The Nurturing Program:

A Validated Approach for Reducing Dysfunctional Family Interactions

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ABSTRACT

A two-year study designed to measure the impact of abuse on the growth of children was carried out with abusive families in six Midwestern cities. The goal of the study was to develop and validate a treatment program that would modify abusive parent-child interactions. A fifteen-week parenting and nurturing program for parents and their children was developed and field-tested twice at each of the six cities. Results of the study indicate:

1. A total of 121 abusive adults and 150 abused children in six cities began the program. Of this group 79% of the adults (95) and 83% of the children (125) voluntarily completed the program, a rate signficantly higher ($p<.01$) that the retention rates of participants in similar programs.

2. Test results indicated that abusive parents learned and used alternatives to corporal punishment such as praise and time-out; demonstrated empathy towards their children by recognizing and accepting their children's feelings and needs; increased their own self-awareness and self-concept as men and women; and learned age-appropriate expectations of their children.

   Data also indicate abusive parents gained ($p<.05$) in self-awareness, became less inhibited, and decreased their anxiety.

3. Abused children showed a significant ($p<.05$) increase in self-awareness, assertiveness, enthusiasm and tough poise while decreasing their believe in using corporal punishment as a means of punishment.

4. Families demonstrated a significant ($p<.05$) increase in cohesion, communication, and organization, while showing a significant decrease in family conflict.

5. Information gathered from a year-long follow up of abusive families completing the program shows 42% of the families are no longer receiving services from County Departments of Social Services for child abuse and neglect. Recidivism was only 7%; that is, only 7 of the 95 adults completing the program had been charged with additional counts of child abuse and neglect, a significantly lower rate ($p<.01$) of re-abuse in comparison to national re-abuse rates.

6. Parents overwhelmingly reported that the program did a lot to help them learn new and more appropriate ways to raise children.

INTRODUCTION

In the fall of 1981, the National Institute of Mental Health (NIMH), Clinical Research Division, funded a two-year project designed to remediate abusive parent-child interactions. Specifically, the purpose of the project was threefold:

1. To develop and validate a parenting and nurturing treatment program designed to meet the assessed needs of parents who abuse and neglect their children.

2. To develop and validate a parenting and nurturing treatment program designed to meet the assessed needs of children who have been abused and neglected.

3. To train professionals and paraprofessionals in implementing the treatment programs for abusive parents and their abused children.

Increasing Appropriate Parenting and Nurturing in Abusive Families

Traditionally, societies have depended upon reproducing their orderly forms of family life by rearing children who will regard that form of family life within which they were reared as normal, natural, and desirable. Of all the roles designated as critical for the development of a healthy society, the most important are those which surround the role of the parents in the child-rearing process.

Lately, the role of parents has been viewed with increasing importance as a result of societal awareness of the alarming number of children being maltreated by their parents. In light of the critical importance parent-child interactions have upon the developing personality and future behaviors of children, there is substantial evidence indicating that abusive and neglecting parent-child interactions have a detrimental effect on the healthy development of children. These effects are viewed in the countless numbers of children experiencing varying degrees of emotional, behavioral, and learning disorders. The impact of maltreatment is often continued throughout life when learned abusive parenting behaviors are replicated in future generations of children within the same family.

To offset the generational perpetuation of dysfunctional parenting practices, education in appropriate parenting and child rearing is viewed as the single most important treatment and intervention strategy. Parents must be re-taught new patterns of parenting to replace old, learned, existing abusive patterns. But years and years of experience with abusive interactions make changing those patterns a formidable task. Change is difficult and threatening for many abusive parents. But years and years of experience with abusive

interactions make changing those patterns a formidable task. Change is difficult and threatening for many abusive parents. Change involves substituting known behaviors, ideals, morals, and knowledge for new ones. Since the way we act towards children and other adults is directly related to our perceptions of self, the value and esteem we have of our self, and the degree of awareness of self, changing parenting behaviors also involves changing self. Since self and behavior are one, to change one means to change both, and that's where the challenge exists. Growing up in an abusive environment often leaves in its wake a damaged self-esteem and poor self-concept, feelings of inadequacy and helplessness, extreme neediness and dependency, and the lack of autonomy and independence. The damage to the psychological development of a child usually exceeds the damage to the body. Wounds and broken bones heal; the psychological scars remain. Abused children often grow up to be parents with many of the effects of their abusive childhood still with them. As adults they are very needy people, unable to act independently and caught in a web of negative perceptions about self. They lack the ability to give, trust, and care for themselves, as well as their children.

To be an effective intervention, re-parenting has to do more than teach parents the skills of knowing the right thing to say or do. Although knowledge of what to do and say is critical, it constitutes only half of the total change formula. Abusive parents can learn techniques to use in managing behavior or facilitating communication with their children, but whether they choose to use the techniques is an equal matter of knowing how the techniques work and successful experiences with the techniques. Since many abusive parents have not experienced appropriate parenting as children with their own parents, their success experiences with non-abusive parenting patterns is minimal. Awareness and knowledge of the "right thing to do" does not guarantee that the appropriate behavior will be exhibited. When beliefs are challenged, parents often rely on earlier experiences in similar situations to direct their behavior. Freud stated many years ago that for every experience, there is both a cognitive (knowledge) and an emotional (affective) impact. However, according to Freud, the experiential feelings will more likely dictate future behavior than experiential knowledge.

To change dysfunctional and abusive patterns of parenting, treatment must make an affective as well as a cognitive impact on two levels: (1) the knowledge and awareness of self needs; and, (2) the knowledge and awareness of children's needs.

A parenting and nurturing program designed to change dysfunctional and abusive parenting behaviors must be developed from a sound theoretical basis. The objectives of the instruction must be directly related to the target behaviors. To change abusive parenting patterns, an understanding of what constitutes abusive behavior is required. Bavolek, Kline and McLaughlin (1979) have identified four parenting behaviors commonly exhibited in child-abusing families. The four known patterns of abusive parenting presented in Table 1 form the basis for development of the treatment program for abusive parents and their abused children.

Table 1

Abusive Parenting Patterns

Construct A: Inappropriate Parental Expectations of the Child

Beginning very early in the infant's life, abusive parents tend to inaccurately perceive the skills and abilities of their child. Steele and Pollock (1969) found that parents in their study group expected and demanded a great deal from their infants and children, and did so prematurely. Galdston (1965) concurred that abusive parents treated their children as adults, and added that the parents were incapable of understanding the particular stages of their children's development. Elkind (1967) defines inappropriate parental expectations as a form of parental exploitation called "ego bolstering," which he claims contributes to delinquency in middle class adolescents.

Construct B: Parental Lack of Empathic Awareness of Child's Needs

A second common parenting trait among abusive parents is their inability to be empathically aware of their children's needs, and to be able to respond to those needs in an appropriate fashion. Melnick and Hurley (1969), in their study of personality variables of abusive parents, found mothers to have severely frustrated dependency needs, an inability to empathize with their children's performance, and a corresponding disregard for their children's own needs, limited abilities, and helplessness (Bain, 1963; Gregg, 1968, Hiller, 1969).

Construct C: Parental Value in Physical Punishment

The third parenting behavior commonly associated with abusive parents is their strong belief in the value of physical punishment. Abusive parents may believe that children should not be "given into" or allowed to "get away with anything." They must periodically be shown "who is boss" and taught to respect authority, so they will not become sassy or stubborn.

Wasserman (1967) found that abusive parents not only considered punishment a proper disciplinary measure but strongly defended their right to use physical force.

Construct D: Parent-Child Role Reversal

Abusing parents often look to the child for satisfaction of their own emotional needs. Usually described as a "role reversal," the child is expected to be the source of comfort and care; to be sensitive to and responsible for much of the happiness of his/her parents. The child is further expected to make life more pleasurable for the parents by providing love, assurance, and a feeling that the parent is a needed, worthwhile individual.

METHODOLOGY

1.0 Development of Prototype I of the Treatment Program

Based on the aforementioned four parenting constructs, affective and cognitive goals were developed for both the children's and parent's programs. The goals presented in Table 2 represent the basis for treatment.

Table 2

Program Goals for Parents and Children

	Cognitive Goal	Affective Goal
Construct A: Developmental Expectations	Parents: Parents will increase their knowledge of age-appropriate developmental capabilities and needs of children. Children: Children will accomplish age-appropriate tasks	Parents: Parents will increase their awareness of the negative impact inappropriate expectations have upon self-concept. Children: Children will increase their self-esteem and positive self-concept through mastery of age- appropriate physical, social, and emotional tasks.
Construct B: Empathy	Parents: Parents will increase their ability to communicate their needs. Children: Children will increase their ability to communicate their needs.	Parents: Parents will demonstrate an ability to become empathically aware of the needs of children. Children: Children will increase their empathic awareness of the needs of self and others.
Construct C: Behavior Management	Parents: Parents will increase their knowledge of appropriate methods of behavior management. Children: Children will learn appropriate non-abusive forms of discipline and punishment.	Parents: Parents will value the use of appropriate methods of behavior management. Children: Children will increase value non-abusive forms of behavior management through program experiences.
Construct D: Self-Awareness (Role Reversal)	Parents: Parents will increase their knowledge of their own needs. Children: Children will increase their knowledge of their own needs.	Parents: Parents will accept their own strengths and limitations. Children: Children will accept their own strengths and limitations.

Activities were developed from the goals which formed Prototype I of the treatment programs. Treatment programs were designed for parents and their children to meet for 2 ½ hours, one day a week for 15 consecutive weeks. With the exception of a 20-minute shared snack activity, both parents and children are involved in separate programs meeting concurrently.

2.0 Selection and Training of Program Trainers

Professionals and paraprofessionals were identified at each of the program field sites to implement the treatment programs at their respective sites. Selection criteria included knowledge of group dynamics, child abuse and neglect, and a commitment to carry out prescribed program activities. Two parent trainers and two child trainers, selected at each site, were required to participate in a 2 ½ day training program. The purpose of the training workshop was to familiarize the trainers with the program's goals and activities, and desired methods of data collection.

3.0 Development of Prototype II of the Treatment Programs

Training experiences resulting from the 2 ½ day workshop provided information useful in modifying program activities. As a result, Prototype II of the treatment programs was developed.

