Chapter 5

The Original Confident Parenting Program (OCP)

This chapter provides coverage of the 1970s-created *Original Confident Parenting Program (OCP).* It was that version of the program that was also used in CICC's *National Model for Training Parenting Instructors* which is the topic of the next chapter, Chapter 6.

The New Confident Parenting Program (NCP), which was created in 2009, includes everything that is taught in the original program plus many more skills and parenting concepts from CICC's culturally-specific programs, *Effective Black Parenting* (Chapter 7) and *Los Niños Bien Educados* (Chapter 8). The *NCP* is presented in Chapter 9.

Another reason for focusing here on the *OCP* is that all the *Program Evaluation Research* on these programs has been conducted solely on the *OCP*. That research will be reviewed in this chapter.

Types of Research on Parenting Programs

Before we look closely at all the topics concerning the *Original Confident Parenting Program (OCP),* it is important to have in mind the two types of research that are often completed on parenting programs, *Program Development Research and Program Evaluation Research.*

Program Evaluation Research concerns the impact of the program on the families the program is designed to help. It is contrasted with *Program Development Research.* Such research is concerned with finding out the best ways to teach the program's parenting skills or finding out what needs to be included and emphasized in a new program. It is the research that a program developer does *before* the program is tested and used.

The *Program Development Research* that was conducted in creating the *OCP* had to do with the procedures used to teach its skills, which will be explained in this chapter, along with its *Program Evaluation Research*.

The *Program Development Research,* that we conducted for both *Effective Black Parenting* and *Los Niños Bien Educados,* had to do with what needed to be addressed to make those programs culturally relevant. That research will be covered in Chapters 7 and 8. Those chapters will also include the *Program Evaluation Research* that has been conducted on those two programs.

The Original Confident Parenting Program (OCP)

The *OCP* was created in the early 1970s by behavioral psychologist, Dr. Robert Aitchison and his associates at a child mental health clinic in Oxnard, California. It was created as part of a research and demonstration project

funded by the National Institute of Mental Health. The program represents a social conditioning or social learning theory approach to parent training, and therefore is grounded in the learning theories and principles associated with B. F. Skinner.

Dr. Aitchison eventually gave the *OCP* to CICC after he worked with us and learned how we were using it. The hundreds of thousands of families who have benefited from CICC's use of his fine program are deeply indebted to him for his kind and wise gift!

 The *OCP* is a formally structured course of ten two-hour sessions. It was initially designed for parents of preschool and elementary school age children. It teaches a philosophy of social behavior and a set of parenting skills to decrease negative and disturbing interactions between parents and children, and to increase positive interactions. In so doing, it intends to promote warm and loving relationships in the family.

Philosophy and Values

The program is based on the belief that society molds the individual's behavior and that there are lawful principles that underlie this social molding process. These principles are derived from experimentally established research findings. Understanding these principles provides a basis

for a more conscious, self-determined and positive use of the molding process.

The *OCP* teaches a range of these social-learning principles, primarily those which govern the effectiveness of various kinds of reinforcing consequences. These consequences can be *non-social* (food, money, privileges, etc.) or *social* (praise, punishment, attention). The program emphasizes the role of the *social*.

It assumes that the positive and negative reinforcements that maintain a child's deviant and pro-social behaviors are provided by persons in the social environment. Therefore, many behaviors can be changed by altering these social consequences.

Like other programs from a social learning or behavioral background, the *OCP* does not have an explicit philosophy of parenthood. Instead, its choice of child rearing methods, as a behavior modification program, is governed by an overriding concern for methods that are objective, replicable and efficient.

It is implicit in the *OCP* that an effective parent is one who is successful at managing the consequences of their children's behaviors. The thrust of the entire program is to enhance the parent's behavior management skills. In so doing, the program intends to train parents to be what is

appropriate role models: parents who are positive, consistent, efficient, and non-violent.

Parenting Strategies and Methods

The original program begins by teaching the parents that behavior is shaped by its consequences. The *NCP* also does this. In addition, it teaches parents that children also learn through the processes of modeling the behaviors of others. In so doing, it draws on the work of another famous psychologist, Albert Bandura.

