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The Impact of a Parent Training Program on Inner-City African-American Families

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The Effective Black Parenting Program (EBPP), a culturally adapted, cognitive-behavioral parenting skill training program, was field tested on two cohorts of inner-city African-American parents and their first- and second-grade children. Pre-post changes on parental acceptance-rejection, family relationships, and on child behavior problems and social competencies were compared in a quasi-experimental design on two cohorts totalling 109 treatment and 64 control families over 1 year. Results from Cohort I indicated that the EBPP produced selected significant improvements in parental rejection, in the quality of family relationships, and in child behavior outcomes. These findings were partially confirmed in the Cohort II sample, which also included changes in the use of specific parenting behaviors. A 1-year follow-up indicated that the reductions in parental rejection and in selected child behavior problems were maintained, though a regressive trend toward more coercive parenting practices was also noted. Implications of these results are discussed, and recommendations for future research on community-based parenting programs are offered.

Parent training programs that teach positive child-management, communication, and problem-solving skills have become highly valued in a variety of fields. Professionals in mental health (Commission on the Prevention of Mental-Emotional Disabilities, 1987), child abuse and neglect (Education Commission of the States, 1976; Helfer & Kempe, 1976), juvenile delinquency (Fraser & Hawkins, 1982; Patterson & Strouthamer-Loeber, 1984), and in substance abuse (Rose, Battjes, & Lakefeld, 1984) have all argued the value of parent training as an important component of comprehensive family and community-oriented treatment and prevention programs. However, enthusiasm over the therapeutic impact of this intervention must be tempered by an appreciation of the multiple contributors to dysfunctional parent–child relationships and their sequelae. For example, there is ample evidence that factors such as parental personality characteristics, psychopathology, and substance use, and family socioeconomic status and chronic life stresses, are also powerful determinants of parent–child outcomes (Baumrind, 1985; Clarke-Stewart, 1988; Dembo, Farrow, Schneidler, & Burgos, 1979; Kellam, Brown,

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Rubin, & Ensminger, 1983; McLoyd, 1990; Robins, 1978). Yet, these influences are not customarily addressed in parenting skills programs; therefore, it is not surprising that parenting programs consistently yield positive but modest effects (Alvy, 1987a).

The importance of these programs nevertheless cannot be underestimated. Effective parental functioning, especially parental warmth and acceptance, are associated with high child self-esteem and social and academic competence, whereas parental rejection is related to dysfunctional child outcomes, including delinquency and substance abuse (Baumrind, 1985, 1989; Clarke-Stewart, 1988). By teaching more positive and less coercive child management skills, parent training programs enhance acceptance and reduce rejection and therefore promote a variety of positive child outcomes and reduce or prevent negative outcomes (Rohner, 1986).

Unfortunately, most of the best known and widely used parent training programs have been designed primarily for White middle-class parents and may be of questionable utility for many ethnic minority and low-income parents (Alvy, 1987a). Thus, the needs of large segments of our population are ignored or poorly met by existing parenting programs. This is a major shortcoming given the disproportionate risk low-income African-American families and their children run for a variety of negative functional outcomes, including early behavior problems, school failure, and juvenile delinquency (Children's Defense Fund, 1985; Gibbs, 1984; Myers, 1989), and early initiation of substance use and adolescent psychopathology (Kellam et al., 1983). Providing more culturally and contextually appropriate parenting skill-building resources to these families could enhance the effectiveness of their coping efforts and provide a measure of added protection.

It was in response to this need that the Center for the Improvement of Child Care (CICC) developed a cognitive-behavioral parenting skills-building program for African-American parents entitled the Effective Black Parenting Program (EBPP). In this program, historical and contemporary sociocultural issues are fully integrated into the teaching of child management strategies and skills (Alvy, 1987b).

Program Description

The EBPP teaches a variety of behavioral child management skills through a sequenced training approach that was adapted from the Confident Parenting Program (Eimers & Aitchison, 1977). Emphasis is placed on teaching parents how to describe and count specific child behaviors and how to use behavior-specific praise, mild social disapproval, ignoring, time out, and special incentives as behavioral consequences for respectful and disrespectful child behaviors (Alvy & Marigna, 1985).

Two child-rearing strategies are taught along with these specific skills. A Family Rule Guideline Strategy teaches parents to explore the various rules they have for their children's functioning and orients them to give the children reasons for rules (i.e., to appeal to their minds and not their behinds). A Thinking Parents' Approach teaches parents to "think before they act" and to consider a variety of causes for child misbehavior, including the child's current level of development.

Discussions of discipline in the program are framed within historical and contemporary considerations that contrast *traditional Black discipline* (i.e., equating discipline with punishment, spanking, and obedience) versus *modern Black self-discipline* (i.e., internalized standards of effective behavior). The program recognizes that the use of coercive parenting practice in African-American families may have evolved and become institutionalized in some segments of the community in order to control children's behavior and to protect them from the harsh consequences of violating racist social taboos

(Comer & Poussaint, 1975; Harrison-Ross & Wyden, 1973; Johnson, Brown, Harris, & Lewis, 1980). However, despite some adaptive utility within dangerous inner-city environments (Ogbu, 1985; Peters, 1981), these practices may ultimately interfere with the preparation of African-American children to become empowered individuals who can strive for social change and economic achievement in the modern era (Clark, 1983; Halpern, 1990; Harrison-Ross & Wyden, 1973).

Throughout the 15-session program the issues of *pride in Blackness* are also discussed and reinforced, with an emphasis on positive communications about issues of ethnicity, avoiding ethnic self-disparagement, and helping children cope with instances of racism. Special units of instructions on such matters as single parenting, drugs, and finding conflict-free times to talk to children (chit-chat times) are also part of the program.

The entire program is taught by African-American professionals within a Black achievement perspective known as The Pyramid of Success for Black Children. This perspective links parents' life goals for their children to the abilities and characteristics children need in order to achieve them and to the behaviors parents must model and teach to develop the desired child attributes.

