ABSTRACT

A COMPARISON OF GROUP-BASED AND HOME-BASED PARENT TRAINING USING APPLIED BEHAVIOR ANALYSIS TECHNIQUES

A university-based Positive Parenting class was designed to provide the local community with Applied Behavior Analysis techniques used for training parents of children with developmental disabilities. The current study investigated the effectiveness of the parental implementation of the skills learned from a positive parenting class in both group- and home-based environments. A multiple baseline with multiple probes across participants design was used in this study. The hypotheses of the current study were that the parents’ scores on the pre-and post-tests (measures of parenting knowledge), the frequency of Praise, and the percentage of correct responses of Planned Ignoring and Prompting Alternative behavior would be higher for those parents receiving in-home parent training via home-visits than those parents receiving group parent training via group meeting classes. It was hypothesized that the children’s percent of skill acquisition would be higher for those children whose parents received in-home parent training than for children whose parents received group parent training. Results from this study found that the group format, one hour of lecture and one hour of role modeling with child while providing feedback was more effective than the same model in the in-home group. Even though the parents were placed in groups inspection of the data was done individually, no inferential statistics were used.

Rocio Carbajal
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A COMPARISON OF GROUP-BASED AND HOME-BASED
PARENT TRAINING USING APPLIED BEHAVIOR
ANALYSIS TECHNIQUES

by
Rocio Carbajal

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APPROVED

For the Department of Psychology:

We, the undersigned, certify that the thesis of the following student meets the required standards of scholarship, format, and style of the university and the student's graduate degree program for the awarding of the master's degree.

Rocio Carbajal
Thesis Author

Amanda Nicolson Adams (Chair) Psychology

Marianne L. Jackson Psychology

Criss Wilhite Psychology

For the University Graduate Committee:

Dean, Division of Graduate Studies
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Chapter 1

INTRODUCTION

Parenting children with developmental disabilities is a difficult and challenging job for parents. Parents with children with disabilities often have very little understanding of any developmental disability (Sharpley, Bitsika, & Efremidis, 1997). Children with developmental disabilities often display behavior not typical of siblings or other children. Little understanding of not only the disability but the permanence of it along with the sense of isolation and atypical behavior displayed by their children often leads parents to feel stressed and incompetent (Bitsika & Sharpley, 1999). Aside from parental struggle, the child often struggles too. Some of the behaviors that these children engage in often differ from the behavior of their typical peers and can lead to social isolation of that child by peers. Their problem behaviors can also lead to interruptions in the classroom that can hinder their learning, which might already be affected by the disability itself. Parents who are overstressed and do not have a full understanding of their child’s disability will often directly influence the perception and interactions with their child (Webster-Stratton, 1990).

One common solution to this problem is parent training in some Applied Behavior Analysis (ABA) techniques. ABA parent training looks at home and group-based parenting interventions addressing these behavioral issues. These home and group-based parenting interventions do not only focus on changing child behaviors but they also help to change the negative perceptions and interactions that parents have with their children.
Much research has focused on combinations of group-based and home-based positive parenting trainings and their effectiveness in changing the behavior of children and parents. Few studies have focused on the effectiveness of home-based positive parent training alone or group-based positive parent training alone (Greene, Kamps, Wyble, & Ellis, 1999). ABA is the study of the functional relations between the environment and behavior (Chance, 1998). It attempts to solve behavior problems by providing antecedents (environmental events that occur before a behavior) and consequences (environmental events that occur after a behavior) that change behavior (Chance, 1998). Mainstream ABA techniques have been used to train parents in many parent training programs. ABA parent training programs emphasize reinforcement as a primary consequence to promote alternative behaviors and to minimize the usage of correctors and aversives. Since mainstream ABA parent training programs have been developed for a combination of group-based and home-based parent training programs, whether one is more effective than the other has not been thoroughly investigated.

Applied Behavior Analysis positive parent training programs, focus on training parents to use reinforcing techniques instead of punishers. The positive techniques taught increase the likelihood of appropriate behaviors occurring. Some of the positive techniques used in positive parent training are: praise, planned ignoring, and prompting alternatives. Praise is defined as rewarding and reinforcing appropriate behavior. Planned ignoring is defined as discontinuing all attention to inappropriate behavior until the inappropriate behavior stops or the child engages in appropriate behavior. When ignoring inappropriate behavior it is important to have an appropriate behavior to replace the behavior being ignored, this can be done by prompting alternative behaviors. Prompting alternatives is defined as cuing or encouraging desirable and alternative behaviors; this teaches
children what behaviors they should engage in. The current study used ABA techniques to compare home-based and group-based parent training. These techniques not only focus on changing child behaviors but parental behaviors as well.
Chapter 2

REVIEW OF LITERATURE

In this chapter contemporary literature regarding group-based and home-based parent training will be critically reviewed. The review concludes with a discussion of a specific research question and hypotheses suggested by the review and examined in this thesis.

**Group-based Parent Training**

Group-based parent training programs have often comprised of a mixture of a majority of group sessions and a limited number of home-visits. Parent training programs consisting of group sessions are cost-effective which helps explain why the majority of parenting programs are comprised of group sessions. The typical parent training programs available to parents consist of 2-11 weeks of parent training and 0-4 home visits (Neff, 1995; Phaneuf & McIntyre, 2007; Ruma, Burke, & Thompson, 1996). A training manual is used during parent training programs to outline the content that will be used to train parents. Skill areas are then chosen, based on assessment of child needs, and parents are to then use the material they learned in class to address inappropriate behavior. At the conclusion of the training program an evaluation is given to attain parental feedback regarding the overall training program.

Several studies have examined the components needed for successful positive parenting, and have also highlighted some problematic issues that need to be addressed. In a 1985 review by Christenson entitled “Teaching Involved Parenting,” a set of workshop materials was designed for parenting workshop sessions to help parents develop their parenting styles by enhancing their
interactions with their children and by teaching behavior management skills. The sessions help the parents develop their parenting style using *The Leader’s Guide* and *Parents’ Materials* (Christenson, 1985). *The Leader’s Guide* was comprised of an outline and a set of text notes which was divided into five sections: opening, lecture, break, exercise, and discussion. The *Parents’ Materials* contained parents’ notes, parent planning sheet, behavior management forms, and advocacy and information forms for parents. Each session was 90 minutes and time periods were outlined within training sessions. During the opening of the sessions parents shared personal experiences and briefly reviewed the previous session highlights regarding what worked and what needed improvement. During lecture, the topic was introduced, the key issue was highlighted and four elements were addressed: What happens, example, why, and what can you do. The parents then participated in an exercise where the parents were given a scenario and had to use what they covered in lecture to carry out the scenario. Lastly, there was a discussion during which open-and closed-ended questions were used to evoke parental participation and feedback on that day’s session (Christenson, 1985). The results of parent evaluations indicated the program to be well organized and easy for parents to follow. When structuring a parenting program it must be organized so that it is easy for parents to understand. Parents must not only understand the content and principles but be able to implement them successfully outside the classroom as well. Parents were also required to change their own behavior and learned that their behavior is influenced by their child’s and vise versa. A limitation of this program is that it is less effective for behavior patterns like non-compliance (Christenson, 1985).

The *Teaching Involved Parenting* curriculum offers a structured outline of what is needed for a successful parenting program. The curriculum, however, did
not address behaviors like non-compliance which are typically the behaviors parents are having the most problems with. Although positive parenting techniques focus on teaching alternative and maintaining appropriate behaviors, it also involves decreasing inappropriate behaviors. Behaviors like non-compliance usually hinder parents from teaching appropriate behaviors effectively if the behavior is not addressed from the start of the teaching. A parenting program should include techniques that will address management behavior patterns such as non-compliance.