In both the original and new program, a good deal of emphasis is placed on helping parents transform their usually global descriptions of their children's functioning ("he's selfish" etc.} into specific behavioral descriptions ("he doesn't share his toys with his brother"). They are then taught exactly how to pinpoint the specific behaviors that they would like to see their children engage in more frequently, and those they would like to see less of. This pinpointing involves not only being specific about observable behaviors, but indicating where and when the parent would like to see more or less of them (at bedtime, in the morning, at the dinner table, etc., etc.).

Parents are advised of various procedures for counting and charting specific behaviors. This gives them a record of what is or is not taking place. This record serves as a

standard against which the effectiveness of the parenting skills or methods that are taught can be judged. The methods, as has been mentioned, are designed to increase or decrease specific behaviors. Thus, the record or charting of behaviors can be used to see whether a method is working.

The original program teaches five basic methods for managing the consequences of children's behaviors, and which child behaviors are most likely to be increased or decreased using each method.

The five methods that are taught in OCP are very precise and are taught by breaking each method into its component behavioral parts.

Behavior-Specific Praise

The first method is *Behavior-Specific Praise, or the art of effective praising*, which is believed to be the most powerful technique. The effectiveness of the other methods is believed to be dependent on a parent's frequent and appropriate use of *Behavior-Specific Praise*.

Behavior-Specific Praise is often contrasted with the type of praise that many parents ordinarily use, praising the child and not his or her behavior. The more scientifically

proven approach used in *OCP* (and in all the other CICC programs) consists of seven behavioral components:

(1) looking at the child,

(2) moving close to the child,

(3) smiling at the child,

(4) saying positive things to the child,

(5) praising the child's behavior and not the child,

(6) being physically affectionate with the child, and

(7) moving into action immediately upon recognizing desirable behavior.

An example of praising the child's behavior would be saying, "It was nice of you to help me with the dishes, Diane," where the message is that Diane earned praise for her behavior, washing the dishes. Praising the child, by contrast, would be saying, "You are such a good girl, Diane," where what is conveyed is an opinion about Diane as a person which does not give her any information as to what she did to merit that high opinion. When delivered appropriately, i.e., with all seven behavioral components operating, Behavior-Specific Praise presents the child with a very animated, enthusiastic, positive and responsive parent.

Mild Social Disapproval

The second parenting method is intended to decrease the repeated misbehaviors of children and establish limits to the child's behaviors. It is called *Mild Social Disapproval* and it is a verbal confrontation technique. It also consists of seven behavioral components:

> (1) looking at the child,

> (2) moving close to the child,

> (3) a disapproving facial expression,

> (4) a brief verbal comment or command,

> (5) low intensity,

> (6) non-verbal gesture consistent with disapproval, and

> (7) immediate delivery.

The verbal component is to be disapproving in content but not pejorative or threatening. The emphasis is on simple and brief commands such as "Stop that!" rather than "You're a naughty girl" or "If you don't stop doing that, I'm going to get the strap."

Time Out

The third technique is a form of punishment that is used when all else fails and the child's behavior has exceeded reasonable limits. It is called *Time Out* (from social interaction and attention). Time Out is explained to the child as having to go to a "cooling off" place for a short period of time when her/his behavior has gone too far.

Parents are instructed to make a rule about how Time Out is to be used. For example, the parents may make a rule that destroying property automatically earns a child Time Out. Then when the child breaks the rule, the parents begin and follow through on the Time Out sequence:

(1) remain calm,

(2) state the rule and its consequence,

(3) ignore the child's extraneous verbalizations and excuses, and

(4) follow through quickly by initiating the time out procedure.

Soon after the child is removed from Time Out, and when he/she is behaving appropriately again, parents are instructed to praise the child to show they still love the child and that they do not hold grudges.

Systematic Ignoring

The fourth parenting method is also a way of decreasing child misbehaviors. It is *Systematic Ignoring* or withdrawing of attention. The essence of this ignoring skill is that it be used consistently in response to the behaviors that it seeks to reduce. When a child first swears, that would be a good time to use Ignoring. The method consists of five behavioral components:

(1) looking away from the child,

(2) moving away from the child,

(3) neutral facial expression,

(4) ignoring the child's verbalizations, and

(5) ignoring immediately upon noticing the misbehavior.

