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The Development of the Social/Life-Skills Training Movement

George M. Gazda
David K. Brooks, Jr.

Background and Development

The social/life-skills training movement is the product of many disciplines and individuals. It is difficult to determine exactly when the movement began to coalesce, but Larson (1984) cites Hobbs' hailing mental health's third revolution 20 years ago as a potential beginning point. Here a shift was detectable moving from "clinical to public health and educational models, from exclusively professional to nontraditional helper populations, and from remedial to preventive strategies of intervention" (Larson, 1984, p. 1). Adkins (1974) refers to Dewey's Progressive Education movement of the 1930s and 1940s as laying some of the foundation for the relevancy of a problem-centered curriculum in which content was related to life events. George Miller (1969) introduced the concept of "giving psychology away" through teaching the principles and skills of psychology to the general public. At the same time the Association for Supervision and Curriculum Development published a yearbook entitled *Life Skills in School and Society* (Rubin, 1969) in which the direct teaching of life skills through a curricular approach was proposed.

The need to focus on the prevention of mental illness was promulgated by Albee (1969), with the concurrent shift from a focus on pathology to one on effective functioning, and from the individual to the social environment. From a growing need for greater efficiency and effectiveness in counseling and psychotherapy, more systematic approaches to treatment developed in the form of skills training.

Carl Rogers produced some of the early research (Rogers, Gendlin, Kiesler, & Truax, 1967) that led to the development of one of the first training models by Carkhuff (1969a, 1969b). Concurrent with the

Carkhuff model, Adkins (Adkins, Rosenberg, & Sharar, 1965), was developing a life-skills education program as a part of an anti-poverty training program in the Bedford-Stuyvesant area of New York City. The term *life skills* was coined during this period "to describe the kind of behavior-based psychological learning needed to help people cope with predictable developmental tasks" (Adkins, 1984, p. 46).

Another early proponent of life-skills training was Bernard Guerney. "The roots of *RE* Therapy go back to Filial Therapy, initiated in the early 1960s. To my knowledge, Filial Therapy was the first therapeutic method to be formulated in terms of a programmatic educational model" (Guerney, 1984, p. 172).

In the early 1960s Gordon developed a model for training parents that he based on client-centered principles and named Parent Effectiveness Training.

> Drawing on my previous experience designing human relations courses for managers and supervisors in organizations, I hastily put together a human relations training program tailored for parents. My first class in 1962 consisted of only 17 parents. . . . I wanted the parents to see the program as an educational experience. To this end I used the language of education (course, training, students, instructor, textbook, homework, tuition), and I carefully chose a name to fit this educational model—Parent Effectiveness Training. (Gordon, 1984, p. 158)

Also nearly 20 years ago Kagan (Kagan & Krathwohl, 1967) developed his Interpersonal Process Recall (IPR) model, for a film-based mental health skill building program. This skill training model was originally developed for mental health practitioners but has been adapted for use in the military and elsewhere.

In the late 1960s and early 1970s, Mosher and Sprinthall (1970, 1971) introduced the application of developmental psychology to the psychological education of adolescents in secondary schools. This psychoeducational approach proposed a curriculum that would "make personal development a central focus of education" (Mosher & Sprinthall, 1971, p. 3). It became known as Deliberate Psychological Education.

One of the early skills training modalities that was received with much enthusiasm was Assertiveness Training. It represents the forerunner of single focus skills training approaches, e.g., stress reduction, relaxation therapy, and the like. Some of the pioneers in assertiveness training were Alberti and Emmons (1970), Galassi (1973), and Jakubowski (1977).

Elementary school psychoeducational programs for mental health were the forerunners of skills training and were first developed by Ojemann (1959) in the 1950s and later by Bessell and Palomares' (1967) Magic Circle in the 1960s for both pre-school and elementary school children.

One could continue to cite other skills training models that were developed and adapted from the pioneer models. Most of the early models were developed for professional counselors and therapists or parents, but were subsequently adapted to others including the general population.

Some second generation models may be represented by those of Gazda's Human Relations Development (Gazda, Asbury, Balzer, Childers, Desselle, & Walters, 1973) for teachers and educators, Goldstein's (1973) for the poor, Ivey's (1971) microcounseling for counselors and therapists, and Egan's (1975) skilled helping for counselors and therapists.

A third generation of life-skills training models is build around taxonomies of life skills. Present models include the one developed by Saskatchewan New Start (Smith, 1982) based on a taxonomy of 222 life-skill descriptors in seven categories: problem solving, communication, assertiveness, self-awareness, critical thinking, central thinking skills used to develop self-concept, and proactive and reactive management skills. A second model is the one outlined by Gazda, Childers, and Brooks in *Foundations of Counseling and Human Services* (in press) in which over 300 life-skills descriptors were classified by developmental psychologists into a taxonomy of four generic life-skills categories: interpersonal communication and relationships, fitness/health maintenance, identity development, and problem solving/decision making. Each of these generic categories contains descriptors for major life periods of childhood, adolescence, and adulthood, and applications in settings of family, work, school, and community.

A third model, the Psychosocial Development Matrix (Akridge, 1979) is a life-skills taxonomy developed for use with rehabilitation clients. The 114 skill statements are organized into six skill "strands" that are subdivided into 27 clusters. The strands are: emotional self-control, interpersonal relations, objective self-understanding, securing self financially, self-celebration, and conceptualizing experiences.

Theoretical Underpinnings

The theories and disciplines that have contributed to the development of the social/life-skills training movement are numerous. Some of these have already been acknowledged, e.g., the theory of Carl Rogers

that hypothesized the necessary and sufficient conditions for personality change, and that resulted in a model for helping by Carkhuff.

With the development of the community mental health movement and the Swampscott Conference in 1965 in which community psychology originated, a shift was made away from the medical model and emphasis on defects to one of effective functioning and competence. About this time the humanistic movement in psychology, led by theorists such as Maslow and Rogers, also aimed to unleash people's strengths by focusing on these in therapy. Counseling psychology also began to assert itself as the discipline within applied psychology that focused on maximizing the development of normal individuals through successful coping with everyday problems.

Paralleling the humanistic movement in psychology was the reemergence of behaviorism with applications for clinical interventions. The behaviorists rejected the medical model with its emphasis on intraindividual defects and shifted to approaches favoring an environmental control of behavior (Wine & Smye, 1981). The original mechanistic behavioral interventions have given way to cognitive-behavioral positions. Social learning theorists have developed complex models that highlight cognitive structures and capacities and the mutually interdependent relationships between the individual and the environment (Bandura, 1977).

Although much of the social psychology research has been focused on contrived laboratory situations bearing little resemblance to real life situations, nevertheless "experimental social psychology has provided theoretical models and impetus to the cognitive revolution and to the shift to concern with environmental variables" (Wine & Smye, 1981, p. 24).

One must also include the group counseling and therapy explosion of the 1960s and 1970s that led to the small group as the primary medium through which the social/life-skills training models have been implemented. Although the skills training is applicable to one-on-one interactions, most models are designed to be implemented through the small group.

Drum and Knott (1977) recognized the shift in the group movement away from unstructured interview methods to more structured approaches. They were among the first to relate the skills training models to the small group process. They defined the structured group as "a delimited learning situation with a predetermined goal, and a plan designed to enable each group member to reach this identified goal with minimum frustration and maximum ability to transfer the new learnings to a wide range of life events" (Drum & Knott, 1977, p. 4).

According to Wine and Syme (1981), the single concept that best encapsulates the model of human functioning underlying these developments in psychology is *competence*:

> The defining characteristic of competence approaches is a concern with the environment. . . . In terms of individual behaviors, they usually emphasize, in combination with the effectiveness of overt behaviors, cognitive capacities such as response repertoires, coping skills, problem-solving abilities, the capacity to generate appropriate matches between behavior and situation requirements. . . . The shift to competence models has encouraged more broadly based, optimistic views of the nature of human beings. (Wine & Smye, 1981, p. 24)

Appropriate Texts

Several recent texts have appeared that provide excellent samplings of both the research on social/life-skills training procedures and various models. Bellak and Hersen (1979) edited *Research and Practice in Social Skills Training*. "The purpose of this volume is to present. . . an evaluation, to discuss the state of the art, identify strengths and weaknesses, and point out directions in which future research should proceed" (Bellak & Hersen, 1979, p. x).