In a 1996 study on group parenting training Ruma et al. investigated the effects of a parent training program for three age groups: early childhood, middle childhood, and adolescents. Married couples attended the Boys Town Common Sense Parenting (CSP) program classes and were trained in using behavioral methods with children and adolescents with conduct problems in a group home setting (Ruma et al., 1996). The CSP program was adapted from two previous programs, the Teaching Family Model (TFM) and the Boys Town Family Home (BTFH). Research on both programs has shown no difference between the two, so for this study they were combined (Ruma et al., 1996). The CSP program was a 2-hour 6-8 week parenting program. In the first hour, homework and skills from previous classes were reviewed and new skills were taught using direct instruction, modeling, video vignettes, and readings from the training manual by parent trainer. During the second hour of training parents were to role-play situations using the skills taught in the first hour (Ruma et al., 1996). All parents were taught the same skills which were clear communication, positive reinforcement and consequences, preventive and corrective teachings, self-control, and problem solving (Ruma et al., 1996). Trainers were not required to have prior education in the behavioral sciences which makes it applicable and generalizable across
families and settings. Most parents taking a parenting class do not have prior knowledge in the behavioral sciences and need a class where the material is easily taught and easy to implement in their everyday living.

The researchers conducted a logistic regression analysis and found that the severity of the child’s problem behavior and not the age was a considerable predictor of a significant negative change following parent training. Hence, parents with children with severe behavior problems may view their children negatively and inflate reports on their child’s behavior problems and are therefore less likely to implement skills learned (Ruma et al., 1996). Several limitations of this study, as pointed out by the authors, were that there were no measures of parental skill acquisition; no in-home observation of skills being implemented, no direct observation of behavior changes, and no follow-up data were available. These limitations therefore make it impossible to account for the treatment outcomes (Ruma et al., 1996). They suggest that if parents practice at home the skills they learn through role play in parent training classes they might be more successful in generalization and mastering the skills (Ruma et al., 1996). The researchers identify an important observation; parents inflate their children’s behavior problems. Training parents to identify their children’s appropriate behaviors instead of their problem behaviors is a constant challenge for parent training instructors. Teaching parents to “catch them being good” instead of “catching them being bad” is more extremely challenging. Home-visits and role-playing can help address this issue.

In a 1995 study, Neff compared the effects of parent training delivered by a professional verses a pyramidal parent training delivered by peers. The professional condition was known as standard parent training (SPT) whereas the pyramidal parent training condition was known as the peer parent training (PPT).
In both the SPT and the PPT conditions, parents were split into 3 Tiers. In Tier 1 of the PPT condition, parents were trained by a professional in one skill area, different for every parent (Neff, 1995). Tier 1 parents then trained Tier 2 parents who then trained Tier 3 parents, parents were randomly assigned. In the SPT condition all parents were trained by a professional. Parents were trained in selecting and positioning stimuli, presenting instructions, providing prompts, presenting consequences, arranging a teaching sequence, and data recording (Neff, 1995). Four to six weeks after final Tier training was completed, a follow-up probe was conducted for both PPT and STP conditions to assess maintenance and generalization of skills, no in-home training was administered (Neff, 1995).

In both conditions parents’ performance increased substantially from baseline to post-training and continued to show improvement through follow-up. Although there were increases in parental performance, four of the children in the SPT condition did not show an improvement in correct responding (Neff, 1995). This may be attributed to the lack of in-home assessment of implementation of parental procedures. The limited frequency or duration of parent-child teaching sessions could have been the reason for the lack of child improvement (Neff, 1995). In this study, training parents as intervention agents via peer training or by a professional has been demonstrated as being crucial in educating children. However, in-home observation and training of parenting skills learned is highly needed to properly evaluate the efficiency of the program.

Group-based parent training has become widely acknowledged as being cost effective. It enhances maintenance of skills, provides intervention services for a large number of families and can therefore be disseminated more widely, and has provided a much needed support network for parents. A limitation with group-based parent training includes missed classes due to conflicting schedules.
Home-based Parent Training

The advantage of home-based parent training is that the instructions and training provided for in the home can be done in a natural environment requiring few resources. In that *in situ* trainings are crucial in that they promote generalization of the skills being taught. Home-based training is more likely to be generalized across people, behaviors, and places therefore increasing the likelihood that the behaviors taught will occur.

In a study by Gross, Miltenberger, Knudson, Bosch, and Breitwieser (2007), behavioral-skills training was evaluated with *in situ* training. They looked at the preliminary evaluation of a parent training program to prevent gun play using home-based parent training. Baseline, during which no feedback was provided, occurred at the participants’ homes or in after school programs (Gross et al., 2007). *In situ* training took place either in the child’s home, during their after school program or at a neighbor’s home. The training consisted of two consecutive sessions with a child at home on the child’s responses to finding a gun. Correct responses were followed by additional training given by parents to their child immediately (Gross et al., 2007). A correct response consisted of the child leaving room and reporting gun to parent. Post-training was assessed either in the child’s home, during their after school program or at a neighbor’s house (Gross et al., 2007). Post-training assessments were complete when the child engaged in appropriate behavior on three consecutive trails. Parents were provided with a training manual and video with detailed instructions on what parents should say and do (Gross et al., 2007). The results indicate that the intervention was successful and easy to implement. Sessions in the home allowed for training to be completed with few resources. Limitations of this study were: no long-term follow-up data and limited baseline data (Gross et al., 2007).
Training parents on how to train their children in the home environment involves using a variety of positive parenting techniques such as reinforcement of appropriate behaviors and prompting alternatives to problem behaviors. These positive parenting techniques help parents maintain and generalize child skills taught during and after training. This approach can also be used to help maintain parental behaviors after parent training has terminated. One way to help ensure maintenance and generalization of parental skills gained by parent training is by having spouses reinforce each other.

Greene et al. (1999) conducted a home-based parent training study in which all consultations and observations were implemented in the home using a parent training package which contained a variety of positive training techniques. The training package served as a training aid and a reference for parents. The positive training techniques consisted of implementing reward systems, time-out, applying consequences, and active ignoring (Greene et al., 1999). Parents were also invited to monthly activities which included games and holiday activities. These activities allowed parents to develop support networks with other parents.

During the in-home consultations, data were taken as parents and children watched television, did homework, completed chores, ate meals, and played outdoors (Greene et al., 1999). Data were collected on five behaviors: inappropriate child behaviors, child compliance to parent instruction, on-task child behavior, child and parent interaction, and parent praise. Inappropriate child behaviors were considered primary dependent variables while the remaining four were secondary (Greene et al., 1999). Home visits lasted from 1 hour to 1.5 hours. During treatment, three components were included (a) ongoing modeling and feedback on effective parenting skills, using appropriate praise, giving clear instructions, modeling appropriate behavior and using effective consequences, (b)
use of a reinforcement schedule, and (c) use of a time-out procedure. The parents were trained in two phases; Phase 1 only parents were trained and Phase 2 parents and children were trained. In Phase 1 all parents were trained using a training booklet and positive feedback was given after role playing exercises. In Phase 2 parents and children were trained using repetition, modeling, role play, and feedback.

Greene et al. found that by providing in-home training, mothers were able to easily implement interventions on their own in the home setting (1999). There were clear decreases in inappropriate behavior and increases in compliance and parental praise (Greene et al., 1999). These findings helped support the “power of family-and-child-focused” strategies in a natural environment and improve the quality of interactions between mother and child (Greene et al., 1999). They also further strengthen the belief among many researchers that creating a family-centered treatment model is crucial in developing active parental participation (Louw & Avenant, 2002). A limitation of this study was that there were no follow-up probes to document maintenance of training.

Home-based parent training can be a costly endeavor. The service provider must pay for the services of the each individual therapist that works with the family, as well as the programming materials, and other expenses like mileage and other resources needed for sessions. Home-based parent training is also highly intrusive but it does provide parents with an intervention that is individualized to their family’s needs.

