Parenting Skills Training for Child Abusers

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The physical, emotional, and sexual abuse of children in the United States is a problem which continues to command public attention and challenge the skills of professionals in the behavioral sciences. Estimates of the incidence of child abuse and neglect range from 250,000 to 4 million children annually. Millions of dollars expended on innumerable research and service projects have failed to produce the formula for preventing this menace to thousands of America's children. Recently parenting education approaches with abusive and neglectful parents have been widely employed to remedy deficits in parenting knowledge and skills. This article reviews the empirical evidence from published reports for the effectiveness of parenting education approaches with abusing parents.

Theoretical Explanations of Child Abuse and Neglect

Over the past 20 years three major theoretical orientations toward child abuse have emerged from the voluminous research into the etiology of child abuse: the sociological, the ecological, and the psychological.

Sociological variables were stressed in early research following the "discovery" of child abuse in 1962 (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). These studies, together with those of Young (1964), Elmer (1967), and Gil (1970) revealed that abusive parents

were characterized by high incidence of divorce, separation, unstable marriage, early and unwanted pregnancies, high unemployment, low income, and social isolation from potential support systems—all indicators of social and economic stress.

More recently, *ecological* perspectives on child maltreatment have commanded increased attention (Garbarino, 1977; Garbarino & Crouter, 1978; Garbarino & Sherman, 1980). Economic and social characteristics of neighborhoods have been used to identify high risk environments for child abuse and neglect (Garbarino & Sherman, 1980). The relative absence of supportive social networks has been identified as characteristic of abusive and neglectful families (Gaudin & Pollane, 1983; Kempe & Kempe, 1976; Polansky, Ammons, Gaudin, in press; Polansky, Chalmers, Buttenweiser & Williams, 1981).

Social and economic stresses are not, however, sufficient or necessary causes for child maltreatment. Researchers need to consider *psychological* factors. Child abuse and neglect are reported in all socioeconomic levels and more often in two-parent than in single-parent families. Most lower income families do not abuse their children. Much of the research into the etiology of child abuse and neglect has sought to identify personality characteristics or profiles of the perpetrators which could be used to identify high risk parents. Although no single personality profile or diagnosis has been identified as characteristic of abusive parents (Gelles, 1973; Spinetta & Rigler, 1972), certain common themes and patterns of psychic functioning have emerged from numerous studies. The studies of child abusers have consistently revealed a history of emotional deprivation as children, often with physical abuse by their own parents (Fontana, 1973; Helfer, 1977; Kempe & Kempe, 1976; Schneider, Hoffmeister & Helfer, 1976; Steele, 1980; Steele & Pollock, 1968). Abusive parents, having been deprived of the emotional nurturing and care necessary for normal healthy psychological development, often lack the ability to provide empathic care for infants and children (Fontana, 1973; Melnick & Hurley, 1969; Kempe, et al., 1962; Steele, 1980). Their expectations for their children's behavior are unrealistically high. According to Helfer (1977) the abusive parent's attack on the child results from the profound frustration of a parent whose young child fails to meet the parent's unrealistic expectations for emotional nurturance from the child.

Abusive parents rely heavily upon the use of physical force as a means of discipline and defend the righteousness of its use with strong conviction (Steele & Pollock, 1968; Wasserman, 1967). Lacking appreciation for the developmental needs of children and the ability to

control their aggressive impulses, they utilize physical force without the necessary restraint (Steele & Pollock, 1968; Spinetta & Rigler, 1972; Wasserman, 1967).

Behavioral psychologists have utilized social learning theory to explain abusive parenting patterns (Friedman, Hernandez, Sandler, & Wolfe, 1981; Tracy & Clark, 1974; Sandler, Van Dercar & Milhoan, 1978). Because of aggressive, inadequate role models, inconsistent or insufficient social reinforcement and lack of corrective feedback during their formative years, maltreating parents have failed to acquire critical child rearing knowledge and skills. Parenting education approaches to preventing child abuse rely heavily on this understanding of its etiology.

Treatment Approaches

As theoretical explanations of child abuse vary widely, models of treatment to prevent or remedy abuse are also numerous. Conventional casework and case management services provided through public child welfare workers is by far the dominant mode of intervention. The quality and success of these services are highly variable (Garbarino, 1983). Even well-funded demonstration programs have been successful in reducing the potential for abuse in only 42% of the abuse-prone clients served (Cohn, 1979).

The *ecological* understanding of child abuse has given rise to increased use of self-help groups and social networking to complement an array of casework, group therapy, and supplementary or substitute child care services (e.g., day care, homemakers, babysitters, lay visitors), to reduce stressful demands on parents, and to improve parental functioning (Bean, 1971; Garbarino, Stocking, & Associates, 1980). Cohn's (1979) review of 11 demonstration programs which utilized a variety of these methods revealed that the most effective programs used trained lay persons to provide supportive help to parents, but still only 53% of those receiving services showed improved functioning.

