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Systematic Comparison of Consumer Satisfaction of Three Cost-Effective Parent Training Programs for Conduct Problem Children

CAROLYN WEBSTER-STRATTON

University of Washington

This study compares consumer satisfaction of three cost-effective methods for training parents of conduct problem children. Seventy-nine mothers and 52 fathers completed weekly evaluations and extensive one-month posttreatment evaluations. One year later 84 percent of the mothers and 75 percent of the fathers completed the consumer follow-up evaluation. Results indicated that for all three programs both mothers and fathers reported comparatively similar and high levels of satisfaction with treatment which remained stable 1 year later. However, mothers trained via therapist-led group discussion and videotape modeling (GDVM) perceived more child improvements than did mothers trained with self-administered videotapes (IVM) or group discussion alone (GD). Mothers in GDVM and GD treatments perceived their treatment format as more useful and easier to implement than did IVM mothers without therapist-led group discussion. Fathers' satisfaction scores were less influenced by type of parent training method. There were significant differences for parents acceptability of specific techniques taught at both posttreatment assessments. Both parents reported that "Ignore" was the most difficult and least useful parents technique while "Reward" was the easiest, and "Reward" and "Time Out" were the most useful techniques. Mothers perceived significantly more difficulty than fathers with Play techniques and fathers more difficulty than mothers with the Command technique. There was only one treatment group by technique interaction which indicated that GDVM mothers perceived the techniques they learned as easier to implement than GD mothers immediately posttreatment and easier than both IVM and GD mothers at one-year assessment. Neither satisfaction with the specific treatment methods nor with specific techniques was differentially affected by parents' income level or social class.

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Recently greater attention has been given to the treatment acceptability or "social validity" of parents training, which refers to consumer satisfaction of specific treatment methods or techniques taught (Kazdin, 1980a). It is felt that treatment procedures which are viewed by parents as satisfactory and acceptable are more likely to be utilized during treatment as well as maintained after treatment is completed. However, consumer satifaction measures have often been limited to "global" satisfaction questionnaires completed at the end of treatment rather than ongoing, session-by-session evaluations of specific treatment methods and techniques completed while parents are actively involved in treatment. Moreover, very few studies have provided systematic comparisons and long-term follow up of consumer satisfaction across parent training programs which have used different training methods. Finally, family factors which could potentially affect consumer satisfaction of parents training methods and techniques, such as socioeconomic background, have received very little attention. Most consumer satisfaction measures have been obtained from middle-class mothers.

Webster-Stratton (1981a, 1981b, 1982a, 1982b, 1984) has developed and studied a parents training program for parents of young children (ages 3–8 years) which was based on therapist-led parent group discussion and videotape modeling (GDVM). The 10–12 week program using over 250 videotape vignettes teaches parents through modeling and group discussion specific parenting techniques such as how to play with children, praise, tangible rewards, effective limit setting, time out, ignore, compliance training and problem solving. This program has been shown to have positive changes in clinic and non-clinic parents and children in the laboratory and home which are maintained 1 year later (Webster-Stratton, 1982a, 1984). Global consumer satisfaction scores have indicated high levels of parent satisfaction with the outcome of treatment. However, the GDVM program has not had extensive consumer evaluation in relation to the treatment methods used or the specific parenting techniques taught.

The purpose of this investigation was to provide a systematic evaluation of the components of the GDVM program. First, evaluations of the treatment methods and techniques were obtained from mothers and fathers on a session-by-session basis while parents were actively involved in treatment as well as 1 month and 1 year post treatment. Second, we sought to determine if social class or income differentially affected consumer satisfaction with treatment methods or techniques taught. Third, we sought to determine if parental ratings of satisfaction, acceptability, utility and difficulty of treatment methods and specific parent techniques taught were affected by the format in which the parent training program was delivered. In a previous investigation (Webster-Stratton, Kolpacoff, & Hollinsworth, in press), subjects were randomly assigned to a waiting list control group or one of three treatment conditions: an individually self-administered videotape modeling treatment (IVM), a therapist-led group discussion videotape modeling treatment (GDVM) and a therapist-led group discussion treatment (GD). The content, sequencing, and number of treatment sessions were held constant across the three treatment conditions; the therapists for the two group treatments were extensively trained