Wine and Smye (1981) edited *Social Competence* in which they sampled the most influential work in the area. They described the contributions in the text as follows:

> Part I of the book presents broad perspectives on the social competence construct, including historical background, conceptual models, and critical reviews. Part II presents works on the assessment and enhancement of social competence in children, while Part III focuses on institutionalized psychiatric populations. In Part IV a British social interaction approach to social skills training is contrasted with the popularized North American assertiveness model. The approaches presented in the book vary in their target populations and settings and in their concepts of social competence from those that focus on packages of specific overt behavioral skills to those primarily concerned with cognitive structures. They will share an emphasis on the effectiveness of interpersonal intervention. (p. xi)

Similar to the texts cited above is *Social Skills Training*, edited by Curran and Monti (1982). They describe its content as follows:

> We have tried to strike a balance in the volume between the applied aspects of social skills assessment and treatment and more

> basic research and philosophical issues. This book is divided into four parts. The first two parts deal with social skills training, with the first concentrating on schizophrenics and the second dealing with other populations. The third part focuses upon the assessment of social skills with an emphasis on the issues involved in assessment and the development of assessment strategies. The fourth part is oriented toward a philosophy of science and indicates potential future directions for social skills training. (p. vii)

A recent text that illustrates the social skills training movement in England is edited by Spence and Shepherd (1983), *Developments in Social Skills Training*. The editors describe their text in the following manner:

> We have tried to cover the range of common psychological and psychiatric problems involving adults, children, and adolescents. We have also included contributions on what we see to be some of the potentially important growth areas for the future. We selected our contributors because of their extensive experience as practitioners and asked them to concentrate on the practical, rather than the research, issues. (p. vii)

Two recent texts provide descriptions of models of life-skills training with applications to varying populations and reports of research on these populations. Marshall and Kurtz (1982) edited *Interpersonal Helping Skills*:

> In this book we attempt to capture the multidisciplinary uses of helping skills. The contributors document the generic applicability of both helping skills models and their accompanying training methods to a wide range of helping fields. Application illustrations were drawn from the fields of education, clinical and counseling psychology, special education, vocational rehabilitation, psychiatry, health care, nursing, and social work. The book is intended for those actively engaged in training helpers, whatever their orientation or affiliation. It constitutes a guidebook as well as a reference for graduate and undergraduate courses in helping skills. (p. x)

In addition to the models presented in this book by the various developers, the authors abstracted all skills training research publications from 1970 through 1981 and reported these in Resource A. "Resource B is a comprehensive compilation of existing packaged training programs, films, audiotapes, videotapes, simulations, and organizations offering training and consultation services" (pp. xi-xii).

A second text, edited by Larson (1984), *Teaching Psychological Skills*, also contains representative models of social/life-skills training. This book contains 14 models, most of which have been described by the originators. It provides and excellent overview of social/life-skills training.

A third text, similar to these, is under development by L'Abate and Milan (in press), *Handbook of Social Skills Training and Research.* L'Abate was also instrumental in the development of the Interpersonal Skills Training and Research Association (ISTARA). This organization represents the first attempt, to our knowledge, at organizing the social/life-skills movement. A set of bylaws and committee structures have been developed and the association is now in a position to coordinate the efforts of this movement. (Persons interested in more information about this association should write to ISTARA, Box 654, Georgia State University, Atlanta, GA 30303.)

Contributors to this Special Issue

The remaining articles in this special feature deal with selected aspects of current activity in the social/life-skills training movement. Mildred Powell reports on the Interpersonal Group Processes/Life-Skills Training program at the Veterans Administration Medical Center in Augusta, Georgia. This program is one of several promising skills training endeavors aimed at psychiatric populations.

Dale Larson and Ruth Cook present an overview of skills training programs in educational settings, particularly elementary and secondary schools. The reader will notice the similarities between the approaches they describe and those utilitized by Powell and her colleagues with psychiatric inpatients. This demonstrates one of the strengths of social/life-skills training, viz., that psychoeducational interventions such as those described here are eminently flexible and adaptable to a wide variety of settings.

James Gaudin and David Kurtz review the literature of skills training programs developed for abusing parents. While research results are inconclusive at this point, they find reason to be optimistic that skills training will emerge as a preferred modality in dealing with this tragic social problem.

Saskatchewan NewStart was an innovative effort by the Canadian government in the 1960s to provide skills training for elements within the population who were functioning at less than socially contributory and self-enhancing levels. The project was so successful that it is now a nationwide effort coordinated by Employment and Immigration Canada, an agency for which there is no single equivalent in the United States. The

stated goal of these programs is to help develop "balanced self-determined persons." Joan Hearn focuses on aspects of current concern to skills training advocates not only in Canada, but worldwide, viz., how to accommodate the inevitable values imparted in skills training while respecting the cultural heritage of various groups.

The editors hope that readers will be sufficiently intrigued by the elements of skills training provided by these articles that they will seek out some of the additional resources outlined above. Our aim is conversion, convinced as we are that the potential of skills training in its various forms for alleviating the human condition is just now being glimpsed. We are confident that this is a movement whose time has come.

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Life-Skills Training in Education

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Ruth E. Cook

This article takes a historical look at the life skills in education movement and makes recommendations for future directions. Specific affective education and social skills training programs contributing toward a systematic and visible life-skills curriculum are described. Elements of life-skills training in both the mental health and education fields are discussed, and interaction between life-skills training efforts in these two fields is noted and encouraged. Finally, considerations for implementing life-skills training programs in education are presented.

The 1969 yearbook of the Association for Supervision and Curriculum Development of the National Education Association was a landmark publication for the life skills in education movement. In this work, titled *Life Skills in School and Society*, Rubin and a group of distinguished authors recommended an increased focus on "education for life," on developing a "comprehensive school" that teaches "primary skills" necessary for the individual's physical and emotional well being—"skills that enable the individual to know, to think, to feel, to value, and to act" (p. 30). Looking into the future, Rubin wrote:

> Nineteen-eighty-four, that year which has come to symbolize the incomprehensible and frightening future, is but fifteen years from the appearance of this volume. Once again, and perhaps with greater urgency than ever before, as men who plan the schools have always done, we must ask ourselves, "What skills must a youth have ?" (p.22)

Now, 15 years later, in our sometimes "incomprehensible and frightening" *present*, it is painfully clear that our youth do not always acquire the skills necessary to negotiate developmental hurdles and to solve predictable life problems. Statistics on teenage suicide, unwanted pregnancy, juvenile crime, and substance abuse reveal that many within the next generation have not been adequately prepared to avoid or handle successfully the challenges of modern society. As Egan (1984) notes:

> We live in a society where acquiring certain kinds of "life skills" is left to chance or is, at best, a rather haphazard process. . . . It seems that "life skills" *acquired, practiced, and used* is not one of the valued accomplishments of education, either formal or informal. (p. 35)

Therefore, we continue to ask the question, "What skills must a youth have?" We also seek answers to the equally important question, "How can we best teach these skills?"

Life Skills in Education

Educational theory and practice, in fact, reflect a longstanding concern with preparing the student for life in a complex social world. Vital to success in this world are skills such as friendship behaviors, values clarification, conversation, planning, health maintenance and promotion, time management, assertiveness, and listening. Re-visioning the goals of education in these directions began with the Progressive Education movement, which sought to make the problems of living a part of the school curriculum. However, Adkins (1974) points out there was no lasting impact for several reasons:

1. Identified life tasks were thought to be too general or too trivial.
2. Methods of instruction relied for their success on exceptionally talented teachers and could not be easily used by average teachers.
3. Life problem-centered content and methods were resisted because they were inappropriately inserted into the curriculum.
4. Effective instructional technology was simply not available.

Curricular approaches to teaching students life skills gave way to the return to a subject-centered focus. As this occurred, the counseling field was burgeoning, and it seemed that counselors could fulfill the school's role in the psychosocial development of students. However, counselors did not succeed in this task (Adkins, 1974). They failed because of insufficient manpower and the inadequacy of traditional group

and individual methods as vehicles for systematic life-skills training. How, then, can we ensure that our youth develop the life skills crucial to healthy development and survival in today's society? The answer may lie in the inclusion of life coping skills as an integral part of the curriculum at all levels of education.

In *A Life-Skills Curriculum,* Gazda (1984) relates life skills to the developmental tasks outlined by such developmentalists as Erikson (1950, 1963), Havighurst (1953, 1972), and Kohlberg (1973). Gazda contends that "Accomplishment of the developmental tasks is dependent on mastery of life skills appropriate to the stage and task" (1984, p. 93). Adkins (1974) argues eloquently for a "Fifth Curriculum" which "would provide life problem-centered instruction from kindergarten through continuing education on predictable developmental tasks, crises, and problems" (p. 512). Even earlier, Krathwohl, Bloom, and Masia (1964) published affective objectives in precise terms.

Professional educators have long acknowledged the existence of a hidden curriculum which plays a significant role in the lives of students. Though unsystematic and often ignored, it attempts to develop social behaviors, values, and attitudes thought to be important to school and society. This is a high risk society for growing up. Why not provide students with the advantages of systematic programs designed to foster acquisition of coping and problem-solving skills that have the potential to prevent personal tragedy? A highly *visible*, explicit, systematic life-skills curriculum can empower students with the competencies necessary for successfully negotiating life's challenges. If we anticipate and prevent problems or address them early on, we can substantially reduce human suffering.

Curricular Programs

Wood (1982) differentiates between two curricula designed to facilitate social development: (a) affective education and (b) social skills training. Using a psychoeducational approach, *affective education* is purported to focus on thoughts, feelings, and interpersonal relationships. A primary goal is the enhancement of self-esteem through expression of feelings, verbal sharing, problem-solving activities, role playing, psychodrama, and sociodrama.