The *psychological* explanation of child maltreatment has given rise to a variety of more or less validated approaches to therapeutic intervention. Two of the more noteworthy approaches use psychodynamic and social learning. The *psychodynamic* approach has utilized individual and/or group psychotherapy to help abusing parents uncover and rework repressed conflicts, modify defense mechanisms, correct distorted perceptions, improve impulse control, and improve parent-child relationships (Alexander, 1980; Holmes & Kagle, 1977; Shorkey, 1979). Successful treatment using the psychodynamic approach generally requires intensive therapy over many months (Alexander, 1980; Holmes

& Kagle, 1977). Evidence for the effectiveness of the psychodynamic approach is based largely upon descriptive case studies.

More recently, *social learning* theory has been employed to prevent and remediate abusive parenting. Behavioral therapy has been utilized with individuals and families and in group settings to teach parents specific parenting and stress management skills (Crozier & Katz, 1979; Gilbert, 1976; Tracy & Clark, 1974). Initial studies indicate that the behavioral skills training approach is successful in modifying parent behaviors and reducing abuse but is most effectively used in combination with other supportive services for maltreating parents.

Parenting Education

Many variations of parenting education programs have been developed over the past 20 years. Parenting education programs generally follow four dominant models: (1) supportive, discussion group; (2) Adlerian approach; (3) client-centered approach; (4) behavioral approach.

1. The *supportive, discussion group* model is represented by the relatively unstructured group approach developed by the Child Study Association of America (Auerbach, 1968). This approach assumes that parents can improve their parenting knowledge, attitudes, and performance through participation in a group with others parents who can offer support and advice about problems identified by the parents themselves. Didactic presentation of child development information may be included, if indicated, and a variety of social and personal development activities for the participants may be included. Groups may be time-limited or open-ended. The approach is eclectic in its theoretical orientation and the treatment it employs.

2. A number of parenting education programs are based upon the *developmental* theory of Alfred Adler (1927) and Rudolph Dreikurs (1964). The focus is upon helping parents to understand the meaning of children's behavior and the use of natural and logical consequences for behavior management, and then implementing a democratic model for family decision making. The Systematic Training for Effective Parenting (Dinkmeyer & McKay, 1976) program is an example of the approach. It is a highly structured, commercially marketed package, which includes well-illustrated charts, manuals, and audiovisual materials.

3. *Client-centered* approaches rely upon Carl Rogers' (1963) theoretical understanding of the therapeutic value of improved communication between parents and children. Gordon's Parent Effectiveness Training (1970) is the most widely recognized, commercially

available example of this approach. Parents are taught to actively listen and communicate empathic understanding for the feelings of their children and unconditional acceptance of the person, if not the behavior. A method of conflict resolution is also taught.

4. Social learning theory is the foundation for the *behavioral* approach to parenting education. Materials such as Gerald Patterson's *Living with Children* (1968) and Becker's *Parents Are Teachers* (1971) have been widely utilized for improving parenting skills. These programs teach basic principles of social learning theory to improve parental effectiveness. This approach is discussed in detail below.

In spite of widespread popularity and usage, the effectiveness of most parenting education models for changing parenting behaviors is not well established by empirical research. Evaluative studies of the effects of parenting education programs have been characterized by methodological weaknesses that seriously limit confidence in their findings. Reviews of these studies have similarly concluded that, while there is some support offered for parenting education as a promising means of intervention, the empirical evidence for its effectiveness is not conclusive (Croake & Glover, 1977; Tramontana, Sherrets, & Authier, 1980; Veltkamp & Newman, 1976).

Parenting Education Programs for Abusers

A thorough search of the literature found 13 empirical studies and a large number of descriptive reports of education programs for abusive parents. This article focuses its discussion largely on the empirical studies, although references are made to novel features of selected descriptive reports. An examination of the 13 studies revealed that the programs were based on one of three approaches to parent education: social learning; supportive, discussion group; or integrated methods. The programs and their characteristics are listed in Table 1.

Social Learning Approach

Of the 13 studies, eight have a social learning foundation. Virtually all of these studies involved low income parents referred for services by child protective services or the courts because of chronic histories of child abuse in the family. For instance, the Crozier and Katz (1979) study, listed first in Table 1, included a family which typifies the clientele:

> Family No. 1 was a two-parent family with three children, ages 3, 4 ½, and 7 years. The 4 ½-year-old daughter had been diagnosed previously as hyperactive. Her parents used extreme physical punishments, including whippings with a belt and hair-

