toward myself.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n.</td>
<td>I have lots of friends.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o.</td>
<td>I feel alone.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p.</td>
<td>I don't have anyone to play with or hang around with.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q.</td>
<td>It's hard to get other kids to like me.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r.</td>
<td>It's hard for me to make friends.</td>
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<tr>
<td>s.</td>
<td>I feel left out of things.</td>
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<td></td>
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<td>t.</td>
<td>There's nobody I can go to when I need help.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>u.</td>
<td>I'm lonely.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td>I don't get along with other children.</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Now we'd like you to think about your parent. Remember to think about the parent who is also filling out these surveys only.

Please read each of the following statements and use the choice that best describes the way your parent in general, has acted toward you during the last 2 months. In rating the statements, use the following choices:

1 = Never
2 = Seldom
3 = Sometimes
4 = Often
5 = Very often

In the last 2 months, how often did your parent...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
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</thead>
<tbody>
<tr>
<td>a. Let you know you were appreciated, loved and respected?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Say nice things to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Enforce a rule or not enforce a rule depending upon her mood?</td>
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<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>d. Want to know exactly where you were and what you were doing?</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Make his/her whole life center around you?</td>
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<td>5</td>
</tr>
<tr>
<td>f. Threaten punishment more often than he/she used it?</td>
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<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Nag you about little things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Feel proud of the things you did?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Scold you for disobeying or misbehaving?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Provide supervision and check up on you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>k. Take an interest in where you were going and who you were with?</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>l. Listen to your ideas and opinions?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. Get angry and yell at you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. Punish you by grounding you or sending you to your room?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>o. Punish you physically (spank, slap, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>p. Tell others about the good things you did?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>q. Tell you what time to be home when you went out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>r. Show interest in what you were learning at school?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>s. Give you a lot of care and attention?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>t. Only keep rules when he/she wants to?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>u. Punish you for doing something one day, but on a different day not punish you for the same thing?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
APPENDIX F: ASSESSMENT FORMS FOR THERAPIST
we’d like to again focus on __________ who is in the study.

Please read each statement and circle the number which indicates how much you agree or disagree with how it describes this child. Your choices are:

1 = Strongly disagree
2 = Disagree
3 = Agree
4 = Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. On the whole, my child is satisfied with his/herself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. At times my child thinks he/she is no good at all.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. It’s easy for my child to make friends at school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. My child feels that he/she has a number of good qualities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. My child feels able to do things as well as most other people.</td>
<td></td>
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<tr>
<td>f. My child feels he/she does not have much to be proud of.</td>
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<tr>
<td>g. My child certainly feels useless at times.</td>
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<tr>
<td>h. My child feels that he/she is a person of worth, at least on an equal plane with others.</td>
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<tr>
<td>i. My child is well liked by the kids in his/her class.</td>
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<tr>
<td>j. My child wishes he/she could have more respect for him/herself.</td>
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<tr>
<td>k. All in all, my child is inclined to feel that he/she is a failure.</td>
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<tr>
<td>l. My child gets along with other kids.</td>
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<tr>
<td>m. It’s hard for my child to make friends.</td>
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<td>n. My child takes a positive attitude toward him/herself.</td>
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<td>o. My child has lots of friends.</td>
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<td>p. My child feels alone.</td>
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<tr>
<td>q. My child doesn’t have anyone to play with or hang around with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>r. It’s hard for my child to get other kids to like him/her.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>s. My child feels left out of things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>t. There’s nobody my child can go to when he/she needs help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>u. My child is lonely.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>v. My child doesn’t get along with other children.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>