Program Evaluation

The field testing of the EBPP with inner-city African-American parents of early elementary school-age children was informed by a multiple effects model that hypothesized (1) direct program effects on parenting practices and on child–parent relationships, (2) secondary effects on child behavior problems and competencies, and (3) tertiary effects on child school adjustment and performance.

For purposes of this article, we report only on the impact of the EBPP on three variables: the quality of the parent–child relationship (as indexed by parental acceptance and rejection, and the quality of family relationship), parenting practices (as indexed by the frequency of use of specific positive and negative parenting practices), and child behavior problems and social competencies. Specifically, we hypothesized that parents who participated in the EBPP should report: (1) greater improvements in the quality of parent–child relationships, (2) more frequent use of positive parenting practices and less frequent use of negative practices, and (3) fewer behavior problems and greater social competencies in their children at posttest than would control parents.

Overview of Methods and Procedures

A two-group (i.e., Treatment and Control), pre-post, quasi-experimental design was used to test the effectiveness of the EBPP on two cohorts of African-American inner-city families with primary school-age children. Procedures developed and used to recruit the first wave of families (Cohort I), to assign families to either the Treatment or Control groups, and to conduct pre-post interviews were replicated 1 year later with the second wave of families (Cohort II). In addition, a 1-year follow-up of the Cohort I families to test for stability of program effects was conducted using the same family re-acquisition and interview methods and procedures used for the first posttest.

Participants

All of the participating families were residents of South Central Los Angeles who had first- and second-grade children in local public schools. South Central Los Angeles is a high-risk, predominantly African-American and Hispanic, low-income, inner-city community. It is characterized by high unemployment and underemployment, a high crime rate, high substance use and abuse, and violent gang activity (Tucker, Herron,

Nakanishi, Ortiz-Franco, & Stiffarm, 1987). Subject recruitment was conducted in two waves (cohorts), approximately 1 year apart.

Cohort I. In the first wave, seven schools were selected on the basis of high African-American enrollments, no concurrent drug education or parent training programs that might confound the results, and cooperative administrators and faculty. Although the initial plan was to designate schools randomly as either treatment or control, administrative decisions by school district officials ultimately resulted in the program being assigned on a nonrandom basis to five Treatment schools, and to two Control schools. The families of the 1,018 African-American children in the first and second grades at these schools were eligible to participate (i.e., 766 in the Treatment schools and 252 in the Control schools). The parents in these families were recruited and informed about the study through letters, flyers, meetings with teachers and principals, personal phone calls, and home visits by project staff. Participation in the study required that at least one primary caregiver participate in two 2½-hour interviews (pre- and postintervention) about family life, parenting practices, and substance use, for which they received $10.00 for each interview. The target child was also required to participate in two 30-minute private interviews, for which no additional compensation was given.

Parents from the Treatment schools were also informed about the EBPP, including that they would be participating in a series of 3-hour sessions of 15 weeks, and that there would be incentives to increase their participation, including $10 for each session completed, and child care and transportation provided as needed. We believe that these incentives are essential to insuring high parental participation, which is a chronic problem faced by multisession intervention programs with inner-city populations. Control parents, on the other hand, were told that we were conducting a study of parenting attitudes, practices, and other parental and family factors that might have an impact on how African-American children are parented.

Of the 766 eligible African-American parents from the Treatment schools, 193 (25%) agreed to participate, as did 35 (14%) of the 252 parents from the Control schools. Of the 193 Treatment parents who were pretested, 107 were available to take the classes about 3 months later when the classes were scheduled to begin. Significant life changes (e.g., starting new jobs) and scheduling conflicts impeded the participation of many interested parents. Of the 107 Treatment parents who did attend at least one class, 64 (60%) attended seven or more sessions (mean attendance = 13.4 sessions), including 28 who attended all 15 sessions. All of these high attendance parents were posttested, as were 28 Control parents.

Ten Treatment groups were run for Cohort I parents. Parental attendance and likelihood of completing the program were enhanced by scheduling daytime groups at the schools and evening groups at local churches, and by making it easy for parents to make up missed group sessions.

Cohort II. In the second wave of the study, a total of 13 public elementary (9 Treatment and 4 Control) schools were sampled, including the 7 original schools plus 6 additional schools from the same community. These schools included 2,225 African-American first- and second-grade children (1,519 in the Treatment schools and 706 in the Control schools). Assignment of schools to treatment or control conditions was again made in a nonrandom fashion by school district officials. Parents were given the same information as described for Cohort I, except that Cohort II treatment parents could earn household and personal gift items for their participation instead of the $10 offered to Cohort I parents. This change was necessitated by budget cuts.

Of the 1,519 eligible parents from the treatment schools, 196 (13%) participated as did 65 (9%) of the 706 eligible parents from the Control schools. Of the Treatment parents, 91 were available when the classes started and 45 (49%) attended seven or more classes (mean attendance = 13.82 sessions), including 34 who attended all 15 sessions. Seven Treatment groups were run for Cohort II parents, and their high mean attendance was also influenced by the opportunity to make up missed group sessions. All 45 high attendance treatment parents and 36 of the 65 eligible Control parents were posttested.

For purposes of testing the program's effectiveness, pre-post comparisons between the 64 Cohort I and 45 Cohort II Treatment parents who completed at least seven EBPP group sessions and the 28 Cohort I and 36 Cohort II Control parents are reported. Conventional wisdom argues that attendance of at least 50% of the program is a reasonable criterion of meaningful participation in a training program, and some preliminary evidence indicates that this level of participation is necessary before any measurable benefits are observed (Alvy, Harrison, Rosen, & Fuentes, 1982; Bernal, Klinnert, & Schultz, 1980).