TABLE 1—Program Characteristics of Abusive Parent Education Studies

Study	Volun./ Invol.	Identified Abusers	Context	Goals/ Skills	Length
Social Learning					
Crozier & Katz (1979)	Invol.	Yes	Individual Parent	Child & Stress Mgmt.	8 sessions
Denicola & Sandler (1980)	Invol.	Yes	Individual Parent	Child & Stress Mgmt.	12 sessions
Nomellini & Katz (1983)	Invol.	Some	Individual Parent	Anger Control	6 – 8 sessions
Sandler, Van Dercar & Milhoan (1978)	Invol.	Yes	Individual Parent	Parent-Child Communication	9 sessions
Singer-Chapel & Aitchison (1979)	Not Specified	Yes	Individual Parent	Child Mgmt. & Parent-Child Communication	18–20 sessions
Wolfe, et al. (1981)	Invol.	Yes	Individual Parent & Child	Child Mgmt. & Parent-Child Communication	11 sessions
Wolfe & Sandler (1981)	Invol.	Yes	Individual Parent	Child Mgmt. & Parent-Child Communication	10 sessions
Wolfe, Sandler & Kaufman (1981)	Invol.	Yes	Parent Group & Home Visits	Child & Stress Mgmt.	16 sessions
Supportive, Discussion Group					
Armstrong (1981)	Volun.	No	Home Visit, Preschool & Parent Group	Parenting Skills, Child Dev., Health Habits, Personal Growth & Support Network	10 mos

Study	Volun./ Invol.	Identified Abusers	Context	Goals/ Skills	Length
Burch & Mohr (1980)	Volun.	Some	Parent Group	Parent Attitudes, Developmental Expectations, Social Isolation, Problem Solving & Parent Communication	16 sessions
Project C.A.N. Prevent (1983)	Volun.	No	Parent Group	Effective Parenting Discipline, Developmental Expectations, Language & Reading Dev., & Community Resources	10 mos
Thomasson et al. (1981)	Volun.	No	Parent Group	Developmental Expectations, Parenting Skills, Problem Sharing & Community Resources	16 sessions
Integrated Methods					
Bavolek & Comstock (1983)	Volun.	Yes	Parent & Child Groups	Developmental Expectations, Empathy, Child Mgmt., & Self Awareness	15 sessions

> brush, to deal with her behavior. Because of the frequency and severity of their punishment, they had come to the attention of child protective services. The parents described this child as "out of control." They described themselves as "out of control" in trying to cope with her. (p. 214)

The social learning model of family dysfunction and child abuse assumes that training abusive parents in appropriate child management, parent-child interactions, anger/stress management, problem solving, and similar skills provides parents with alternatives to physical coercion. Abuse may occur when the parent lacks the skills to manage child misbehavior effectively and to reinforce appropriate child behavior in nonviolent ways. Another contributor to child abuse is the inability of parents to control angry impulses and cope with stress (Allan, 1978; Gil, 1970). Parents who lack effective anger/stress management skills are illprepared to cope with provocative child behavior and family stress. Stress-arousing incidents may thus give rise to coercive parent-child encounters.

Parents were taught child management skills in six of the eight social learning studies surveyed. Commonly taught skills included contingent positive reinforcement, ignoring, time out, and consistency of parent response to the child. These methods were contrasted with the punitive methods parents used prior to treatment (e.g., beating, hitting, and verbal threats), and explanations were given as to why these methods were not effective.

Closely related to the child management skills was the teaching of positive parent-child communication. One case entailed training the mother to reduce her hostile physical and verbal prompts and increase positive physical and verbal prompts (Wolfe et al., 1981). The parent learned to hug, pat, touch, and praise her children whenever they engaged in appropriate behavior. In "A Restoring Touch for Abusing Families," Older (1981) suggested that child abuse may be viewed as a disorder of touch (p. 487). He criticized some studies of the treatment of child abuse for their failure to place more emphasis on the skill of touch.

Skills related to anger control and stress management were taught in four of the eight social learning studies. Such skills were impulse control, self-monitoring, self-instruction, deep breathing relaxation, deep muscle relaxation, self-reinforcement, and thought stop. For example, in Nomellini and Katz's (1983) study on anger control, parents were taught self-monitoring techniques such as pinpointing determinants of anger, recognizing cognitive, somatic and behavioral manifestations of anger arousal, and keeping a diary of anger episodes. They learned

relaxation responses for coping with anger on an *affective* level and self-instructions (e.g., "I'm in control as long as I keep my cool") to cope with anger on a *cognitive* level. To cope with anger on a *behavioral* level, parents were taught a problem-solving approach to conflict resolution, expressing anger assertively rather than hostilely. They also received training in how to reinforce themselves for controlling their anger.

The context of training in the studies varied. In six of the studies, a casework approach was used to train parents. One study employed parent groups and one study involved both parent and child. The parent training programs took place in either an agency (4) or home (2). One study had both a home and agency component. All tended to be very cost efficient. For instance, Nomellini and Katz's (1983) program for anger control required an average of 10 ½ hours of therapist time and $4 for materials per family.