Special Incentive System

The fifth Confident Parenting method consists of teaching parents how to design and implement a *Special Incentive System*. This system consists of having the child earn points, stars or tokens for engaging in specified desirable behaviors. The child turns these in for various tangible rewards and/or special privileges. The rewards or privileges are chosen from a *Reward Menu* which is negotiated cooperatively by the parent and the child. The components of Special Incentive Programs are:

(1) defining desirable behavior,

(2) counting the target behavior(s),

(3) creating the reward menu,

(4) establishing the exchange ratio, i.e., how many stars for what rewards,

(5) charting of behaviors,

(insert Behavior Chart drawing)

(6) praise for positive behavior changes,

(7) program adjustments, and

(8) phasing out the program.

The version of special incentives used in the *OCP* differs somewhat from the systems used in other behavioral or social learning programs. Other programs use a "response cost" feature where a child loses points or tokens for engaging in negative or undesirable behaviors. *OCP* does not include this use of withdrawal of reward. Indeed, one of the main differences between *OCP* and other social learning programs is its preference for not using withdrawal of privileges and rewards as behavioral consequences.

The first five sessions of this ten-session program are devoted to learning the behavioral orientation, the pinpointing, charting and counting procedures, and the five basic techniques. The next five sessions are devoted to a Behavior Change Project. This project includes charting the child's behavior that a parent is seeking to change with program skills.

<p style="text-align:center">Sequence for Teaching Parenting Methods</p>

Each of the sessions where they learn to use each method follows the same *Teaching Sequence*:

(1) a short lecture by the instructor about why each method is needed, including a breakdown of each component of the method, along with an explanation of the importance of each behavioral component,

 (2) a demonstration of the method by the instructor, with a parent in the group playing the role of a child. The instructor always leaves out one components in this demonstration, as he or she wants the class to find the missing component,

(3) role playing of the use of the method by the parents in the group, with one parent being the parent and the other playing the role of the child. Then the parents reverse their roles so they can both experience delivering and receiving

the method. They are asked what it felt like to be the recipient of each method.

The instructor provides feedback as part of the role playing. The instructor notes whether all components were used and offers suggestions if they were not used properly. So the parents always have to use the methods during the class before using them at home with their children.

The last five sessions are focused on the Behavior Change Projects. Each parent earns special individual consultation with the instructor, assuming the parent is carrying through on the charting and counting of the child behaviors that they are working on. The instructor phones the parents between sessions to prompt and encourage charting.

Parents are also assigned readings from the parent handbook and are quizzed on these. As prelude to engaging in behavior- change projects with their children, they complete behavior-problem checklists and reinforcements surveys. Parents also receive a handout that contains a glossary of common child management problems (jealousy over attention to others, temper tantrums, sibling fighting, thumb sucking, shyness, laziness, disruptiveness, disobedience, lack of

responsibility at home, destructiveness, etc.) and how to use the program's procedures and skills to successfully manage these problems.

Throughout the program, the instructor acts as lecturer, skill model, course manager, and behavioral consultant.

Research on the Original Confident Parenting Program

The *Program Development Research* that was conducted had to do with arriving at the previously described sequence for teaching the parenting methods, and how best to breakdown the teaching of each method into its component behavioral part.

In terms of *Program Evaluation Research*, several studies were conducted on the *OCP* in the early 1970's in the community mental health setting in California where the program originated. The program was used for nearly all families who were referred to the outpatient child psychiatric clinic because of child behavior problems. After an initial screening interview, parents were either referred to an *OCP* class that was just starting or placed on a waiting list for the next class.

Study in A Mental Health Setting

One study involved 392 parents who completed the class from 1971 to 1975. The mean age of the parents was 33 with a range of 20 to 56 years. There were 72 percent mothers and 28 percent fathers. Completion of high school was the mean educational level of the parents. Seventy-two percent of the parents were married and 28 percent were divorced, separated or widowed. Of the married parents, 19 percent brought their spouses to at least half of the 10 training sessions. Each family had an average of three children. The mean age of the children who were considered to have problems by the parents was 7 with a range of 1 to 15 years. The 446 children seen as having problem behaviors by their parents represented 70 percent of all children in the families participating in the classes. Sixty percent of the "problem children" were male and 40 percent female. The majority of parents were referred by school officials or teachers, welfare or other social agencies, and by friends and relatives.