Follow-up

The stability of the program's effects was assessed by testing the magnitude and direction of changes in Cohort I Treatment families from posttest to the 1-year follow-up. The Control families were excluded from these analyses because of small sample size (n = 16), and because the primary question of interest was whether short-term changes in the Treatment families observed at posttest are maintained over time. For purposes of these analyses, only data from 48 Cohort I Treatment families (74% of those posttested) who were willing to be re-interviewed were analyzed and reported.

Sample Characteristics

Both Cohort I and Cohort II families were young (mean age = 33.5 years for both Cohort I and Cohort II parents), unmarried (70% in both Cohorts), low-income (mean per capita income = $3,300/annum, with 72% in Cohort I and 74% in Cohort II receiving public assistance), female-headed families with an average of three children. In both Cohorts, most parents reported completing high school (84% in Cohort I and 83% in Cohort II), and a high percentage (51% and 56%, respectively) reported taking some college courses. As can be seen in Tables 1a and 1b, there were only two significant differences between Treatment and Control parents on any demographic variables: There were more fathers in the Cohort I Control group than in the Treatment group ($p < .05$), and the Treatment parents in Cohort II reported more years of education than did Controls ($p < .01$).

The majority of the families were embedded in sizable, family-based social networks (i.e., an average of 8.5 relatives living nearby), had few close friends (average of 3 to 4 friends), and were regular churchgoers (56% of Cohort I and 70% of Cohort II attended church regularly). Consistent with other studies of inner-city African-American families (Myers, 1982), father's involvement with the target child was relatively low, with approximately half of the mothers reporting that the target child's father was either "not actively involved" or only "somewhat involved" with the child.

Study Procedures

Considerable time and care were taken to develop good working relationships with the administrators, faculty, and parent representatives at the study schools to encourage their cooperation in subject recruitment, to insure the smooth operation of the program, and to facilitate maintaining contact with the study families.

Table 1a
Group Differences on Demographic Characteristics: Cohort I

	Treatment (n = 64)		Control (n = 28)	
Variable	*M*	*(SD)*	*M*	*(SD)*
Parental age	31.34	(6.75)	31.38	(8.06)
Number of children	3.20	(1.67)	3.18	(1.36)
Number of dependents	3.94	(1.71)	4.03	(1.49)
Family income	$9,336	($5,674)	$13,162	($11,066)
Parental education (years in school)	12.88	(1.88)	13.06	(1.49)
	%		%	
Respondent: Mother	95.40		91.20	
Father	–		8.80*	
Other	4.60		–	
Marital status: Married	29.20		32.40	
Divorced	10.80		17.60	
Separated	18.50		11.80	
Widowed	1.50		–	
Never married	40.00		38.20	
Receive government aid: Yes	75.00		67.60	
No	25.00		32.40	

*$p < .05$.

Table 1b
Group Differences on Demographic Characteristics: Cohort II

	Treatment (n = 45)		Control (n = 36)	
Variable	*M*	*(SD)*	*M*	*(SD)*
Parental age	33.75	(8.51)	32.20	(9.36)
Number of children	2.86	(1.66)	3.03	(1.77)
Number of dependents	3.80	(1.62)	3.87	(1.86)
Family income	$10,580	($6,908)	$10,357	($6,720)
Parental education (years in school)	13.71	(2.43)	12.62	(2.23)**
	%		%	
Respondent: Mother	96.40		93.00	
Father	–		1.40	
Other	3.60		5.60	
Marital status: Married	23.60		23.20	
Divorced	13.40		17.40	
Separated	20.00		17.40	
Widowed	3.60		7.20	
Never married	36.40		34.80	
Receive government aid: Yes	75.00		69.60	
No	25.00		33.40	

**$p < .01$.

During the pretest phase, all eligible parents were mailed program information and forms requesting permission to interview them, to have their child interviewed, and to allow access to teacher and school record information on their child. An extensive 2½-hour structured interview was conducted by experienced African-American female interviewers in the privacy of the parents' homes. The parent interview protocol included measures of parenting attitudes, beliefs, and practices; measures of family relationships; measures of parental substance use history; parental psychiatric and legal history and current status; measures of family stresses and resources for coping; and a measure of their children's behavior problems and competencies.

Separate private interviews were also conducted with the target children, either at their schools or at home, by experienced African-American male and female interviewers. These included measures of the children's knowledge of and attitudes toward abusable substances. Finally, data on the children's school performance were collected from school records, and teachers were asked to rate the classroom adjustment and functioning of each target child. These interviews, teacher ratings, and surveys of school records were conducted pre- and posttreatment by the same interviewers.

In order to facilitate posttesting, all parents were asked at pretest to provide the names, addresses, and telephone numbers for close relatives or friends who would always know where they resided. In addition, school records were used to track children whose families had moved from the area or who had changed schools. Finally, all families were mailed project Christmas cards which served as a check on their current addresses.

The same team of experienced interviewers contacted the families and conducted both the pretest and posttest parent and child interviews. In addition to the measures administered at pretest, the posttest and follow-up interviews of the Treatment parents included assessments of the extent to which parents learned the parenting information and skills taught in the EBPP.

Measures

1. *Parental Acceptance/Rejection*

The 60-item Parental Acceptance-Rejection Questionnaire for Mothers (Mother PARQ) (Rohner, 1984) was used to assess the degree of parental acceptance/rejection of each child. The measure asks parents to rate their parenting attitudes on a 4-point scale from *always true* (4) to *almost never true* (1). The Mother PARQ yields an overall score and four subscale scores. These include: parental acceptance, which reflects parental warmth or love (20 items, Alpha = .85); hostile/aggressive rejection, which measures hostile communications such as ridicule and corporal punishment (15 items, Alpha = .80); neglect-indifference, which measures overt displays of inattention and lack of concern and interest (15 items, Alpha = .69); and undifferentiated rejection, which measures subtle indicators of rejection such as parental resentment and shaming (10 items, Alpha = .64). The Mother PARQ and other versions of this measure have demonstrated good reliability and validity in both multiethnic and cross-cultural studies of parent–child relationships (Jordan, 1990; Rohner, 1986), and as a measure of the impact of parent training programs with African-American parents (Alvy et al., 1982).