Regardless of the context of the training, most of the studies employed similar teaching methods to train parents in social learning. The most common teaching methods sequence was self-monitoring or assessing one's own parental behavior, reading relevant child management or stress management materials, didactic instruction and discussion of parenting problems and management skills, modeling of skills using videotape vignettes of common child rearing problems and appropriate methods for handling such problems, role play of pertinent problem situations, behavior rehearsal of management skills accompanied by peer and therapist feedback, and homework assignments.

Wolfe and his colleagues (1982) reported a unique case involving a single parent of nine-year-old epileptic retarded twin boys and a two-year-old girl. The mother's IQ was 78 and her reading and comprehension were too low for her to benefit from written manuals or detailed instructions in child management. Baseline data revealed she used extremely aversive methods to control her children. Parent training involved the use of a bug-in-the-ear. The therapist talked to the mother through a microphone from an observation room to a miniature remote control receiver worn in the mother's ear. Through a series of 11 sessions, the children interacted with their mother who received prompts and feedback from the therapist to enable her to reduce hostile communications and increase positive interactions with her children.

There are two descriptive social learning reports that deserve mention. One unique program served abusive families whose children would otherwise be removed from the home (Kinney, 1978). A therapist, who had a maximum of three families on a caseload, worked with each family in their home and provided as much time as necessary. The intervention included parent training, cognitive restructuring,

assertiveness training, values clarification, and fair-fight and crisis resolution. If by the end of the six-week treatment period the family's problems had not been resolved, an out-of-home placement recommendation was made. In only 13% of the cases was this recommendation necessary.

The other innovative program was for abusive and high risk mothers with babies (Hardman, Lammers, & Stiffler, 1977). For six months each mother spent three days per week in a converted apartment with her child and a teacher who acted as a model surrogate mother. Six to eight parents were served at one time. The training was individualized and involved formal and informal didactic instruction, modeling and practice in effective methods of dealing with typical activities at home. In addition, parents also participated in workshops on child rearing and family living. No statistical outcomes were reported.

The findings of the eight empirical studies provide support for the social learning model's prediction that improvement in parents' child management and anger/stress management skills may result in less coercive child rearing methods, more positive parent-child interaction, and fewer child behavior problems in the home. Follow-up studies show that these changes were, for the most part, not transitory in nature. Typically, in the studies that collected data on the reported incidents of child abuse, no abuse was found. An unexpected but encouraging finding occurred in the siblings of one family (Crozier & Katz, 1979). Although the siblings were not the target of the program, they too demonstrated decreasing levels of aversive behavior as the training progressed. One explanation for these changes is that parents were generalizing their use of newly acquired child management skills.

Supportive, Discussion Group Approach

Four of the studies examined the effectiveness of various forms of the supportive, discussion group approach in modifying parental knowledge, attitudes, and behavior. In comparison to the social learning studies, these studies tended to service a less chronically abusive group of parents, some of whom were voluntary and others involuntary recipients of treatment. The supportive, discussion group parent education programs placed more emphasis on secondary prevention and less on remedial treatment. For example, the parents served in the study by Thomasson, Berkovitz, Minor, Cassle, McCord, and Milner (1981) were:

> Seventy-nine women and men from rural western North Carolina. . . . The participants were from low socioeconomic backgrounds, with 90% of the participants known to be below the

> poverty level. The participants were referred by child protective service workers and were recruited from the community by project staff. While the participants were not labeled as abusive, they were individuals who fit one or several of the characteristics of a high risk population. (p. 247)

The goals of the four discussion group studies were broadly focused. While each included some attention to parenting skills, this was only one goal among many. Other common goals were for parents to develop their own support system, enhance self-esteem, acquire appropriate nutrition and health habits, and learn age-appropriate developmental expectations.

The context of two of the studies was similar. Parents met in groups at an agency setting once per week for approximately four months. The description of the treatment-training methods employed in these studies was quite general. Thomasson et al. (1981) mentioned the use of speakers, films, and small group discussions. Burch and Mohr's (1980) program consisted of a meeting opening with an initial socialization period followed by the leader's making a 25-minute educational presentation on topics relevant to the group members. The meeting concluded with small group discussions to permit participants to work on parenting skills and personal problems.

By contrast, the other two supportive, discussion group studies were more comprehensive in the array of services provided participants, more structured in their treatment-training methods, and of longer duration. Project C.A.N. Prevent (1983), which worked with groups of low income, voluntary Mexican American parents, lasted 10 months and was based on the comprehensive Avance Parent Program curriculum. The Family Support Center program (Armstrong, 1981) consisted of three service components: (1) home-based, (2) Family School, and (3) neighborhood peer support groups. For about three months, either a social worker or pediatric nurse counselor made weekly home visits. The parents received counseling, nurturance, parent education, and referral assistance. Following the three months of home-based services, parents and their preschool children attended the Family School twice per week for 14 weeks. The preschool program was aimed at facilitating youngsters' psycho-social and cognitive development. Parents met as a group for discussions, role play, and experiential learning exercises. Parents who completed the Family School were formed into peer support groups. The groups met once a month in the parents' homes. A staff member served as a resource aide. Parents were responsible for planning and conducting the meetings. The groups were intended to serve as a support network.