**Combined Group-based and Home-based Parent Training**

In a study by Phaneuf and McIntyre (2007), a combination of group-based and home-based parent training programs were used to examine the effects of
video feedback on inappropriate maternal behavior. In condition one, participants received group training (GT) alone and in condition two participants received group training with video feedback (IVF). The video feedback was conducted in the home (Phaneuf & McIntyre, 2007). In both the GT and the IVF conditions a structured curriculum was used for 2.5 hours over 11 weeks to address the skills targeted. The curriculum included four skills: play and involvement, praise and rewards, limiting settings, and handling misbehavior (Phaneuf & McIntyre, 2007). It also included a group discussion, video vignettes, role playing, feedback, and parents were assigned homework (Phaneuf & McIntyre, 2007). For participants in the IVF condition, additional home-based video feedback by therapist was provided and videotaped sessions from the previous week were observed. Feedback was provided after each individual curriculum skill was taught. Mothers in IVF condition used a review sheet which outlined skills previously taught to refer to while they were watching their videotape. They were also given specific feedback on particular moments in the video where inappropriate parental behavior occurred and then practiced the correct or appropriate behaviors.

Researchers found that the effects of group-based parent-training were enhanced with the addition of in-home video feedback and all mothers in the IVF group reduced their inappropriate parenting behaviors (Phaneuf & McIntyre, 2007). A limitation of this study is that it did not have short- or long-term follow-up probes to assess the maintenance and generalization of skills taught which might have enhanced the outcomes of child behavior (Phaneuf & McIntyre, 2007).

In 1998, a study evaluating a cost-efficient alternative to providing in-home feedback to parents was conducted (Harris, Peterson, Filliben, Glassberg, & Favell). Parents were put in two groups, Group1 and Group 2, both groups received parent training in a large group using the same curriculum (Harris et al.,
1998). The curriculum was all taught in group and consisted of monthly group presentations, lectures and demonstrations on a specific topic, small-group discussions, and homework (Harris et al., 1998). All parents were taught the same skills but the application of skills was individualized for each family. The curriculum at home differed for both groups. Group 1 received feedback from staff and Group 2 received training in how to deliver feedback to their spouses (Harris et al., 1998). All parents were then given a checklist that was created based on topics covered in training. The checklist was used to score whether the material covered was implemented correctly (scored as “yes”) or not (scored as “no”). These data were collected two times per month by observers anywhere from 1 to 3 weeks after the large group session (Harris et al., 1998). When training spouses on delivering feedback, four steps were followed: be positive, be specific, use visual mediators, and be immediate (Harris et al., 1998). Spouses needed to complete three of the four feedback steps consecutively across observations. Probes were conducted at the 6-week, 3-month, and the 6-month intervals following completing on training. Research results suggest that parents correctly implemented an average of 86.3% of the feedback procedures. After spousal feedback training, the authors found that spousal feedback proved to be more cost-efficient than staff feedback and maintained behaviors taught longer (Harris et al., 1998). Spousal feedback, in the home, is an important component in a parent training program making home-visits an important part of any parent training program.

To summarize previous literature indicates that, having a structured lecture, role playing or home-visit sessions, and follow-up sessions seem to increase the efficacy of parent training models. Limitations to the prior literature in this area
includes: limited follow-up probes, limited parent-child sessions, and weak management behavior patterns.

**Fresno State: Positive Parenting Program**

Currently the Psychology Department at California State University, Fresno offers a group-based Positive Parenting course for parents of children with developmental disabilities (Wilhite & Wilson, 2003). The course provides students in the Department of Psychology’s ABA graduate and undergraduate programs field experience and provides the community with ABA services for parents of children with developmental disabilities. The parenting classes are intended to aid parents in assessing problems and designing as well as implementing intervention programs to change their children’s problem behaviors. The course consists of nine classes throughout the semester; six classes are held at California State University of Fresno and three are in-home consultations conducted by trained Positive Parenting ABA therapists assigned to each parent (Wilhite & Wilson, 2003). This class takes into account the importance of training parents as intervention agents. The class however, does not take the location of training into account. It offers a combination of classes and home-visits but does not indicate which is more effective or efficient.

The current study investigated the effectiveness of parental implementation of the positive parenting class components (praise, planned ignoring, and prompting alternative behavior) in both group- and home-based environments. This study is important because it will add to the limited pool of existing knowledge of what constitutes an effective parenting program. The hypotheses of the current study were that the parents’ scores on the pre-and post-tests (measures of parenting knowledge) and the frequency of Praise, Planned Ignoring, and
checklist Prompting Alternative behavior would be higher for those parents receiving in-home parent training via home-visits than those parents receiving group parent training via group meeting classes.
Chapter 3

METHOD

Participants

Participants consisted of approximately 10 parents and 10 children, who were recruited through a public school preschool intervention program. Five parents were chosen for the home-visit group and five parents were chosen for the group-class. Parents were put into groups randomly. Parents were recommended by their case managers depending on their children’s behavioral needs and family availability. Criteria for inclusion included (a) Spanish-speaking parents (primary language is Spanish), (b) reliable transportation, and (c) a schedule that allowed for up to 2 hours of availability weekly in the evening. Participants had at least one child with a developmental disability. According to the California Department of Education Spanish-speaking families are an underserved population and need programs to help ensure that parents participate effectively in helping their children with disabilities (California Department of Education, 2010). No specific developmental disability, age range or gender was required for participating children. Participation in the study was terminated if more than one class was missed. One participant failed to complete the program. All parent participants volunteered and gave permission for their children to be part of the study as well as their own participation and therefore completed a consent form. This was a sample of convenience.
Institutional Review Board Procedures

The California State University, Fresno Institutional Review Board approved all procedures prior to data collection. The parents selected were given informed consent forms prior to data collection (see Appendix A).

Materials/Instrumentation

The materials used were included in the Positive Parenting textbook, Spanish edition (Wilhite & Wilson, 2003). The Positive Parenting textbook includes child behavior data collection forms, program development forms, and teaching progression forms.

Independent Variable

The primary independent variable in this study was the class structure and location in which instruction was delivered during the 5-week parent training. The two different groups consisted of five parents per class: class group (CG) versus home-visit group (HG) (see Research Design and Procedures for further description of the program).

Dependent Variable

Parents’ Written Test

Each parent was given a pre- and posttest measuring knowledge of the material covered in class (see Appendix B). These tests were constructed by using various questions found in vignettes that are widely used and accepted by behavior service providers to assess Applied Behavior Analysis knowledge in parents receiving services. The questions were chosen according to material covered in the Positive Spanish Parenting class (i.e., Praise, Planned Ignoring, and Prompting Alternative behaviors). Each test consists of the same five multiple choice
questions. These tests are competency tests not performance tests and have face validity; they measure and reflect the understanding of the same skills learned in class. The questions were scored as either right or wrong. Differences in pre- and post-tests scores were assessed.

Parents’ Behavior

The degree to which parents’ correctly implement program components was one dependent variable. This was operationally defined as parents correctly and successfully using any of the three techniques learned in class to modify their children’s target behaviors. The three techniques learned were Praise, Planned Ignoring, and Prompt Alternative behavior (3P’s). Researcher and therapist measured the frequency of praise for each parent which was expected to increase. Parents’ correct use of praise during lessons either in the home (for the home-visit group) or in role-play (for the large group) was recorded every session; parents were also given a list of appropriate praise (see Appendices C-D). Additionally, a task analysis (TA: a list of a target behavior broken down into its specific steps) for planned ignoring, and prompting alternative behaviors was examined and the percentage of steps followed correctly for each individual TA were recorded (see Appendices E-F). Data were collected in alternating 10 minute intervals during the second hour of the class. Parents were trained in all three techniques. Target behaviors were chosen, defined, and written out with the parents prior to implementation of intervention.

Reliability of Measurement of Parents’ Behavior

Four observers were trained to score the task analysis sheets created, of the children’s behavior by the researcher, for both the home-visit group and large
group. Observers reached an interobserver agreement of at least 80% with experimenter prior to going on home-visits and prior to measurement with the large group. Agreement between each therapist and the researcher were as follows: therapist 1=100%, therapist 2=100%, therapist 3=80%, and therapist 4=90%.

Interobserver agreement (IOA) was conducted during 60% of the sessions. The observers rated the frequency of the parents’ use of techniques taught during sessions and the percentage of correct step completion of a task analysis list for both the HG and the CG (see Appendices E-F).