2. *Parenting Practices*

The frequency of parental self-reported practices was measured using the Parenting Practices Inventory (PPI) (Alvy & Arrington, 1985). This instrument asks

parents to indicate on a 5-point scale ranging from *never* (1) to *very often* (5) how frequently during the past 3 months they used 19 typical parenting behaviors. Each point on the scale is anchored behaviorally (i.e., Very Often = several times each day). The PPI assesses both behaviors that are encouraged (e.g., praise) and discouraged (e.g., spanking, hitting) by the program. Principal components analysis with oblique rotation yielded three major factors that accounted for 53.7% of the total variance: Warm, accepting behaviors (12 items, Alpha = .93; e.g., hugging, kissing), which also accounted for 40% of the common variance; Hostile, aggressive behaviors (4 items, Alpha = .62; e.g., yelling and hollering, spanking), which also accounted for an additional 10.3% of the common variance; and Parental involvement with the child (3 items, Alpha = .55; e.g., spend time alone with child), which also accounted for an additional 3.5% of the common variance.

The PPI has not undergone extensive validation, but the scale has been shown to have moderate convergent and divergent validity with scales on the Mother PARQ (i.e., correlations ranging from .29 to .59 with respective scales).

3. *Quality of Parent-Child Relationships*

The quality of parent-child relationships and the quality of parents' relationships with other family members were assessed with the Retrospective Family Relationships Questionnaire (RETRO) (Alvy et al., 1982). This questionnaire was administered only at posttest and asked parents to rate on a 5-point scale, from *much better* (5) to *much worse* (1), the degree to which their relationships with the target child and with other household members had changed during the past 3 months. Parents are also asked to explain the nature and reasons for these changes.

4. *Child Behavior Problems and Competencies*

The program's impact on parental reports of child behavior problems and child competencies was measured using the Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1983). This instrument is used extensively in clinical research and has been demonstrated to be a very reliable and valid instrument for a variety of populations (Achenbach & Edelbrock, 1981). The CBCL asks parents to rate whether their child has evidenced any of 118 problem behaviors during the past 6 months. They are also asked to rate how their child compares with other children of his or her own age on 25 indices of social, physical, and school competencies. The CBCL yields 12 behavior problem scores (i.e., 9 behavior problems scores, a total behavior problems score, and global internalizing and externalizing behavior problems score) and four social competency scores (a total social competence score, and separate activities competence, social competence, and school competence scores).

5. *Potential Co-Factors Impacting on Outcomes*

Finally, statistical controls for other parental and family context risk factors that can have an impact on child and family distress and pathology such as family socioeconomic status (SES), chronic family strains, parental substance use, and parental feelings of distress were implemented in the program effects analyses. It was reasoned that these co-factors could moderate program effects by either interfering with the parents' ability to participate in the program or to use the parenting skills taught or to make necessary changes in the role relationships within their family.

Family SES was determined using the Green (1970) three-factor system, which uses different weighting factors for parental education, income, and occupation for

non-Whites. Chronic family role strain experienced by adults in the variety of social roles they fulfill (e.g., parent, spouse, worker) was measured using the revised Social Role Strain Questionnaire (SRSQ) (Ilfeld, 1977; Myers, Adams, Tiggle, & Miles, 1985). Parental substance use was measured by self-report with a questionnaire that asked parents their level of current and past use of 19 addicting substances (e.g., alcohol, tobacco, marijuana, cocaine, PCP, heroin, hallucinogens, inhalants, designer drugs, and prescribed medications). A weighted total score was computed taking into consideration the addictiveness of the drug, the length of use, and the extensiveness of use. Finally, the sum score on the Hopkins Symptom Checklist (HSCL-57) (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) was used as an index of parental psychological distress. All of the instruments used to measure these co-factors have been shown to be reliable when used with African-Americans (Myers et al., 1985) or were developed specifically for this study.

Results

Cohort I

A series of 2 groups (Treatment, Control) × 2 times (pre-, posttest) multivariate analyses of covariance (MANCOVAs) were run to test for program effects on parental acceptance-rejection, parenting practices, family relationships, and on child behavior problems and child competencies. The family co-factors noted above were treated as covariates. Program effects were indicated when significant Group × Time interactions were obtained, and univariate ANCOVAs were used as post-hoc tests to probe the significant findings. The significant results are summarized in Table 2.

Parental acceptance-rejection. A significant Group × Time interaction, $F(4, 79) = 3.05, p < .02$, on parental acceptance-rejection was obtained, and post hoc analyses indicated that Treatment parents reported pre-post decreases in mean undifferentiated rejection, whereas Control parents reported mean increases, $F(1, 87) = 4.86, p < .03$. In addition, but quite unexpectedly, Control parents reported significant pre-post increases in warmth, whereas Treatment parents reported no changes, $F(1, 87) = 5.38, p < .02$. Caution should be exercised in interpreting this latter finding because the scores on warmth are close to top of the scale and are probably inflated by social desirability. There were no other significant program effects on any of the other parental acceptance-rejection scores, although mean changes in hostile rejection were in the predicted direction but barely missed significance ($p < .06$).

Family relationships. Posttest-only ANCOVAs on perceived changes in the quality of the parent's relationships with the target child, with older children, with spouse or boyfriend, and with other family members yielded two significant differences in family relationships: Treatment parents reported significantly more improved relationships with the target child, $F(1, 82) = 5.84, p < .02$, and with other family members, $F(1, 27) = 5.20, p < .03$, than Control parents. Treatment parents frequently attributed these relationship changes to their participation in the program and frequently mentioned specific aspects of the program as reasons for these changes.

