

**THE NURTURING PROGRAM:  
A Validated Approach for Reducing  
Dysfunctional Family Interactions**

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## ABSTRACT

A two year study designed to measure the impact of abuse on the growth of children was carried out with abusive families in six midwestern cities. The goal of the study was to develop and validate a treatment program that would modify abusive parent-child interactions. A fifteen week parenting and nurturing program for parents and their children was developed and field tested twice at each of the six cities. Results of the study indicate:

1. A total of 121 abusive adults and 150 abused children in six cities began the program. Of this group 79% of the adults (95) and 83% of the children (125) voluntarily completed the program.
2. Test results indicated that abusive parents learned and used alternatives to corporal punishment such as praise and time-out; demonstrated empathy towards their children by recognizing and accepting their children's feelings and needs; increased their own self-awareness and self-concept as men and women; and learned age appropriate expectations of their children.

Data also indicate abusive parents gained ( $p < .05$ ) in self-awareness, became less inhibited, and decreased their anxiety.

3. Abused children showed a significant ( $p < .05$ ) increase in self-awareness, assertiveness, enthusiasm and tough poise while decreasing their belief in using corporal punishment as a means of punishment.
4. Families demonstrated a significant ( $p < .05$ ) increase in cohesion, communication, and organization, while showing a significant decrease in family conflict.
5. Information gathered from a year long follow-up of abusive families completing the program shows 42% of the families are no longer receiving services from County Departments of Social Services for child abuse and neglect. Recidivism was only 7%; that is, only 7 of the 95 adults completing the program had been charged with additional counts of child abuse and neglect.
6. Parents overwhelmingly reported that the program did a lot to help them learn new and more appropriate ways to raise children.

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## INTRODUCTION

In the fall of 1981, the National Institute of Mental Health (NIMH), Clinical Research Division, funded a two year project designed to remediate abusive parent-child interactions. Specifically, the purpose of the project was threefold:

1. To develop and validate a parenting and nurturing treatment program designed to meet the assessed needs of parents who abuse and neglect their children.
2. To develop and validate a parenting and nurturing treatment program designed to meet the assessed needs of children who have been abused and neglected.
3. To train professionals and paraprofessionals in implementing the treatment programs for abusive parents and their abused children.

### INCREASING APPROPRIATE PARENTING AND NURTURING IN ABUSIVE FAMILIES

Traditionally, societies have depended upon reproducing their orderly forms of family life by rearing children who will regard that form of family life within which they were reared as normal, natural, and desirable. Of all the roles designated as critical for the development of a healthy society, the most important are those which surround the role of the parents in the child rearing process.

Lately, the role of parents has been viewed with increasing importance as a result of societal's awareness of the alarming number of children being maltreated by their parents. In light of the critical importance parent-child interactions have upon the developing personality and future behaviors of children, there is substantial evidence indicating that abusive and neglecting

parent-child interactions have a detrimental effect on the healthy development of children. These effects are viewed in the countless number of children experiencing varying degrees of emotional, behavioral and learning disorders. The impact of maltreatment is often continued throughout life when learned abusive parenting behaviors are replicated in future generations of children within the same family.

To offset the generational perpetuation of dysfunctional parenting practices, education in appropriate parenting and child rearing is viewed as the single most important treatment and intervention strategy. Parents must be re-taught new patterns of parenting to replace old, learned, existing abusive patterns. But years and years of experience with abusive interactions make changing those patterns a formidable task. Change is difficult and threatening for many abusive parents. Change involves substituting known behaviors, ideals, morals, and knowledge for new ones. Since the way we act towards children and other adults is directly related to our perceptions of self, the value and esteem we have of ourself, and the degree of awareness of self, changing parenting behaviors also involves changing self. Since self and behavior are one, to change one means to change both, and that's where the challenge exists. Growing up in an abusive environment often leaves in its wake a damaged self-esteem and poor self-concept, feelings of inadequacy and helplessness, extreme neediness and dependency, and the lack of autonomy and independence. The damage to the psychological development of a child usually exceeds the damage to the body. Wounds and broken bones heal; the psychological scars remain. Abused children often grow up to be parents with many of the effects of their abusive childhood still with them. As adults they are very needy people, unable to act independently and caught

in a web of negative perceptions about self. They lack the ability to give, trust, and care for themselves, as well as their children.