**Research Design and Procedure**

**Research Design**

A non-concurrent multiple baseline design was used in this study. This design is used when the dependent variable is expected to be zero non-concurrently across multiple participants until the treatment is implemented. This can be considered as a quasi-experimental design because it cannot demonstrate control of the independent variable on the dependent variable, but it does offer systematic replication of implementation of the intervention and allows for examination of possible effects. This study consisted of two groups with five parents in each group. The first group of parents took the class in a large group and is known as the class group (CG). The second group of parents took the home-visit class and is known as the home-visit group (HG). All parents received positive parenting classes. Both classes were 5 weeks long and cover the same material. The only difference was that HG had all home-visits and the CG had all group meetings. Each lesson was 2.0 hours long.
Training Therapists

Criteria for being selected as a therapist included: prior experience in Psychology 170T (Community Intervention and Behavior Support) and/or bilingualism. Therapists were students that had taken Psychology 136 (Human Behavior and Learning) and Psychology 172 (Applied Behavior Analysis). The therapist worked with parents to help modify their child’s current behavior and teach new behaviors. All therapists were trained in the material that was covered with parents and had to meet with the experimenter a total of three times prior to the beginning of the parenting class to go over the administration of the pre-and post-test, teaching and feedback activities, and how to conduct the class evaluation (see Appendix G). Some ABA knowledge was required.

Homework

To ensure that parents implemented interventions, a permanent product was acquired via homework assignments that were collected every week. A permanent product was defined as the resulting lasting product of a behavior (i.e. written assignments, clean room, made bed, or checklist). The HG received five home-visits, one per week, in the parents’ home (in any room of the house). During home-visits a therapist taught the lesson to the parent and one childcare worker worked with children in a separate room. The CG attended five classes, one per week, held in a classroom at the school. Children were in a preschool classroom working with therapists while parents were in class.

Prior to any data collection informed consent was obtained (see Appendix A). All parents were given a thorough informed consent in the participants’ native language, Spanish. The consent form explained the nature and purpose of the current study, the assurance of the voluntary nature of the research, assurance that the current study would not compromise any benefits that they may have been
receiving, an explanation of what was required to participate, an explanation and description of any anticipated risks and benefits, and the contact information for the research and Institutional Review Board.

Baseline

During the baseline phase for HG, an therapist as well as a trained observer went to the family’s home and gathered baseline data on how often the 3 P’s were used appropriately (see Appendix H). During the first meeting, parents in the CG condition were asked to engage in a typical interaction with their child. Therapists as well as the experimenter gathered baseline data on whether parents use the 3 P’s during the interaction. Parents were given an information sheet (see Appendix I) to gather information on child excesses and deficits, actual abilities, and reinforcers. This sheet was turned in at the end of the first lecture. No class information or feedback was given during baseline, to avoid any possible pre-test confounds. Sessions 2-5 consisted of homework review, a review of the prior lecture, lecture or working on target behavior with child, feedback, discussion, and homework assignment. Additional detail on the class procedures is provided in Appendix J.

Follow-up

Two 1-month follow-up sessions were conducted after the last class for both the home-visit group and large group. All follow-ups were conducted like baseline sessions, in the home. All data were collected during the 5-week course as well as during the follow-up sessions (see Appendix H).
Chapter 4

RESULTS

Although parents were placed in groups for the implementation of parent training the effects of the independent variable were assessed through visual inspection of the data. Visual inspection was assessed in terms of the level, trend, and variability of the parents’ data of implementation of skills learned in class. The level of the path was defined as the value of the vertical axis in which the data points met. The data points inspected included planned ignoring and prompting alternatives. The trend of the graph refers to the overall direction of the data path. The variability of the graph is the degree to which the measures of a behavior, under the same environment, vary from one condition to another (Bailey & Burch, 2002).

Interobserver Agreement

Agreement between the observers who recorded parent behavior in 8 class sessions and eight home-visit sessions was assessed. Interobserver agreement (IOA) was conducted during 63% of the sessions. IOA for the class group was conducted for 86% of the sessions with an average of 79% (range 58% - 100%). For the home-visit group IOA was conducted for 54% of the sessions with an average of 80% (range 50% - 100%).
Mrs. Rios

Figure 1 demonstrates Mrs. Rios’ performance regarding the 3Ps. The data on praise was very variable in the training phase with a decrease in the follow-up phases. For planned ignoring, there were no opportunities to ignore during the training phase. Even though there were opportunities to ignore during the follow-up phases Mrs. Rios did not engage in appropriate ignoring. During opportunities of appropriate prompting of alternative behavior in the follow-up phases, mom did not engage in prompting alternative behavior’s and only prompted appropriately 75% during 1-day of the training phase. Mrs. Rios’ overall performance in the 3Ps was variable.

*Figure 1.* Mrs. Rios’ performance regarding the 3Ps.
Mrs. Martinez

Figure 2 demonstrates Mrs. Martinez’s performance regarding the 3Ps. The data on praise demonstrated a lot of variation in praise throughout all phases. Follow-ups for praise do look promising and seems to display an upward trend. During the opportunities for planned ignoring, mom did not ignore appropriately when there were opportunities to ignore; data remained at zero throughout all phases of training. There was lots of variation during responding to opportunities of prompting alternative behavior. There does not seem to be a clear trend in the data.

Figure 2. Mrs. Martinez’s performance regarding the 3Ps
Mrs. Fierro

Figure 3 demonstrates Mrs. Fierro’s performance regarding the 3Ps. There was a clear variation in praise with a clear downward trend in follow-up phases suggesting a decline in skill performance. Mrs. Fierro did not ignore during appropriate ignoring opportunities. During prompting alternative behavior the skill is present during baseline. Appropriate parent prompting during training phase was at 100% meaning mom prompted during 100% of the opportunities. Responding did decline however, during follow-up phases.

Figure 3. Mrs. Fierro’s performance regarding the 3Ps.
Mrs. Gonzalez

Figure 4 demonstrates Mrs. Gonzalez’s performance regarding the 3Ps. The results for praise were variable throughout the training phase with a definite decrease in praise. During the follow-up 1 phase there was a high frequency in praise but it dramatically decreased to zero during follow-up 2. For planned ignoring, parent did not have many opportunities to ignore inappropriate behavior. With regards to prompting alternative behavior, there was a downward trend in responding to prompting opportunities in follow-up phases. Overall, there was variation in level and trend of the data.

*Figure 4. Mrs. Gonzalez’s performance regarding the 3Ps.*
Individual Parent Behavior in the Home Group

The degree to which parents’ correctly implemented the three program components to modify their child’s behavior was measured throughout the class sessions including baseline and follow-up measures. The program components were Praise, Planned Ignoring, and Prompting Alternative behavior (3 P’s).

Inca

Figure 5 demonstrates Mrs. Inca’s performance regarding the 3Ps. During the training phase there was a slight upward trend which continues in follow-up 1 phase then declines in phase 2 of follow-up. There were no opportunities to ignore throughout the training and follow-up phases. The data for prompting alternative behaviors remained stable during follow-up phases at 50%.

Figure 5. Mrs. Inca’s performance regarding the 3Ps.
Figure 6 demonstrates Mrs. Gallegos’ performance regarding the 3Ps. Praise was variable across the training phase but began to demonstrate an upward trend towards the end of the training phase then maintained it during the first follow-up phase, however, it did decrease during the second follow-up phase. Mrs. Gallegos did not ignore during appropriate ignoring opportunities across all phases. Mom only ignored appropriately once during the training. Ignoring remained at zero during follow-up phases. Regarding prompting alternative behavior, mom prompted appropriately 80% during training phase which then declined during follow-up phases.

Figure 6. Mrs. Gallegos’ performance regarding the 3Ps.
Figure 7 demonstrates Mrs. Gutierrez’s performance regarding the 3Ps. There was some variation in praise during baseline and at the beginning of the training phase. Praise then seemed to stabilize during follow-up phases but remained low. During training phase the parent engaged in appropriate ignoring when presented with the opportunity of ignoring, however, parent did not engage in appropriate ignoring during follow-up 2 phase. For prompting alternative behaviors, parent appropriately prompted alternative behavior during the end of training phase but performance decreased during follow-up phases to zero by follow-up 2.