Parenting practices. The analyses testing for program effects on the frequency of use of reported parenting practices yielded no significant effects either overall or on any of the specific parenting behaviors (e.g., praise, spanking) targeted by the program.

Child behavior outcomes. The analyses on the CBCL problem behavior scores for boys ($n = 46$) and girls ($n = 42$) provided only partial support for our hypothesis.

Although no significant group differences on either total behavior problems or on overall social competence were obtained, there were significant pre-post differences on specific problem behaviors that were consistent with our expectations. Parents of Treatment boys reported significant reductions in withdrawn behaviors (e.g., feels unliked, likes to be alone), $F(1, 44) = 5.11$, $p < .03$, and in hyperactive behaviors (e.g., clumsy, can't concentrate, impulsive), $F(1, 44) = 4.61$, $p < .04$, whereas Control parents reported increases in these behaviors in their sons. Among girls, the only significant program effect was on sexual problem behaviors (e.g., preoccupation with sex, prefers older kids), with decreases in reports of such problems in the Treatment group and increases in the Control group, $F(1, 40) = .22$, $p < .02$. Program effects on depressed behaviors in girls (e.g., worrying, feels worthless) were also in the predicted direction, but barely missed significance ($p < .06$).

Finally, the EBPP did not appear to impact differentially on child social competency for boys or girls because both Treatment and Control group parents reported increases in their children's social competency ratings.

In sum, results from the Cohort I sample indicated that the EBPP produced selected and significant improvements in parental acceptance-rejection, in the quality

Table 2
Summary of Significant Program Effects: Cohort I

Measure/Variable	Treatment ($N = 64$)		Control ($N = 28$)	
	Pretest *M* (*SD*)	Posttest *M* (*SD*)	Pretest *M* (*SD*)	Posttest *M* (*SD*)
PARQ: Warmth	73.77 (5.14)	73.42 (5.74)	70.48 (5.91)	73.82*** (5.14)
PARQ: Undifferentiated rejection	15.45 (3.83)	14.45 (3.07)	14.22 (3.51)	15.22** (3.66)
PARQ: Hostile rejection	25.64 (6.85)	23.93 (5.51)	24.26 (7.59)	25.19† (6.45)
RETRO: Relationship with target child		4.28 (1.20)		3.85*** (1.19)
RETRO: Relationship with other family members		3.75 (0.95)		3.08** (0.89)
CBCL-Boys: Withdrawn	58.53 (6.35)	57.41 (4.58)	58.14 (5.23)	60.93** (6.99)
CBCL-Boys: Hyperactivity	59.53 (4.96)	57.78 (5.39)	59.00 (7.85)	61.57* (8.77)
CBCL-Girls: Sexual behavior problems	60.03 (6.16)	58.10 (5.19)	60.46 (7.47)	65.00** (6.94)
CBCL-Girls: Depression	57.72 (5.71)	57.03 (4.26)	55.54 (1.05)	58.08† (6.03)

Notes. PARQ: Parental Acceptance/Rejection Questionnaire; RETRO: Retrospective Family Relationships Questionnaire (posttest only); CBCL: Child Behavior Checklist.
†$p < .06$.
*$p < .04$.
**$p < .03$.
***$p < .02$.

of family relationships, and in child behavior outcomes, but not in the frequency of use of various parenting practices.

Cohort II

The study procedures and methods used with the Cohort I sample were replicated 1 year later on a comparable sample of African-American families (Cohort II). Analyses testing the replicability of program effects on this new sample were run on the same set of parenting, family relationships, and child behavior outcome variables, and with the same family co-factors treated as covariates. The significant program effects for Cohort II are summarized in Table 3.

Results from Cohort II confirmed previous findings of an overall effect on parental acceptance/rejection, $F(4, 75) = 3.89$, $p < .006$, which were due mainly to changes on hostile rejection, $F(1, 78) = 13.85$, $p < .0005$, and on undifferentiated rejection, $F(1, 78) = 7.99$, $p < .006$. Treatment parents reported significant pre-post decreases in both types of parental rejection, whereas Control parents reported increases on both types of parental rejection.

However, contrary to the results obtained with Cohort I families, no significant Group differences on any of the measures of family relationship changes were obtained for Cohort II families, although changes in relationships with the target child ($p < .08$) and with other family members ($p < .08$) were in the predicted direction.

Results of the analyses also failed to yield the expected program effects on frequency of use of parenting practices, although Treatment parents evidenced a trend toward less frequent use and Controls toward greater use of hostile-aggressive parenting behaviors ($p < .08$).

Tests for group differences in pre-post changes in the specific use of praise and hitting or spanking by Cohort II parents yielded the expected positive results. Treatment parents reported significant increases in their use of praise whereas Control parents reported decreases in this practice, $F(1, 78) = 7.22$, $p < .009$. Similarly, Treatment parents reported significant decreases in their use of spanking, whereas Control parents reported no change in this behavior, $F(1, 78) = 5.04$, $p < .03$.

Once again, only partial support for the expected EBPP effects on child behavior problems and child competencies were obtained. For boys ($n = 36$), significant reductions in delinquent behaviors (e.g., stealing, lying) were reported by the parents of Treatment boys, whereas the parents of Control boys reported a slight increase in these behaviors, $F(1, 34) = 7.09$, $p < .01$. For girls ($n = 35$), significant reduction in delinquent behavior problems were also obtained, $F(1, 33) = 6.75$, $p < .01$, with Treatment girls evidencing reductions in these behaviors, whereas Controls evidenced increases.

In this Cohort, the program did show a positive effect on social competency, with parents of both Treatment boys and girls reporting increases and Control parents reporting either no changes or small decreases in social competency. However, this effect was significant only for girls, $F(1, 33) = 4.24$, $p < .05$.