Social skills training uses a behavioral model, and includes the systematic planning of experiences designed to teach individuals situationally appropriate behavior. Results focus on obtaining positive interpersonal consequences while avoiding adverse consequences.

Teachers function as models of appropriate behavior, as planners of behavior-change programs, and as dispensers of consequences. These models are expected to influence choice of future behavior.

Wood concludes that both kinds of skill training are useful in schools. When the goal is to experience feelings for their own sake, then "affective education" is appropriate. When the behavior to be learned is a *must,* then social skills training is more suitable.

Affective Education Programs.

- The Human Development Program (Bessell & Palomares, 1970) is more popularly recognized as the "magic circle." The program is designed for students in grades two through six. The students sit in a circle forming a discussion group in which responses to selected topics concerning self-awareness, mastery, and social interaction are accepted in a nonjudgmental manner. Teachers use reflective listening techniques as they clarify thoughts and feelings. Schindler (1982) reports success with this technique with children as young as four or five.
- Developing Understanding of Self and Others (DUSO), designed for children between the ages of five and ten, gives special attention to helping children develop a vocabulary for expressing their feelings (Dinkmeyer, 1970). Activities developed within units such as self-acceptance include stories with an object lesson, discussion, role play, and the use of puppets to encourage participation. Teachers act as facilitators while structuring the experiences.
- Toward Affective Development (TAD) also focuses on feelings and their effect on others. Aimed at grades three through six, numerous lessons are provided with the assistance of discussion, pictures, filmstrips, cassettes, and posters. Teachers are encouraged to participate in these activities designed to promote openness to experiences and cooperation among peers (Dupont, Gardner, & Brody, 1974).
- Values Clarification (Raths, Harmin, & Simon, 1966) is a procedure rather than a packaged program like those previously described. While procedures and activities are included in handbooks, teachers are urged to develop their own ideas. The program goal is to stimulate students to discover and build their own values. Teachers, again, function as nonevaluative facilitators. Many of the techniques suggested are common to practitioners of group therapy.

Social Skills Training.

- Social Problem-Solving (SPS) Training Programs, perhaps better thought of as cognitive-behavioral programs, have been the source of much systematic study (Weissberg & Gesten, 1982). These programs teach interpersonal problem-solving skills as a primary prevention strategy to reduce maladaptive behavior. Lessons are highly structured and may be divided into such units as: recognizing feelings in ourselves and others, problem sensing and identification, generation of alternative solutions, consideration of consequences, and integration of problem-solving behavior. Role playing is the most important teaching mode in these efforts to solve social problems. In addition, children are taught to use mediated self-instruction. Evaluation of these programs suggests that as the technology for conducting SPS training improves so does the generalizability of the acquired skills.
- The Model Affective Resource Curriculum (MARC) project is designed to teach emotionally disturbed adolescents skills in self-control, problem solving, and interpersonal communication skills (Francescani, 1982). Its lessons use a standard delivery pattern of instruction, modeling, practice, and feedback. Videotape portrayals of adolescents involved in problem situations are followed by activity lessons using a variety of techniques and materials.

Life-Skills Training in Special Education

Perhaps the most widespread and highly researched instance of life skills training is social skills training of the mentally retarded, learning disabled, or emotionally disturbed (Gresham, 1981; Gambrill, 1984). Without a doubt, the mainstreaming mandate issued in Public Law 94-142 significantly increased interest in training youth in social/life skills. It became readily apparent that just including special needs children in the same classrooms with normal children (mainstreaming) would not be sufficient to promote healthy social interaction. Handicapped children had to be taught acceptable social skills, and activities had to be structured carefully to promote positive interactions.

Goldstein, Gershaw, and Sprafkin (1984), in an attempt to make traditional psychotherapy more responsive to patients' needs, have developed *Structured Learning Therapy.* The major techniques involved include modeling, role playing, performance feedback, and transfer of learning. In their recent work teaching prosocial skills to antisocial and aggressive adolescents, they have used live models as well as filmstrips and video and audio tapes. Rock music accompanies the behavior steps

of the skills to be learned. Of significant note are their words of wisdom: "Study your trainees, learn how they learn, and prescriptively reflect these insights in your behavior-change efforts" (Goldstein, Gershaw, & Sprafkin, 1984, p. 80).

Training the Teachers

Teachers have been the focus of some well-known programs. Gordon's (1977) *Teacher Effectiveness Training* program and Carkhuff's *Human Resources Development Model* (Carkhuff & Berenson, 1976) are distinct contributions in this area. A substantial research literature demonstrates that training in interpersonal communication skills enhances the teaching effectiveness of educators (Gazda, Asbury, Balzer, Childers, & Walters, 1977).

Life-Skills Training in the Mental Health Field

The life-skills movement in education has a parallel in the mental health field. Traditional mental health strategies are not meeting, and perhaps cannot meet, our nation's growing needs for psychological help. According to the National Institute of Mental Health (Regier, Goldberg, & Taube, 1978), an estimated 15% (32 million) of our population suffers from serious mental disorders; yet only 3% (6.5 million) are helped by mental health specialists.

To help resolve the crisis of need, the mental health field must shift its emphasis toward prevention, use of paraprofessionals, self-help groups, teaching mental health skills to other workers in the human services, and the dissemination of psychological skills to expanded populations of both traditional and nontraditional clients and helpers. A new model for mental health training and delivery is emerging from these efforts, and this model is rapidly gaining influence and recognition. A substantial research base has been developed, and psychological skills training has been the subject of issues of major counseling journals, of recent training texts, and of major books and reviews (Larson, 1984b).

Life-Skills Training: An Interface of Education and Mental Health

To meet the growing demands for psychological help, the mental health profession must adopt a more educational and skills development model of training and delivery. To educate students for life, the education field must adopt a curriculum including content areas traditionally assigned to the counselor or mental health professionals. These

two developments—the "therapist as teacher" and the "teacher as life skills trainer"—have great potential for synergy. To achieve a convergence of goals and methods between professionals requires dialogue and interchange. As this occurs, a more holistic model and practice of both education and therapy can emerge which attends to whole persons as active problem solvers.

Consider a few ways workers in mental health and education can work at this interface of psychology and education. The psychologist or mental health worker can work with educators to develop life-skills training programs relevant to the needs of specific student populations. They can draw upon existing life-skills training packages for teaching such life skills as problem solving, values clarification, relaxation, assertiveness, job finding, and so forth, or they can create an original program. Another kind of intervention would be to train teachers, counselors, and students in interpersonal skills, using programs like Ivey's Microcounseling, Kagan's Interpersonal Process Recall Method, Carkhuff's Human Resources Development Model, Gordon's Teacher Effectiveness Training, Goodman's Sashatape program, or Guerney's Relationship Enhancement program. (See Larson, 1984a, for a description of these programs.)

Identifying Life Skills.

A necessary step in the development of the life-skills movement—in both the educational and mental health fields—has been the effort to identify the life skills deserving attention and implement the appropriate programs. Adkins (1974, 1984), Egan (1984), Gazda (1984), Goldstein (1979), Lazarus (1982), and Smith (1982) have begun to develop typologies of the life skills necessary to healthy development and functioning. For example, Egan (1984) identifies seven "packages" of life skills: skills related to physical development; learning-how-to-learn skills; skills related to values clarification and reformulation; self-management skills; interpersonal communication skills; small group skills; and systems involvement skills. Gazda (in press) and his colleagues have developed four categories of life skills: problem-solving/decision-making skills; fitness/health maintenance skills; identity development skills; and interpersonal communication skills.

Teaching/Learning Methods.

Having identified specific life skills, the next step for the life-skills training field is the development of methods for teaching these skills to large numbers of trainees. A review of the more systematic and influential life-skills training programs in both the education and mental

health fields reveals several themes that run through the teaching/learning methods employed:

1. They all involve the active participation of clients and students in the learning process.
2. There is focus on specific behaviors (internal and external) and the mastery and maintenance of these behaviors.
3. The programs are based on established learning principles of modeling, observing, discriminating, reinforcing, and generalizing.
4. Each program includes both didactic and experiential emphases.
5. The programs are highly structured.
6. Goals are clear.
7. Progress is monitored.
8. Mystification is minimized.

Life-Skills Training in Action.

The educator or mental health worker wishing to develop or supplement life-skills training efforts in school settings should have a clear idea of the "how tos" involved in teaching life skills in a more systematic manner. The following scenario is meant to capture essential elements of life-skills training. With the eight above themes in mind, life-skills trainers in education might begin by identifying the target problem areas they would like to address. They could include listening skills, learning-how-to-learn skills, self-management skills, interpersonal communication skills, problem-solving/decision-making skills, or identity development skills. Existing packaged programs could be critically evaluated to determine if they could be effectively used to teach such skills.

If an existing program is not used, a second step would be to identify both effective and ineffective responses that students make when confronted with problem situations. Students could role play critical incidents and engage in brainstorming to elicit responses. Once tentative effective and ineffective responses are identified, the life-skills trainer can model the positive behaviors or present them via videotape or audiotape. It is critical that students exhibit the ability to discriminate between effective and ineffective responses. Once this ability to discriminate has been demonstrated, students must be given opportunities to practice positive coping responses either through role plays or through responses to videotape or audiotape presentations of problem situations.