Each of the supportive, discussion group studies reported some successes in changing parent attitudes and behaviors. For example, Armstrong (1981) cited a reduction in the incidence of child abuse but not an elimination of it. Unfortunately, the methodological shortcomings, which are discussed below, are so significant as to warrant caution in interpreting their findings.

Integrated Methods Approach

Over the course of several years Bavolek and Comstock (1983) conducted studies to develop and validate a treatment program that would modify abusive parent-child interactions. Four distinct patterns of inappropriate parenting were identified as contributing to aversive parent-child interactions:

- inappropriate developmental expectations of children;
- lack of empathic understanding of children's needs;
- importance attached to physical punishment; and
- parent-child role reversal.

Their *Nurturing Program for Parents and Children* was based on the notion that a family is a system. To change familial interaction patterns, all members of the system must be involved. Following their design (Bavolek, Comstock & McLaughlin, 1983), abusive parents and their children met for two and a half hours, one day a week for 15 consecutive weeks. The parents and children met in separate groups, but their programs complemented each other. There were manuals for parents and trainers. The trainers' manual provided well-organized, detailed instructions for leading each meeting. The curriculum, which was based upon Adlerian, Rogerian, and social learning theories, was designed to teach affective, cognitive, and behavioral patterns to enable parents to interact appropriately with their children. The titles of some topics covered included "Red, White, and Bruises," "Praise," "Choices and Consequences," and "I Statements and You Messages." Some themes of the children's program were "Enhancing Self," "Praise," "Personal Power," and "Fear."

The training activities in the parent group ranged from the use of multi-media (e.g., film strips and audiotapes) and social learning techinques (e.g., homework and practice) to group dynamics (e.g., sharing of ideas and feelings) and sensitivity exercises (e.g., group hugs and self-awareness activities). The children's group training methods were also wide ranging and included such activities as games, art time, puppet power, rap time, and dancercise.

The validation results indicated that abusive parents learned and used alternatives to physical punishment (such as praise and time out), demonstrated empathy towards their children, increased their own self-awareness and self-concept, and learned age appropriate expectations of their children. Children showed a significant increase in assertiveness, self-awareness, enthusiasm, and tough poise. Families demonstrated a marked decrease in family conflict and a corresponding increase in cohesion, communication, and organization. A year-long follow-up of the incidence of abuse revealed that recidivism was only seven percent.

Evaluation of Outcomes and Methodological Considerations

Tramontana, Sherrets, and Authier (1980) cautioned that fervor shown for parent education programs stems more from "a *belief* in the efficacy of parent education than by actual demonstrations of effectiveness" (p. 40). They raised a number of important issues to consider in attempting to assess the effectiveness of any parent education program. They suggested that appraisals should not be limited to changes in parents' attitudes and knowledge but should include an assessment of changes in parent-child interaction. Although the reported incidence of abuse is a critical indicator, it is only the tip of the iceberg and not a reliable measure of child maltreatment. "Assessment of an abusive situation and/or an abusive parent is curtailed by its relatively low frequency, privacy and illegality, and thus direct observation of abuse or severe punishment is not possible" (Wolfe & Sandler, 1981). Researchers, therefore, observe more frequently occurring behaviors presumed to approximate abusive behavior. Aversive verbal and physical interactions are assumed to be part of the same response class as abuse. Another issue is the necessity of follow-ups to determine if the changes are maintained. Finally, the matter of generalization underscores the importance of determining if observed changes in parents actually extend to their interactions with children at home.

Table 2 summarizes these as well as other methodological characteristics of the studies reviewed.

Of the seven group-design studies, all except Wolfe, Sandler, and Kaufman (1981) and Project C.A.N. Prevent (1983) employed a pre-experimental design (Campbell & Stanley, 1963). They lacked true control or comparison groups. Except for Bavolek and Comstock (1983), their sample size was either small or suffered from high attrition rates. Wolfe and his colleagues and Project C.A.N. Prevent used quasi-experimental designs. Their methodology was limited by lack of randomization of subjects. The sample used in the Wolfe study was