*Figure 7.* Mrs. Gutierrez’s performance regarding the 3Ps.
Valdez

Figure 8 demonstrates Mrs. Valdez’s performance regarding the 3Ps. Praise was extremely variable during training phase and decreased to zero during follow-up phases. During planned ignoring, parent did not engage in appropriate ignoring when ignoring opportunities were present. Parent did not appropriately engage in prompting alternative behavior when there were prompting opportunities during baseline and training phases but did engage in appropriate prompting during 33% of the prompting opportunities in the follow-up 1 phase.

*Figure 8.* Mrs. Valdez’s performance regarding the 3Ps.
Macias

Figure 9 demonstrates Mrs. Macias’ performance regarding the 3Ps. Frequency of praise remained above 10 during the training phase and the follow-up 1 phase but declined during follow-up 2 phase. Parent engaged in appropriate planned ignoring when ignoring opportunities were present during the training and first follow-up phase. Prompting alternative behavior was at 100% during opportunities in the training phase but it declined during the follow-up phases.

*Figure 9. Mrs. Macias’ performance regarding the 3Ps.*
Class Group and Home Group Behavior

Figure 10 demonstrates the average scores on praise, planned ignoring, and prompting alternative behaviors for the class group. The class group demonstrated some variability in frequency of praise during training phase with a slight decline during the follow-up phases. With regards to planned ignoring, there was large variability in planned ignoring with a steep decline during follow-up phases. Lastly, class parents were prompting appropriately during an average of 44% of opportunities during baseline, 86% during training phase, and 68% during follow-up phases. Parents were prompting the most during the training phase but their scores declined during follow-up phases. The decline in the follow-up phases may be due to the number of classes offered; this was a short parent training class consisting of five 2-hour classes.

*Figure 10.* The average scores fro praise, planned ignoring, and prompting alternative behavior for the class group.
Figure 11 demonstrates the average scores on praise, planned ignoring, and prompting alternative behaviors for the home group. The home group demonstrated some variability in frequency of praise during training phase with a gradual decline during the follow-up phases. With regards to planned ignoring, there was an increase in percentage of opportunities to ignore appropriately during training phase but a steep decline during follow-up phases. Lastly, home parents were prompting appropriately during an average of 41% of opportunities during baseline, 76% during training phase, and 60% during follow-up phases. Parents were prompting more during the training phase but their scores declined during follow-up phases. The decline in the follow-up phases may be due to the number of classes offered; this was a short parent training class consisting of five 2-hour classes.

Figure 11. The average scores for praise, planned ignoring, and prompting alternative behavior for the home group.
Pre- and Post-Test Scores

To assess the parents’ knowledge of the material covered in class a pre- and post-test were conducted during baseline and during the last class session. The participants on a whole scored higher on the post-test (M=42%) than pre-test (M=22%) demonstrating that the participants did learn information from the lessons taught.

Mrs. Rios scored the same on the pre- and post-test (20%) hence there was no demonstrated increase in knowledge according to this test. Mrs. Martinez and Mrs. Fierro both scored higher on the post-test (80%) than the pre-test (40%). Mrs. Gonzalez and Mrs. Inca made modest gains on post test scores (20% from 0% and 60% from 0% respectively). Mrs. Valdez scored higher on the post-test (20%) than on the pre-test (0%) as did Mrs. Macias (40% post 20% pretest). Mrs. Gallegos and Mrs. Gutierrez however, scored the same on the pre- and post-test (60% and 20% respectively).

Each group (class group and home group) was also tested separately to determine if pre- and post-test scores were significantly different for each individual class. For the class group, the post-test scores were higher (M=50%) than the pre-test scores (M=25%). For the home-visit group, the post-test scores were higher (M=36%) than the pre-test scores (M=20%). Pre- and post-test data for the class and the home-visit groups are presented in Figure 12.

Social Validity

Social validity data were collected via a class evaluation which was completed by all parents consisting of nine questions; seven questions on a scale from 1 to 7 and two being open-ended questions. Positive opinions about the class were assessed by evaluating the dividing the number of questions answered with a 6 or a 7 by the total number of questions that the parent answered. If 70% of the
Figure 12. Pre- and post-test data for the class and the home group

questions were answered positively (with a 6 or a 7) then that questionnaire indicated that the parent enjoyed the class and felt that it was a good experience. If participants marked less than 70% of the questions with a 6 or a 7 then those questionnaires indicated that the participant either disliked the class or had mixed opinions regarding the class. All participants indicated that they liked the class. The class evaluation also assessed whether the class helped provide parents with a support network. If participants marked less than a 6 or a 7 then the class did not provide parents with a sense of a support network. All parents indicated that the class provided them with a support network. Both groups answered 87% of the questions positively. They felt that the class was informative and helped them work with their children on their inappropriate behaviors.
Chapter 5

DISCUSSION

The pre- and post-tests that were given to the parents were developed to measure how effective the education component of the class was at teaching parents the 3Ps. It was expected that parents in the in-home group would score higher on the pre- and post-test than the class group. However, the class group scored higher on the pre- and post-test than the in-home group which may be due to the class environment.

Parents in the class and home group both displayed variability in praise. Parents in the home group reported that they found it harder to praise their children when they engaged in appropriate behavior because they often got interrupted by their other children and when they would remember to praise the child was then engaging in a new behavior. While this was seen in all the homes in the home group, the parents in the class group seemed to generalize their praising skills to the home. During follow-up observations (which took place in the home), class group parents praised easily and frequently. This proved to be harder for some of the parents in the home group even though the classes took place in the home environment.

With regards to planned ignoring, the class group there was a lot of variability throughout all the phases of training. The home group’s data were slightly more stable during training phase but declined during the follow-up phases. Not all children displayed inappropriate behavior during training or some follow-up phases, so only the instances where parents appropriately engaged in planned ignoring were plotted on graphs. When planned ignoring was appropriate
the home group scored slightly higher during the training phase than the class group. However, data for follow-up phases were the same for both groups. The decline of data in follow-up phases could be attributed to the length of classes; five classes may not be enough for parents to learn the 3Ps.

Parents had a much more difficult time ignoring inappropriate behaviors than prompting alternative behaviors. Overall, both groups generalized their prompting alternative behavior skills, the class group from the classroom to the home environment and the in-home continued to prompt in the home.

In the class group parents reported that in home observations were needed to see the child engaging in behaviors that only occurred in the home. The home group also had its limitations. Home group parents did not have a parent support system other than the therapist who taught the class in their home. It was also more costly to the study due to mileage, hours spent driving to the home, teaching the class and in some cases showing up to the home but parents weren’t there, more parents cancelled due to child illness in this group as well.

In the parent evaluations all parents across groups said that the class should have been longer. While most parent results were favorable there were some definite limitations.

**Limitations and Future Research**

There were several limitations to this study both for the individual groups as well as for the study as a whole. Parent drop-out rates in the class group were higher than the in-home group. Parents seemed to prefer the in-home model due to it being more convenient for them and they were more likely to not cancel. Hence, participation and interest was higher in the in-home group. One parent dropped out of the class group reducing the group number from five to four.
Another potential limitation to this study and possibly others like it was specific to participant circumstances. Mrs. Ríos scored the same in her pre- and post-test and while her praise did increase during training and was higher during follow-ups compared to baseline, her planned ignoring skills did not generalize. While Mrs. Ríos does accurately ignore the inappropriate behavior of her other son, who has been diagnosed with autism and is currently receiving intensive behavioral services, she failed to appropriately ignore the target child’s inappropriate behavior during the study. Parents in this situation could be a separate group in a similar study. Research could also focus on comparing parents that have children who receive intensive home services and parents who do not.