After students have demonstrated the desired life skills, the next focus of the life-skills trainer becomes ensuring that this new behavior transfers to other settings, either inside or outside the school. Frequent

check-ins with students about their skill performance outside school and close observation provide support for the maintenance and generalization of the new behaviors. Having students *report their successes* with new life skills provides a powerful incentive for all students to practice the life skills.

Consideration for Implementing Life-Skills Training in Education

Even under the most advantageous of circumstances, implementation of life-skills training curricula within institutions of education requires thoughtful preparation and consideration of several unique and not-so-unique circumstances. A few of these are discussed below:

1. Success with life-skills training techniques is evolutionary. New repertoires of behavior are adopted slowly. If prevention of dysfunctional responses is the goal, it will take time to determine if maladaptive behavior has been avoided.
2. Systematic practice is essential. Individuals must be involved in opportunities to practice, test out, and adopt newly acquired skills. Behavioral changes need to be supported in day-to-day living situations. Psychoeducational interventions cannot be left to happenstance or haphazard efforts.
3. Generalization of life skills and attitudes must be deliberately taught. It is sometimes difficult to predict whether new skills will be applied to new situations. Wood (1982) advocates teaching in the environmental situation where the new learning will be most useful. Still others (Weissberg & Gesten, 1982) suggest that behavioral changes may be more likely to transfer when trainers are more experienced.
4. Established school practices must be considered. It is necessary to consider how new procedures will impinge on established school routines. Teachers can cooperate only when they clearly understand time and role demands and can work them into their ongoing program. Educators will expect curriculum changes to be sound theoretically and practically useful within the classroom.
5. Consider the teacher-pupil relationships. When skills of an affective nature are involved, the rapport and trust between teacher and pupil are an important as the relationship between a counselor and client. Quality teacher training must be a high priority. Success may be dependent on the ability of the teacher to serve as an appropriate role model while generating trust and understanding as a facilitator.

6. Finally, the need for confidentiality and privacy must be respected and maintained. Concerns about the sharing of private family matters have been expressed by parents who do not support affective curricula. Students must be given the choice of whether or not they wish to participate.

Future Directions

Revisioning the goals of education to include a fifth curriculum would profit greatly from diffusion of knowledge among helpers of all disciplines and professionals who share a life-skills training orientation. Techniques and theory already developed in the mental health and educational fields can guide and inform these efforts. Life-skills training tools—both conceptual and technological—are being developed to meet our needs. Using these effectively, we can indeed help to prepare our students for the challenges ahead.

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A Program of Life-Skills Training through Interdisciplinary Group Processes

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The interdisciplinary group processes/life-skills training program has been a consistent and systematic psychotherapeutic offering of the psychiatry service of the Veterans Administration Medical Center in Augusta, Georgia, since 1979. Current group offerings consist of 13 specialized groups. Research findings suggest that a variety of the life skills can be acquired within a relatively short period of time. There is evidence that this comprehensive program of life-skills training is effectively and efficiently utilized with a population of hospitalized psychiatric patients.

The interdisciplinary group processes/life-skills training (IGP/LST) program is a psychoeducational training program which was developed at the Veterans Administration Medical Center (VAMC) in Augusta, Georgia. The training program is a holistic care model in that it incorporates the social, physical, spiritual, and psychological domains of health care as prevention and remediation of problems. This program, like other psychoeducational models, is based on the premise that treatment must be rapidly and effectively focused on assisting individuals to develop or to improve specific life skills (Authier, Gustafson, Guerney, & Kasdorf, 1975; Gazda & Brooks, 1980). Fundamental to this approach is the identification of coping skills and therapeutic strategies for improving these skills in persons with psychological or emotional problems.

The IGP/LST program is a departure from the medical treatment model from the standpoint that it utilizes multiple impact training, a model for teaching/training in life skills to patients with psychiatric

conditions. According to Gazda and Powell (1981), multiple impact training is not therapy in the traditional sense. As the term implies, the impact is multiple, but the multiple interventions are not necessarily different varieties of traditional therapy. More precisely, the interventions involve simultaneous teaching/training in those life skills, found deficient or lacking in clients. Life skills are the life-coping skills consonant with the developmental tasks of the basic human development processes, namely those skills necessary to perform the tasks for a given age and sex in the following areas of human development: psychosocial, physical-sexual, vocational, cognitive, moral, ego, and emotional.

History

The IGP/LST program that was implemented five years ago at the VAMC is an outgrowth of an interdisciplinary group process program begun nine years ago. A clinical nurse specialist (the author) and a clinical psychologist recognized a need for the staff to make a concerted effort for the purpose of developing a systematic plan for providing group therapy and for teaching group process theory and techniques. While some staff were experienced group therapists, others were leading groups with little or no preparation. Some therapists had a theoretical framework for their group psychotherapy; many did not. Through observation of groups it was found that leadership styles varied with the personality of the leader. It was difficult to identify group process theory and principles in practice. Premature self-disclosure seemed to be the most important single criterion for determining lack of success of a group session.

Since there was no evidence of research on groups, it was impossible to determine if there were any therapeutic outcomes from these ventilation groups. The monopolistic or silent member was frequently the focus of the groups. Examining group membership over a period of time revealed many group repeaters. The recycling effect promoted rehashing of many of the same issues. Since patients talked more about their disease entities than about their problems, it was impossible to assess any positive effects of groups. It was consequently open to question whether any learning took place in such groups.

One factor that influenced the lack of systematic group offerings in the early 1970s was that psychiatric treatment at the VAMC was geared toward crisis intervention and long term psychiatry rather than being programmatically based. Thus, it was felt that more emphasis needed to be placed on group psychotherapy as a primary modality of treatment instead of treating it as an incidental ward activity. An inter-

disciplinary group with representatives from social work services, the psychology service, nursing service, psychiatric service, chaplain service, and occupational therapy service became the core team for writing and implementing a group process program. A counseling psychologist from a nearby university served as consultant to the team.

The experienced interdisciplinary team launched a program that was designed to offer systematic group therapy, train staff, and perform research. Human relations development training, which was the first specialized group offered, has continued to be the underpinning of the IGP/LST program. Relaxation therapy, reality therapy, transactional analysis, and an activity group were offered during a 16-week period. The basis for selection to the specialized groups was an evaluation group that met four times a week. After a minimum of four sessions, individuals were referred to a specialized group that enabled them to work on their chief problem areas. During the first year the core team staffed both the screening group and specialized groups and was receiving an average of 50 consultations per month.

Because of demands for additional groups and an increasing number of program activities, it became necessary for three staff members to serve in coordinator roles. Assertiveness training, reality problem solving, alcohol counseling, and vocational self-actualization were added to the group offerings.

The IGP/LST program fulfilled vital treatment functions as an approved station treatment program; however, the program was deficient in several ways. The coordinators and the consultant recognized the fact that individuals who are experiencing difficulties (assumed to be nonorganic) in functioning at home, on the job, and/or socially are lacking in one or more basic life skills. The most potent form of psychological assistance appeared to be to teach life skills to individuals with debilitating deficits in one or more (usually more than one) generic or basic life skills. Because staff members' assignments often require them to be generalists, they frequently do not have the time to develop their special interests and skills. Thus, it was felt that professional staff who have specialized skills should be given the opportunity to develop their area(s) of expertise.

Trainers

The IGP/LST staff is a textbook example of an interdisciplinary treatment team. There is an *esprit de corps* among the trainers. The nurses, psychologists, chaplains, recreational therapists, corrective therapists, social workers, dietitians, and occupational therapists have

formed a team amalgamation that has brought about change in the delivery of psychiatric treatment at the Augusta VAMC. The university consultant has served as encourager, resource person, active participant, adviser, and excellent role model. The coordinators' varied professional experiences as well as their mutual respect have contributed to their leadership effectiveness. Voluntarism, which is the chief method of securing staff, has seemed to strengthen the solidarity of the program. The camaraderie among the trainers has resulted in the development of a cadre of staff who have further expanded the treatment/training program.

Life-Skills Groups

The IGP/LST program now consists of 13 groups. These include interpersonal communications/relationships, assertiveness training, rational-emotive therapy, exploring leisure time, physical fitness, weight management, purpose-in-life, reality-oriented problem solving, stress awareness, yoga, relaxation, vocational development, and the introductory and screening group. According to a recent study (Brooks, 1984), the four generic life-skills areas are: interpersonal communication and relationships, problem-solving/decision-making, fitness/health maintenance, and identity development. These four generic life-skills areas are practiced in the settings of family, job, school, and community.

Certain life skills may be taught more effectively and efficiently in sequence, while others are more effectively learned concurrently. Reality-oriented problem solving and the growth group should precede all the life-skills groups when patients have not been able to identify their problems through the interdisciplinary screening process. Assertiveness training and rational emotive training should typically follow interpersonal communications/relationships skills training. Relaxation training, stress awareness, and yoga occur concurrently with physical fitness and weight management or follow them. Leisure time training should be concurrent with vocational development or follow it.