TABLE 2—Methodological Characteristics of Abusive Parent Education Studies

Study	Research Design	No. of Subjects	Measure: Parent-Child Inter-Action	Measure: Parent Knowledge & Attitudes	Measure: Incidence of Abuse
Group Design					
Armstrong (1981)	Pre-Exper.	24 Parents[a]	Pre-Post	No	Post
Bavolek & Comstock (1983)	Pre-Exper.	95 Parents 125 Children	No	Pre-Post	12 Mos F-U[b]
Burch & Mohr (1980)	Pre-Exper.	20 Parents	No	No	No
Project C.A.N. Prevent (1983)	Quasi Exper. 2 Non-Random Groups (Tx[c] & Control)	46 Parents 21 Parents	No	No	No
Singer-Chapel & Aitchison (1979)	Pre-Exper. 2 Non-Random Tx Groups	25 Parents 15 Parents	No	No	No
Thomasson et al. (1981)	Pre-Exper.	33 Parents[a]	No	Pre-Post & 7 Wk F-U	No
Wolfe, Sandler, & Kaufman (1981)	Quasi Exper. 2 Non-Random Groups (Tx & Control)	8 Parents 8 Parents	Pre-Post & 10 Wk F-U	Pre-Post & 10 Wk F-U	12 Mos F-U

Study	Research Design	No. of Subjects	Measure: Parent-Child Inter-Action	Measure: Parent Knowledge & Attitudes	Measure: Incidence of Abuse
Single Subject Design					
Crozier & Katz (1979)	A-B With Replication	2 Cases	Baseline, Tx & 6 Mos F-U	No	No
Denicola & Sandler (1980)	2 Variable Withdrawal	2 Cases	Baseline, Tx, & 1, 2 & 3 Mos F-U	No	No
Nomellini & Katz (1983)	Multiple Baselin	3 Cases	Baseline, Tx & 2-6 Mos F-U	No	No
Sandler, Van Dercar & Milhoan (1978)	Multiple Baseline	2 Cases	Baseline, Tx, & 12 & 20 Wk F-U	No	No
Wolfe, et al. (1981)	Multiple Baseline	1 Case	Baseline, Tx & 2 Mos F-U	No	No
Wolfe & Sandler (1981)	2 Variable Withdrawal	3 Cases	Baseline, Tx & 1-12 Mos F-U	No	No

[a]Attrition rate of over 50%
[b]F-U = Follow-up
[c]Tx = Treatment

also quite small. However, it was the only study that utilized reliable measures of parent-child interaction and parent knowledge and attitudes regarding child rearing, conducted a follow-up on each of these dependent measures, and carried out a follow-up on the reported incidence of child abuse. The major limitations of Bavolek and Comstock's large study were lack of a control group and failure to measure parent-child interactions in pre- and post-tests. Parent-child interactions were observed and measured on over half of the subjects. The efficacy of their results was based on the replicated evaluation of the Nurturing Program with numerous parent and children's groups conducted by different leaders and located in a range of cities. The data presented in the remaining five group design studies were suspect because of failure to control extraneous variables, use reliable dependent measures, and monitor family progress for any length of time.

The six single-subject design studies, rather than relying on narrative accounts of their treatment procedures and outcomes, have enhanced the scientific acceptability of their findings by objectively measuring parent-child interactions and systematically manipulating independent variables to examine their role in producing change. In most of the studies a family interaction coding system was used to measure parent-child interactions (Patterson, Ray, Shaw, & Cobb, 1969). Family interaction data were collected in the home at multiple times prior to, during, and after treatment. Although the single-subject design can convincingly demonstrate behavioral control in research with individual parents, it is hazardous to use evidence obtained from limited samples to generalize the efficacy of treatment to other subjects with similar problems.

Conclusions

Studies of educational programs for abusive parents tend to be limited in their research scope and the range of parent training approaches used. Future studies would do well to follow the lead of the Wolfe, Sandler, and Kaufman (1981) study. They should be broadened to include assessments of multiple outcome categories (especially parent-child interaction), assessments of maintenance and generalization of changes, and assessment of possible adverse side effects of the intervention.

Although the findings provide solid support for the efficacy of the social learning approach to treating child abusers, Wolfe, Sandler and Kaufman (1981) cautioned that "the temporal and situational generalizability of these skills, however, remains to be more thoroughly demonstrated" (p. 638). Furthermore, the focus of the social learning

studies tends to be limited to dealing with what Bronfenbrenner (1979) refers to as ontogenic development of the individual parent and the microsystem or family. However, as Belsky (1980) has so ably argued, factors at the ecosystem levels (e.g., neighborhood, work place, and social networks) and macrosystem levels (e.g., cultural values, economic forces, and political structures) also contribute to the maltreatment of children. The social learning approach may be a necessary treatment for child abusers but it is not always sufficient to deal with the range of factors contributing to the problem. In some cases it must be integrated with other services to deal with contributing factors such as social isolation, economic deprivation, and loss of employment.