In sum, the program once again produced reductions in both parental hostile/ aggressive rejection and in undifferentiated rejection, as well as reductions in delinquent behaviors in both boys and girls, and increases in social competence in girls. In addition, suggestive evidence of reductions in the use of hostile-aggressive parenting practices was obtained.

One-Year Follow-Up

Studies of the effectiveness of intensive but brief parent training programs typically report modest short-term changes in parental knowledge, attitudes, and practices

Table 3
Summary of Significant Program Effects: Cohort II

Measure/Variable	Treatment (N = 45) Pretest M (SD)	Treatment (N = 45) Posttest M (SD)	Control (N = 36) Pretest M (SD)	Control (N = 36) Posttest M (SD)
PARQ: Hostile rejection	26.76 (5.93)	23.67 (6.45)	23.75 (4.64)	26.19***** (6.45)
PARQ: Undifferentiated rejection	15.82 (2.55)	14.13 (2.86)	15.03 (3.00)	15.71*** (4.25)
PPI: Praise	4.07 (0.86)	4.38 (0.78)	4.00 (0.79)	3.71**** (0.79)
PPI: Hitting/spanking	2.58 (0.92)	2.00 (0.91)	2.63 (0.91)	2.66** (0.91)
CBCL-Boys: Delinquent behaviors	63.38 (5.94)	59.00 (5.17)	59.56 (4.44)	60.80*** (5.93)
CBCL-Girls: Delinquent behaviors	61.25 (4.12)	59.20 (3.70)	58.33 (2.94)	57.20*** (5.24)
CBCL-Girls: Social competence	43.74 (9.30)	45.00 (7.29)	44.71 (7.58)	39.64* (7.38)

Notes. PARQ: Parental Acceptance/Rejection Questionnaire; PPI: Parenting Practices Inventory; CBCL: Child Behavior Checklist.
*$p < .05$.
**$p < .03$.
***$p < .01$.
****$p < .009$.
*****$p < .0005$.

(Alvy, 1987a). However, longer term effects are far more difficult to obtain, especially in intervention programs that do not include booster treatments. Therefore, in order to test the stability of effects of the EBPP, 1-year follow-up interviews of 48 Cohort I Treatment families were conducted to ascertain whether changes observed at posttest on parental acceptance-rejection, parenting practices, and on child behavior outcomes were maintained or any additional changes were obtained. A series of one-way within-group ANCOVAs (Posttest vs. Follow-up) were run on each of the dependent variables of interest, and the family co-factors were once again treated as covariates in these analyses. The significant results at follow-up are summarized in Table 4.

No significant changes on parental acceptance/rejection were obtained, although a trend ($p < .07$) for reductions in undifferentiated rejection from Posttest to Follow-up was observed. A significant regressive change on parenting practices was obtained, however, with Treatment parents increasing their use of hostile aggressive parenting practices at follow-up, $F(1, 49) = 30.06$, $p < .0005$.

No significant changes in total behavior problems or in social competency in either the Treatment boys or girls were obtained. However, the initial program effects in reducing hyperactive and withdrawn behaviors in boys and sexual problem behaviors in girls were still evident at 1 year.

A significant reduction in mean reported uncommunicative behaviors for Treatment boys (e.g., shyness, sadness, won't talk, stubbornness, self-consciousness, secretive),

Table 4
Summary of Significant Posttest to Follow-up Program Effects: Treatment Only (n = 48)

Measures/Variables	Posttest M	Posttest (SD)	Follow-up M	Follow-up (SD)
PPI: Hostile/aggressive practices	9.82	(2.26)	11.38	(2.14)***
CBCL-Boys: Uncommunicative behaviors	61.62	(8.05)	58.42	(6.68)*
CBCL-Girls: Delinquent behaviors	59.92	(4.43)	62.50	(7.02)†

†$p < .069$.
*$p < .02$.
***$p < .005$.

which was not obtained at posttest, was demonstrated, $F(1, 24) = 6.01$, $p < .02$. Thus, the follow-up revealed a positive program sleeper effect. Unfortunately, a disturbing trend ($p < .07$) for Treatment parents to report increases in delinquent behaviors on the part of girls was also revealed.

In sum, it appears that at 1-year posttreatment and in the absence of any booster sessions or systematic support, several of the early positive changes remained stable but others were lost in this subsample of Cohort I Treatment families. In addition, some effects that were not evidenced at posttest were observed 1 year later.

Discussion

The pattern of short-term program effects with these two samples of inner-city African-American families is mixed, but very encouraging. On the positive side, the EBPP was shown to have an immediate impact on a variety of parent, child, and family factors that are known to be precursors of mental health disorders, drug abuse, and delinquency (Kellam et al., 1983; Kellam, Simon, & Ensminger, 1982; Robins, 1978). Specifically, Cohort I parents reported reductions in undifferentiated rejection and, to a lesser degree, in hostile/aggressive rejection; felt significantly more positive about their relationships with the target child and toward other family members; and reported reductions in behavioral withdrawal and hyperactivity in treatment boys and in sexual problem behaviors in girls. Surprisingly, however, the program did not have the expected effects on parental warmth and aceptance, on frequency of use of either positive or coercive parenting practices, or on improvement in child social competency in this cohort.

These results were partially replicated and extended in Cohort II. In this group, Treatment parents reported using significantly more praise and less hitting or spanking as part of their parenting repertoire than Control parents. However, previous evidence of significant program effects on parent–target child relationship and on relationships with other family members were not replicated, although trends consistent with previous findings were noted. Also the reductions in withdrawn and hyperactive behaviors in Cohort I boys and in sexual behavior problems in Cohort I girls were not observed in our Cohort II sample. Instead, significant reductions in reported delinquent behaviors in both boys and girls in Cohort II were obtained. Finally, the program did show an effect on social competencies with this Cohort, but the effect was only significant for girls.