To be an effective intervention, re-parenting has to be more than teaching parents the skills of knowing the right thing to say or do. Although knowledge of what to do and say is critical, it constitutes only half of the total change formula. Abusive parents can learn techniques to use in managing behavior or facilitating communication with their children, but whether they choose to use the techniques is an equal matter of knowing how the techniques work and successful experiences with the techniques. Since many abusive parents have not experienced appropriate parenting as children with their own parents, their success experiences with non-abusive parenting patterns is minimal. Awareness and knowledge of the "right thing to do" does not guarantee that the appropriate behavior will be exhibited. When beliefs are challenged, parents often rely on earlier experiences in similar situations to direct their behavior. Freud stated many years ago that for every experience, there is both a cognitive (knowledge) and an emotional (affective) impact. However, according to Freud, the experiential feelings will more likely dictate future behavior than experiential knowledge.

To change dysfunctional and abusive patterns of parenting, treatment must make an affective as well as a cognitive impact on two levels: (1) the knowledge and awareness of self needs; and, (2) the knowledge and awareness of children's needs.



## CONCEPTUAL DEVELOPMENT OF THE TREATMENT PROGRAMS

A parenting and nurturing program designed to change dysfunctional and abusive parenting behaviors must be developed from a sound theoretical basis. The objectives of the instruction must be directly related to the target behaviors. To change abusive parenting patterns, an understanding of what constitutes abusive behavior is required. Bavolek, Kline and McLaughlin (1979) have identified four parenting behaviors commonly exhibited in child abusing families. The four known patterns of abusive parenting presented in Table 1 form the basis for development of the treatment programs for abusive parents and their abused children.

TABLE 1

### ABUSIVE PARENTING PATTERNS

#### Construct A: Inappropriate Parental Expectations of the Child

Beginning very early in the infant's life, abusive parents tend to inaccurately perceive the skills and abilities of their child. Steele and Pollock (1969) found that parents in their study group expected and demanded a great deal from their infants and children, and did so prematurely. Galdston (1965) concurred that abusive parents treated their children as adults, and added that the parents were incapable of understanding the particular stages of their children's development. Elkind (1967) defines inappropriate parental expectations as a form of parental exploitation called "ego bolstering," which he claims contributes to delinquency in middle class adolescents.

#### Construct B: Parental Lack of Empathic Awareness of Child's Needs

A second common parenting trait among abusive parents is their inability to be empathically aware of their children's needs, and to be able to respond to those needs in an appropriate fashion. Melnick and Hurley (1969), in their study of personality variables of abusive parents, found mothers to have severely frustrated dependency needs, an inability to empathize with their children's performance, and a corresponding disregard for their children's own needs, limited abilities, and helplessness (Bain, 1963; Gregg, 1968; Hiller, 1969).

(Continued)

## TABLE 1 (Cont'd)

### Construct C: Parental Value in Physical Punishment

The third parenting behavior commonly associated with abusive parents is their strong belief in the value of physical punishment. Abusive parents may believe that children should not be "given in to" nor allowed to "get away with anything." They must periodically be shown "who is boss" and taught to respect authority, so they will not become sassy or stubborn. Wasserman (1967) found that abusive parents not only considered punishment a proper disciplinary measure but strongly defended their right to use physical force.

### Construct D: Parent-Child Role Reversal

Abusing parents often look to the child for satisfaction of their own emotional needs. Usually described as a "role reversal," the child is expected to be the source of comfort and care; to be sensitive to and responsible for much of the happiness of his/her parents. The child is further expected to make life more pleasurable for the parents by providing love, assurance, and a feeling that the parent is a needed, worthwhile individual.

## METHODOLOGY

### 1.0 Development of Prototype I of the Treatment Programs

Based on the aforementioned four parenting constructs, affective and cognitive goals were developed for both the children's and parent's programs. The goals presented in Table 2 represent the basis for treatment.