4.0 Sample Selection and First Field Testing of Programs

The programs were implemented in six cities: Chicago, IL; Cleveland, OH; Eau Claire, WI; Minneapolis, MN; Pittsburgh, PA; and South Bend, IN. Families participating in the treatment program were voluntary referrals from Departments of Social Services and Parents Anonymous groups. Families were referred to the program because of abusive parent-child interactions. Families participating in the program were asked to make the commitment to attend the program for 15 sessions. Entire family units (mother, father, children) were requested to make such a commitment. Single parents were requested to bring their boyfriends/girlfriends with them to participate in the program.

5.0 Development of Prototype III of the Treatment Program

Based on extensive pre-post test data collection, revisions to the treatment programs were made. The revisions formulated Prototype III of the treatment programs. The reader is referred to the Results section of this report for the pre-post test findings.

6.0 Second Field Testing of Programs

The 15-week treatment programs were field tested for the second time. Again, families participating in the second field testing were referred for abusive parent-child interactions

by Departments of Social Services and Parents Anonymous groups. Families all participated voluntarily.

7.0 Development of Prototype IV of the Treatment Program

Based on data generated from pre-post testing of the parents and children, Prototype IV of the treatment programs was developed. The reader is referred to the Results section of this report for the pre-post test findings.

8.0 Longitudinal Follow-up of Families Completing the Program

Approximately one year after completing the program, in-home observations were conducted with program families. Observers participated in a 2 ½ day workshop designed to systematize observational data collection. Two observers were assigned to conduct each in-home observation. One observer recorded data, the other facilitated family activities. Each observation period lasted two hours and entailed structured and unstructured family activities. Data were gathered using ethnographic data collection methods. All family members and interactions were coded. Observers were trained to identify 12 district verbal and non-verbal patterns of behavior. The observable behavior patterns included:

1. Disinterest/coldness
2. Interest/warmth
3. Anger
4. Dominance/submissiveness
5. Expression of feelings/needs
6. Recognition of feelings/needs
7. Acceptance of feelings/needs
8. Ignoring
9. Praise
10. Time-Out
11. Choices and consequences
12. Expectations of children

Interactions were coded +(appropriate, -(inappropriate), or 0 (unsure/neutral). Observers were asked to make summary statements and interpretations of their observations.

Self-report parenting attitudinal data, family interaction data, and knowledge of behavior management were also gathered from parents in families where observations were conducted.

RESULTS

The reader is referred to Appendix A for a brief description of the data-gathering inventories.

1.0 Program Participant Characteristics

1.1 Population

A total of 121 abusive adults and 150 abused children began the 15-week treatment program. Of this group, 95 adults (79%) and 125 children (83%) completed the program, a rate significantly higher ($p<.01$) than retention rates of participants in similar programs. Of the adults who completed the program, 88 adults (93%) were rated by trainers as having successfully modified abusive parent-child interactions. Seven adults (7%) were rated as failures, i.e. having committed further acts of child abuse, or not achieving program goals.

1.2 Age

The mean ($\bar{x}$) age of the adults who began the program was 30.5 years (1st field test); 30.1 years (2nd field test). The mean ($\bar{x}$) age of the children was: 6.9 years (1st field test); 5.8 years (2nd field test). Due to the low average age of the children, extensive formal pre-post testing was appropriate for those 6 years and older.

1.3 Race

	Adults		**Children**	
	N	**%**	**N**	**%**
White	111	92%	134	90%
Black	7	6%	9	6%
American Indian	2	2%	3	2%
Asian				
Hispanic	1	.01%	2	1%
Other			2	1%
Total	121	100%	150	100%

1.4 Sex

	Adults		**Children**	
	N	**%**	**N**	**%**
Male	49	40%	73	51%
Female	72	60%	74	49%
Total	121	100%	150	100%

1.5 Adults were asked to respond whether or not they were abused by their mothers, fathers, siblings, or spouses.

		N	%
Mother	Yes	56	46%
	No	40	33%
	Not Sure	13	11%
	Not Applicable		
	Missing	12	10%
Father	Yes	58	48%
	No	41	34%
	Not Sure	8	7%
	Not Applicable	2	2%
	Missing	12	10%
Siblings	Yes	36	30%
	No	64	53%
	Not Sure	7	6%
	Not Applicable	2	2%
	Missing	12	10%
Spouse	Yes	64	53%
	No	45	37%
	Not Sure		
	Not Applicable		
	Missing	12	10%

1.6 Education: Highest Grade Completed

	N	%
Grade School	0	0%
Junior High	2	2%
Senior High	56	46%
College	4	28%
Post College	44	9%
Total	121	100%

1.7 Employment: Are you currently employed?

	N	%
Yes	47	39%
No	55	45%
Missing	19	16%
Total	121	100%

1.8 Annual Income:

	N	%
Below $5,000	21	17%
$5,000 - $8,000	16	13%
$8,000 - $12,000	7	6%
$12,000 - $15,000	3	3%
$15,000 - $20,000	10	8%
Over $20,000	37	31%
Not Sure	11	9%
Missing	16	13%
Total	121	100%

1.9 Are you now or have you ever attended counseling for psychological problems?

	N	%
Yes	93	69%
No	23	19%
Missing	15	12
Total	121	100%

1.10 Most frequently offered explanations for seeking psychological counseling:

	N	%
Anxiety	32	38%
Depression	23	28%
Marriage problems	14	19%
Parenting problems	8	10%
Alcohol dependency	4	5%
Incest	2	2%
Total	83	100%

1.11 Are your children having any problems in school?

	N	%
Yes	64	43%
No	34	23%
Not applicable	52	35%
Total	150	100%

1.12 Most frequently described school problems:

	N	%
Behavior disorders	44	52%
Learning problems	29	34%
Speech/language problems	12	14%
Total	85	100%

2.0 Parenting Attitudes of Parents

2.1 Pre and post data gathered from the administration of the Adult-Adolescent Parenting Inventory (AAPI) indicate significant ($p<.05$) positive changes occurred in the parenting and child-rearing attitudes of abusive parents. These changes in attitudes reflect more appropriate developmental expectations of children; an increased empathic awareness of children's needs; a decrease in the use of corporal punishment; and a decrease in parent-child role reversal.

2.2 Data generated from abusive parents one year after completing the program indicate a maintenance of empathic attitudes towards children's needs, and a clear differentiation of appropriate parent-child roles. Attitudes regarding the use of corporal punishment and inappropriate developmental expectations of children showed significant ($p<.01$) increases.

The reader is referred to Appendix B for a review of the mean scores per construct.

3.0 Parenting Attitudes of Children

3.1 Data generated from the administration of the Children's Parenting Inventory (CPI) indicated that, prior to their involvement in the treatment program, abused children supported the use of corporal punishment by parents as a means of maintaining discipline, showed little empathic awareness towards the needs of others, and tended to support the parent-child role reversal. Responses towards developmental Expectations tended to show a high level of self-awareness.

3.2 Post test data indicate significant increases ($p<.05$) in self-awareness and parent-child role reversal.

3.3 Longitudinal follow-up scores of abused children one year after their participation in the program indicate a significant increase in self-awareness ($p<.01$) and a concomitant decrease ($p<.01$) in the value of corporal punishment.

The reader is referred to Appendix B for a review of the mean scores per construct.

4.0 Personality Characteristics of Parents

4.1 A personality profile of abusive parents who participated in the study was developed. Responses to the 16PF (personality factor) indicate that, prior to the treatment program, abusive parents demonstrated high scores in intelligence (abstract thinking), aggression, anxiety, independence and radicalism (experimenting; free-thinking). Scores further indicated a high undisciplined self-concept and disregard for rules.

4.2 Post test results show significant increases in intelligence ($p<.01$), enthusiasm ($p<.01$), social boldness ($p<.01$), and self-assuredness ($p<.05$), and significant decreases in radicalism ($p<.05$), anxiety ($p<.02$), and tough poise ($p<.05$).

4.3 In comparing personality characteristics of parents who were successful in completing the program with parents who dropped out, drop-outs tended to be less intelligent, but more suspicious, apprehensive, radical, frustrated, anxious and tough minded. Data also indicated drop-outs were more affected by feelings, detached (aloof), careless of social rules, independent, and possessed tougher poise.

4.4 In comparison to parents who successfully completed the program, parents who were identified as "failures," i.e. completing the program but unsuccessfully achieving program goals, tended to be more detached (aloof), threat-sensitive, tough minded, practical, apprehensive, careless of social rules, frustrated, anxious but demonstrated less touch poise.

The reader is referred to Appendix B for a review of the mean scores per personality construct.

5.0 Personality Characteristics of Children

5.1 A personality profile of abused children who participated in the study was developed. Responses to the Early School Personality Questionnaire (ESPQ) and Children's Personality Questionnaire (CPQ) indicate that, prior to their involvement with the treatment program, the personality traits of abused children fell within the normal range of children their age with exceptions in two areas: abused children tended to be more concrete in thinking and undemonstrative in nature.

5.2 Post test results indicate significant increases in assertiveness ($p<.05$), enthusiasm ($p<.01$), and tough poise ($p<.03$).

The reader is referred to Appendix B for a review of the mean scores per personality construct.

6.0 Family Interaction Patterns

6.1 An interaction profile of abusive families who participated in the study was developed. Responses to the Family Environment Scale indicate that, prior to their involvement in the treatment program, abusive families tended to demonstrate low family cohesion, expressiveness, independence and achievement, while demonstrating high family conflict. Responses further indicate a low orientation towards intellectual-cultural, and recreational activities among abusive families.

6.2 Post test results show significant increases in family cohesion ($p<.03$), family expressiveness ($p<.03$), and family independence ($p<.01$), and a concurrent significant decrease in family conflict ($p<.01$).

6.3 In comparing post test responses to responses gathered one year after their participation in the treatment, abusive families show further significant increases in family cohesion ($p<.05$), family expressiveness ($p<.04$), family organization ($p<.02$), while showing a significant decrease in family conflict ($p<.05$).

6.4 In comparing responses on the Family Environment Scale of parents who successfully completed the program with parents who dropped out, drop-out families tended to score lower in family cohesion, expressiveness, independence, organization and control. Also, drop-out families tended to score lower in moral/religious emphasis and orientation towards intellectual/cultural and recreational activities.