Taken as a whole, these results indicate that the program contributed to reductions in undifferentiated and hostile-aggressive parental rejection, and somewhat less consistent evidence that the program improved child-parent and family relations and

contributed to decreases in withdrawal, hyperactivity, and delinquency in boys and in sexual problem behaviors and delinquency in girls. Some evidence of increases in social competency, especially in girls, was also obtained. Positive results were more evident in Cohort II, perhaps because of greater trainer comfort, familiarity, and skills in implementing the program after having implemented it with Cohort I families.

The 1-year follow-up results with Cohort I families also indicated that the improvements in parent–child relationships as indexed by program-initiated reductions in undifferentiated parental rejection were maintained, but there was evidence of a disturbing tendency for treatment parents to regress to the use of earlier and more coercive parenting practices. Also, reductions in the withdrawn and hyperactive behaviors in boys and in sexual problem behaviors in girls achieved at posttest were maintained 1 year later. Finally, and somewhat unexpectedly, two sleeper effects emerged: Treatment parents reported a significant reduction in communication problems with their sons, but also reported a trend toward increasing delinquent behaviors in their daughters. Given the high life demands faced by these families and given previous research on how difficult it is to maintain 1-year effects from single-service parenting programs with poverty populations (Resnick, 1985), these results at follow-up are quite encouraging. However, they also suggest that there is a need to integrate booster sessions or other forms of support into program plans in order to maintain and reinforce the variety of program effects produced in the 45 hours of parenting training that constitute the EBPP.

Also, although the results of the current study are generally positive and encouraging, their validity and generalizability need to be appreciated within the context of the measures employed, the conservative approach to the evaluation of program effects used, and the self-selected sample of African-American families studied. For example, considerable care and attention was given to insure the cultural sensitivity and appropriateness of the measures used. However, we relied exclusively on parental self-reports and self-assessments, which are subject to a variety of social desirability considerations. Therefore, caution is advised in interpreting the reported improvement given that they were not independently verified by direct behavioral observation.

On the other hand, several factors may have limited our ability to identify the range of significant program effects that could have been obtained. For example, our results emerged from a very conservative, conceptually driven evaulation of the EBPP that included statistical controls that mitigated against capitalizing on chance, and that controlled for parental and family co-factors (e.g., family stresses, parental psychological distress, parental substance use) that might have been impacted by the program's effects. In doing so, we sought to identify only the most robust progam effects.

In addition, the modest sample size may have limited the sensitivity of our statistical tests of program effects. Thus, many effects that missed criteria for statistical significance are nevertheless worthy of attention because they could have been significant with a larger sample. These trends are reported because they point to possible program effects that should not be ignored in future program implementations.

The fact that our sample was not randomly selected and assigned to the Treatment and Control groups also limits the generalizability of our findings. However, reviews of school-record data on school attendance, academic performance, and parental education and employment indicate that the children from the Treatment families were not significantly different from those in the Control families or those that chose not to participate in the project. Although not conclusive, these data suggest that the generalizability of our findings may not be as limited as previously feared.

Therefore, our results indicate that intensive, short-term parent training programs targeted at inner-city African-American populations are feasible and useful. However, such programs are still likely to produce only modest and circumscribed short-term results when used alone, even when care is taken to make them culturally appropriate. These are sobering, yet encouraging findings. They point to the need for additional research to fine-tune the EBPP to enhance its usefulness with different types of Black families, as well as test whether the program's impact and potential for prevention would be enhanced if it were used as part of multiservices interventions rather than used alone (Johnson, 1988).

References

Achenbach, T. M., & Edelbrock, C. S. (1981). Behavioral problems and competencies reported by parents of normal and disturbed children aged 4-16. *Monographs of the Society for Research in Child Development, 46*(1), 1-81.

Achenbach, T. M., & Edelbrock, C. M. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile.* Burlington, VT: University of Vermont.

Alvy, K. T. (1987a). *Parent training: A social necessity.* Studio City, CA: Center for the Improvement of Child Caring.

Alvy, K. T. (1987b). *Black parenting: Strategies for training.* New York: Irvington.

Alvy, K. T., & Arrington, A. (1985). *Parenting Practices Inventory.* Studio City, CA: Center for the Improvement of Child Caring.

Alvy, K. T., Harrison, D. S., Rosen, L. D., & Fuentes, E. G. (1982). *Black parenting: An empirical investigation with implications for parent trainers and therapists.* Studio City, CA: Center for the Improvement of Child Caring.

Alvy, K. T., & Marigna, M. (1985). *Effective Black Parenting Program: Instructor's manual.* Studio City, CA: Center for the Improvement of Child Caring.

Baumrind, D. (1985). Familial antecedents of adolescent drug use: A developmental perspective. In C. L. Jones & R. J. Battjes (Eds.), *Etiology of drug abuse: Implications for prevention* (pp. 13-44). NIDA Research Monograph 56, A RAUS Review Report.

Baumrind, D. (1989). Rearing competent children. In W. Damon (Ed.), *Child development today and tomorrow* (pp. 349-378). San Francisco: Jossey-Bass.

Bernal, M., Klinnert, M. D., & Schultz, L. A. (1980). Outcome evaluations of behavioral parent training and client centered parent counseling for children with conduct problems. *Journal of Applied Behavioral Analysis, 13,* 677-691.

Children's Defense Fund. (1985). *Black and White children in America: Key facts.* Washington, DC: Author.

Clark, R. M. (1983). *Family life and school achievement: Why poor Black children succeed and fail.* Chicago, IL: University of Chicago Press.

Clarke-Stewart, K. A. (1988). Parent's effects on children's development: A decade of progress? *Journal of Applied Developmental Psychology, 9,* 41-84.

Comer, J. P., & Poussaint, A. F. (1975). *Black child care.* New York: Simon & Schuster.

Commission on the Prevention of Mental Emotional Disabilities. (1987). Final report. *Journal of Prevention, 7*(4).