In addition, the therapist validity of a study like this one could have been threatened by reactivity or the experimenter effect. Parents could have altered their behavior due to the presence of the experimenters, more so in the home than in the class group. It could be that the parents were not used to the presence of the experimenters in the in-home group compared to the class group, where it is more expected. This could have affected the results of this study and future research may focus on finding a more unobtrusive way to gather data for an in-home training program.

A larger pool of participants (a larger N) could also be investigated which could lead to more statistically significant results which could influence public policy in many ways. The results of research studies using larger number of participates could help support funding for effective parent training programs, considering the status of the current state budget, the availability of funds for programs like these are limited. Due to the cost effective benefits of a class group model, future research could also focus on a cost analysis of classes with the state budget in mind.
It is suggested that future studies examine change in child behavior in a systematic fashion as a secondary dependent variable. Although this may be complicated since each child’s goals were likely to be different, a larger sample size could demonstrate consistent positive effects if parent training is successful.

Another area to compare could be the practice portion of the class, a component analysis of critical elements. While both groups received an hour long practice session with feedback from their therapist, it would be interesting to research how effective the in-vivo practice with feedback was as compared to role-playing or video training.

Lastly, a major limitation to this study is the lack of a third group, a combination of group and in-home class. Future research should focus on comparing three groups of classes: in-home, class group, and a combination of the two.

Conclusion

The current training program was successful at teaching parents how to appropriately use ABA techniques in their parenting. While there was an increase in knowledge across both groups, the in-home group did not score significantly higher than the class group. In fact, parents in the class group reported that they had not only learned the skills needed to deal with inappropriate behaviors but teach new ones, they also felt that they had developed a support system with the other parents in the class. Furthermore, the class group parents stated that they found other parents’ stories, comments, and actions very helpful when interacting with their own children. Home group parents on the other hand, reported that they liked receiving one-on-one attention in their home although data do not indicate any effect on performance outcomes. While past studies seem to be split on group
vs. in-home training, the pros and cons with both models were consistent in the current study. The current training program could easily be implemented on a larger scale. While more research is needed to further refine the methods used in this study, this pilot study may be useful in guiding the direction of future research in the design and delivery of cost-effective parent education programs.
REFERENCES
REFERENCES


APPENDICES
APPENDIX A
CONSENT FORM
CLASS PARENT INFORMED CONSENT FORM

You are invited to participate in a study conducted by Rocio Carbajal a graduate student in the Department of Psychology, California State University, Fresno. The study will consist of data collected in the course of this parenting class; we hope to learn ways to more efficiently train parents of children with disabilities to decrease undesirable behaviors and to teach their children desirable behaviors. You were invited to participate in this project because your child is a client of Kings Canyon Kids Infant Program (KCKids).

If you decide to participate, you will be expected to attend five 2.0 hour parent training meetings for five weeks with a baseline visit where experimenter and therapist will just observe a typical interaction with your child and two additional follow-up visits, the first will be a month after class concludes and the second will be two months after the class concludes. You will also conduct daily homework assignments of 10-20 minutes each with your child. Proposed benefits are increased skills and desirable behavior for your child and increased knowledge of behavioral techniques for you as parents. Improved behavior can increase social and educational options for children with disabilities, as well as enhance parent child relationships. Possible detriments are the time needed to attend the classes and implement the training homework. Presumably the training component itself poses no risks to parent or children. Potential problems may be frustration and disappointment if behaviors do not change as rapidly as anticipated. Children may be temporarily discomfited if they were used to tantrumming for things they wished and are now expected to communicate their wishes or are told “no.” We cannot guarantee improved behavior as a result of participation in this class; some
behaviors are challenging to change and may require more intensive services than can be provided by this parenting class.

Data collection by the student therapists in class during role-play and by you as part of your homework assignments will be used in this study to demonstrate the effectiveness of behavioral interventions implemented by parents. Any information that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Rocio Carbajal and the student-therapists are mandated reporters for crimes committed against children and the elderly. If they hear of such crimes, they are under legal obligation to report them to legal authorities. Anything else discussed during the parenting classes will be held in confidence by the supervisor and therapists. Student therapists and supervisor will not have contact with teachers, special education teams, or other third parties. Discussions within the class are confidential and you must agree not to talk about other group members outside of class. In agreeing to participate in the class you give your permission for the supervisor to exchange information with the student therapist regarding homework and teaching programs. With your permission, class wide data may also be reported anonymously as part of a conference presentation, thesis, and/or research manuscript on the parenting class project. Your decision whether or not to participate will not prejudice your future relations with the KcKids Infant Program, other service agencies or CSU, Fresno. If you decide to participate you are free to withdraw from the program at any time without penalty. The Committee on the Protection of Human Subjects at CSU, Fresno has reviewed and approved this research project. If you have concerns or questions you may contact them at 278-2083. If you have any questions at any time, please contact Criss
Wilhite, M.A. (278-6937) or Dr. Amanda Adams, Ph.D. Principle Investigator (278-2479).

You will be given a copy of this form to keep.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

I agree to participate in the KCKids parenting program. I understand that information obtained in the class will be confidential, except for the need for supervisor to discuss interventions with student therapists, and for a follow up report that will be submitted to KCKids. I understand that I may withdraw from the program at any time without penalty.

___________________________  _______ _____________________  
(Signature)      (Date)

In addition to participating in the parenting program, I give permission for data collected to be utilized anonymously for research purposes, including possible conference presentations and publications.

___________________________  ____ _______________________
(Signature)      (Date)

_______________________________  ____ _______________________
(Witness)       (Investigator)
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expected to communicate their wishes or are told “no.” We cannot guarantee improved behavior as a result of participation in this training; some behaviors are challenging to change and may require more intensive services than can be provided by this parenting training.

Data collection by the student therapists in class during role-play and by you as part of your home-visits and homework assignments will be used in this study to demonstrate the effectiveness of behavioral interventions implemented by parents. Any information that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Rocio Carbajal and the student-therapists and childcare workers are mandated reporters for crimes committed against children and the elderly. If they hear of such crimes, they are under legal obligation to report them to legal authorities. Anything else discussed during the parenting classes will be held in confidence by the supervisor and therapists. Student therapists and supervisors will not have contact with teachers, special education teams, or other third parties. Discussions during training are confidential. In agreeing to participate in the training you give your permission for the supervisor to exchange information with the student therapists regarding homework and teaching programs. With your permission, training data may also be reported anonymously as part of a conference presentation, thesis, and/or research manuscript on the parenting class project. Your decision whether or not to participate will not prejudice your future relations with service providers or CSU, Fresno. If you decide to participate you are free to withdraw from the program at any time without penalty. The Committee on the Protection of Human Subjects at CSU, Fresno has reviewed and approved this research project. If you have concerns or questions you may contact them at 278-2083. If you have any
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___________________________  _______ _______________________
(Signature)      (Date)

In addition to participating in the parenting program, I give permission for data collected to be utilized anonymously for research purposes, including possible conference presentations and publications.

___________________________  ____________________________
(Signature)      (Date)

____________________________  _______ ____________________
(Witness)                      (Investigator)
APPENDIX B
PRE- AND POST-TEST
You are starting to teach Allison to name colors. During the teaching lessons, especially during the first one or two minutes, she looks away and often leaves her seat and wanders around the room. In this situation you should:
   a) Reward her at first for sitting quietly and looking at you.
   b) Offer her a big reward for naming a color correctly.
   c) Don’t worry about it now, but promise her a big reward for working with you later.
   d) Try and interest her by pointing at things in the room and naming their colors.

2) Andrea’s mother has been teaching her to drink from a cup. Today, for the first time, Andrea is able to handle a cup that is full. A few minutes later Andrea fumbles the cup and spills some milk and gets upset. Her mother should:
   a) Calm her down and have her try again.
   b) End the session for the day.
   c) Calm her down, praise her for doing as well as she did, then end the session.
   d) Calm her down, have her drink from a ½ full cup, praise her and then end the session.

3) David is 4 years old and his mother is teaching him to button his pants. Which of the following suggestions is wrong?
   a) Teach him in a place free of distractions.
   b) Use pants with small buttons to fit in his small hands.
   c) Start by teaching him the last step of buttoning.
   d) Start by using your hands over his to guide him.