6.5 In comparison to families who successfully completed the program, parents who were identified as "failures," i.e. completing the program but unsuccessfully achieving program goals, tended to demonstrate less family independence and organization, and greater orientation towards family achievement and control.

The reader is referred to Appendix B for a review of the mean scores per construct on the Family Environment Scale.

7.0 Nurturing Quiz

7.1 Pre and post test data generated from the administration of the Nurturing Quiz indicate a significant increase ($p<.05$) in acquired knowledge related to behavior management concepts and techniques.

7.2 Longitudinal follow-up data of parents' responses on the Nurturing Quiz one year after their participation in the program indicate no significant changes in test scores.

8.0 Follow-Up In-Home Observations

8.1 A total of 117 separate in-home observations comprising 234 hours were conducted on a sample of 52 families who completed the program.

8.2 Data generated from the in-home observations were sub-divided into two categories: empathy and behavior management. Observable empathic behaviors included: interest/warmth, dominance/submissiveness; expression of

feelings/needs; inappropriate expectations of children; disinterest/coldness; anger. The most frequently observed behaviors within this category are presented in rank order.

Recognition of feelings/needs	28%
Acceptance of feelings/needs	26%
Interest/warmth	19%
Expression of feelings/needs	12%
Dominance/submissiveness	9%
Disinterest/coldness	4%
Inappropriate expectations of children	1%
Anger	1%
Total	100%

Recognition and acceptance of feelings/needs accounted for 54% of the observed behaviors among family members. Dominance, disinterest, inappropriate expectations of children, and anger comprised 15% of the observed family interactions.

8.3 Behavior management concepts can be applied both appropriately (+) and inappropriately (-). Observable behavior management concepts included choices and consequences, praise, time-out, and ignoring. The data presented on the following page indicate the frequency of appropriate (+) and inappropriate (-) behavior management techniques observed:

	+	-
Praise	35%	2%
Ignoring	21%	16%
Choices and Consequences	20%	4%
Time-Out	2%	0%
Total	78%	22%

The appropriate use of praise was the most frequently observed behavior management technique. Ignoring was the most widely misused behavior management technique utilized by abusive parents. Parents tended to ignore behavior that either warranted intervention or punishment.

9.0 Involvement with Helping Professions

9.1 Fifty-eight percent (58%) of the families were involved with Departments of Social Services for child abuse prior to their participation in the treatment program. One year after completion of the treatment program, only 16% of the families were receiving services from Social Services for child abuse, a decline of 42% ($p<.05$).

9.2 Only 7% of the families who completed the treatment program had been charged with additional acts of child abuse, a significantly lower rate ($p<.01$) of re-abuse in comparison to national re-abuse rates.

9.3 Fifty-five percent (55%) of the families were involved in Parents Anonymous prior to their participation in the treatment program. One year after completion of the treatment program, only 30% of the families are still attending Parents Anonymous groups, a decline of 15%.

9.4 Forty-seven percent (47%) of the families were receiving additional services while participating in the treatment program. Services included family, marriage, and individual counseling, and alcohol and chemical dependency counseling.

9.5 On a scale of 1 to 10 (0 = unsuccessful, 5 = successful, 10 = very successful) program facilitators rated the overall success of the program in modifying abusive parenting behavior 6.93.

10.0 Parent Evaluation of Program

Parents completing the program were asked to complete a program evaluation questionnaire at two separate times during the project: immediately following completion of the program and one year later. Using a four-point scale (1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree) parents were asked to indicate if the program helped them increase their knowledge of age-appropriate developmental expectations and behavior management techniques, as well as increasing their self-awareness and ability to be empathic to the needs of others.

Results of the questionnaire are presented below:

	Program Completion	**One Year Later**
Developmental Expectations	$(\bar{x}) = 1.8$	$(\bar{x}) = 2.0$
Behavior Management	$(\bar{x}) = 1.4$	$(\bar{x}) = 1.5$
Self-Awareness	$(\bar{x}) = 1.8$	$(\bar{x}) = 1.6$
Empathy	$(\bar{x}) = 1.5$	$(\bar{x}) = 1.9$

CONCLUSIONS

The following conclusions are drawn from the data generated from the study.

1.0 Abusive parents have a poor historical "track record" for voluntarily participating in treatment programs. Courts have often been used to order parents into receiving treatment. Data generated from the current study show that nearly 80% of the abusive families completed a 15-week program, did so voluntarily and at their own expense. The high rate of completion can be attributed to three factors:

1.1 Children were also allowed to participate.

1.2 The treatment for improving parenting skills focused heavily on increasing the parent's self-awareness and self-concept as an adult; and,

1.3 Activities of the program met the assessed needs of the adult participants.

2.0 The developed treatment program is a validated, proven approach to remediating abusive parent-child interactions. The following data support the program's validity:

2.1 The recidivism rate of abuse for the families completing the program was only seven percent. That is, only seven of the 95 parents who completed the program were charged with additional counts of child abuse and neglect.

2.2 Significant increases ($p<.05$) in attitudes regarding appropriate child expectations, awareness of child's needs (empathy), alternatives to corporal punishment, and self-awareness (role-reversal) were measured in post test assessment.

2.3 Parents showed an increase in self-assuredness, became less inhibited, and decreased their anxiety. Children showed significant increases in self-awareness, assertiveness, enthusiasm, and touch poise, while decreasing their belief in corporal punishment as a means of punishment.

2.4 Longitudinal observational data indicate that nearly 85% of the observed interactions among parents and children reflected a recognition and acceptance of feelings and needs of others (empathy). These data support the assessed (post test level) maintenance of understanding. Observational data support the acquisition and use of alternatives to corporal punishment.

2.5 Follow-up measurement of parents' knowledge regarding appropriate behavior management techniques showed a high (post test level) maintenance of understanding. Observational data support the acquisition and use of alternatives to corporal punishment.

2.6 Forty-two percent (42%) of the families who completed the program were dropped from active case loads of Departments of Social Services for child abuse and neglect.

2.7 Longitudinal follow-up data of assessed family interaction patterns indicate significant increases in family cohesion, expressiveness, and organization while showing a significant decrease in assessed family conflict.

2.8 Evaluation data show strong agreement among abusive parents that the program did help them increase their self-awareness, empathy, knowledge of appropriate expectations, and alternatives to corporal punishment.

3.0 The assessed personality characteristics of abusive parents participating in the study tend to portray individuals who exhibit personality trait disorders. This finding is supported by the apparent inflexibility of the assessed traits over time, and their maladaptive expression leading to significant impairments in interpersonal relationships. A differentiation in psychological profiles can be made by closely examining the responses on the 16PF of parents who successfully completed the program with the traits of parents who failed, i.e., those who committed further acts of abuse.

Parents who completed the program tend to demonstrate high levels of anxiety, aggressiveness, and independence, while exhibiting a low integration of social roles which is manifested by a tendency to "follow ones own urges." These traits appear to exemplify the characteristics of individuals who exhibit narcissistic personality disorders.

In comparison to parents who successfully completed the program, parents who failed tended to score higher in aggression, insecurity, tenseness, and radicalism. Parents who failed also tended to demonstrate a higher sensitivity to perceived threats and were less likely to follow social rules. Such personality traits exemplify individuals who exhibit paranoid personality disorders.

4.0 Despite 43% of the abusive parents reporting that their children were experiencing learning and behavioral problems in school, the assessed characteristics of abused children did not indicate any significant impairment in personality disturbances. This may be due to the fact that personality trait disorders are generally recognizable in adolescence and adulthood and are typical of an individual's long-term functioning and not discrete episodes of illness. Over time, these children may begin to manifest such trait disorders as a result of a long-term involvement as a victim of abuse. The results of the post testing did, however, indicate significant increases in self-awareness, assertiveness, enthusiasm, and touch poise, characteristics which may help the children cope with the abusive environment.

5.0 Data generated from in-home observations indicate that the appropriate use of praise accounted for 35% of the observed interactions reflecting behavior management concepts. Praise is directly related to the empathic ability to recognize and accept the feelings and needs of others, and to display warmth. It is doubtful, however, that the increased positive use of praise would have occurred without a concomitant increase in the parents' self-esteem and self-concept.

The most difficult concept of behavioral management for abusive parents to utilize was ignoring. Hypersensitivity to environmental stimulus, knowing when and what behaviors to ignore, and the constant expressed neediness of the children appear to contribute to the difficulty in utilizing ignoring as a behavior management control.

SUMMARY

1. To change long-standing inappropriate parent-child interaction patterns, all members of the family should be involved in the treatment process. Family dysfunction is multi-faceted and each member of the family has a unique role to play in carrying out the dysfunction. Splintered involvement in treatment among family members (some participate but not all) often results in splintered success.

2. Given the opportunity, the vast majority of families would like to have healthy parent-child relationships. Dysfunctional parenting and interactions are learned, and can be substituted with healthy, nurturing parent-child interactions.

3. Parenting, whether appropriate or inappropriate, is a process; a way two or more human beings interact with each other. Both forms of parenting are more a matter of degree and frequency than a matter of presence or absence. Appropriate and

inappropriate parenting both exist on a continuum that stretches from “a lot” on one end to “a little” on the other. No child can ever really escape from the role of a victim in experiencing abusive and neglecting interactions with his/her mother or father just as no parent can ever really escape from the role of a perpetrator. People are not made that way, and even the best families experience a little dysfunction. What separates those parents classified as abusive from parents classified as non-abusive is a matter of degree and frequency of the inappropriate parenting.

4. The growth of self in parents and children is an essential prerequisite to growth in positive parent-child interactions. Parents and children who don’t like themselves as individuals will have a frustrating time trying to learn to like others. Families in trouble are usually comprised of adults and children who are very needy, insecure, lack trust in others, and are too overwhelmed with themselves to care for and about each other. Building a more positive view of self adds immeasurable strength to the parent and child and their attempts to strengthen the quality of their relationship. For the parents in particular, only after they learn to accept and enjoy themselves can they learn to accept and enjoy their children.