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Insert Table 2

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TABLE 2

PROGRAM GOALS FOR PARENTS AND CHILDREN

	Cognitive Goal	Affective Goal
<u>Construct A:</u> Developmental Expectations	<p><u>Parents:</u> Parents will increase their knowledge of age appropriate developmental capabilities and needs of children.</p> <p><u>Children:</u> Children will accomplish age appropriate tasks.</p>	<p><u>Parents:</u> Parents will increase their awareness of the negative impact inappropriate expectations have upon self-concept.</p> <p><u>Children:</u> Children will increase their self-esteem and positive self-concept through mastery of age and appropriate physical, social, and emotional tasks.</p>
<u>Construct B:</u> Empathy	<p><u>Parents:</u> Parents will increase their ability to communicate their needs.</p> <p><u>Children:</u> Children will increase their ability to communicate their needs.</p>	<p><u>Parents:</u> Parents will demonstrate an ability to become empathically aware of the needs of children.</p> <p><u>Children:</u> Children will increase their empathic awareness of the needs of self and others.</p>
<u>Construct C:</u> Behavior Management	<p><u>Parents:</u> Parents will increase their knowledge of appropriate methods of behavior management.</p> <p><u>Children:</u> Children will learn appropriate non-abusive forms of discipline and punishment.</p>	<p><u>Parents:</u> Parents will value the use of appropriate methods of behavior management.</p> <p><u>Children:</u> Children will value non-abusive forms of behavior management through program experiences.</p>
<u>Construct D:</u> Self-Awareness (Role Reversal)	<p><u>Parents:</u> Parents will increase their knowledge of their own needs.</p> <p><u>Children:</u> Children will increase their knowledge of their own needs.</p>	<p><u>Parents:</u> Parents will accept their own strengths and limitations.</p> <p><u>Children:</u> Children will accept their own strengths and limitations.</p>

Activities were developed from the goals which formed Prototype I of the treatment programs. Treatment programs were designed for parents and their children to meet for 2½ hours, one day a week for 15 consecutive weeks. With the exception of a 20 minute shared snack time activity, both parents and children are involved in separate programs meeting concurrently.

## 2.0 Selection and Training of Program Trainers

Professionals and paraprofessionals were identified at each of the program field sites to implement the treatment programs at their respective sites. Selection criteria included knowledge of group dynamics, child abuse and neglect, and a commitment to carry out prescribed program activities. Two parent trainers and two child trainers, selected at each site, were required to participate in a 2½ day training program. The purpose of the training workshop was to familiarize the trainers with the program goals and activities, and desired methods of data collection.

## 3.0 Development of Prototype II of the Treatment Programs

Training experiences resulting from the 2½ day workshop provided information useful in modifying program activities. As a result, Prototype II of the treatment programs was developed.

## 4.0 Sample Selection and First Field Testing of Programs

The programs were implemented in six cities: Chicago, Illinois; Cleveland, Ohio, Eau Claire, Wisconsin; Minneapolis, Minnesota; Pittsburgh, Pennsylvania, and South Bend, Indiana. Families participating in the treatment program were voluntary referrals from Departments of Social Services and Parents Anonymous groups. Families were referred to the program because of abusive parent-child interactions. Families participating in the program were asked to make the

commitment to attend the program for 15 sessions. Entire family units (mother, father, children) were requested to make such a commitment. Single parents were requested to bring their boyfriend/girlfriends with them to participate in the program.

#### 5.0 Development of Prototype III of the Treatment Programs

Based on extensive pre-post test data collection, revisions to the treatment programs were made. The revisions formulated Prototype III of the treatment programs. The reader is referred to the Results section of this report for the pre-post test findings.

#### 6.0 Second Field Testing of Programs

The 15 week treatment programs were field tested for the second time. Again, families participating in the second field testing were referred for abusive parent-child interactions by Departments of Social Services and Parents Anonymous groups. Families all participated voluntarily.

#### 7.0 Development of Prototype IV of the Treatment Programs

Based on data generated from pre-post testing of the parents and children, Prototype IV of the treatment programs was developed. The reader is referred to the Results section of this report for the pre-post test findings.

#### 8.0 Longitudinal Follow-up of Families Completing the Program

Approximately one year after completing the program, in-home observations were conducted with program families. Observers participated in a 2½ day workshop designed to systematize observational data collection. Two observers were assigned to conduct each in-home observation. One observer recorded

data, the other facilitated family activities. Each observation period lasted two hours and entailed structured and unstructured family activities. Data were gathered using ethnographic data collection methods. All family members and interactions were coded. Observers were trained to identify 12 distinct verbal and non-verbal patterns of behavior. The observable behavior patterns included:

- |                                  |                                 |
|----------------------------------|---------------------------------|
| 1. Disinterest/coldness          | 7. Acceptance of feelings/needs |
| 2. Interest/warmth               | 8. Ignoring                     |
| 3. Anger                         | 9. Praise                       |
| 4. Dominance/submissiveness      | 10. Time-Out                    |
| 5. Expression of feelings/needs  | 11. Choices and consequences    |
| 6. Recognition of feelings/needs | 12. Expectations of children    |

Interactions were coded + (appropriate), - (inappropriate), or 0 (unsure/neutral). Observers were asked to make summary statements and interpretations of their observations.