and lead the same number of GDVM or GD treatments. Only the training methods differed for the three conditions. Parents in the IVM treatment (n = 27 mothers and 18 fathers) were given one of 10 videotape programs each week for self-administered study. They did not have the benefit of therapist feedback or group support and discussion. Parents in the GDVM treatment (n = 28 mothers and 21 fathers) saw the identical videotapes as IVM parents but with the addition of therapist-led group discussion. Parents in the GD treatment (n = 24 mothers and 13 fathers) experienced therapist-led group discussion of the same topics as GDVM and IVM but without the benefit of videotape modeling. Results immediate posttreatment indicated that all three treatment groups of mothers and fathers reported significantly fewer child behavior problems compared with control parents. Home observations indicated that, compared with controls, mothers, fathers and children from all three treatment groups exhibited significant behavioral changes. Overall, there were relatively few differences between the three treatment programs on most outcome measures. However, differences which did exist consistently favored the combined GDVM treatment. The low dropout rate and high attendance also corroborated the trend for GDVM to be superior. Consumer satisfaction and acceptability were not analyzed in detail in relation to specific methods or techniques. The parents in the present study are those assigned to one of the three treatment groups in the Webster-Stratton et al. (1988) study.

METHOD

Subjects

Seventy-nine mothers and 52 fathers and their children, who had been referred to the University of Washington Parenting Clinic for treatment of child conduct problems, served as subjects. Criteria for the study entry were: (a) the child was between 3 and 8 years of age; (b) the child had no debilitating impairment and was not receiving treatment; (c) the primary referral problem was a clinically significant number of conduct problems (noncompliance, aggression, oppositional behaviors), according to the Eyberg Child Behavior Inventory (ECBI) (Eyberg & Ross, 1978), which had been occurring for more than 6 months. Study children included 53 boys and 26 girls with a mean age of 4 years, 11 months (SD = 15.3 months). The mean number of behavior problems pretreatment according to ECBI was 21.3 (SD = 6.2), indicating the children were clearly in the clinic range. Family social class, as determined by Hollingshead and Redlich's (1958) Two-Factor Index, yielded a wide range of social class: Class V (n = 8), Class IV (n = 19), Class III (n = 25), Class II (n = 17), Class I (n = 10). Yearly income ranged from welfare (n = 11), to less than $28,999 ($n$ = 23) to above $29,000 ($n$ = 45). No significant differences were found between the three treatment groups for any demographic variables. For a complete description of the sample and parent training programs, see Webster-Stratton et al. (1988).

Weekly Consumer Satisfaction Scale (WCS)

This measure was developed by the author to assess parents' satisfaction

immediately following each individual therapy session. This satisfaction scale has three items, each with a three-point Likert scale response format as well as a section for comments. The items asked for parents' rating of their satisfaction with (a) the techniques or content covered in each of the 10 sessions (Play, Attends, Praise, Tangible Rewards, Commands, Follow Through with Commands, Time Out, Ignore, Other Discipline Strategies, and Preventive Approaches); (b) the method or format of teaching (videotape versus therapist-led discussion); and (c) the method and quality of discussion (written manual versus group discussion).

Parent Consumer Satisfaction Questionnaire (PCSQ)

This measure was developed by Forehand and McMahon (1981) and some sections were adapted slightly to assess satisfaction with aspects of these particular parent training programs. The PCSQ was completed by mothers and fathers 1 month after completing the entire treatment program and again at a one-year follow-up. There were 35 items with a seven-point Likert scale response format and seven open-ended questions. The PCSQ is divided into three subscales and internal consistency of these ranged from .71 to .90.

1. Overall Satisfaction with Programs. This section consists of 11 items which assess the parent's satisfaction with the child's behavior improvements, the parent's confidence in managing current and future problems and overall feeling about the treatment.
2. Treatment Format Usefulness and Difficulty. Separate ratings are obtained concerning the parents' perception of the usefulness and difficulty of the different treatment methods or format used in the three parent training programs. These methods include:
   (a) Lecture information presented by narrator on videotape for IVM treatment or by therapist in GD and GDVM treatments.
   (b) Videotape modeling vignettes demonstrating parenting skills in IVM and GDVM treatments or live modeling in GD treatment.
   (c) Group discussion of techniques in GDVM and GD treatments and written discussion in manuals for the IVM treatment.
   (d) Practice skills with child at home. Each week parents from all groups are given ten-minute assignments to practice certain play skills at home every day.
   (e) Other homework. These include assignments to first record particular baseline behaviors such as descriptive statements, praises, commands, criticisms, and threats, then to increase or decrease their occurrence as appropriate. Homework assignments also include keeping ongoing lists of child behaviors to be increased or decreased, setting up sticker charts and specific reinforcement programs, identifying important household rules, ignoring particular child behaviors, analyzing and problem-solving difficult situations, using different discipline strategies, self-control exercises, and arranging personal caring days.
3. Parent Technique Usefulness and Difficulty. Separate ratings are obtained on both the parent's perceived usefulness and difficulty of each of six

parenting skills taught in the parent training program, as well as the overall group of techniques. The parenting skills include:

(a) Play skills. Child-directed play skills based on the interactional model (Hanf & Kling, 1973).
(b) Descriptive commenting and attends. Descriptions of the child's behavior and activities or reflections of his or her comments and ideas.
(c) Praise and rewards. Verbal praises or tangible reinforcement programs.
(d) Ignoring. The removal of verbal and physical attention when the child demonstrates inappropriate behaviors.
(e) Commands. Commands which are clear, positive, and give the child time to comply.
(f) Time Out. Placement of a child in a room or chair for a 3–5 minute period.
(g) Overall global rating of set of techniques. The parent's overall global satisfaction with all parents techniques learned.

RESULTS

Weekly Consumer Satisfaction (WCS)

A repeated measures analysis of variance with one between-subjects factor with three levels (Group: IVM, GDVM, GD) and one within-subjects factor with 10 levels (Techniques taught each week: Play, Attends, Praise, Tangible Rewards, Commands, Follow Through, Time Out, Ignore, Discipline Strategies, Preventive Approaches) was conducted on the weekly consumer satisfaction measures for fathers and mothers. The analysis of mother reports yielded no significant main effect for group and no significant group by technique interaction, but did yield a significant effect for technique, $F(9,531) = 2.50, p < .01$. Further multiple comparison procedures for technique (corrected by Bonferroni procedure $.05/45 = .001$) indicated that Time Out (session 7) was rated significantly higher (more satisfied) than Play (session 1), $t(62) = 3.48, p < .001$. There were no other significant differences between the 10 techniques. Mean values of ratings from least to most satisfactory techniques (where 0 = very dissatisfied and 6 = very satisfied) were: Session I: Play (5.61), Session 2: Attend (5.68), Session 3: Praise (5.68), Session 5: Commands (5.71), Session 8: Ignore (5.76), Session 4: Tangible Rewards (5.77), Session 6: Follow Through (5.81), Session 9: Discipline (5.85), Session 10: Preventive Approaches (5.87), and Session 7: Time Out (5.93). In general, with exception of Ignore, it appeared as though session ratings became more positive as mothers spent more time in therapy. All ratings were very positive.

The repeated measures analyses of father's weekly reports yielded no significant effects. Mean ratings from least to most acceptable were Session 9 and 5: Discipline and Commands (5.68), Session 1: Play (5.74), Session 2 and 3: Attends and Rewards (5.79), Session 6: Follow Through (5.82), Session 10: Preventive (5.85), Session 4: Tangibles (5.88), Session 7: Time Out (5.88).

The next analyses consisted of a multivariate analyses of variance (MANOVA) for each set of the three mother and father weekly satisfaction variables (satisfaction with treatment content, format, and method of discus-

sion). When MANOVA revealed a significant effect, then three-group ANOVA was performed for each dependent variable. This was followed by preplanned comparisons comparing each treatment group with each other. For each set of dependent variables, the Dunn-Bonferroni tables were used to determine critical values to correct for the number of individual comparisions.

A MANOVA revealed a significant group effect for the set of three mother weekly satisfaction variables, $F(6,140) = 4.29$, $p < .001$. Separate one-way three-group ANOVAS revealed no significant group effect for treatment content or method of discussion; however, there was a significant effect for treatment format, $F(2,74) = 3.88$, $p < .03$. Further analyses (corrected by Bonferroni) comparing each treatment group with each other revealed that mothers in videotape modeling group discussion (GDVM) were more satisfied with their treatment format on a weekly basis ($M = 19.78$) than mothers in the self-administered videotape modeling treatment (IVM) ($M = 18.92$), $t(72) = 2.61$, $p < .004$.

A MANOVA, $F(6,100) = 3.33$, $p < .005$, revealed a significant group effect for the set of three father weekly satisfaction variables (treatment content, format or method of discussion). However, unvariate ANOVAS revealed no significant differences among the groups for the individual father variables.