During the screening interview, the parents were asked to complete a behavior problem checklist and indicate the severity of problems. The most severe problems mentioned by the 392 study parents were, in order of frequency of reported problems: disobedience (difficulty in disciplinary control), disruptiveness (tendency to annoy and bother others), fighting, talking back, short attention

span, restlessness (inability to sit still), irritability (easily aroused to Intense anger), temper tantrums, attention-seeking and "show-off" behavior, crying over minor annoyances, lack of self-confidence, hyperactivity ("always on the go"), distractibility, specific fears (phobias), and bed wetting.

Off all the parents, 41 percent reported that their children's behavior was troublesome at home, 57 percent reported troubles at home and school, and 2 percent indicated that problems existed at school alone. Only four percent of the children viewed as deviant had previously received psychiatric treatment. Less than three percent of the children were autistic or psychotic. The great majority of the children were diagnosed as "adjustment reaction of childhood," "unsocialized aggressive reaction of childhood," and "hyperkinetic reaction of childhood."

A variety of measures and indices were used to evaluate the impact of the program in this setting, including attendance data, tests of conceptual knowledge, parental reports and graphing of behavior change projects, parental reports of the skills that were most useful, parental enactments of skill usage in class, individual case studies, service-cost effectiveness comparisons, and follow up telephone interviews to assess the continued use of the

program skills, the need for additional services and consumer satisfaction. The results were:

1. Parental attendance averaged out at 30 per class until a $10 refundable fee was used. The fee would be returned if one parent attended all 10 sessions. After instituting the refundable fee, attendance averaged 75 percent. Attempts to involve poverty-level, Mexican-American parents in clinic-based classes were largely unsuccessful but there was a little more success if the class was offered in public housing projects and was led by indigenous and Spanish-speaking instructors.

2. Conceptual knowledge was assessed using a 2O-item true- false test of basic social learning principles and behavioral intervention procedures. Parents showed a 61 percent mean increase in correct answers on the post-test taken at the end of the class.

3. Success in implementing behavior change projects was based on parental reports of child behavior changes and their graphing of these changes. "Success" was defined as a 30 percent or more change in the desired direction of the target problem behavior. Sixty-two percent of the targeted problem behaviors were successfully changed according to this criterion.

To substantiate parental reports, observers were sent directly into homes on various occasions and verified the data brought in by the parents. Less than two percent of parents did not complete at least one child management intervention: in almost every case, these parents were attending the class by order of the court and avoided active participation in the parent training program.

4. In terms of the intervention techniques which the parents indicated were most helpful in bringing about change in their children's problem behaviors, the most frequently mentioned techniques were the effective praise, special incentive and time out techniques.

5. To assess whether the parents had learned the appropriate use of the techniques, they were asked to role play typical child-parent scenes that would require the use of the techniques early in the program and later in the program. The majority of the parents were rated as having employed more of the technique components later in the program.

6. Individual case studies were most revealing. An example shows how the program was used in this setting:

Five-year-old Patricia was described by her mother as hostile and disturbed. Behaviorally, Patricia shoved, hit, and kicked the family dog and her younger brother. Her

mother was instructed to count the frequency of all observed aggressive acts as defined as shoves, hits and kicks to the dog or brother. It was found that Patricia averaged 9 such acts daily for the first week and 14 per day for the second week.

Patricia's mother was instructed to use the time out technique each time Patricia became aggressive. The parent-supplied data for subsequent weeks showed that the average daily frequency of aggressive acts decreased over an eight-week period to an average of one per day.

7. In measuring the cost effectiveness of the program, the per hour salaries of the paraprofessional instructors and their psychologist supervisors were compared to the costs of having the parents and children treated by psychiatrists, psychologists and social workers in a traditional child psychiatric manner. The average cost to train parents in groups was twenty times less expensive than the traditional child psychiatric treatment.

8. Attempts were made to conduct telephone follow up interviews with graduating parents at 6, 12 and 24 month intervals. At the six-month point, 73 percent of the graduates were contacted; at 12 months, 42 percent; and at 24 months, 23 percent.