It is striking to note the limited range of approaches used to educate maltreating parents. The literature revealed that several currently popular approaches to parenting, such as Adlerian and Rogerian, have not been tested with abusive parents. Although the Nurturing Program for Parents and Children (Bavolek & Comstock, 1983) incorporated elements of these as well as other parenting approaches, there appears to be no present concerted effort to develop and evaluate parenting education programs for abusers based on these approaches.

REFERENCES

Adler, A. (1927). *The practice and theory of individual psychology.* New York: Harcourt.

Alexander, H. (1980). Long-term treatment. In C. H. Kempe & R. E. Helfer (Eds.). *The battered child* (3rd ed.). Chicago: University of Chicago Press.

Allan, L. (1978). Child abuse: A critical review of research and theory. In J. Martin (Ed.), *Violence and the family.* New York: Wiley.

Armstrong, K. A. (1981). A treatment and education program for parents and children who are at risk of abuse and neglect. *Child Abuse and Neglect, 5,* 167-175.

Auerbach, A. S. (1968). *Parents learn though discussion.* New York: Wiley.

Bavolek, S., & Comstock, C. (1983). *The nurturing program for parents and children.* Schaumberg, Illinois: Family Development Associates.

Bavolek, S., Comstock, C., & McLaughlin, J. (1983). The nurturing program: A validated approach for reducing dysfunctional family interactions. (Monograph). Eau Claire, Wisconsin: University of Wisconsin-Eau Claire.

Bean, S. (1971). The parents center project: A multi-service approach to the prevention of child abuse. *Child Welfare, 50*(5), 277-282.

Becker, W. C. (1971). *Parents are teachers.* Champaign, Illinois: Research Press.

Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist, 35,* 320-335.

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, Massachusetts: Harvard University Press.

Burch, G., & Mohr, V. (1980). Evaluating a child abuse intervention program. *Social Casework: The Journal of Contemporary Social Work, 61*, 90-99.

Campbell, D., & Stanley, J. (1963). *Experimental and quasi-experimental designs for research.* Chicago: Rand McNally.

Cohn, A. H. (1979). Effective treatment of child abuse and neglect. *Social Work, 24*(6), 513-519.

Croake, J. W., & Glover, K. E. (1977). A history and evaluation of parent education. *Family Coordinator, 26*, 151-157.

Crozier, J., & Katz, R. C. (1979). Social learning treatment of child abuse. *Journal of Behavior Therapy and Experimental Psychiatry, 10*, 213-220.

Denicola, J., & Sandler, J. (1980). Training abusive parents in child management and self-control skills. *Behavior Therapy, 11*, 263-270.

Dinkmeyer, D., & McKay, G. D. (1976). *Systematic training for effective parenting.* Circle Pines, Minnesota: American Guidance Services.

Dreikurs, R. (1964). *Children: The challenge.* New York: Hawthorne Books.

Elmer, E. (1967). *Children in jeopardy.* Pittsburgh: University of Pittsburgh Press.

Fontana, V. (1973). *Somewhere a child is crying.* New York: Macmillan.

Friedman, R. M., Hernandez, M., Sandler, J., & Wolfe, D. A. (1981). Child abuse. In E. Mash & G. Terdal (Eds.), *Behavioral assessment of childhood disorders.* New York: Guilford Press.

Garbarino, J. (1977). The human ecology of child maltreatment: A conceptual model for research. *Journal of Marriage and the Family, 39*, 721-736.

Garbarino, J. (1983). What we know about child maltreatment. *Children and Youth Services Review, 5*, 3-6.

Garbarino, J., & Crouter, A. (1978). Defining the community context of parent-child relationships: The correlates of child maltreatment. *Child Development, 49*, 604-616.

Garbarino, J., & Sherman, D. (1980). Identifying high-risk neighborhoods. In J. Garbarino, S. H. Stocking, & Associates (Eds.), *Protecting children from child abuse and neglect.* San Francisco: Jossey-Bass.

Garbarino, J., Stocking, H. S., & Associates (1980). *Protecting children from abuse and neglect.* San Francisco: Jossey-Bass.

Gaudin, M., & Pollane, L. (1983). Social networks, stress and child abuse. *Children and Youth Service Review, 5*(1), 91-102.

Gelles, R. J. (1973). Child abuse as psychopathology: A sociological critique and reformulation. *American Journal of Orthopsychiatry, 43*, 611-621.

Gil, D. (1970). *Violence against children.* Cambridge, Massachusetts: Harvard University Press.

Gilbert, M. (1976). Behavioral approach to the treatment of child abuse. *Nursing Times, 72*, 140-143.

Gordon, T. (1970). *P.E.T.: Parent effectiveness training.* New York: New American Library.

Hardman, A., Lammers, C., & Stiffler, S. (1977). FACT: Families and children together. *International Journal of Child Abuse and Neglect, 1*, 391-395.

Helfer, R. E. (1977). *The diagnostic process and treatment programs* (U.S. Department of Health, Education, and Welfare Publication No. OHDS 77-30069). Washington, D.C.: U.S. Government Printing Office.