5. No child is ever considered too young to learn skills in appropriate parenting and nurturing.

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Appendix A

Data Gathering Inventories

1. The Adult-Adolescent Parenting Inventory (AAPI)
   The AAPI is an inventory designed to assess the parenting and child-rearing attitudes of adults and adolescents. Responses generated from the inventory measure degrees of acceptance of appropriate expectatinos of children, empathy towards children's needs, belief in the use of corporal punishment, and parent-child rolse reversal.

2. The Children's Personality Inventory (CPI)
   A parenting inventory for young children designed to assess the same parenting attitudes as described in the AAPI.

3. The 16PF
   A standardized, norm-referenced personality inventory measuring the polarities of 16 primary personality factors, and four secondary personality factors.

4. The Children's Personality Questionnaire (CPQ) and the Early School Personality Questionnaire (ESPQ
   Both inventories are based on the same 16 primary personality factors and four secondary personality factors as the 16PF.

5. Family Environment Scale (FES)
   The FES is designed to assess 10 characteristics of family interaction patterns.

6. The Nurturing Quiz
   An informal criterion-referenced inventory designed to measure knowledge of appropriate behavior management techniques.

7. The Family Social History Questionnaire (FSHQ)
   The FSHQ was utilized to gather information about the family prior to treatment, immedately following treatment, and one year following treatment.

8. Observational Data Collection Forms
   The forms were utilized to collect data during longitudinal in-home observations of family interactions.

9. Program Evaluation Forms
   Parents completed program evaluation forms at the completion of each weekly session, following the completion of the entire 15-week treatment program, and one year after completion of the program.

Appendix B

COMBINED GROUPS

T-tests AAPI Constructs

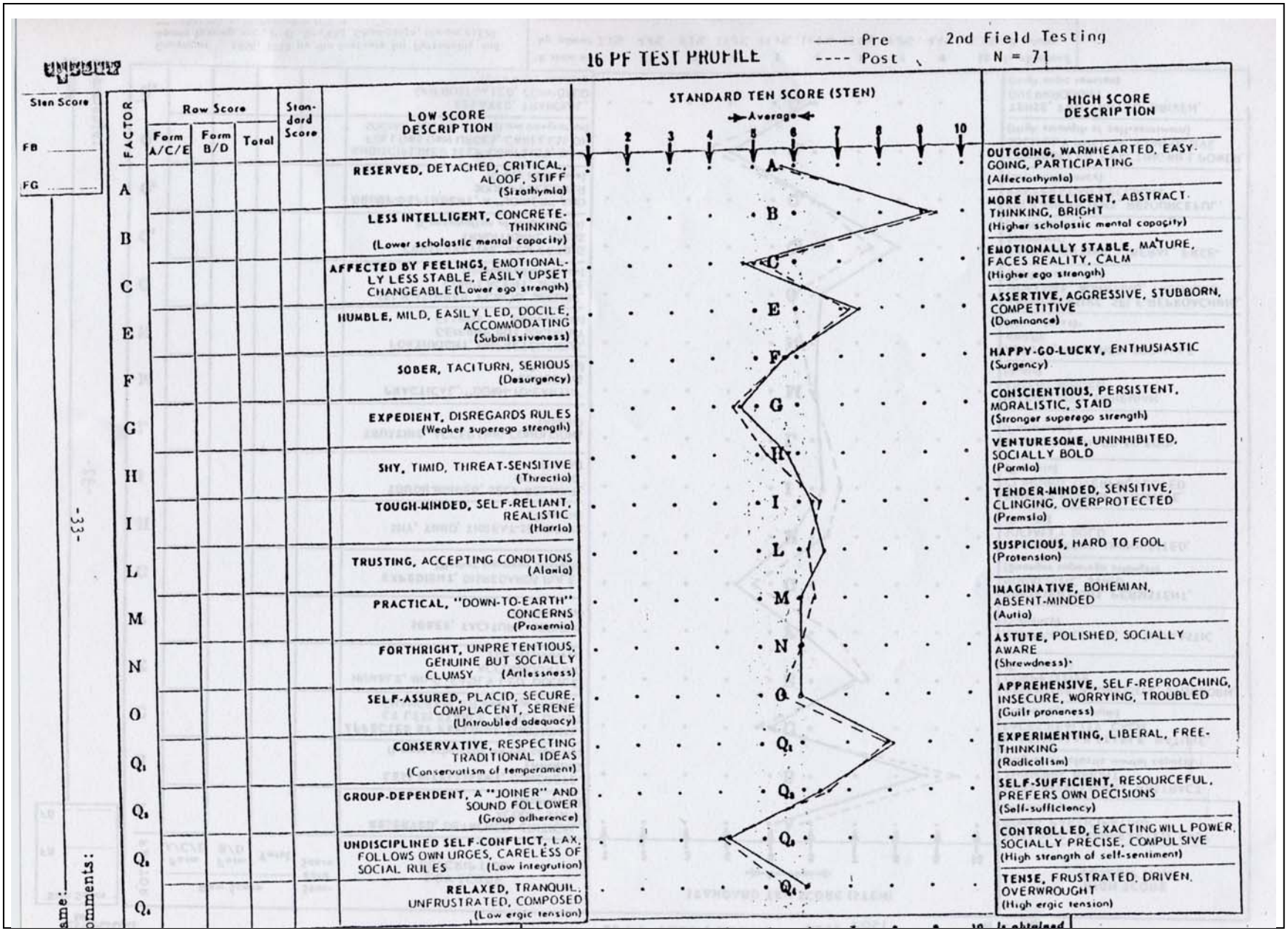
Adults		**Session 1**			**Session II**	
AAPI Construct	Pre	Post	Follow-Up	Pre	Post	Follow-Up
A	25.09	26.53*	21.65*	24.67	26.20*	23.91*
B	34.53	35.94*	35.61	33.13	34.22*	24.52
C	41.34	44.00*	38.74*	38.20	41.20*	38.47*
D	31.81	34.78*	34.18	30.18	32.51*	32.17
Nurturing Quiz	--	--	--	14.10	18.14*	18.59

Children		**Session I**			**Session II**	
AAPI Construct	Pre	Post	Follow-Up	Pre	Post	Follow-Up
A	14.89	14.68	16.70*	12.46	14.04*	13.93
B	17.21	17.14	17.40	16.82	16.86	17.33
C	21.64	21.96	26.70*	19.82	20.93	22.66
D	16.79	16.50	16.90	16.75	14.36*	14.00

* Sig. <.05

16PF Test Results - Parents

Time	Characteristic	Variable	($\bar{x}$) Scores 1st Field Test	Significance	($\bar{x}$) Scores 2nd Field Test	Significance
Pre	Reserved	5	5.30		5.70	
Post	Outgoing	25	5.75		5.51	
	Less Intelligent	6	8.85	.01	9.33	
	More Intelligent	26	9.45		9.40	
	Emotionally Unstable	7	5.03		4.86	
	Emotionally Stable	27	4.85		5.28	
	Humble	8	7.03		7.35	
	Assertive	28	7.21		7.23	
	Sober	9	5.85	.01	5.84	
	Happy-go-lucky	29	6.48		5.88	
	Expedient	10	4.36		4.60	
	Conscientious	30	4.54		4.51	
	Shy	11	5.58	.01	5.84	.03
	Venturesome	31	6.39		5.30	
	Touch-minded	12	6.30		6.21	
	Tender-minded	32	6.34		6.30	
	Trusting	13	6.21		6.65	
	Suspicious	33	6.27		6.26	
	Practical	14	6.21		6.65	
	Imaginative	34	6.27		6.26	
	Forthright	15	6.15		6.02	
	Astute	35	5.73		6.05	
	Self-assured	16	6.21	.05	5.95	
	Apprehensive	36	5.55		5.53	
	Conservative	17	8.09	.04	8.14	
	Experimenting	37	7.39		8.02	
	Group-dependent	18	6.00		6.35	
	Self-sufficient	38	5.90		6.42	
	Self-conflict	19	4.09		4.16	
	Controlled	39	3.48		3.91	
	Relaxed	20	5.94		5.98	
	Tense	40	5.85		5.51	
	Extraversion	21	54.27		57.70	
		41	56.76		56.30	
	Anxiety	22	62.39		63.05	.02
		42	60.88		57.91	
	Tough poise	23	52.82		59.53	.05
		43	46.94		54.63	
	Independence	24	71.97	.002	75.09	
		44	59.64		75.95	


