

# PRACTICE

## STRATEGIES FOR CHANGING PARENTAL BEHAVIOR

—by Patricia M. Crittenden

Teaching parents new skills is a difficult task. Program evaluation, which identifies programs that work, rarely indicates which aspects of those programs were most effective. This article will focus on five commonly-used strategies for helping mothers change aspects of their parenting behavior. The strategies evaluated were (1) positive reinforcement, (2) demonstration/modeling, (3) self-rating, (4) role-playing, and (5) instructional booklets. Surprisingly, some of these were not only ineffective but actually counterproductive.

The setting for testing the effectiveness of these instructional strategies was a parent group. Over a period of three years, 107 mothers, most of whom abused and/or neglected their children, participated in the parent group. Data on their behavior with their children were used to evaluate the effectiveness of each strategy. Before each parent group meeting, each mother was videotaped briefly playing with her child. During the subsequent meeting, she viewed her tape along with those of the other mothers; the group leader used the viewing to carry out a teaching strategy.

The tapes were later coded for maternal and child behavior by research assistants who were blind to the identity and maltreatment status of the mothers, the date and order of the tapes, the intervention used, and the hypotheses tested. The code focused on discrete behaviors, coded sequentially, such as smile, speak, demand, correct, comply, etc.

### Positive reinforcement

The first strategy used and tested was direct and modeled positive reinforcement. For thirteen weeks, the mothers were reinforced for behavior which was sensitively responsive to their child's signals. Insensitive behavior was ignored. Mothers not only received reinforcement for their own behavior, they also observed other mothers being reinforced for similar behavior.

At the end of three months, the tapes were coded and early tapes compared with later tapes. There was absolutely no evidence of change in any maternal behavior across the three-month period of intervention. It was concluded that sensitive responsiveness was too complex and variable a behavior to be identified by the mothers as the focus of reinforcement.

### Demonstration/modeling

More powerful procedures were clearly needed. A series of tests of intervention strategies was begun. On several occasions, the group leader, taking a more instructional role, demonstrated a positive, skill-building activity with a child and, us-

ing a videotape of her performance, discussed the interaction with the mothers.

Comparisons of the mothers' videotaped behavior with their children before the demonstration with similar behavior one week after the demonstration revealed that the mothers had become more demanding, intrusive, and punitive and less gentle and pleasant. Apparently, the mothers tried to duplicate the demonstrator's skilled performance without recognizing that the demonstrator's skill depended upon sensitive reading of, and response to, the child's signals.

### Self-rating

Another strategy was tried and tested. Before viewing their tapes, mothers were given a set of two or three questions, such as: Did you face your baby? Did you smile at him/her? Did you talk to him/her? The mothers were asked to answer these questions privately as they viewed their own tape. Discussion was kept briefer than usual in order to facilitate observation. The mothers were reminded several times to rate their own tapes. After just one week, before-and-after comparison showed that the follow-up tapes were much improved with respect to the behaviors on the self-rating sheet. In addition, sometimes related behaviors improved simultaneously: for example, mothers who faced their babies also talked and smiled more (Crittenden and Snell, 1983).

### Role-playing

In other attempts to change mother's parenting behavior, the group leader and one parent role modeled an activity. First, the group leader pretended to be a mother. The group member pretended to be her child. After they had enacted a sequence (e.g., playing ball, bringing a toy to mommy), the leader asked the "child" how what the "mommy" had done had made the "child" feel. Then the former "child" became the "mommy" and a new "child" was selected from the group. As "children," the mothers revealed in being obstreperous; with discussion, they easily recognized what in the "mother's" behavior had irritated them and given them license to be difficult.

Again after just one week, pre-post test of mothers' videotaped behavior with their children showed consistent increases in positive behavior and reductions in undesirable behavior. Moreover, their children were more cooperative in the tapes taken after the role playing.

### Instructional booklets

Finally, the effectiveness of instructional booklets about parent-child relationships was assessed in two ways. One was the videotaping procedure. The tapes made one and two weeks after the distribution of the booklets were compared to those made before the distribution. There were no differences in maternal and child behavior. This was true even though the booklets were written in simple language, illustrated, and discussed in the group meeting.

On the other hand, more informal analysis of the use of the booklet alone suggested some detrimental effects. Several protective service workers noted that some abusive mothers were citing the information in the booklet (which was given by the hospital to all new mothers) as evidence that their behavior was correct. For example, one mother and her husband engaged in a dispute over the mother's overfeeding of the baby. The mother asserted, "You should *always* feed a baby when he cries. The booklet says so!" A number of such instances highlighted the rigid mothers' search for prescriptives regarding the "right" way to rear children and their propensity for applying advice which is generally correct to the wrong specific situation. The problem was not the advice but rather the mothers' lack of judgment regarding its use. This suggested a danger in offering educational services to abusive mothers who lack judgement regarding its application. Therapeutic services or services focused on helping mothers interpret child behavior and evaluate conflictual situations may be more appropriate. Neglectful mothers did not misapply instructional information, as abusive mothers did; rather, they seemed unable to benefit from it at all.

### Conclusions

What do these findings say about how to change maternal behavior? First, approaches in which parents are passive recipients of the technique (e.g., positive reinforcement, demonstration/modeling, and instructional materials) were both ineffective and sometimes counterproductive. These techniques are, however, generally the least difficult for professionals to implement, the least expensive to deliver, and the most easily used with large groups.

Second, effective strategies involved direct work with each parent and the opportunity for each to exercise judgment and receive feedback on that judgment in a non-threatening context. The evidence suggested that even the models and examples provided should be only a little better than the mothers' own behavior. Expert models were too complex and intimidating for the mothers; in trying to match such models, the mothers became coercive with their children and insensitive to their cues. Using other, slightly more competent mothers as models, was more effective.

These findings emphasize the importance of small groups with individualized intervention to abusing and neglectful mothers and suggest the inappropriateness of offering maltreating simple parent education and large group interventions.

### References

- Crittenden, P.M., and Snell, M.E. (1983) Intervention to improve mother-infant interaction. *Infant Mental Health*, 4, 23-41.

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