The trainers of life-skills groups have developed instructional modules for each of their groups. Table 1 outlines the 12 sessions of the interpersonal communications/relationships module, while Table 2 describes the objectives and procedures for conducting this module. Trainers utilize didactic lectures, role playing, videotapes, interviews, modeling and demonstrations. The effectiveness of most groups is systematically assessed. Members receive pre- and post-test batteries of questionnaires. Comments from trainees and staff are elicited to deter-

mine the progress of trainers. Interviews, videotaped constant role interactions, and video feedback are also useful as measures for training. Evaluation of outcomes is measured by self-report questionnaires, performance on written material and experiential exercises, and participation in discussion sessions. Behavioral objectives are evaluated at the conclusion of the training.

The most effective procedure for screening individuals for the life-skills groups has been the *introductory/screening group*. Generally patients attended at least four sessions. Through the screening process, patients' strengths and deficits were identified and a more effective referral system became operational. This procedure served to prepare patients for the specialized groups. Because of lack of staff to lead the introductory/screening groups, they were temporarily discontinued.

TABLE 1—Module for Improved Interpersonal Relationships and Communication

Sessions	Interpersonal Communication Life Skills
Lesson I	Overview Introduction to training Pretest Discussion of ineffective styles of communication Definition of help, helpee, helper
Lesson II	Self-report questionnaire Setting training goals Exercise in perceiving feelings Practicing good attending behavior Responding to content of helpee's requests
Lesson III	Perceiving and communicating warmth, empathy, and respect Videotape Modeling Practice Video feedback
Lesson IV	Continuation of perceiving and communication facilitative skills of warmth, empathy, and respect Discussion of global scale
Lesson V	Perceiving and communicating concreteness, genuineness, and self-disclosure Videotape Modeling Practice Video feedback

(table continues)

As a result, the ward team staff began to screen most of the patients for life-skills training. Staff members are familiar with the life-skills training groups available and they evaluate patients' needs based on their deficits in one or more of the life-skills areas. In the screening process, patients are encouraged to appraise their life-skills strengths and weaknesses and to volunteer for those training groups in which they show deficiencies. Participants for specialized life-skills training groups are selected by ward team staff consultation, patient requests, and trainer referrals. Individuals who are highly anxious, actively psychotic, or markedly confused are excluded from the groups.

The introductory/screening group was recently reactivated under the leadership of staff members from the social work and psychology

Table 1 *continued*

Lesson VI	Continuation of practice of concreteness, genuineness, and self-disclosure Modeling Practice Video feedback
Lesson VII	Perceiving and communicating confrontation and immediacy Discussion Videotape Modeling Practice Video feedback
Lesson VIII	Continuation of practice of action dimensions, confrontation, and immediacy
Lesson IX	Review of all eight dimensions Videotape of all eight dimensions Modeling Practice
Lesson X	Continuation of practice utilizing the helping model Video playback Using global scale Problem solving
Lesson XI	Problem solving Identifying a problem Outlining a course of action
Lesson XII	Evaluation of goals Self-report questionnaire Posttest Certificates

TABLE 2—Life-Skills Group

I. *Name*: Interpersonal Communication Life-Skills/Relationships Group

II. *Purpose*: To teach individuals how to attend, listen, and respond effectively to other persons who seek to engage in conversation with, to interact with, or to seek help from them.

III. *Objectives*:

A. The trainee shall, during a five- to ten-minute role play, in which the trainee serves as helper:

1. Demonstrate consistent appropriate attending behavior,
2. Demonstrate responses to content and feeling on an interchangeable level, and
3. Give one or more responses that exceed the interchangeable level.

B. The trainee shall, during an extended interaction, in which the trainee assumes the helpee or help-seeker role:

1. Actively seek help,
2. Volunteer personally relevant feeling and content as part of self-exploration,
3. Suggest options or a plan related to problem solutions.

IV. *Procedure*:

A. Selection of trainees/group members: Members are selected for interpersonal communications life-skills training who are having difficulty relating to family members and significant others. These problems of communication are illustrated in such things as difficulty in listening for feelings, improper attending, cross-transactions, and withdrawal.

B. Group size: Ten to twelve.

C. Schedule: Training groups meet four times a week for one and a half hours over a three-week period.

D. Description of training: Training follows the model of Gazda, et al. (1975) adapted from earlier work of Carl Rogers, Charles Truax, and Robert Carkhuff. This model is described in G. M. Gazda, R. P. Walters, and W. C. Childers *Human Relations Development: A Manual for Health Sciences* (1975).

In the Gazda, et al. model, training includes the use of lectures on the essence of the model, given live or from videotape. Trainees spend most of their training time practicing appropriate attending, listening, and responding skills with each other. These skills are modeled by the trainers, and trainers also monitor trainees' practice. Video tapes of practice sessions are analyzed by trainees and trainers.

services. The purpose of the reactivated group is to screen some patients for the specialized life-skills groups and to provide experience for low functioning patients in a small group setting to ready them for successful participation in higher level groups. It is expected that individuals will identify life-skills deficits that might be remediated by referral to one or more of the specialized groups. Individuals are referred to the specialized groups appropriate to their needs and their readiness for training. They are afforded the opportunity to learn basic attending skills, self-disclosure, feedback, and problem identification and clarification skills that allow them to make maximum use of the higher level skills groups. Because of the nature of this introductory group and the fact that it is open-ended, as many as 15 group members may attend.

Assertiveness training is designed to teach the individual to think, feel, and act more assertively. The ultimate goal is to empower the individual to be more effective at constructively resolving interpersonal conflict. Trainees are assisted in differentiating between passive, aggressive, and assertive interactions. They learn to recognize their rights and to demonstrate assertive responses in brief interactions. The group, which meets for two weeks, usually consists of 12–15 trainees.

The general purpose of the *rational emotive therapy* group is to decrease depression and anxiety (self-blame), hostility (blame of others or the world around one), and irrational behavior by decreasing irrational thought patterns and beliefs and replacing them with more rational ones. Group members are taught skills that will help them to observe and recognize their irrational beliefs and thought patterns, to understand the relationship between their irrational beliefs and their emotional and behavioral problems, to challenge and dispute their irrational thoughts and beliefs, to learn to replace their irrational thoughts with more rational ones, and to learn to act upon their new, more rational beliefs instead of upon the irrational ones. The group meets for three weeks and is generally composed of 8–10 trainees.

The purpose of the *reality-oriented problem-solving* groups is to facilitate the development of insight into the emotions and behavior patterns of group members and to help them to develop more satisfying means of dealing with their problems. The trainer creates a supportive climate in which group members bring up personal problems and concerns. They are encouraged to explore their feelings around these concerns and are confronted with the need to take responsibility for their life situations and behavior. Feedback is provided through comments of other group members and through viewing of the videotapes. Role playing is used to increase awareness of specific instances. This open-ended group

usually consists of five to eight members and affords individuals who have attended other life-skills groups an opportunity to practice their newly acquired skills.

The *purpose-in-life* group is designed to assist veterans in determining the meaning in their life and in relating this to the reduction of problems such as loneliness, anxiety, grief, loss of self-worth, and depression conditions that are frequently associated with a lack of purpose in life. The group is led by chaplain service staff members who teach patients problem-solving skills focusing on the behavioral dimensions of anxiety, loneliness, grief, loss of self-worth, and depression. The training model of Crumbaugh (1971) serves as the foundation of this group.

The general purpose of the *stress awareness* group is to teach the individual ways to become attuned to his or her stress level, to engage in preventive exercises, and to make sound decisions that will aid in the management of stress. Upon completion of stress awareness training, trainees will have identified causes of stress in their lives and their reactions to them and will have participated in various stress reduction exercises such as yoga, progressive relaxation, autogenic training, and guided imagery. They also explore the relaxation response to control the fight or flight reaction, learn how to do physical exercises to reduce the effects of tension headache, a stiff neck, shoulder and back tension, and explore lifestyle changes that can reduce the effects of the causes of stress in their lives. During the two-week course of training the trainer demonstrates and verbally leads individuals through the use of yoga postures and controlled breathing techniques.

The *physical fitness* group enables individuals to develop the knowledge and skills necessary to perform proper physical exercise. Each veteran involved in this group receives special instruction, training, and guidance in such areas as: physical exercise and its value in achieving and maintaining good physical health; techniques and training tips used in exercise routines; and the exercise value of various recreational activities. Each participant is closely supervised and monitored during the initial sessions. Increased independence is stressed as trainees become more knowledgeable concerning the various aspects of their training. Individuals are encouraged to continue their involvement in some form of physical exercise after discharge from the program. The small group consists of eight members and meets five days a week.

The *weight management* group permits individuals to develop and apply the knowledge and skills necessary to make wise food choices. At the completion of nine classes the participants recognize the benefits of a proper diet to good health and well-being. They are able to describe a nutritionally adequate diet as related to weight control and the evalua-

tion of proper and improper weight loss programs. The trainers utilize behavior modification techniques in order to get the members to achieve their desired weight loss.