Holmes, M., & Kagle, A. (1977). Bowen Center: Chicago, Illinois. In *Child abuse and neglect programs: Practice and theory*. (DHEW Pub. Mg. [ADM] 76-344) Rockville, Maryland: U.S. Department of Health, Education and Welfare, NIMH.

Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered child syndrome. *Journal of the American Medical Association, 181*, 17-24.

Kempe, R., & Kempe, C. H. (1976). Assessing family pathology. In R. E. Helfer & C. H. Kempe (Eds.), *Child abuse and neglect: The family and the community*. Cambridge, Massachusetts: Ballinger.

Kinney, J. (1978). Homebuilders: An in-home crisis intervention program. *Children Today, 7*, 15-35.

Melnick, B., & Hurley, J. R. (1969). Distinctive personality attributes of child abusing mothers. *Journal of Consulting and Clinical Psychology, 33*, 746-749.

Nomellini, S., & Katz, R. C. (1983). Effects of anger control training on abusive parents. *Cognitive Therapy and Research, 1*, 57-68.

Older, J. (1981). A restoring touch for abusing families. *Child Abuse and Neglect, 5*, 487-489.

Patterson, G. R. (1968). *Living with children.* Champaign, Illinois: Research Press.

Patterson, G., Ray, R., Shaw, D., & Cobb, J. (1969). Manual for coding family interactions. Unpublished manuscript, Oregon Research Institute, Eugene, Oregon.

Polansky, N. A., Ammons, P. W., & Gaudin, J. M. (in press). Loneliness and isolation in child neglect. *Social Casework.*

Polansky, N. A., Chalmers, M. A., Buttenweiser, E., & Williams, D. P. (1981). *Damaged Parents*. Chicago: University of Chicago Press.

Project C.A.N. Prevent. (1983). San Antonio: Avance-San Antonio.

Rogers, C. R. (1963). *On becoming a person*. Boston: Houghton Mifflin.

Sandler, J., Van Dercar, C., & Milhoan, M. (1978). Training child abusers in the use of positive reinforcement practices. *Behavior Research and Therapy, 16*, 169-175.

Schneider, C., Hoffmeister, J. K., & Helfer, R. E. (1976). A predictive questionnaire for potential problems in mother-child interaction. In R. E. Helfer & C. H. Kempe (Eds.), *Child abuse and neglect: The family and the community*. Cambridge, Massachusetts: Ballinger.

Shorkey, C. T. (1979). A review of methods used in the treatment of abusing parents. *Social Casework, 60*(6), 360-367.

Singer-Chapel, E. M., & Aitchison, R. A. (1979). *Behavior therapy treatment for child abuse.* San Diego, California: Annual Meeting of the Western Psychological Association. (ERIC Document Reproduction Service No. ED 176 166).

Spinetta, J. J., & Rigler, D. (1972). The child-abusing parent: A psychological review. *Psychological Bulletin, 77*(7), 296-304.

Steele, B. (1980). Psychodynamic factors in child abuse. In C. H. Kempe & R. E. Helfer (Eds.), *The battered child* (3rd ed.). Chicago: University of Chicago Press.

Steele, B., & Pollack, C. (1968). A psychiatric study of parents who abuse infants and small children. In R. Helfer & C. H. Kempe (Eds.), *The battered child* (1st ed.). Chicago: University of Chicago Press.

Thomasson, E., Berkovitz, T., Minor, S., Cassle, G., McCord, D., & Milner, J. S. (1981). Evaluation of a family life education program for rural high-risk families: A research note. *Journal of Community Psychology, 9*, 246-249.

Tracy, J. J., & Clark, E. H. (1974). Treatment for child abusers. *Social Work, 19*, 338-343.

Tramontana, M. G., Sherrets, S. D., & Authier, K. J. (1980). Evaluation of parent education programs. *Journal of Clinical Child Psychology, 9*(1), 40-43.

Veltkamp, L. J., & Newman, K. (1976). Parent groups: How effective? *Journal of Family Counseling, 4*, 46-51.

Wasserman, S. (1967). The abused parent of the abused child. *Children, 14*, 175-179.

Wolfe, D. A., Lawrence, J. S., Graves, K., Brehony, K., Bradlyn, D., & Kelly, J. A. (1982). Intensive behavioral parent training for a child abusive mother. *Behavior Therapy, 13*, 438-451.

Wolfe, D. A., & Sandler, J. (1981). Training abusive parents in effective child management. *Behavior Modification, 5*, 320-335.

Wolfe, D. A., Sandler, J., Kaufman, K. (1981). A competency-based parent training program for child abusers. *Journal of Consulting and Clinical Psychology, 49*, 633-640.

Young, L. (1964). *Wednesday's children.* New York: McGraw Hill.

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