4) Brian, age 5, is able to sit and pay attention for a brief period of time; he can imitate simple actions like clapping; he makes a variety of infant-like babbling noises but does not say any words. The best way to begin teaching him to speak is to:
   a) Make sure he is present during conversations between members of the family, and involve him by asking him questions which require a simple YES or NO answer.
   b) Teach him to imitate simple sounds, rewarding him for increasingly good imitations of sound.
   c) Wait for him to say simple words and reward him immediately for correct imitations and punish him for incorrect imitations.
   d) Teach him to imitate complex words and reward him for correct imitations.

6) Blanca has begun to fight with her sisters. In order to get her to stop when she is fighting, her father promises her chips and candy, which Blanca enjoys. In the future Blanca’s fighting will likely:
   a) Occur less often.
   b) Occur more often.
   c) Occur about the same.
   d) There’s no way to predict.
APPENDIX C

FREQUENCY OF PRAISE
# Frequency of Praise

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APPENDIX D

LIST OF POSSIBLE REINFORCERS
These are suggestions - adapt them to your child’s developmental age and interests.

### INFANTS

<table>
<thead>
<tr>
<th>Social - Verbal</th>
<th>Social - Physical</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bouncing.</td>
<td></td>
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</tbody>
</table>

**Activity**


### PRESCHOOLERS

<table>
<thead>
<tr>
<th>Social - Verbal</th>
<th>Social - Physical</th>
<th>Material</th>
</tr>
</thead>
</table>

**Activity**

<table>
<thead>
<tr>
<th>Social - Verbal</th>
<th>Social - Physical</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Fantastic.” “Thank you” “I’m glad you’re here.” “It makes me happy when you . . .”</td>
<td></td>
<td>Coins or cards for collections.</td>
</tr>
<tr>
<td>“That shows a great deal of work.” ”</td>
<td></td>
<td>Stickers. Computer games.</td>
</tr>
<tr>
<td>Indirect praise.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity**

### MIDDLE SCHOOL

<table>
<thead>
<tr>
<th>Social - Verbal</th>
<th>Social - Physical</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You are a lot of help.” “Show us how to do that.”</td>
<td></td>
<td>Own pet.</td>
</tr>
</tbody>
</table>

### Activity

### HIGH SCHOOL

<table>
<thead>
<tr>
<th>Social - Verbal</th>
<th>Social - Physical</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Bravo.” “This is the best yet.” “Keep up the good work.” “Your room looks so neat.” “Good idea!”</td>
<td></td>
<td>Own telephone or more cell phone minutes. Craft kits. Favorite food. Money. Video games.</td>
</tr>
</tbody>
</table>

### Activity

Note: The above list includes adaptations from other previously published resources.
APPENDIX E

PLANNED IGNORING TASK ANALYSIS CHECKLIST
**Planned Ignoring Task Analysis Checklist**

- Select a behavior to ignore.
- Define the behavior in detail.
- When the child engages in the chosen behavior, stop paying attention to the child.
  - Don’t look at your child
  - Don’t talk to your child about anything
- Wait until your child is engaging in appropriate behavior and then pay attention to your child

<table>
<thead>
<tr>
<th>Planned Ignoring</th>
<th>Planned Ignoring</th>
<th>Planned Ignoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ When engaging in inappropriate B parent stops paying attention to child</td>
<td>□ When engaging in inappropriate B parent stops paying attention to child</td>
<td>□ When engaging in inappropriate B parent stops paying attention to child</td>
</tr>
<tr>
<td>□ Parent doesn’t look at child</td>
<td>□ Parent doesn’t look at child</td>
<td>□ Parent doesn’t look at child</td>
</tr>
<tr>
<td>□ Parent doesn’t talk to child at all</td>
<td>□ Parent doesn’t talk to child at all</td>
<td>□ Parent doesn’t talk to child at all</td>
</tr>
<tr>
<td>□ Parent waits until child is engaging in appropriate B then rewards child (praise/attention/reward)</td>
<td>□ Parent waits until child is engaging in appropriate B then rewards child (praise/attention/reward)</td>
<td>□ Parent waits until child is engaging in appropriate B then rewards child (praise/attention/reward)</td>
</tr>
<tr>
<td>Comments:</td>
<td>Comments:</td>
<td>Comments:</td>
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</tr>
</tbody>
</table>
APPENDIX F

PROMPTING ALTERNATIVE BEHAVIOR TASK ANALYSIS CHECKLIST
**Prompting Alternative Behavior Task Analysis Checklist**

- Choose an appropriate behavior to replace inappropriate behavior.
- Prompt the new behavior using one of the following (if appropriate):
  - Tell
  - Show
  - Physically guide
- Once your child does the behavior praise immediately even if you physically guided them.
- Do this every time the inappropriate behavior occurs.

<table>
<thead>
<tr>
<th>Prompting Alternative Behaviors</th>
<th>Prompting Alternative Behaviors</th>
<th>Prompting Alternative Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Tells the child</td>
<td>□ Tells the child</td>
<td>□ Tells the child</td>
</tr>
<tr>
<td>□ Shows/models</td>
<td>□ Shows/models</td>
<td>□ Shows/models</td>
</tr>
<tr>
<td>□ Physically guides child</td>
<td>□ Physically guides child</td>
<td>□ Physically guides child</td>
</tr>
<tr>
<td>□ Once child is engaging in new/alternative B parent rewards child (praise/attention/reward)</td>
<td>□ Once child is engaging in new/alternative B parent rewards child (praise/attention/reward)</td>
<td>□ Once child is engaging in new/alternative B parent rewards child (praise/attention/reward)</td>
</tr>
<tr>
<td>Comments:</td>
<td>Comments:</td>
<td>Comments:</td>
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</tbody>
</table>
To improve this group course in the future and to evaluate how we served you, we ask you to answer the following questions. Please circle the most appropriate marks below.

1. Did this course help you in teaching your child new behaviors?

   Very little                                                                 Very much
   1                        2                        3                        4                        5                        6                        7

2. Did this course help you in decreasing your child’s problem behavior?

   Very little                                                                 Very much
   1                        2                        3                        4                        5                        6                        7

3. Do you feel that this class helped you develop a support network?

   Very little                                                                 Very much
   1                        2                        3                        4                        5                        6                        7

4. Do you feel you could implement these techniques at home?

   Very little                                                                 Very much
   1                        2                        3                        4                        5                        6                        7

5. Do you believe you will be able to develop new programs as your child develops?

   Unsure I can                                                                 Very Sure I Can
   1                        2                        3                        4                        5                        6                        7

6. Overall, how would your rate this course?

   Very poor                                                                 Very good
   1                        2                        3                        4                        5                        6                        7

7. I would recommend this course to others.

   Not at All                                                                 Very Strongly
   1                        2                        3                        4                        5                        6                        7

Please take the time to answer the following questions.

Do you feel the class helped?

Is there any thing you would add or change to make this class for efficient?
To improve this home course in the future and to evaluate how we served you, we ask you to answer the following questions. Please circle the most appropriate marks below.

1. Did this course help you in teaching your child new behaviors?
   - Very little
   - Very much

2. Did this course help you in decreasing your child’s problem behavior?
   - Very little
   - Very much

3. Do you feel that this class helped you develop a support network?
   - Very little
   - Very much

4. Did the home visits by the student therapists help you implement the course teaching?
   - Very little
   - Very much

5. Do you believe you will be able to develop new programs as your child develops?
   - Unsure I can
   - Very Sure I Can

6. Overall, how would you rate this course?
   - Very poor
   - Very good

7. I would recommend this course to others.
   - Not at All
   - Very Strongly

Please take the time to answer the following questions.

Do you feel the class helped?