16 PF TEST PROFILE
Pre
Post
2nd Field Testing
N = 71
Sten Score
FB
FG
FACTOR
Raw Score
Form A/C/E
Form B/D
Total
Standard Score
LOW SCORE DESCRIPTION
STANDARD TEN SCORE (STEN)
Average
1 2 3 4 5 6 7 8 9 10
HIGH SCORE DESCRIPTION
A RESERVED, DETACHED, CRITICAL, ALOOF, STIFF (Sizothymia)
OUTGOING, WARMHEARTED, EASY-GOING, PARTICIPATING (Affectothymia)
B LESS INTELLIGENT, CONCRETE-THINKING (Lower scholastic mental capacity)
MORE INTELLIGENT, ABSTRACT-THINKING, BRIGHT (Higher scholastic mental capacity)
C AFFECTED BY FEELINGS, EMOTIONALLY LESS STABLE, EASILY UPSET CHANGEABLE (Lower ego strength)
EMOTIONALLY STABLE, MATURE, FACES REALITY, CALM (Higher ego strength)
E HUMBLE, MILD, EASILY LED, DOCILE, ACCOMMODATING (Submissiveness)
ASSERTIVE, AGGRESSIVE, STUBBORN, COMPETITIVE (Dominance)
F SOBER, TACITURN, SERIOUS (Desurgency)
HAPPY-GO-LUCKY, ENTHUSIASTIC (Surgency)
G EXPEDIENT, DISREGARDS RULES (Weaker superego strength)
CONSCIENTIOUS, PERSISTENT, MORALISTIC, STAID (Stronger superego strength)
H SHY, TIMID, THREAT-SENSITIVE (Threctia)
VENTURESOME, UNINHIBITED, SOCIALLY BOLD (Parmia)
I TOUGH-MINDED, SELF-RELIANT, REALISTIC (Harria)
TENDER-MINDED, SENSITIVE, CLINGING, OVERPROTECTED (Premsia)
L TRUSTING, ACCEPTING CONDITIONS (Alaxia)
SUSPICIOUS, HARD TO FOOL (Protension)
M PRACTICAL, "DOWN-TO-EARTH" CONCERNS (Praxernia)
IMAGINATIVE, BOHEMIAN, ABSENT-MINDED (Autia)
N FORTHRIGHT, UNPRETENTIOUS, GENUINE BUT SOCIALLY CLUMSY (Artlessness)
ASTUTE, POLISHED, SOCIALLY AWARE (Shrewdness)
O SELF-ASSURED, PLACID, SECURE, COMPLACENT, SERENE (Untroubled adequacy)
APPREHENSIVE, SELF-REPROACHING, INSECURE, WORRYING, TROUBLED (Guilt proneness)
Q1 CONSERVATIVE, RESPECTING TRADITIONAL IDEAS (Conservatism of temperament)
EXPERIMENTING, LIBERAL, FREE-THINKING (Radicalism)
Q2 GROUP-DEPENDENT, A "JOINER" AND SOUND FOLLOWER (Group adherence)
SELF-SUFFICIENT, RESOURCEFUL, PREFERS OWN DECISIONS (Self-sufficiency)
Q3 UNDISCIPLINED SELF-CONFLICT, LAX, FOLLOWS OWN URGES, CARELESS OF SOCIAL RULES (Low integration)
CONTROLLED, EXACTING WILL POWER, SOCIALLY PRECISE, COMPULSIVE (High strength of self-sentiment)
Q4 RELAXED, TRANQUIL, UNFRUSTRATED, COMPOSED (Low ergic tension)
TENSE, FRUSTRATED, DRIVEN, OVERWROUGHT (High ergic tension)
-333-
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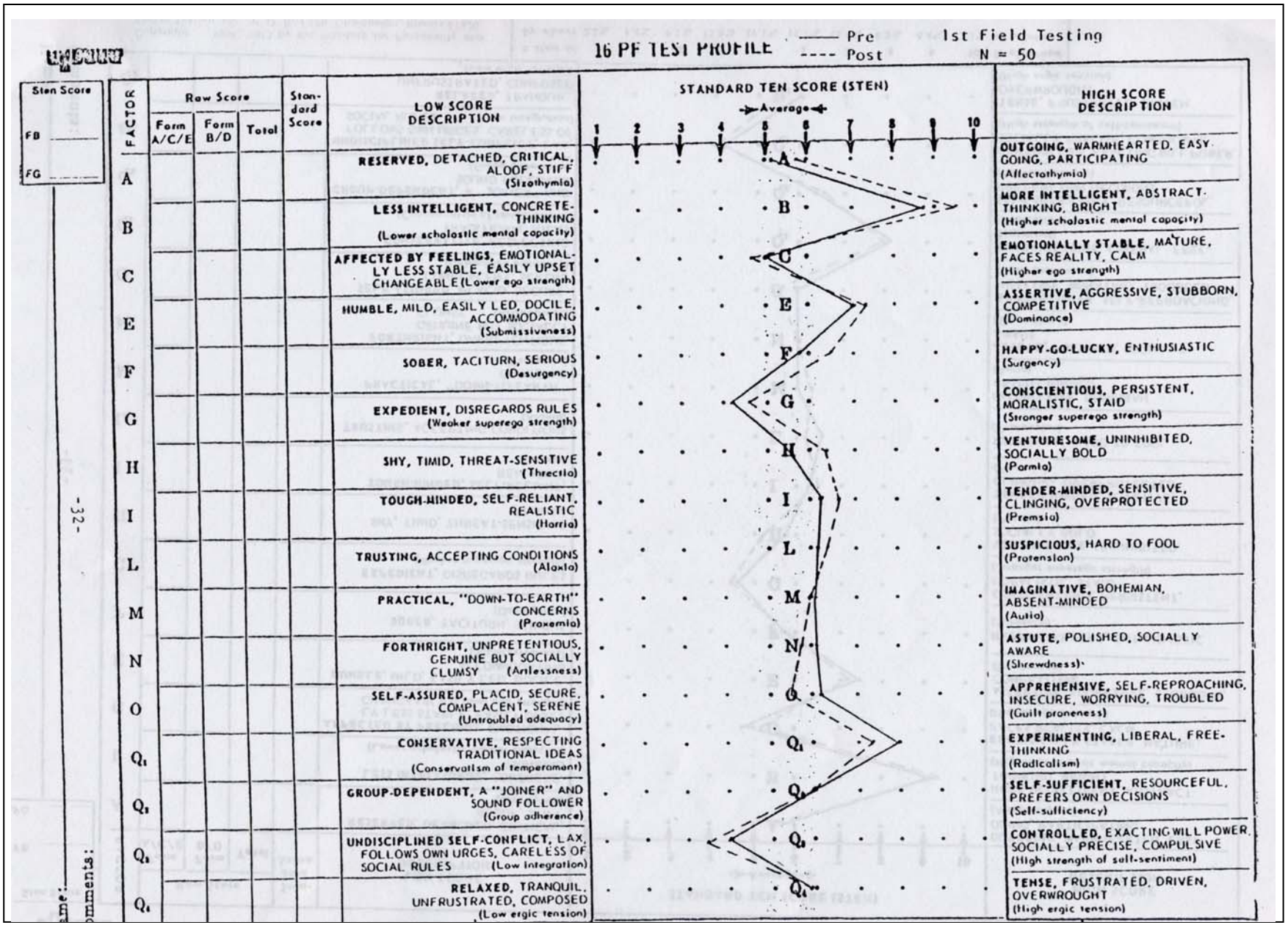
16 PF TEST PROFILE
Pre
Post
1st Field Testing
N = 50
Sten Score
FB
FG
FACTOR
Raw Score
Form A/C/E
Form B/D
Total
Stan-dard Score
LOW SCORE DESCRIPTION
STANDARD TEN SCORE (STEN)
Average
1 2 3 4 5 6 7 8 9 10
HIGH SCORE DESCRIPTION
A RESERVED, DETACHED, CRITICAL, ALOOF, STIFF (Sizothymia)
OUTGOING, WARMHEARTED, EASY GOING, PARTICIPATING (Affectothymia)
B LESS INTELLIGENT, CONCRETE-THINKING (Lower scholastic mental capacity)
MORE INTELLIGENT, ABSTRACT-THINKING, BRIGHT (Higher scholastic mental capacity)
C AFFECTED BY FEELINGS, EMOTIONALLY LESS STABLE, EASILY UPSET CHANGEABLE (Lower ego strength)
EMOTIONALLY STABLE, MATURE, FACES REALITY, CALM (Higher ego strength)
E HUMBLE, MILD, EASILY LED, DOCILE, ACCOMMODATING (Submissiveness)
ASSERTIVE, AGGRESSIVE, STUBBORN, COMPETITIVE (Dominance)
F SOBER, TACITURN, SERIOUS (Desurgency)
HAPPY-GO-LUCKY, ENTHUSIASTIC (Surgency)
G EXPEDIENT, DISREGARDS RULES (Weaker superego strength)
CONSCIENTIOUS, PERSISTENT, MORALISTIC, STAID (Stronger superego strength)
H SHY, TIMID, THREAT-SENSITIVE (Threctia)
VENTURESOME, UNINHIBITED, SOCIALLY BOLD (Parmia)
I TOUGH-MINDED, SELF-RELIANT, REALISTIC (Harria)
TENDER-MINDED, SENSITIVE, CLINGING, OVERPROTECTED (Premsia)
L TRUSTING, ACCEPTING CONDITIONS (Alaxia)
SUSPICIOUS, HARD TO FOOL (Protension)
M PRACTICAL, "DOWN-TO-EARTH" CONCERNS (Praxernia)
IMAGINATIVE, BOHEMIAN, ABSENT-MINDED (Autia)
N FORTHRIGHT, UNPRETENTIOUS, GENUINE BUT SOCIALLY CLUMSY (Artlessness)
ASTUTE, POLISHED, SOCIALLY AWARE (Shrewdness)
O SELF-ASSURED, PLACID, SECURE, COMPLACENT, SERENE (Untroubled adequacy)
APPREHENSIVE, SELF-REPROACHING, INSECURE, WORRYING, TROUBLED (Guilt proneness)
Q1 CONSERVATIVE, RESPECTING TRADITIONAL IDEAS (Conservatism of temperament)
EXPERIMENTING, LIBERAL, FREE-THINKING (Radicalism)
Q2 GROUP-DEPENDENT, A "JOINER" AND SOUND FOLLOWER (Group adherence)
SELF-SUFFICIENT, RESOURCEFUL, PREFERS OWN DECISIONS (Self-sufficiency)
Q3 UNDISCIPLINED SELF-CONFLICT, LAX, FOLLOWS OWN URGES, CARELESS OF SOCIAL RULES (Low integration)
CONTROLLED, EXACTING WILL POWER, SOCIALLY PRECISE, COMPULSIVE (High strength of self-sentiment)
Q4 RELAXED, TRANQUIL, UNFRUSTRATED, COMPOSED (Low ergic tension)
TENSE, FRUSTRATED, DRIVEN, OVERWROUGHT (High ergic tension)
-32-
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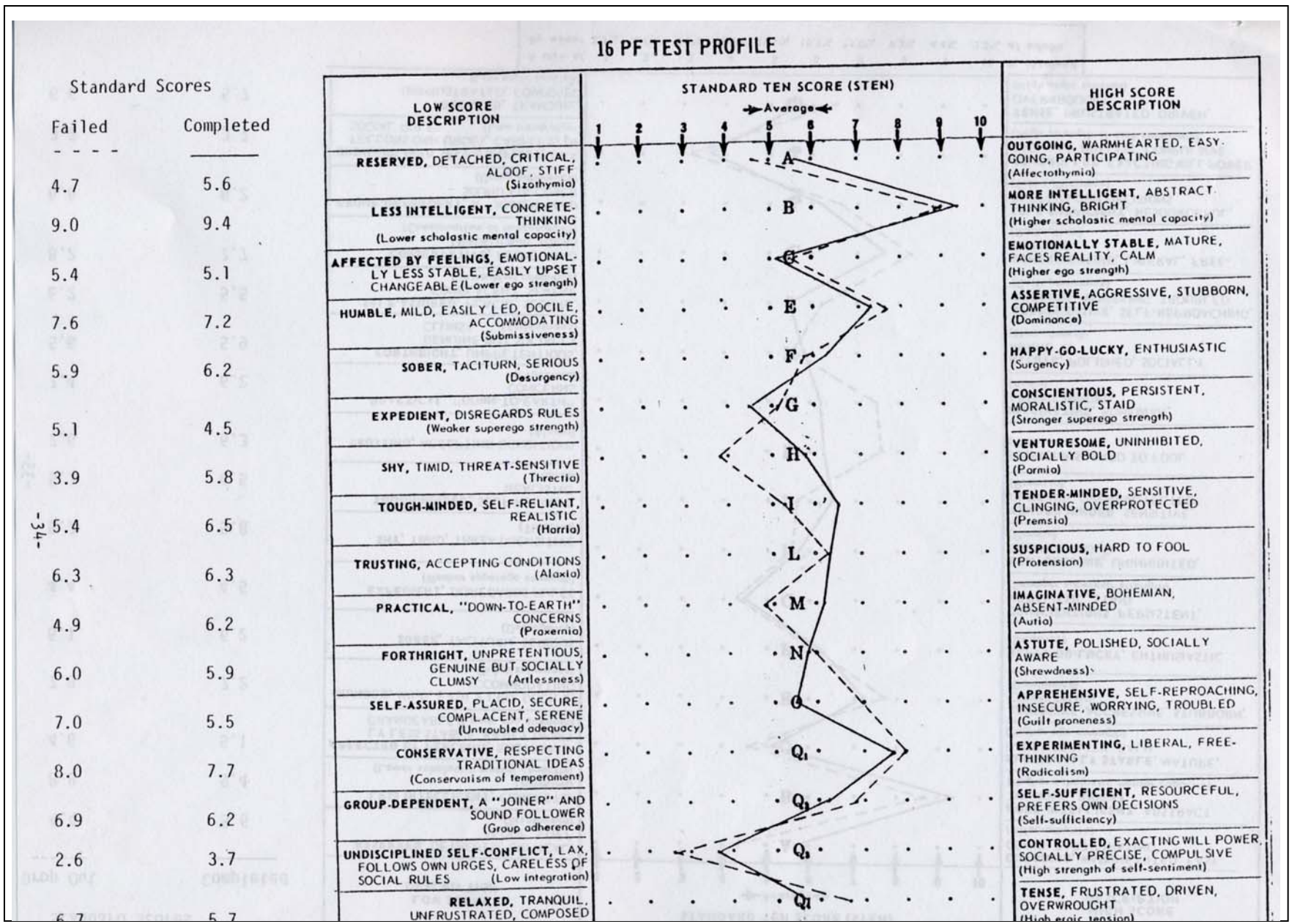