The purpose of *relaxation training* is to assist persons to attain a state of increased physical relaxation during their waking hours and to help them learn how to fall asleep easily at night. The training thus works to alleviate anxiety and inappropriately high physical tension in response to stress. Trainees learn to produce relaxing mental visual images, to discriminate between states of muscular tension and relaxation, to readily sense muscular tension in early stages, and to induce in themselves states of physical and mental relaxation.

The group devoted to *exploring leisure time* is designed for the primary purpose of teaching individuals ways of utilizing their free time constructively. Upon completion of the two-week training group, individuals learn the need for balance between work, leisure, and sleep, choose social events and activities to meet their needs, become aware of available resources for recreation, and evaluate their own leisure activities and plans.

The purpose of the *vocational development* group is to assist trainees in making appropriate occupational choices, developing job-seeking skills, and learning effective employee relationships. Individuals learn resources for seeking jobs, practice effective job interview skills, discuss desirable work habits, and focus on employer-employee relationships needed to resolve critical incidents.

The *growth* group is designed to encourage members to accept responsibility for themselves and their behavior, to learn to express feelings appropriately to others, and to give effective help to group members. The group provides a fairly nonjudgmental and supportive atmosphere in which individuals can strive toward increased insight and increased self-esteem. Members focus on interpersonal interactions of both a confrontive and supportive nature to facilitate recognition and acceptance of responsibility for personal problems. This group affords opportunity for trainees of specialized groups to practice their newly acquired coping skills.

Research on Life-Skills Groups

The earliest study conducted on the effectiveness of the IGP/LST program focused on human relations training for inpatient peer-helpers (Balzer, 1974). The objective statistical data collected immediately following the study failed to demonstrate that such training was therapeutically significant in comparison with the effects of con-

ventional methods of treatment. The descriptive data, however, strongly suggested evidence of greater therapeutic gain for the experimental groups. The capstone of the study was that four patients who completed human relations training were able to function as coleaders with professional staff in group therapy.

In a study conducted by Powell and Clayton (1980), positive effects of life-skills training, particularly interpersonal communication, were evident two years after training. The experimental group also had 50% fewer hospitalizations and were more likely to be involved in productive activities.

May (1981) studied the effects of life-skills training utilizing a multiple impact training model, i.e., concurrent training in more than one life-skills area. Training was conducted concurrently in interpersonal communication, purpose-in-life, and physical fitness/health maintenance. The control group received traditional psychiatric treatment. Patients participating in the two-week program of life-skills training demonstrated significantly higher ratings of interpersonal communication and meaningful purpose in life than did patients in the control group. Additionally, the study suggests that a comprehensive program of life-skills training can be effectively and efficiently utilized with a population of hospitalized psychiatric patients. A two-year follow-up indicated, however, that neither skill-based training nor traditional insight-oriented therapy emerged as superior to the other on measures of rehospitalization rates, employment, self-reported diet and exercise patterns, and patient satisfaction. The limited number of subjects who could be contacted on follow-up (32% of the experimental population, 54% of the controls) raises questions about the representativeness of this sample in comparison to the original study population.

Conclusion

This program is an outgrowth of the interdisciplinary group process proposal that was approved as a station treatment form in 1976. From an average of 60 consultation requests per month in 1979, the program has grown to the point that nearly 2000 consultation requests were processed in 1983. Current group offerings consist of 13 specialized groups. Serving on the team over the years have been staff members from the following services: social work, dietary, psychology, nursing, chaplain, psychiatric, occupational therapy, recreational therapy, corrective therapy, and media. The *esprit de corps* of this interdisciplinary group of mental health professionals serves as an example of the type of progressional cooperation necessary to promote sustained group training of high quality.

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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.

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Studies in Life Skills: Two Unlike Groups

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Life-skills projects carried out in the Canada Employment and Immigration Commission during the last year have been designed to meet the needs of two groups: refugees and non-job-ready Employment Center clients. One contains many decisive superachievers, the other, underachievers who avoid choosing altogether or who make impulsive, ill-considered choices. In a comparison of the differences and similarities between the two groups, the writer examines the goals of life-skills teaching with reference to values, problem solving, and choice. Arguments are made based upon the views of life-skills specialists and their perceptions of student needs. The writer concludes that values are inevitably taught but that the major goal of life skills is to enable students to make choices.

During the past year the Canada Employment and Immigration Commission has undertaken to design life-skills lessons for two very different groups. One of them, non-job-ready Canada Employment Center clients, falls easily within the traditional target population for life skills; but the other, refugees in Canada, does not. All experience is useful, however, and studying the needs of refugees has proved exceptionally so, because working out the goals and objectives for these unusual subjects has thrown a good deal of light on the sorts of goals and objectives which are possible for non-job-ready clients, employment-disadvantaged youth, welfare mothers, or any of the more customary target populations. The purpose of this article is to share some of the observations and conclusions formed as a result of working

on behalf of these two groups, in which insights achieved with one helped to illuminate the other.

Refugees come to Canada from all over the world and Canadians are proud that this is the case. When counselors attempt to estimate the needs of this target population, however, there are significant problems. There is no immediately apparent way of uniting people whose cultural and background differences are literally as wide as the world. Newness in Canada is the one experience they share. Canadian values and a few of the behaviors that reflect them become the inevitable focus of effort.

Focusing efforts on uniformity of values caused some uneasiness. In the first place, Canada's official policy is one of multiculturalism. Article 27 of the Canadian Charter of Rights and Freedoms (*The Canadian Constitution 1981*, p. 10) states: "This Charter shall be interpreted in a manner consistent with the preservation and enhancement of the multicultural heritage of Canadians." There is not now, and there never has been, any anticipation that new Canadians will participate in some kind of misty or mystical national ideal. The fundamental idea is that they have a lot to offer just the way they are. Probably most Canadians support this idea. The differences add richness to national life and, often, to individual lives. Without undertaking to speak for the entire country, a good guess would be that if there is one value Canadians share, it is, "Thou shalt not shove values down someone else's throat."

Over against this is the more or less incontrovertible fact that there are, in Canada, certain kinds of things that are done, ways of behaving in public, ways of dealing with difficulties and problems, that are a reflection of values that are widely held in this country. It seems only decent to describe these to newcomers. It seems fair to try to protect refugees from indulging in behaviors which might provoke the open hostility of already established Canadians. Canadians are not perfect people, a fact the lessons emphasize, and these kinds of incidents cannot be other than degrading. It seems legitimate to want to prevent newcomers from getting into difficulty with the police and their neighbors because, again, these sorts of incidents breed hatred and anxiety and paranoia. It seems necessary for refugees to understand some of the principles of working in Canada because these may be different from those in their country of origin. The decision to explain Canadian principles was taken in order to make life more predictable for the newcomers.

In the end, the justification for choosing to explain Canadian values came from inferences about the needs of the refugees themselves. There is a sense in which refugees are extremely successful people, but

for this success the price is very high. Refugees are not immigrants in the usual sense of the word. Immigrants choose Canada, they plan to come here; if they really hate it, they can go back. Even if they love it, they can make reassuring visits to their country of origin. In the case of refugees—particularly South East Asian refugees—it was by no means clear that Canada was ever their first choice, and given their situation one might assume an any-port-in-the-storm attitude. Their mental state on reaching our country is not ideal. Dr. San Duy Nguyen, a psychiatrist at the Royal Ottawa Hospital, states that refugees most often make a good adjustment, but points out:

> A significant number of them are experiencing considerable emotional distress due to the traumas of the war, the lack of preparation before leaving their homelands, the perilous escape, the protracted stay in over-crowded, unsanitary refugee camps, and the transplantation into an alien culture and environment. The most frequent mental health problems among those refugees are: depression, anxiety, marital conflict, intergenerational conflict, psychosomatic illness and psychosis. (Nguyen, 1980, p. 26)

These particular refugees were welcomed—more often than not—by warm-hearted Canadians whose desire was to make friends. These are precisely the qualities that the refugees have frequently learned to distrust, and it is often the case that many of our values, such as friendliness, openness, and being neighborly which, one might argue, spring directly from the rigors of our pioneer background, are simply not survival values in the cultures from which they came. So whatever the hesitations, it seemed that teaching refugees about Canadian values would be one way of lowering the less than tolerable levels of anxiety, a way in which the alien culture might be rendered less alien.

The Difficulties of Making Choices

The biggest concern was about forcing or foisting these values. It is important to reflect that while refugees arrive in our country in pathetic condition—usually penniless, often in a state of severe physical exhaustion, and burdened with intolerable anxiety—given the conditions they have survived, they are highly successful people. The choices they have made along the way have been made on the basis of survival and escape. Others of them may have had other criteria but it is arguable whether these people ever arrive in Canada; possibly they did not make it through immigration procedures, possibly they have ended up in re-education projects or concentration camps or, very possibly, they are dead. The people who have reached this country have chosen and they

have chosen right and they have received powerful reinforcement for having chosen the way they did. As Winston Churchill once remarked: "There is nothing so exhilarating as having been shot at and missed!" They are a group defined by their choices and the choices have been made on the basis of harsh criteria. Under the circumstances, it seems a little over-genteel to worry about forcing Canadian values upon them. It is possible to describe Canadian ideals and principles, but these students are well able to choose whether or not they wish to subscribe to them.