Is there any thing you would add or change to make this class for efficient?
APPENDIX H
BASELINE AND FOLLOW-UP SHEET
<table>
<thead>
<tr>
<th>Praise F.</th>
<th>Planned Ignoring</th>
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</tbody>
</table>
APPENDIX I

CHILD ASSESSMENT
Parents/Caretakers: ___________________________  Date: ____________

Child: ______________________________________  Age: ______________

People Who Have Contact With The Child Regularly: ______________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Current Skills: (List what your child can do now. If she does not talk but points to what she wants, put ‘points’ under ‘communication’. If he can wash his hands but not bathe himself completely, put ‘washes hands’ under ‘hygiene’.)

Communication  ____________________________________________________

__________________________________________________________________

Hygiene/Self-Help  _________________________________________________

__________________________________________________________________

Social/Play  _______________________________________________________

__________________________________________________________________
**Current Excesses or Problems:** (List excesses such as SIBS, aggression, tantrums. Be specific and concrete: “She pulls her hair out” or “He hits and kicks his sister” or “He falls to the floor and cries.”)

**Communication**

__________________________________________________________________

**Safety**

__________________________________________________________________

**Social/Play**

__________________________________________________________________

Using the lists above, match each behavior to decrease with a replacement behavior. For example, under “decrease” write “spitting at other children” and across from it under “increase”, write “play cars and kickball with other children.” For each behavior to decrease, think of what you want your child to do instead.

**Decrease:**  

________________________________________  

________________________________________  

________________________________________  

**Increase**

________________________________________  

________________________________________  

________________________________________
**Reinforcer List:** Please write down the activities, food, toys, praise or interactions that you believe encourage your child’s behavior. What does he work for? What does he or she spend a lot of time doing? Remember, those things that encourage problem behavior are reinforcers. Please separate these into the following categories:

Attention: __________________________  Toys: __________________________

________________________________________________________________________

Touch: ____________________________  Activities: __________________________

________________________________________________________________________

Food/Drink: ________________________  People: __________________________

________________________________________________________________________

Other:

________________________________________________________________________

**Notes/Questions:**

________________________________________________________________________

________________________________________________________________________
Baseline

Baseline will be conducted in the home the week prior to the group class starting. Parents will be given a consent form (see Appendix A) and the pre-test (see Appendix B) to complete. Once the pre-test is completed the experimenter will collect the pre-test and researcher along with an therapist will take baseline data. Parent will be given a child assessment to fill out with an therapist and turn in at the end of the lecture (see Appendix D).

Week 1.

Group Class. Parents and teacher will introduce themselves. Parents will then select a common behavior that they will like to work on with their children. Parents will be given a child assessment to fill out with an therapist and turn in at the end of the lecture (see Appendix E). Material covered in the first half of the class will include the A-B-C model (antecedent, behavior, and consequences). The parents will then do a classroom activity regarding the A-B-C’s of the behavior selected during baseline visit. During the second half of the lecture the parents will choose 2 of their child’s behavior they want to focus on, a deficit and an excess and will operationally define them. The excess will become a behavior that occurs often, something that the mother wants her child to stop doing. The deficit will become the alternative replacement behavior; something that child will learn how to do. The parents will learn how to identify what happens before the target behavior, what happens during the target behavior, and what happens after the target behavior (which maintains the target behavior). This will help us identify what we need to change in the child’s environment (antecedents and consequences) to change the problem behavior. At the end of the lecture a list of
possible reinforcers will be given to the parents to review (see Appendix K). After going over the reinforcer list, parents will then be given the chance to ask any questions they may have. Homework will be given and explained at the end of the class.

*Home-visit Group.* During the first half of the lecture the parent and teacher will introduce themselves. Therapist will review that week’s lesson (same lesson as LG), go over that week’s homework. Parent will select two target behaviors (deficit and excess) and will operationally define them with their therapist and divide the deficit behavior into steps and create a task analysis of that behavior, if appropriate. Therapists are to provide the parent with corrective feedback with regards to the parent-child interactions. At the end of the lecture a list of possible reinforcers will be given to the parents to review (see Appendix K). After going over the reinforcer list, parents will then be given the chance to ask any questions they may have. Homework will be given and explained at the end of the home-visit.

**Week 2.**

*Large Group.* At the start of the lecture, homework will be reviewed and any questions that the parents might have regarding week 1’s lesson and homework will be addressed. Praise will be covered during the first half of the class. There will be a small in class assignment where the parents identify any time they praised their child in the past week. There will be a 5 minute break. Parents will then interact with their child while therapists take data on the frequency of praise for three 10 minute intervals, teacher and therapists will then use colored cards to prompt parents’ behavior (green=praise). Feedback will be given to parents and homework will be assigned.
Home-visit Group. At the start of the home-visit homework will be reviewed and any questions the parent might have regarding week 1’s lesson or homework will be addressed. Parents will then discuss their interaction with their child and identify the ABC’s of specific behaviors noted by therapist. Feedback will be given to parent and any questions the parent has will be answered. Praise will be covered. Parent will then interact with child for three 10 minute intervals while therapist takes data on how often the parent uses praise. Therapists will then use colored cards to prompt the parents’ behavior (green=praise). Cards will also be left with parents to place in every room of the house so parents are constantly prompted to praise accordingly. Feedback will be given to the parent and any questions the parent has will be answered. Homework will be assigned at the end of the home-visit.

Week 3.

Large Group. The prior week’s lecture and homework will be reviewed and any questions the parent has will be answered. Week 3 will cover planned ignoring. Parents will discuss under which conditions they should ignore and under which conditions they should not ignore. Parents will watch a short video on planned ignoring before going over homework. During the second half of the class parents will interact with their child while therapists take data on planned ignoring in 10 minute intervals. The therapists will then use colored cards (green=praise and red=ignore) to prompt parents when they should ignore and praise. Feedback will be given.

Home-visit Group. The prior week’s lecture and homework will be reviewed and any questions the parent has will be answered. Week 3 will cover planned ignoring. Parents will discuss under which conditions they should ignore
and under which conditions they should not ignore. Parents will watch a short video on planned ignoring before going over homework. During the second half of the class parents will interact with their child while therapists take data on planned ignoring in 10 minute intervals. The therapists will then use colored cards (green=praise and red=ignore) to prompt parents when they should ignore and praise. Feedback will be given.

**Week 4.**

*Large Group.* The prior week’s lecture and homework will be reviewed and any questions the parent has will be answered. Week 4 will cover prompting alternative behaviors. Prompting will include verbal, modeling, and physical prompts. Parents will then select a behavior that their child engaged in the week before and how they might have prompted a more appropriate alternative behavior. During the second half of the class parents will get to interact with their children while therapists take data in 10 min intervals. Therapists will be prompting parents to praise and prompt through-out the last class. Feedback will be given to parents and homework will be assigned.

*Home-visit Group.* The prior week’s lecture and homework will be reviewed and any questions the parent has will be answered. Week 4 will cover teaching new behaviors using prompting, shaping, and fading. Prompting will include verbal, modeling, and physical prompts. Parent will then interact with child for 10 minutes while therapist takes data on how often the parent uses prompting and the green and red cards will be used to prompt parents. Feedback will be given to the parent and any questions the parent has will be answered. Homework will be assigned at the end of the home-visit.
**Week 5.**

*Large Group.* The prior week’s lecture and homework will be reviewed and any questions the parent has will be answered. Week 5 will cover parent rights and responsibilities in the special education process. Parents will fill out a class evaluation and the post-test will be given. Parents will be thanked for participating and will be debriefed on the overall purpose of the study.

*Home-visit Group.* The prior week’s lecture and homework will be reviewed and any questions the parent has will be answered. Week 5 will cover parent rights and responsibilities in the special education process. Therapist will be devote the rest of the home-visit strictly to parent questions regarding their rights and responsibilities. Parents will fill out a class evaluation and the post-test will be given. Parents will be thanked for participating and will be debriefed on the overall purpose of the study.

*Follow-up:* There will be two follow-up visits which will be conducted a month after classes have concluded and will be in the home for both groups. Frequency of praise, planned ignoring, and prompting alternative behavior data will be collected.
California State University, Fresno

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<tr>
<th>Rocio Carbajal</th>
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Type full name as it appears on submission

<table>
<thead>
<tr>
<th>July 22, 2010</th>
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Date