Immediate Posttreatment Parent Consumer Satisfaction Questionnaire (PCSQ)

MANOVA revealed a significant group effect for the set of the mother PCSQ variables (overall satisfaction, format usefulness and format difficulty, $F(6,148) = 3.59$, $p < .002$, but did not yield a significant group effect for the set of father variables, $F(6,94) = 1.57$, $p < .16$. Thus, no further analyses of father immediate post treatment data will be presented.

Overall Satisfaction. A one-way three-group ANOVA indicated significant differences among groups for mothers' reports of overall satisfaction with child improvements and the treatment received, $F(2,78) = 3.71$, $p < .02$. The GDVM mothers reported their treatment program as significantly ($p < .02$) more satisfactory than IVM and GD mothers which did not differ from each other.

Treatment Format Difficulty. A three-group ANOVA revealed a significant group effect for mothers' reports of treatment format difficulty, $F(2,78) = 4.80$, $p < .01$. Further comparisons revealed that GDVM mothers found their treatment format to be easier than IVM mothers, $t(76,6) = 2.79$, $p < .007$, and GD mothers also found their treatment easier than IVM mothers, $t(76) = p < .01$.

Treatment Format Usefulness. A three-group ANOVA revealed a significant group effect for mothers' reports of treatment format usefulness, $F(2,78) = 6.05$, $p < .003$. Comparisons revealed that GDVM mothers found their treatment format to be more useful than IVM mothers, $t(76) = 3.04$, $p < .003$, and GD mothers also found their treatment format to be more useful than IVM mothers, $t(76) = 2.96$, $p < .004$.

Parent Technique Usefulness and Difficulty

Separate repeated measures analyses of variance with one between-subjects

factor with three levels (Group: IVM, GDVM, GD) and one within-subjects factor with six levels (Parent techniques) were conducted for the usefulness and difficulty ratings. Analyses of mothers' difficulty reports yielded no significant main effect for treatment group and no significant group by technique interaction, but did reveal a significant effect for difficulty of parent techniques, $F(5,380) = 19.1$, $p < .0001$. Further comparisons (corrected by Bonferroni $.05/15 = .003$) indicated that the Ignore technique was rated by mothers as being significantly more difficult than Rewards and all other parenting techniques, $t(79) = 9.41$, $p < .001$. Play, Time Out, and Attends were also rated as significantly ($p < .001$) more difficult than Rewards. Mothers' mean values from least to most difficult were Reward (5.84), Commands (5.20), Attends (5.18), Time Out (4.95), Play (4.78), and Ignore (4.00).

Analyses of mothers' usefulness reports yielded no significant interaction or main group effect but did reveal a significant effect for usefulness of parenting techniques, $F(5,380) = 16.2$, $p < .0001$. Further comparisons indicated that Rewards were perceived as significantly ($p < .001$) more useful than Ignore, Attend, Play, and Commands. Time Out was rated as significantly more useful than Ignore and Attends. Commands were rated as significantly more useful than Ignore. Mothers' mean values from least to most useful were Ignore (5.48), Attend (5.68), Play (5.89), Commands (6.05), Time Out (6.17), and Reward (6.51).

TABLE 1
MEAN RATINGS OF PERCEIVED "USEFULNESS" AND "DIFFICULTY" OF TREATMENT FORMAT ONE MONTH POSTTREATMENT AND OVERALL SATISFACTION AT ONE MONTH AND ONE YEAR POSTTREATMENT

	Group					
	IVM		GDVM		GD	
	M (n = 27) (SD)	F (n = 18)	M (n = 28) (SD)	F (n = 21)	M (n = 24) (SD)	F (n = 13)
Format difficulty	24.81 (2.90)	25.22 (2.84)	27.43 (3.69)	27.00 (5.42)	27.29 (3.77)	27.00 (3.56)
Format usefulness	29.48 (3.03)	25.22 (2.84)	31.64 (2.51)	27.00 (5.42)	31.67 (2.26)	27.00 (3.56)
One month overall satisfaction	64.96 (5.21)	64.22 (5.15)	68.57 (5.32)	67.28 (4.03)	64.87 (6.59)	66.77 (5.95)
One year overall satisfaction	61.12 (6.40)	62.61 (7.90)	67.25 (5.70)	67.67 (6.30)	64.86 (6.60)	66.91 (5.80)

Note. IVM = Individual Self-Administered Videotape Modeling, GDVM = Group Discussion Videotape Modeling, GD = Group Discussion. M = mothers, n = 79; F = fathers, n = 52. Range for Format Items: 35 most useful or easiest to 5 most useless or difficult. Satisfaction Range: 77 = extremely satisfied or confident to 11½ extremely dissatisfied or unconfident.