In some ways, it is reasonable to think of refugees as suffering from anxiety and depression arising, in part, from ignorance of the Canadian value system. In many cases they can be characterized as survivors—with the understanding that one does not always survive by paying faultless attention to what is written in the small print. And so while they are choosers par excellence, they do not always possess an acceptable basis for making a choice once they are in Canada.

And in this way, of course, they resemble many traditional life-skills students who do not choose—or anyway prefer to think they are not choosing—and whose outstanding deficit appears to be an inability to link cause with effect. In other words, it is an inability to foresee the outcomes of their actions. Ralph Himsl (1973) gives a very apt description of the disabilities of Canadian life-skills students:

> Study of the literature, and direct observation reveal that many disadvantaged have a complex, interlocking set of inadequate behaviors. Some lack the skills needed to identify problems, to recognize and organize relevant information, to describe reasonable courses of action and to foresee the consequences. They often fail to act on a rationally identified course of action, submitting rather to actions based on emotion or authority. Often they do not benefit from experience since they do not evaluate the results of their actions once taken, and display fatalistic rationalizations of their consequences. (p. 13)

Both groups are alike, therefore, in appearing to lack any rational basis for making a choice. Dana Mullen (1982) adds the *mot juste* with the well-founded observation: "To paraphrase Shakespeare, when problems come they come not single spies but in battalions" (p. 5)

A Comparison with Criminal Offenders

A clarification is necessary at this point to explain that in order to flesh out this idea, the discussion that follows will concentrate on the

characteristics of criminal offenders. In selecting them for purposes of illustration, no slander is intended to the vast majority of life-skills students who would not think of committing a dishonest act. Yet they still suffer anxiety and depression and indulge in equally pointless, if less reprehensible, behaviors because they see themselves as helpless. Discussion of this group suggests itself because the actions of criminals define them—or perhaps it would be more honest to say that their convictions define them—as failing to function acceptably in our society, in contrast to the manner in which the choices refugees have made define them as having functioned very successfully.

To state that the behavior of many offenders shows clearly that they are not able to foresee the consequences of their actions is to state a commonplace. In a report, Wright, Coombs, La Bar, and Lloyd (1980) hypothesize:

> Prisoners will tend not to gather relevant information and weigh the pros and cons of a course of action. They think they have all the information they need. . . . Prisoners will tend to be closed-minded. They will not listen to evidence which contradicts what they already believe. (p. 12)

Ross and Fabiano (1983) concern themselves with the same deficit when they suggest that offenders "fail to consider the consequences of their behavior before they act" (pp. 8–9). In brief: They have no way of associating cause with effect, they are unable to predict the outcomes of their actions, and this is particularly the case in their relations with other people and with society as a whole.

The same characteristics can be noted in many other life-skills students, and coaches will recognize them: the failure to understand, the failure to realize there is an alternative to what they do, and the unrealistic expectations of themselves and other people.

Factors Governing Outcomes in Social Relations

An important basis for prediction of outcomes in social relations is an ability to understand the thoughts and feelings of other people, to put one's self in their shoes. People new to this country are unable to understand our thoughts and feelings simply because our values are different. Canada and Canadians mystify them. It has been noted at length that offenders also are unable to make the transition where they put themselves in someone else's shoes, and this is a serious deficit precisely because it is the basis of moral judgments. It is also the basis for choosing any course of action which involves other people. This

deficit, therefore, does not result only in criminal prosecution and does not confine itself to people who break the law. Workers in life skills daily confront the difficulties of people who do not or cannot imagine what is in the mind of the manager who interviews them for a job, of the supervisor who corrects their work, or of loan companies who are willing (or unwilling) to extend them credit. Once again, neither group has any rational basis for making a choice.

Passive and defeatist attitudes have been noted in Canadian life-skills students (Himsl, 1973, p. 13). Not surprisingly, this attitude results in a conglomeration of unproductive emotions: high levels of anxiety and more or less chronic depression, for example. This is a tendency also documented by Lefcourt (1976). It is sensible to assume the existence of the usual concomitants: irritability and anger. Concurrent with feelings of helplessness is a tendency to indulge in highly impulsive behavior. This tendency has been established by E. J. Phares (Lefcourt, 1976), who carried out a number of studies involving persons for whom the results of performance are perceived as predictable, in contrast to persons for whom they are perceived as merely random occurrences. These latter are more likely to make "unusual shifts," or to put it another way: they are more likely to behave in a manner similar to that of a gambler. This behavior may vary from impulse buying to irrational acts of violence. The results are such societal mishaps as debt, addiction, broken relationships, and prison.

Loneliness and Helplessness of Refugees

Refugees, in contrast, are active rather than passive and, far from being defeatist, are indomitable. And yet, to be a refugee is one of the greatest societal mishaps that can occur in a human life. The act of fleeing from one's own country may be realistic, but usually it is made under conditions of terror or panic that preclude thought. These are the people who take the last train or escape across the roof tops, who swim the Mekong, cling to the wings of airplanes, or pay gold for passage in a leaky boat. Liu, Lamanna, and Murata (1979) quote several refugees from Vietnam: "I saw everyone running to the harbor, so I decided to go along" (p. 19); "Did not know I was leaving Vietnam but boarded ship with the thought only of running away from the shelling" (p. 33); or, quintessentially, "We did not plan on making this trip" (p. 19). Even if there is a sense in which they have made a right decision, they must pay a price they had not anticipated.

> The pain that hurts the most and will not be conquered easily or very soon, the biggest obstacle to joy or happiness or just to nor-

> mal life, is the feeling of fear and strangeness, of loneliness and helplessness when one is lost in an alien, unfamiliar world in which one has to live and adjust from now on. This had been, of course, something they tacitly submitted to since the first day they left the homeland, a nominal price to pay although they did not realize how high this price would be. And now, beyond the point of no return and for the sake of survival, they will have to see it through. (Tung, cited in Liu et al., 1979, p. 40)

So here are two disparate groups who share some important characteristics: they are prone to anxiety and depression, an evidence, in both cases, of impulsive behavior; they are without the ability to understand or put themselves in the position of the people around them; and they lack any realistic criteria for making choices. Now it is possible to ask: Why not use the same lessons for both groups? The reason this is not done is that the shared characteristics are functions of different needs, and it is these needs that life skills seeks, in some measure, to supply.

In the case of refugees, the gap is due largely to ignorance and can be filled with information which may be provided in a straight forward way; they can choose to take it or leave it. In the case of the all-Canadian life-skills students, often the substance of what is taught to them is not different, but it is important for the students to understand these skills as a function of choices they make. Choice is an abstract, of course, with little meaning apart from situations in which it is necessary. And so the aim is to encourage the development of choosing by giving practice with specific, manageable, interpersonal behaviors, in short: by means of life-skills lessons.

Teaching Moral Values

And this is where the study of the first group raises serious questions about what is being taught to the second. Does life skills, in fact, also teach values to Canadians? Probably. There are people who insist that values are what life skills should be teaching.

Ken Auletta's book *The Underclass* is, amongst other things, an inquiry into the proper role of government with respect to disadvantaged groups in American society. Auletta quotes the coach of a life-skills group in stating that his first priority would be a program to teach morals or ethics.

> I see that as far more effective than dumping millions of dollars. That's what Johnson's Great Society did by dumping all that

> money into teaching marketable skills. A lot of those people got those marketable skills and they're still out there. Skills are important. An ability to read and write is important. But ethics is key. (Auletta, 1982, p. 294).

But, as someone once said of the writings of Saint Paul, this is after all only one man's opinion. The fact remains that life skills are largely interpersonal skills and that interpersonal skills by definition must be based on the recognition of a shared humanity. They are skills which cannot reasonably be taught from a unilateral point of view—they do imply a knowledge of how other people think and feel and may choose. Life skills are not and cannot be simply a series of mindless tricks for getting ahead and outwitting other people. Neat tricks vitiate choice and therefore they dehumanize the person who practices them and the person upon whom they are practiced. Life skills are problem-solving behaviors, the practice of a reasoned and reasonable choice, but the database for solving interpersonal problems is a knowledge of the needs and emotions of other people, co-existing with one's own, and a recognition that everyone, including oneself, is a unique and valuable individual. If these sentences sound moralistic and value-laden—and they are certainly open to this accusation—then so be it. On the other hand, if one avoids value judgments, it is difficult to imagine any other reasonable and enduring database upon which to teach interpersonal, problem-solving skills.

The next serious question is: If the discipline of life skills is encouraging students to make choices, is it asking them to make middle class choices? Do life skills teach middle class values?

Years ago, people in counseling and social work were taught that middle class values were a kind of disgraceful part of their personalities, to be kept decently hidden from the poorer clients. This was likely because the middle class has been associated with a dour and joyless puritanism whereas the attitude of the lower classes is associated—at least by sentimentalists—with simple, uncomplicated happiness and *joie de vivre*. Anyone who has worked with the poor knows that this is, to say the least, not the case.