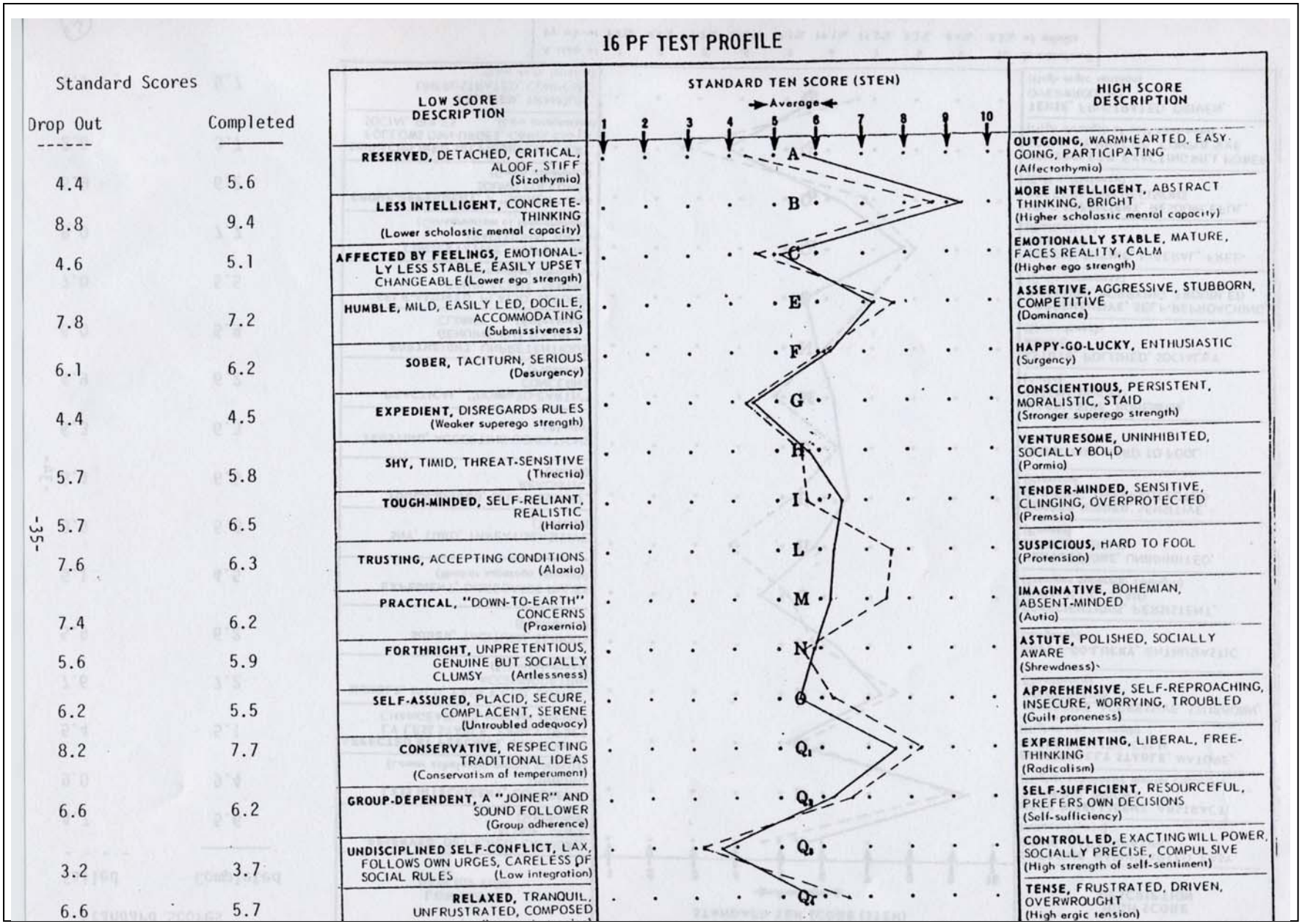
16 PF TEST PROFILE

Failed	Completed
4.7	5.6
9.0	9.4
5.4	5.1
7.6	7.2
5.9	6.2
5.1	4.5
3.9	5.8
5.4	6.5
6.3	6.3
4.9	6.2
6.0	5.9
7.0	5.5
8.0	7.7
6.9	6.2
2.6	3.7
6.7	5.7

Standard Scores

-34-

LOW SCORE DESCRIPTION	STANDARD TEN SCORE (STEN) 1 2 3 4 5 6 7 8 9 10 (Average)	HIGH SCORE DESCRIPTION
RESERVED, DETACHED, CRITICAL, ALOOF, STIFF (Sizothymia)	A	**OUTGOING,** WARMHEARTED, EASY-GOING, PARTICIPATING (Affectothymia)
LESS INTELLIGENT, CONCRETE-THINKING (Lower scholastic mental capacity)	B	**MORE INTELLIGENT,** ABSTRACT-THINKING, BRIGHT (Higher scholastic mental capacity)
AFFECTED BY FEELINGS, EMOTIONALLY LESS STABLE, EASILY UPSET CHANGEABLE (Lower ego strength)	C	**EMOTIONALLY STABLE,** MATURE, FACES REALITY, CALM (Higher ego strength)
HUMBLE, MILD, EASILY LED, DOCILE, ACCOMMODATING (Submissiveness)	E	**ASSERTIVE,** AGGRESSIVE, STUBBORN, COMPETITIVE (Dominance)
SOBER, TACITURN, SERIOUS (Desurgency)	F	**HAPPY-GO-LUCKY,** ENTHUSIASTIC (Surgency)
EXPEDIENT, DISREGARDS RULES (Weaker superego strength)	G	**CONSCIENTIOUS,** PERSISTENT, MORALISTIC, STAID (Stronger superego strength)
SHY, TIMID, THREAT-SENSITIVE (Threctia)	H	**VENTURESOME,** UNINHIBITED, SOCIALLY BOLD (Parmia)
TOUGH-MINDED, SELF-RELIANT, REALISTIC (Harria)	I	**TENDER-MINDED,** SENSITIVE, CLINGING, OVERPROTECTED (Premsia)
TRUSTING, ACCEPTING CONDITIONS (Alaxia)	L	**SUSPICIOUS,** HARD TO FOOL (Protension)
PRACTICAL, "DOWN-TO-EARTH" CONCERNS (Praxernia)	M	**IMAGINATIVE,** BOHEMIAN, ABSENT-MINDED (Autia)
FORTHRIGHT, UNPRETENTIOUS, GENUINE BUT SOCIALLY CLUMSY (Artlessness)	N	**ASTUTE,** POLISHED, SOCIALLY AWARE (Shrewdness)
SELF-ASSURED, PLACID, SECURE, COMPLACENT, SERENE (Untroubled adequacy)	O	**APPREHENSIVE,** SELF-REPROACHING, INSECURE, WORRYING, TROUBLED (Guilt proneness)
CONSERVATIVE, RESPECTING TRADITIONAL IDEAS (Conservatism of temperament)	Q_1	**EXPERIMENTING,** LIBERAL, FREE-THINKING (Radicalism)
GROUP-DEPENDENT, A "JOINER" AND SOUND FOLLOWER (Group adherence)	Q_2	**SELF-SUFFICIENT,** RESOURCEFUL, PREFERS OWN DECISIONS (Self-sufficiency)
UNDISCIPLINED SELF-CONFLICT, LAX, FOLLOWS OWN URGES, CARELESS OF SOCIAL RULES (Low integration)	Q_3	**CONTROLLED,** EXACTING WILL POWER, SOCIALLY PRECISE, COMPULSIVE (High strength of self-sentiment)
RELAXED, TRANQUIL, UNFRUSTRATED, COMPOSED	Q_4	**TENSE,** FRUSTRATED, DRIVEN, OVERWROUGHT (High ergic tension)