Analyses of mothers' overall global ratings of the difficulty of the set of parent techniques revealed a significant group effect, $F(2,78) = 4.09, p < .02$. Comparisions showed that GDVM mothers perceived the parent techniques they had learned as easier to implement ($M = 5.24$) than GD mothers ($M = 4.79$), $t(76) = 2.81, p < .006$. Analyses of overall ratings of usefulness of techniques showed no significant main group effects.

Repeated measures ANOVA of fathers' difficulty reports yielded no significant interaction of main effect for group but did reveal a significant effect for difficulty of technique, $F(5,245) = 21.1, p < .0001$. Further comparisons revealed that the Ignore technique was rated as significantly more difficult than Rewards and other techniques, $t(52) = 9.80, p < .001$. Commands, Time Out, and Attends were rated significantly more difficult than Reward, and Commands were rated significantly more difficult than Play. Fathers' mean difficulty ratings from least to most difficult were Reward (5.98), Play (5.60), Attend (5.12), Time Out (5.06), Commands (4.70), and Ignore (3.98).

Repeated measures ANOVA of fathers' usefulness reports revealed no significant interaction or main effect for group but like mothers did reveal a significant effect for usefulness of technique, $F(5,245) = 4.2, p < .001$. Reward was rated as significantly ($p < .001$) more useful than Ignore. Fathers' mean ratings from least to most useful were Ignore (5.50), Attend (5.75), Play (5.83), Commands (5.90), Time Out (5.96), and Reward (6.25).

Analyses of fathers' overall global ratings of difficulty or usefulness of the set parent techniques revealed no significant group effects.

One-Year Parent Consumer Satisfaction (PCSQ)

One year later 83.5% of the mothers ($n = 66$) and 75% of the fathers ($n = 39$) completed two portions of the PCSQ relating to overall satisfaction with programs and parent technique usefulness and difficulty.

Overall satisfaction. One-way three-group ANOVA indicated signficant differences among groups for mothers' overall satisfaction with child improvements, $F(2,65) = 5.40, p < .006$. The GDVM mothers still reported significantly ($p < .002$) more satisfaction with their treatment group ($M = 67.25$) than IVM mothers ($M = 61.12$) while GD mothers now perceived their treatment as significantly ($p < .05$) more useful ($M = 64.86$) than IVM mothers. For fathers there were still no significant differences in overall satisfaction scores among treatment groups (See Table 1).

Parent Technique Usefulness and Difficulty. Analyses of mothers' and fathers' difficulty reports still yielded no significant group effects and maintained the significant technique effects, $F(5,315) = 13.7, p < .001$, and $F(5,180) = 14.8, p < .0001$. Ignore and Play techniques were still rated by mothers as significantly ($p < .001$) more difficult than all other techniques. Mothers' mean values from least to most difficult were Reward (5.77), Attends (5.32), Time Out (5.15), Commands (4.88), Play (4.50), and Ignore (4.22). For fathers, Ignore and Command techniques were still rated as significantly more difficult than the Reward and Play techniques which were rated as the easiest. Fathers' mean values from least to most difficult were Reward (5.95), Play (5.49), Time Out (5.36), Attends (5.33), Commands (4.95), and Ignore (4.05).

Analyses of mothers' and fathers' usefulness reports again yielded no significant group effects while maintaining the significant effect for usefulness of parent technique, $F(5,315) = 11.7, p < .001$, and $F(5,180) = 7.8, p < .0001$. Mothers and fathers still rated Ignore and Attends as the least useful technique and Reward and Time Out as the most useful. Mothers' mean values were Ignore (5.07), Attends (5.44), Play (5.71), Commands (5.76), Time Out (5.94) and Reward (6.18). Fathers' mean values were Ignore (4.95), Attends (5.51), Commands (5.82), Play (5.85), Reward (6.00), and Time Out (6.00).