These interviews revealed that 52 percent were still using the techniques at 6 months, 47 percent at 12 months, and 39 percent at 24 months. In terms of keeping records on their children's behaviors only 9 percent were doing it at the 6-month period and these were for the incentive system records; no one reported keeping records thereafter.

Only 5 percent had returned to the clinic for child-related problems at the 6-month period, 22 percent at the 12-month period and none at two years. Ten percent had consulted their pediatrician for abnormal child behavior at the six-month period, 17 percent had at 12 months and 25 percent at two years. Thus, the clear majority of the parents did not report seeking out additional services for child behavior problems.

More than 65 percent of the parents reported that they had not been called to their child's school for special conferences up to the 6-month interval and the number not being called for these conferences increased to 87 percent by the two-year period. Over 88 percent of the parents at each time interval Indicated that their "problem" child had been advanced in grade level. And only 5 percent indicated that they had any contact with

juvenile court or probation at the six-month interval and none thereafter.

In terms of consumer satisfaction, 91 to 100 percent of the *OCP* graduates reported (a) that the program helped them to manage their child's behavior, (b) that they liked the program, and (c) that they would recommend it to a friend or relative.

These results provide strong support for *OCP* in terms of both being able to change parental behaviors (the parents learned and used the program skills) and being able to change child behaviors (most children decreased troublesome behaviors and increased prosocial behaviors). The troublesome child behaviors that were changed through parental participation in this program were those that make family life more hectic and tense and behaviors that also get children in trouble at school and in the neighborhood. Thus, the program also led to improvements in school and community life, and given the low rate of subsequent referrals for community services, helped to prevent costly academic and delinquency problems.

Another important implication was that the parent and child behavior changes were accompanied by an overall improvement in the emotional quality of

relationships in the family. Parents not only reported that their relationships with the target children had improved, but so had relations with other children and spouses. Thus, the *OCP* also was a vehicle for strengthening family relationships. Clearly, it is a highly valuable parent training intervention.

These results were the main reasons that CICC selected this program to be part of the National Training Model and eventually to be the program that was adapted to become the two culture-specific programs. The results were not published in a regular professional journal but in reports made to the funding source, the National Institute of Mental Health.

Study with Parents of Learning Disabled Children

The program was eventually used as part of a doctoral dissertation project at the California School of Professional Psychology. It was conducted by Linda Lifur-Bennet in the early 1980s and involved a comparison between the STEP and the Confident Parenting Programs to help parents of learning disabled children become more effective. Dr. Kopp chaired the dissertation committee and I was on her committee.

OCP was shown to have significant positive effects on parental perception of changes in their relationships to

their learning-disabled child, as well as to perception of positive changes in their relationships to other children and to their spouses at the immediate post-test and ten weeks later.

Using a measure of parental acceptance/rejection, the study also revealed that the program resulted in increases in overall parent-reported acceptance and decreases in parent-reported aggressive/hostile rejection at the immediate post-test, and that these improvements were maintained at the ten week follow up. At the same time the study showed that the learning-disabled children perceived their parents as being more accepting and warm at the post test though there was some slippage back to pretest levels at the ten-week follow-up.

The learning-disabled children whose parents were in the *OCP* showed a significant improvement in self-concept from pre- to post-testing and this was maintained at the follow-up. However, the control group children also improved significantly in self-concept. In terms of behavior problems, the children whose parents were in the *OCP* were seen by their parents as significantly decreasing their level of activity. They were also seen by their parents as being significantly more social at the post-test and follow-up. Their teachers also saw them as significantly less

aggressive and inhibited, though they also saw the control children changing in these ways. The teachers saw the *OCP* children as less sleep-disturbed at the post-test and did not see the control group this way.

Another interesting finding of this study was that there were several significant correlations between performance on the outcome measures and parental attendance. For example, by the time of the ten-week follow up parental attendance was significantly correlated with parents perceptions of their overall warmth, and their estimates of improvement in their relationships with their learning disabled child and with their spouses. This suggests that regular parental attendance is important in maintaining program effects.

These studies confirm that this is indeed a research-based intervention worthy of wide spread use.