16 PF TEST PROFILE

Standard Scores Drop Out	Completed	LOW SCORE DESCRIPTION	STANDARD TEN SCORE (STEN) (Average: 5–6)	HIGH SCORE DESCRIPTION
4.4	5.6	**RESERVED,** DETACHED, CRITICAL, ALOOF, STIFF (Sizothymia)	A	**OUTGOING,** WARMHEARTED, EASY GOING, PARTICIPATING (Affectothymia)
8.8	9.4	**LESS INTELLIGENT,** CONCRETE-THINKING (Lower scholastic mental capacity)	B	**MORE INTELLIGENT,** ABSTRACT THINKING, BRIGHT (Higher scholastic mental capacity)
4.6	5.1	**AFFECTED BY FEELINGS,** EMOTIONALLY LESS STABLE, EASILY UPSET CHANGEABLE (Lower ego strength)	C	**EMOTIONALLY STABLE,** MATURE, FACES REALITY, CALM (Higher ego strength)
7.8	7.2	**HUMBLE,** MILD, EASILY LED, DOCILE, ACCOMMODATING (Submissiveness)	E	**ASSERTIVE,** AGGRESSIVE, STUBBORN, COMPETITIVE (Dominance)
6.1	6.2	**SOBER,** TACITURN, SERIOUS (Desurgency)	F	**HAPPY-GO-LUCKY,** ENTHUSIASTIC (Surgency)
4.4	4.5	**EXPEDIENT,** DISREGARDS RULES (Weaker superego strength)	G	**CONSCIENTIOUS,** PERSISTENT, MORALISTIC, STAID (Stronger superego strength)
5.7	5.8	**SHY,** TIMID, THREAT-SENSITIVE (Threctia)	H	**VENTURESOME,** UNINHIBITED, SOCIALLY BOLD (Parmia)
5.7	6.5	**TOUGH-MINDED,** SELF-RELIANT, REALISTIC (Harria)	I	**TENDER-MINDED,** SENSITIVE, CLINGING, OVERPROTECTED (Premsia)
7.6	6.3	**TRUSTING,** ACCEPTING CONDITIONS (Alaxia)	L	**SUSPICIOUS,** HARD TO FOOL (Protension)
7.4	6.2	**PRACTICAL,** "DOWN-TO-EARTH" CONCERNS (Praxernia)	M	**IMAGINATIVE,** BOHEMIAN, ABSENT-MINDED (Autia)
5.6	5.9	**FORTHRIGHT,** UNPRETENTIOUS, GENUINE BUT SOCIALLY CLUMSY (Artlessness)	N	**ASTUTE,** POLISHED, SOCIALLY AWARE (Shrewdness)
6.2	5.5	**SELF-ASSURED,** PLACID, SECURE, COMPLACENT, SERENE (Untroubled adequacy)	O	**APPREHENSIVE,** SELF-REPROACHING, INSECURE, WORRYING, TROUBLED (Guilt proneness)
8.2	7.7	**CONSERVATIVE,** RESPECTING TRADITIONAL IDEAS (Conservatism of temperament)	Q_1	**EXPERIMENTING,** LIBERAL, FREE-THINKING (Radicalism)
6.6	6.2	**GROUP-DEPENDENT,** A "JOINER" AND SOUND FOLLOWER (Group adherence)	Q_2	**SELF-SUFFICIENT,** RESOURCEFUL, PREFERS OWN DECISIONS (Self-sufficiency)
3.2	3.7	**UNDISCIPLINED SELF-CONFLICT,** LAX, FOLLOWS OWN URGES, CARELESS OF SOCIAL RULES (Low integration)	Q_3	**CONTROLLED,** EXACTING WILL POWER, SOCIALLY PRECISE, COMPULSIVE (High strength of self-sentiment)
6.6	5.7	**RELAXED,** TRANQUIL, UNFRUSTRATED, COMPOSED	Q_4	**TENSE,** FRUSTRATED, DRIVEN, OVERWROUGHT (High ergic tension)

-35-

Nurturing Program for Parents and Children

Test Results TABLE 3 CPQ - ESPQ

Time	Characteristic	Variable	$\bar{x}$ Scores 1st Field Test	Significance	$\bar{x}$ Scores 2nd Field Test	Signi cance
Pre Post	Reserved	5 25	5.17 4.67		5.63 5.26	
	Dull	6 26	4.71 4.75		4.56 5.37	
	Affected by Feelings	7 27	5.17 6.0		5.56 5.67	
	Obedient	8 28	5.88 5.17		4.63 6.0	.00
	Sober	9 29	4.38 4.89		5.0 6.33	.01
	Disregards Rules	10 30	4.58 4.79		4.96 4.63	
	Shy	11 31	5.22 5.04		5.26 5.81	
	Tough Minded	12 32	5.09 5.43		5.59 5.11	
	Forthright	15 35	6.04 4.87	.06	5.96 5.56	
	Self-Assured	16 36	5.91 5.48		5.18 4.85	
	Vigorous	18 38	5.57 5.39		5.22 5.78	
	Uncontrolled	19 39	4.59 4.29		5.47 4.93	

Nurturing Program for Parents and Children

Test Results TABLE 3 (Cont'd) CPQ - ES

Time	Characteristic	Variable	$\bar{x}$ Scores 1st Field Test	Significance	$\bar{x}$ Scores 2nd Field Test	Signif cance
Pre Post	Relaxed	20 40	5.26 5.17		5.52 5.04	
	Extraversion	21 41	54.91 52.13		53.15 61.85	
	Anxiety	22 42	54.17 55.26		53.18 51.04	
	Tough Poise	21 41	57.22 57.78		53.00 60.67	.0
	Independence	22 42	51.78 52.83		49.26 55.15	
	Undemonstrative	17 37	5.33 4.79		4.22 4.81	

CPQ TEST PROFILE

1st Field Testing

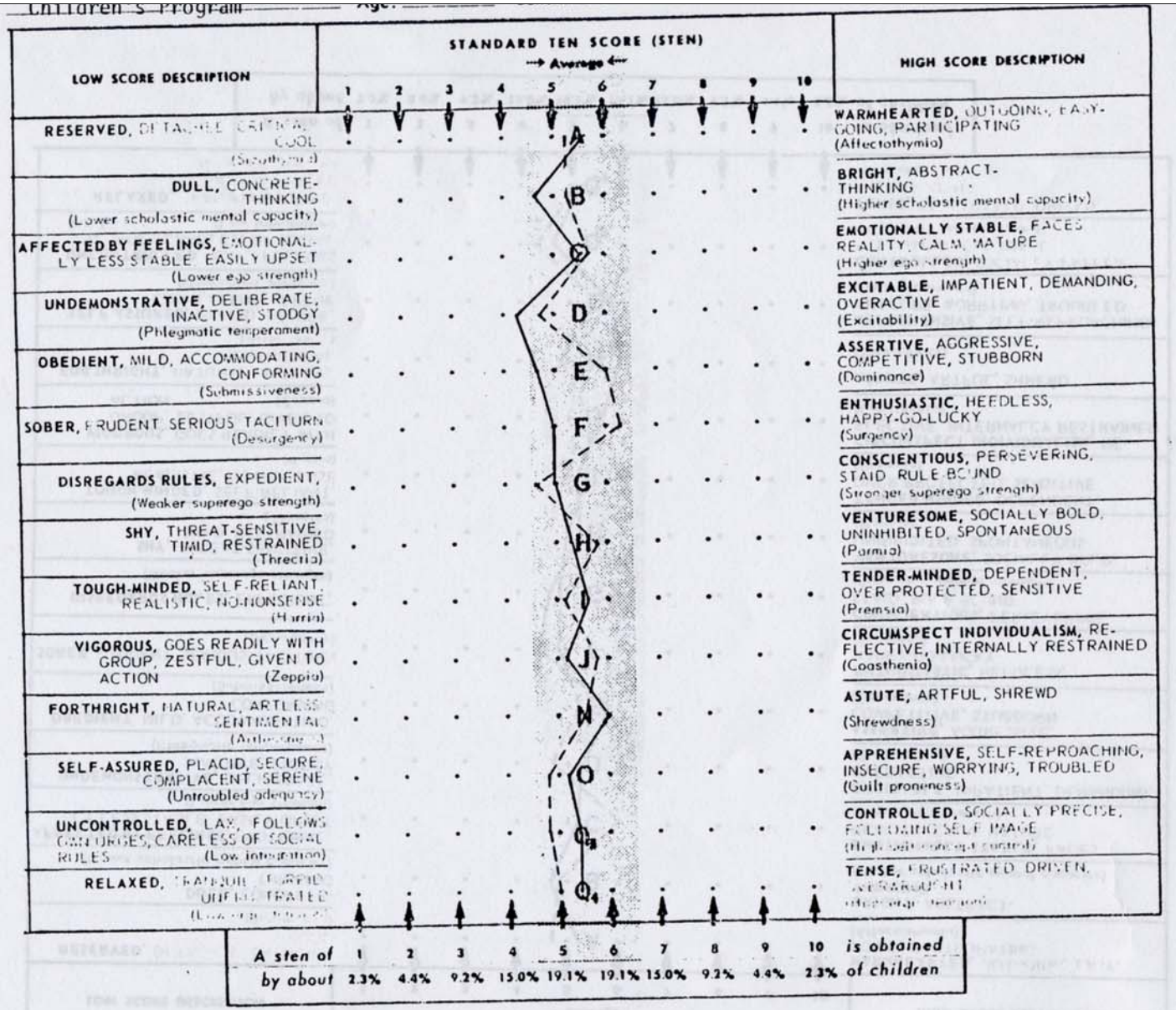
Children's Program Age: _____ Sex: _____ Grade in School: _____ Date: _____