It is true that our society, which is essentially middle class, has been accused of being obsessed with money although there is little evidence that people who do not have it or people who have a lot of it, worry or dream about it less than do the middle class.

But to approach this question differently, consider the options. On the one hand, it seems quixotic to teach people how to be poor, and in any case, this is not a lesson most life-skills students need. On the other

hand, if there are people who know how to teach other people to be rich, Wall Street would present more fertile ground than life skills. It would appear that the only alternative is to teach people how to be middle class, and given North American love/hate feelings about money, this is worrisome to contemplate.

Reflection suggests that if it were possible to factor out all the guilty financial preoccupations, then attitudes and values would emerge which do occur frequently, attended by success and without guilt, in societies where the accumulation of wealth is not a primary goal. Even in socalled primitive societies, the prize goes most often to the hunters who take the most care in preparing their weapons, who track their prey most assiduously, who plan and cooperate with each other in the hunt. In other contemporary societies, alike in not being dedicated to the profit motive, success may depend on a certain competence in dealing with the bureaucracy. The strong suggestion is that this know-how is the great middle class virtue which cuts across all societies—including those which prefer to lay up treasures on earth rather than in heaven. This competence is practical everyday problem-solving to be put at the service of whatever goals or morality people may have in mind. In this sense, it is as desirable for a Canadian life-skills student to learn how to behave in a job interview, as it is for an Amazonian tribesman to learn how to poison a dart, or for a young Kazak to understand how to become a member of the Communist party.

It is possible to say life skills teaches values and, indeed, it is arguable that, whatever one's intentions, it is not possible to avoid teaching values of some kind. Let us hope that the values of a life-skills session are based on a sane view of our common human nature, a rational view of problem solving, and a responsible view of choice. But even if someone should criticize these values, claiming that they are in some way undesirable, reprehensible, or downright immoral, they are still justifiable on the grounds that they are the means by which balanced self-determinism might be achieved.

Experiential Lessons

Put this way, the goals are inoffensive but they are difficult to teach. Life-skills lessons should be experiential and this means, of course, more than that the students should not be unconscious at the time the lesson is given. There must be a high rate of active student involvement whether this is in the form of discussion, role playing, practice, or application.

The concern is that the lesson experience, especially the part where the students test out the specific skill, is a very second-rate substitute

for the real thing. The vexation is that it is not possible to bring little slices of real life into the classroom for students to work on—and possibly mess up—the way pieces of wood are used in woodwork or old motors in auto mechanics. People involved in life skills have this worry even though experience teaches that random slices of life cannot be guaranteed to be typical or, anyway, not typical of the kinds of situations needed that day for practice. Even so, it has always been a matter for regret that lessons, like art, merely imitate life.

But it is at once the advantage and the disadvantage of the lesson situation that it is not real life. The advantage is that these contrived activities and exercises do permit that an evaluation take place of how well the skills were performed. This step is even more important if everything went wrong than if it went right because it is important to know that if you did not do it right, you can try again; in other words, that you can learn.

This stage of problem solving and of the life-skills lessons assumes true value when the experience arranged for all-Canadian students is compared with the experience of the other group, the refugees. Life has not offered them the opportunity to evaluate; life has only offered success or failure. No particular gift is required to perceive that for the many of them, who have ended up in prison and in concentration camps or who have died, the experience has not been with life, where there are possibilities for success or failure, but with death.

What is it, after all, that life-skills coaches hope for their students? Balanced self-determinism? Of course; that is one of those things it is hard to be against. It is an ideal in which every virtue resides, so that is probably why—even though it is good—it does not sound very appealing. The importance of self-determinism is that it makes clear that responsibility for choosing rests with every one of us and we do have input into what happens to us. The difficulty with this expression—and certainly this difficulty did also occur to the originators—is that it skims over the possibility that one may choose wrongly. That possibility, of course, is implicit in the act of choosing. So it is not some technique for making unfailingly correct choices which life skills tries to teach—surely a great relief to everyone in the field. It is the daunting and dangerous area where human beings encounter choice that is the proper focus of life skills.

There is a very appropriate passage from the Book of Deuteronomy in which God is recorded as speaking to the children of Israel. God says: "I have set before you life and death . . . therefore choose life." (Deut.30:19). To live is to choose. And it is surely living that life skills teaches.

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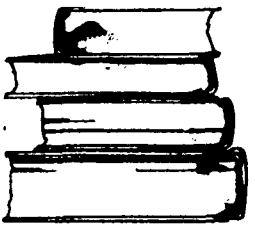

Book Review

Robert R. Dies and K. Roy MacKenzie, Editors. *Advances in Group Psychotherapy: Integrating Research and Practice.* (American Group Psychotherapy Association Monograph Series, No. 1.), New York: International Universities Press, Inc., 1983. 226pp. $22.50.

The American Group Psychotherapy Association is publishing a new monographic series. This first volume is a book of readings designed to help group psychotherapy practitioners and researchers to recognize their common concerns and interests. The editors accurately note that group researchers and clinicians have carried out their activities largely in isolation from each other and identify a need for more collaborative efforts between the two. Throughout the nine chapters, a conscientious effort is made both to develop the research base for the topics discussed and to lay out the implications for practitioners. The task is undertaken by the inclusion of three kinds of articles: those that are primarily theoretical, those concerned with methodology, and finally reviews of research.

The theoretical articles cover a variety of topics, including group leadership, developmental processes, social roles, and norm regulation. In the opening chapter, Dies analyzes the reasons for the traditional standoff between group researchers and practitioners, concluding that the presumed differences of interest between the two groups have been exaggerated. Dies devotes considerable attention to the need for precise instrumentation in group research and gives recommendations for instrument development and usage. His chapter provides an encouraging beginning to a well perceived need to bring group research and practice closer together. Two chapters present models of group development.

In presenting their six-stage model (Chapter 4), MacKenzie and Livesley discuss the group as a living social system in which individual personalities, leader behaviors, and context all interact to determine how the group develops through its various stages. The authors go on in the next chapter to discuss the relationship between the social roles characteristically found in the group and the personalities of the individual group members. They do a very good job of relating these social roles to the developmental model presented in Chapter 4, leaving the reader with a clear sense of the complex interaction of individual dynamics in defining the group's progress.

Another group developmental model is presented by Beck et al. (Chapter 6) and stems from work by her Chicago area research team. Their research is inclusively concerned with defining stage boundaries, particularly as this process is facilitated by four leader roles assumed by various group members. The authors are likely correct in stating that much of a group's activity can be summarized in relation to the developmental stages of the group and these leader roles. The chapter is, however, somewhat diffuse in focus.

The last theoretical chapter in the book is Bond's work on norm regulation. He points out the traditional difficulties in defining norms either as the combined result of member expectations of what is likely to occur, or as member evaluations of what should or should not occur in the group. In an area which has been subject to considerable ambiguity, his model is quite useful in helping researchers and clinicians to define and quantify group norms.

In addition to the theoretical chapters, two chapters are concerned with research methodology. Coche's discussion of the CORE Battery and other instruments is a good attempt at helping clinicians to incorporate research into their clinical work. The chapter's main contribution is in encouraging the development and use of a standardized battery of instruments in a field which currently has almost as many instruments as researchers.

MacKenzie then presents the Group Climate Questionnaire (Chapter 7) which measures interaction among group members. By showing the applicability of the instrument both to Yalom's curative factors and to the influence of social environments on individual behavior, MacKenzie describes this as a very viable research tool. While I have seen no other research using the instrument, it is clearly applicable in many kinds of groups and shows great promise for further research application.

A final contribution of the book is the inclusion of two chapters which review the research published to date. Chapter 2, written by Dies, reviews 95 studies which set the empirical foundations in group leadership during

the 1970s. The review is comprehensive and includes a number of well-balanced conclusions by Dies, who has published fairly extensively in this area. He ends with a helpful model for leadership in short term therapy groups, based on his review and on clinical experience.

In a second review chapter (Chapter 9), Lieberman both reviews the research on change mechanisms and reports on the findings of his own recent research. His promotion of groups that provide a wide range of learning experiences should free clinicians from the press to discover the perfect group format. Furthermore, his suggestion that group researchers find what they look for may help them to expand their sights and to be more open to new perspectives in their work.

Overall, the book achieves its large and really difficult goal of pointing to the need for researchers and practitioners to work together. It also facilitates this coming together by including useful accounts of research in various settings and discussions of theory and methods as they apply to the clinical setting.

The book touches on many different topics and is therefore unable to pursue any one of them in great depth. This is more a critique of the current state of the field as a whole, however, than of this book in particular. At this time, group therapy research includes many individual projects with very little cross-fertilization of ideas or methods, a problem which is of explicit and appropriate concern to the book's editors. This book does assault that mountain in a way which is both reflective of a significant amount of thought and research and at the same time concrete with regard to clinical work. Perhaps its greatest strength is in the presentation of a comprehensive package for researchers and clinicians. It does this by providing operational definitions, making specific recommendations for group research and practice, and also presenting the instrumentation to carry out these recommendations. As it was intended to be, the book should prove useful to researchers and clinicians alike.

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