Self-report parenting attitudinal data, family interaction data, and knowledge of behavior management were also gathered from parents in families where observations were conducted.

## RESULTS

The reader is referred to Appendix A for a brief description of the data gathering inventories.

### 1.0 Program Participant Characteristics

#### 1.1 Population

A total of 121 abusive adults and 150 abused children began the 15 week treatment program. Of this group, 95 adults (79%) and 125 children (83%) completed the program. Of the adults who completed the program 88 adults (93%) were rated by the trainers as having successfully modified abusive parent-child interactions. Seven adults (7%) were rated as failures, i.e., having committed further acts of child abuse, or not achieving program goals.

#### 1.2 Age

The mean ( $\bar{x}$ ) age of the adults who began the program was: 30.5 years (1st field test); 30.1 years (2nd field test.) The mean ( $\bar{x}$ ) age of the children was: 6.9 years (1st field test); 5.8 years (2nd field test.) Due to the low average age of the children, extensive formal pre-post testing was appropriate for those 6 years and older.

#### 1.3 Race

	Adults		Children	
	N	%	N	%
White	111	92%	134	90%
Black	7	6%	9	6%
American Indian	2	2%	3	2%
Asian				
Hispanic	1	.01%	2	1%
Other			2	1%
TOTAL	121	100%	150	100%

## 1.4 Sex

## Adults

## Children

	N	%	N	%
Male	49	40%	76	51%
Female	72	60%	74	49%
TOTAL	121	100%	150	100%

1.5 Adults were asked to respond whether or not they were abused by the mothers, fathers, siblings, or spouses.

	N	%
Mother		
Yes	56	46%
No	40	33%
Not Sure	13	11%
Not Applicable		
Missing	12	10%
Father		
Yes	58	48%
No	41	34%
Not Sure	8	7%
Not Applicable	2	2%
Missing	12	10%
Siblings		
Yes	36	30%
No	64	53%
Not Sure	7	6%
Not Applicable	2	2%
Missing	12	10%
Spouse		
Yes	64	53%
No	45	37%
Not Sure		
Not Applicable		
Missing	12	10%



### 1.6 Education

Highest Grade Completed:

	N	%
Grade School	0	0%
Junior High	2	2%
Senior High	56	46%
College	34	28%
Post College	11	9%
TOTAL	121	100%

### 1.7 Employment

Are you currently employed?:

	N	%
Yes	47	39%
No	55	45%
Missing	19	16%
TOTAL	121	100%

### 1.8 Annual Income

	N	%
Below \$5,000	21	17%
\$5,000 - \$8,000	16	13%
\$8,000 - \$12,000	7	6%
\$12,000 - \$15,000	3	3%
\$15,000 - \$20,000	10	8%
Over \$20,000	37	31%
Not Sure	11	9%
Missing	16	13%
TOTAL	121	100%

1.9 Are you now, or have you ever attended counseling for psychological problems?:

	N	%
Yes	83	69%
No	23	19%
Missing	15	12%
TOTAL	121	100%

1.10 Most frequently offered explanations for seeking psychological counseling:

	N	%
Anxiety	32	38%
Depression	23	28%
Marriage problems	14	19%
Parenting problems	8	10%
Alcohol dependency	4	5%
Incest	2	2%
TOTAL	83	100%

1.11 Are your children having any problems in school?:

	N	%
Yes	64	43%
No	34	23%
Not Applicable	52	35%
TOTAL	150	100%

1.12 Most frequently described school problems:

	N	%
Behavior disorders	44	52%
Learning problems	29	34%
Speech/language problems	12	14%
TOTAL	85	100%

2.0 Parenting Attitudes of Parents

2.1 Pre and post data gathered from the administration of the Adult-Adolescent Parenting Inventory (AAPI) indicate significant ( $p < .05$ ) positive changes occurred in the parenting and child rearing attitudes of abusive parents. These changes in attitudes reflect more appropriate developmental expectations of children; an increased empathic awareness of children's needs; a decrease in the use of corporal punishment; and a decrease in parent-child role reversal.

2.2 Data generated from abusive parents one year after completing the program indicate a maintenance of empathic attitudes towards children's needs, and a clear differentiation of appropriate parent-child roles. Attitudes regarding the use of corporal punishment and inappropriate developmental expectations of children showed significant ( $p < .01$ ) increases.