Standard Scores Pre Test	Post Test	LOW SCORE DESCRIPTION	STANDARD TEN SCORE (STEN) → Average ← 1 2 3 4 5 6 7 8 9 10	HIGH SCORE DESCRIPTION
5.2	4.7	**RESERVED,** DETACHED, CRITICAL, COOL (Sizothymia)	A	**WARMHEARTED,** OUTGOING, EASY-GOING, PARTICIPATING (Affectothymia)
4.7	4.8	**DULL,** CONCRETE-THINKING (Lower scholastic mental capacity)	B	**BRIGHT,** ABSTRACT-THINKING (Higher scholastic mental capacity)
5.2	6.0	**AFFECTED BY FEELINGS,** EMOTIONALLY LESS STABLE, EASILY UPSET (Lower ego strength)	C	**EMOTIONALLY STABLE,** FACES REALITY, CALM, MATURE (Higher ego strength)
5.3	4.8	**UNDEMONSTRATIVE,** DELIBERATE, INACTIVE, STODGY (Phlegmatic temperament)	D	**EXCITABLE,** IMPATIENT, DEMANDING, OVERACTIVE (Excitability)
5.9	5.2	**OBEDIENT,** MILD, ACCOMMODATING, CONFORMING (Submissiveness)	E	**ASSERTIVE,** AGGRESSIVE, COMPETITIVE, STUBBORN (Dominance)
4.4	4.9	**SOBER,** PRUDENT, SERIOUS, TACITURN (Desurgency)	F	**ENTHUSIASTIC,** HEEDLESS, HAPPY-GO-LUCKY (Surgency)
4.6	4.8	**DISREGARDS RULES,** EXPEDIENT, (Weaker superego strength)	G	**CONSCIENTIOUS,** PERSEVERING, STAID, RULE-BOUND (Stronger superego strength)
5.2	5.0	**SHY,** THREAT-SENSITIVE, TIMID, RESTRAINED (Threctia)	H	**VENTURESOME,** SOCIALLY BOLD, UNINHIBITED, SPONTANEOUS (Parmia)
5.1	5.4	**TOUGH-MINDED,** SELF-RELIANT, REALISTIC, NO-NONSENSE (Harria)	I	**TENDER-MINDED,** DEPENDENT, OVER-PROTECTED, SENSITIVE (Premsia)
5.6	5.4	**VIGOROUS,** GOES READILY WITH GROUP, ZESTFUL, GIVEN TO ACTION (Zeppia)	J	**CIRCUMSPECT INDIVIDUALISM,** REFLECTIVE, INTERNALLY RESTRAINED (Coasthenia)
6.0	4.9	**FORTHRIGHT,** NATURAL, ARTLESS, SENTIMENTAL (Artlessness)	N	**ASTUTE,** ARTFUL, SHREWD (Shrewdness)
5.9	5.5	**SELF-ASSURED,** PLACID, SECURE, COMPLACENT, SERENE (Untroubled adequacy)	O	**APPREHENSIVE,** SELF-REPROACHING, INSECURE, WORRYING, TROUBLED (Guilt proneness)
4.6	4.3	**UNCONTROLLED,** LAX, FOLLOWS OWN URGES, CARELESS OF SOCIAL RULES (Low integration)	Q_3	**CONTROLLED,** SOCIALLY PRECISE, FOLLOWING SELF IMAGE (High group-control)
5.3	5.2	**RELAXED,** TRANQUIL, UNFRUSTRATED, UNDRIVEN (Low ergic tension)	Q_4	**TENSE,** FRUSTRATED, DRIVEN, OVERWROUGHT (High ergic tension)

Standard Scores

Children's Program — Age: —

Pre Test	Post Test
5.6	5.3
4.6	5.4
5.6	5.7
4.2	4.8
4.6	6.0
5.0	6.3
5.0	4.6
5.3	5.8
5.6	5.1
5.2	5.8
6.0	5.6
5.2	4.9
5.5	4.9
5.5	5.0

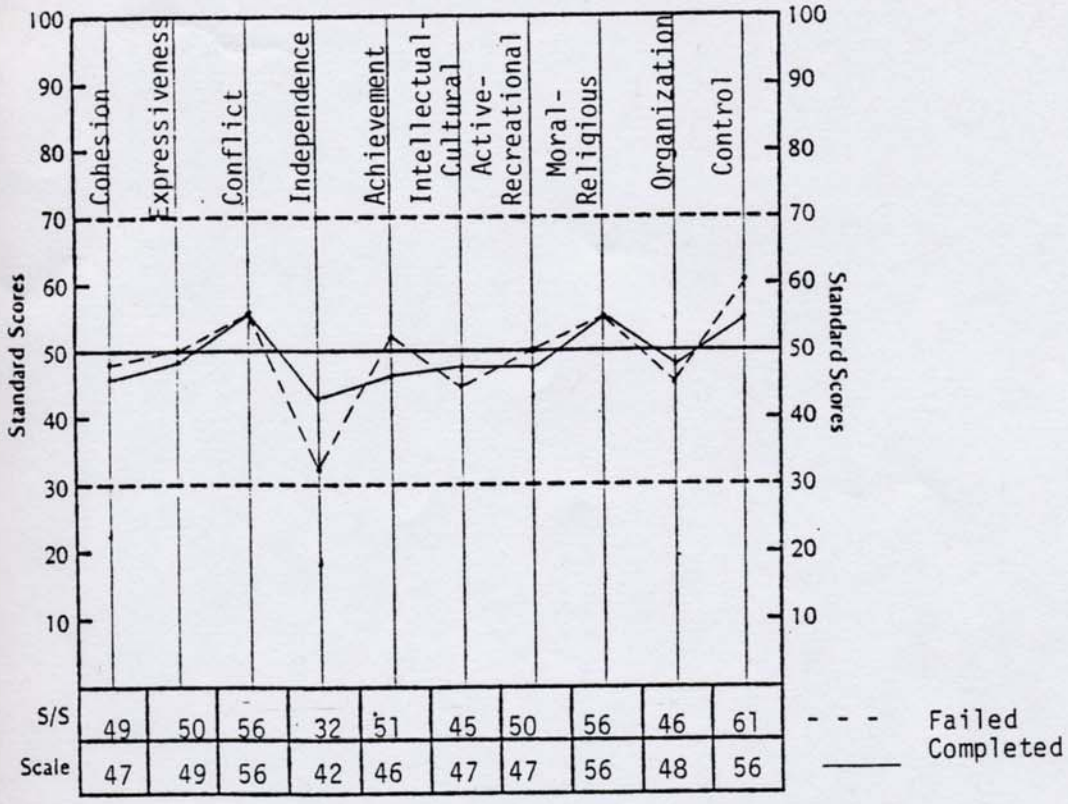
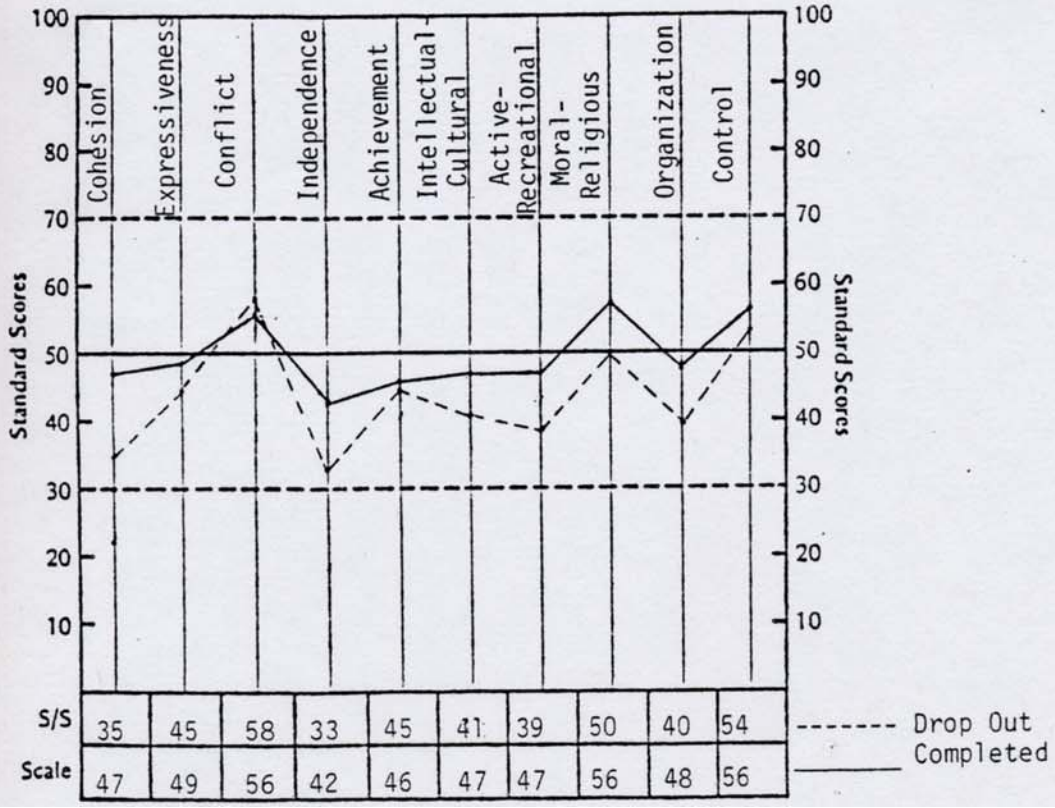


Nurturing Program for Parents and Children

Test Results — TABLE 4 — Moos Scale Parents

Time	Characteristic	Variable	$\bar{x}$ Scores 1st Field Test (N = 50)	Significance	$\bar{x}$ Scores 2nd Field Test (N = 71)	Significance
Pre Post	Cohesion	45 55	32.50 44.41	.003	42.45 49.12	.03
	Expressiveness	46 56	41.97 48.00	.03	47.86 50.21	
	Conflict	47 57	54.19 57.19		61.50 54.83	.001
	Independence	48 58	25.75 40.44	.002	39.12 43.60	.01
	Achievement Orientation	49 59	43.13 46.22		47.86 46.40	
	Intellectual-cultural Orientation	50 60	44.88 46.56		43.26 45.76	
	Active-Recreational Orientation	51 61	43.53 46.41		44.71 48.02	
	Moral-Religious Emphasis	52 62	49.47 55.41	.02	55.24 55.81	
	Organization	53 63	47.81 47.44		47.57 47.69	
	Control	54 64	51.25 53.91		57.00 57.29	

SOCIAL CLIMATE SCALE PROFILE



SOCIAL CLIMATE SCALE PROFILE