Analyses of mothers' overall global ratings of difficulty of the set of techniques still revealed a significant group effect, $F(2,65) = p < .01$. Comparisons showed that GDVM mothers still perceived the parenting techniques as easier to implement than both GD and IVM mothers. Analyses of overall ratings of usefulness of the set of techniques remained nonsignificant. Analyses of fathers' overall global ratings of the difficulty and usefulness of the set of parenting techniques were still nonsignificant.

Maintenance of Satisfaction with Treatment

In order to assess whether parental satisfaction with each treatment program and with parenting techniques were maintained or deteriorated over time, separate 3 × 2 analyses of variance with one between-subjects factor (Groups: GDVM, GD, IVM) and one within-subjects factor (Time: Posttreatment and one-year Follow-up) were completed for overall satisfaction with program, and for parent technique usefulness and difficulty.

There were no significant group effects from posttreatment to follow-up with respect to mothers' and fathers' ratings of overall satisfaction with the treatment programs. However, there was a significant time effect for mothers' ratings, which indicated a decline in their overall satisfaction ratings from immediate posttreatment to one-year follow-up, $F(1,63) = 6.6, p < .01$. Fathers, on the other hand, showed no significant change in their satisfaction ratings over time.

In regard to parent techniques, there were no significant group effects for mothers' ratings of usefulness or difficulty of techniques from immediate to one-year follow-up for any of the six techniques. However, there was a significant effect of time for the analyses of mothers' perceived usefulness of Reward, $F(1,63) = 8.6, p < .001$, Ignore, $F(1.63) = 4.5, p < .04$, and Commands, $F(1,63) = 6.3, p < .01$, and the overall set of techniques, $F(1,63) = 6.6, p < .01$. This indicated a general decrease in the mothers' ratings of usefulness of these techniques from posttreatment to follow-up. There were no time effects for mothers' ratings of any of the parent technique difficulty ratings. Moreover, there were no significant group or time effects for any of the fathers' ratings of the difficulty or usefulness of parent techniques.

Family Factors Related to Program Acceptance

To evaluate the effects of income and social class on parents' reports of consumer satisfaction, families were divided into low income families earning less than \$18,000 ($n = 21$) and middle upper income families earning more than \$18,000 ($n = 38$) and three social class groups based on Hollingshead and Redlich's Two-Factor Index of Social Class: Class I and II ($n = 27$), Class

III (n = 25) and Class IV and V (n = 27). Separate ANOVAS for income and social class showed no significant main effects for treatment group, for parents' income or social class level nor any interaction effects on any of the weekly, immediate posttreatment or one-year follow-up consumer satisfaction scores.

DISCUSSION

A major purpose of this study was to determine whether three parent training programs which used different training methods but identical content resulted in differential effects for mothers' and fathers' consumer satisfaction and treatment acceptability. In general, mothers and fathers from all three programs reported quite similar and high levels of satisfaction and acceptability with their treatment programs not only while they were undergoing treatment but also 1 month and 1 year after treatment was completed. All programs were rated in the easy-to-implement or highly useful range, that is, in the upper half of the positive range. It is of interest to note that the mean global satisfaction scores reported in this study ($\bar{X}$ = 66.2) are very comparable to those reported by McMahon, Tiedemann, Forehand, and Griest (1984) with their parent training programs ($\bar{X}$ = 70.4).

Weekly evaluations of the format of treatment indicated that mothers in the GDVM were significantly more satisfied with their treatment format than IVM mothers. On the parent retrospective consumer satisfaction questionnaires (PCSQ), GDVM mothers also reported more overall satisfaction with improvements than GD or IVM mothers. In addition, mothers in both GDVM and GD group treatment reported their treatment format was easier and more useful than IVM mothers. On the other hand, fathers' weekly evaluations did not indicate significant differences among treatment groups concerning satisfaction with treatment format. Fathers' reports on the PCSQ also revealed no differences among groups in overall satisfaction with improvements or in perceived difficulty of the format of the programs. However, fathers in the GDVM and GD group treatments did not perceive their treatment format as more useful than IVM fathers. Nearly the identical findings were found for the treatment groups for both mothers and fathers again at the one-year follow-up, indicating the stability of the consumer satisfaction scores over time.