Dembo, R., Farrow, D., Schneidler, J., & Burgos, W. (1979). Testing a causal model of environmental influences on the early drug involvement of inner-city junior high school youths. *American Journal of Drug and Alcohol Abuse, 6*(3), 313-336.

Derogatis, L. R., Lipman, R. S., Rickels, K., Uhlenhuth, E. H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A measure of primary symptom dimensions. In P. Pichot (Ed.), *Modern problems of pharmacopsychiatry: Psychological measurements in psychopharmacology* (pp. 79-110). Paris: S. Krager.

Education Commission of the States. (1976). *Education for parenthood: A primary prevention strategy for child abuse and neglect.* Child Abuse Project: Report No. 93. Denver, Colorado.

Eimers, R., & Aitchison, R. (1977). *Effective parents–responsible children: A guide to confident parenting.* New York: McGraw-Hill.

Fraser, M. W., & Hawkins, J. D. (1982). *Parent training for delinquency prevention: A review.* Report prepared for the National Institute for Juvenile Justice and Delinquency Prevention. Seattle, WA: Center for Law and Justice.

Gibbs, J. T. (1984). Black adolescents and youth: An endangered species. *American Journal of Orthopsychiatry, 51*(1), 6-21.

Green, L. W. (1970). Manual for scoring socioeconomic status for research on health behavior. *Public Health Reports, 85*(9), 815-827.

Halpern, R. (1990). Poverty and early childhood parenting: Toward a framework for intervention. *American Journal of Orthopsychiatry, 60*(1), 6-18.

Harrison-Ross, P., & Wyden, B. (1973). *The Black child: A parent's guide.* New York: Peter H. Wyden.

Helfer, R., & Kempe, H. (1976). *Child abuse and neglect: The family and community.* Cambridge, MA: Ballenger.

Ilfeld, F. (1977). Current social stresses and symptoms of depression. *American Journal of Psychiatry, 134*(2), 161-166.

Johnson, D. A. (1988). Primary prevention of behavior problems in young children: The Houston parent-child development center. In R. H. Price, E. L. Cowen, R. P. Lorion, & J. Ramos-McKay (Eds.), *Fourteen ounces of prevention: A casebook for practitioners* (pp. 44-52). Washington, DC: American Psychological Association.

Johnson, R. C., Brown, C. V., Harris, A., & Lewis, E. (1980). *Manual of Black parenting education.* St. Louis, MO: Institute of Black Studies.

Jordan, F. F. (1990). *A test of parental acceptance-rejection theory and validation and reliability of related measures.* Unpublished Doctoral Dissertation, California School of Professional Psychology, Los Angeles.

Kellam, S. G., Brown, H. C., Rubin, B. R., & Ensminger, M. E. (1983). Paths leading to teenage psychiatric symptoms and substance use: Developmental epidemiological studies in Woodlawn. In S. B. Guze, F. J. Earls, & J. E. Barrett (Eds.), *Childhood psychopathology and development* (pp. 17-51). New York: Raven Press.

Kellam, S. G., Simon, M. B., & Ensminger, M. E. (1982). Antecedents in first grade of teenage drug use and psychological well-being: A ten-year community-wide prospective study. In D. Ricks & B. Dohrenwend (Eds.), *Origins of psychopathology: Research and public policy.* New York: Cambridge University Press.

McLoyd, V. C. (1990). The impact of economic hardship on Black families and children: Psychological distress, parenting and socioemotional development. *Child Development, 61,* 311-346.

Myers, H. F. (1982). Research on the Black family: A critical review. In B. Bass, G. Wyatt, & G. J. Powell (Eds.), *The assessment and treatment of Afro-American families: Selected lectures.* New York: Grune & Stratton.

Myers, H. F. (1989). Urban stress and mental health in Afro-American youth: An epidemiological and conceptual update. In R. Jones (Ed.), *Black adolescents.* Berkeley, CA: Cobb & Henry.

Myers, H. F., Adams, L., Tiggle, R. B., & Miles, R. B. (1985). *The role of psychosocial vulnerability and protective factors in depression in Black adults.* Paper presented at the American Psychological Association Convention, Los Angeles.

Ogbu, J. (1985). A cultural ecology of competence among inner-city Blacks. In M. Spencer, Kerse-Brookins, & W. R. Allen (Eds.), *Beginnings: The social and affective development of Black children.* Hillsdale, NJ: Erlbaum.

Patterson, G., & Strouthamer-Loeber, M. (1984). The correlation of family management practices and delinquency. *Child Development, 55*(4), 1299-1307.

Peters, M. F. (1981). Parenting in Black families with young children: An historical perspective. In H. P. McAdoo (Ed.), *Black families* (pp. 211-224). Beverly Hills, CA: Sage.

Resnick, G. (1985). Enhancing parental competencies for high risk mothers: An evaluation of prevention effects. *Child Abuse and Neglect, 9,* 479-489.

Robins, L. N. (1978). Study childhood predictions of adult anti-social behaviors: Replications from longitudinal studies. *Psychological Medicine, 8,* 611-622.

Rohner, R. P. (1984). *Handbook for the study of parental acceptance and rejection.* Storrs, CT: Center for the Study of Parental Acceptance and Rejection.

Rohner, R. P. (1986). *The warmth dimension: Foundations of parental acceptance-rejection theory.* Beverly Hills, CA: Sage.

Rose, M., Battjes, R., & Lakefeld, C. (1984). *Family life skills training for drug abuse prevention.* DHHS Publication No. (ADM) 84-1340. Washington, DC: U.S. Government Printing Office.

Tucker, M. B., Herron, W. M., Nakanishi, D., Ortiz-Franco, L., & Stiffarm, L. (1987). *Ethnic groups in Los Angeles: Quality of life indicators.* Los Angeles: UCLA Ethnic Studies Centers.