Another purpose of this study was to evaluate satisfaction and acceptability with the specific parent techniques which were taught in each of the three treatment programs. Results showed no significant interactions or main treatment group effects for either mothers' or fathers' reports on the weekly evaluations and for only one of the mothers' reports on the posttreatment evaluations. (GDVM mothers' overall global ratings for the set of parenting techniques were rated more useful than GD mothers.) Thus, regardless of method of treatment received, parents perceived each of the six parent techniques in a similar fashion. On the weekly, the one-month and one-year consumer evaluations, there were significant main effects for mothers and fathers for parent technique. Based on weekly evaluations, both parents had the highest satisfaction with the therapy session teaching the Time Out technique. Based on the im-

mediate posttreatment and one-year follow-up evaluations, mothers reported that Ignore and Play were the most difficult techniques to implement while Rewards and Commands were the easiest. At both posttreatment assessments, fathers reported that Ignore and Commands were the most difficult techniques to implement while Rewards and Play were the easiest. In regard to technique usefulness, both mothers and fathers agreed at both time points that Ignore and Attend were the least useful and Reward and Time Out were the most useful. In general, mothers reported a decrease in the usefulness of Commands and Rewards 1 year later while fathers showed no changes. These findings partially correspond to McMahon's (McMahon et al., 1984) and Kazdin's (Kazdin, French, & Sherick, 1981) findings that positive reinforcement is generally the most useful and least difficult parenting skill to implement while Ignore is perceived as the least useful and most difficult. However, what is different in this study were the findings that the Time Out technique was perceived as highly useful by both mothers and fathers. Prior research has suggested that Time Out is generally less well accepted and perceived as less useful than Praise, Attends, and Play Skills (Calvert & McMahon, 1987; Dorsett & Hobbs, 1985; Kazdin, 1980a, 1980b, 1981). Perhaps Time Out was better accepted in this treatment program than others (McMahon et al., 1984) because it included live videotape modeling of Time Out and modeling of parents explaining to children the rationale for its use. Calvert and McMahon (1987) recently reported that the use of modeling plus rationale improves the acceptability and satisfaction with parenting techniques. Another possibility is that since much of the earlier research on acceptability of parenting techniques was done with undergraduates, nonparents or nonclinic families, it is likely that clinic parents with conduct problem children would actually find Time Out to be more useful for their family situation. Certainly these parent consumer satisfaction data dovetail with the earlier research by Patterson (1982) and others who report that use of Time Out is critical to the reduction of children's noncompliance and aggression.

Another interesting result was the consistent finding at both time periods that Play was perceived as more difficult to implement for mothers and easy for fathers while Commands were more difficult for fathers and easy for mothers. This has some interesting implications for parent training programs which perhaps should assist mothers in being more playful and fathers in giving more effective commands. The results also suggest that mothers, in particular, may need "boosts" to keep up their effective use of Rewards and Commands which dropped in mothers' ratings of their usefulness at one-year follow-up.

Finally, the findings failing to show the effects of income and social class on parents' ratings of consumer satisfaction are suported by earlier research by Kazdin (1981) but fail to support a recent study by Heffer and Kelley (1987) indicating that income differentially affects parents' satisfaction with treatment and specific techniques. While it could be argued that this study did not have a large enough sample at the lowest socioeconomic levels, it is our contention that videotape modeling treatment programs are particularly appropriate for less formally educated parents who may have more difficulties with primarily verbal training methods but may benefit from visual approaches.

Further research is needed on how individual parent learning styles, educational level of parents, and methods of parent training influence each other and affect consumer satisfaction and acceptability.

There are several limitations of the study which deserve comment. First, each of the parent techniques was embedded in a particular sequence, that is, Play was always taught in Session 1, Praise in Session 3, Time Out in Session 7, and so forth. Specific parenting techniques can only really be evaluated unambiguously if they are tested free from sequence effects. For example, it could be argued that Time Out was rated as more satisfactory because it was session 7 rather than because of the technique per se. Second, "social desirability" certainly affects consumer satisfaction data. However, the validity of these social validity data is supported by earlier evaluations assessing the effectiveness of these three treatment programs by means of independent home observations and parent reports of child adjustment. It was previously reported (Webster-Stratton, Kolpacoff, & Hollinsworth, 1988) that the GDVM treatment was somewhat superior to the other two treatments in terms of lowering mother stress levels, reducing parent reports of child behavior problems, and increasing parent praise statements. These consumer satisfaction data corroborate and bolster these earlier findings. The data suggest that, regardless of the time of posttreatment consumer evaluations, particularly for mothers, the GDVM treatment, which combines group support, therapist leadership, and videotape modeling, is superior to IVM and GD treatments which lack some of these components.

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