The reader is referred to Appendix B for a review of the mean scores per construct.

3.0 Parenting Attitudes of Children

3.1 Data generated from the administration of the Children's Parenting Inventory (CPI) indicated that, prior to their involvement in the treatment program, abused children supported the use of corporal punishment by parents as a means of maintaining discipline, showed little empathic awareness towards the needs of others, and tended to support the parent-child role reversal. Responses towards developmental expectations tended to show a high level of self-awareness.

3.2 Post test data indicate significant increases ( $p < .05$ ) in self-awareness and parent-child role reversal.

3.3 Longitudinal follow-up scores of abused children one year after their participation in the program indicate a significant increase in self-awareness ( $p < .01$ ) and a concomitant decrease ( $p < .01$ ) in the value of corporal punishment.

The reader is referred to Appendix B for a review of the mean scores per construct.

#### 4.0 Personality Characteristics of Parents

- 4.1 A personality profile of abusive parents who participated in the study was developed. Responses to the 16 PF (personality factor) indicate that, prior to the treatment program, abusive parents demonstrated high scores in intelligence (abstract thinking), aggression, anxiety, independence and radicalism (experimenting; free-thinking). Scores further indicated a high undisciplined self-concept and disregard for rules.
- 4.2 Post test results show significant increases in intelligence ( $p < .01$ ), enthusiasm ( $p < .01$ ), social boldness ( $p < .01$ ) and self-assuredness ( $p < .05$ ), and significant decreases in radicalism ( $p < .05$ ), anxiety ( $p < .02$ ), and tough poise ( $p < .05$ ).
- 4.3 In comparing personality characteristics of parents who were successful in completing the program with parents who dropped out, drop-outs tended to be less intelligent, but more suspicious, apprehensive, radical, frustrated, anxious and tough minded. Data also indicated drop-outs were more affected by feelings, detached (aloof), careless of social rules, independent, and possessed tougher poise.
- 4.4 In comparison to parents who successfully completed the program, parents who were identified as "failures," i.e., completing the program but unsuccessfully achieving program goals, tended to be more detached (aloof), threat-sensitive, tough minded, practical, apprehensive, careless of social rules, frustrated, anxious but demonstrated less tough poise.

The reader is referred to Appendix B for a review of the mean scores per personality construct.

#### 5.0 Personality Characteristics of Children

- 5.1 A personality profile of abused children who participated in the study was developed. Responses to the Early School Personality Questionnaire (ESPQ) and Children's Personality Questionnaire (CPQ) indicate that, prior to their involvement with the treatment program, the personality traits of abused children fell within the normal range of children their age with exceptions in two areas: abused children tended to be more concrete in thinking and undemonstrative in nature.
- 5.2 Post test results indicate significant increases in assertiveness ( $p < .005$ ), enthusiasm ( $p < .01$ ), and tough poise ( $p < .03$ ).

The reader is referred to Appendix B for a review of the mean scores per personality construct.

## 6.0 Family Interaction Patterns

- 6.1 An interaction profile of abusive families who participated in the study was developed. Responses to the Family Environment Scale indicate that, prior to their involvement in the treatment program, abusive families tended to demonstrate low family cohesion, expressiveness, independence and achievement, while demonstrating high family conflict. Responses further indicate a low orientation towards intellectual-cultural, and recreational activities among abusive families.
- 6.2 Post test results show significant increases in family cohesion ( $p < .03$ ), family expressiveness ( $p < .03$ ) and family independence, ( $p < .01$ ), and a concurrent significant decrease in family conflict ( $p < .001$ ).
- 6.3 In comparing post test responses to responses gathered one year after their participation in the treatment, abusive families show further significant increases in family cohesion ( $p < .05$ ), family expressiveness ( $p < .04$ ), family organization ( $p < .02$ ), and a moral-religious emphasis ( $p < .02$ ), while showing a significant decrease in family conflict ( $p < .05$ ).
- 6.4 In comparing responses on the Family Environment Scale of parents who successfully completed the program with parents who dropped out, drop-out families tended to score lower in family cohesion, expressiveness, independence, organization and control. Also drop-out families tended to score lower in moral-religious emphasis and orientation towards intellectual-cultural and recreational activities.
- 6.5 In comparison to families who successfully completed the program, parents who were identified as "failures," i.e., completing the program but unsuccessfully achieving program goals, tended to demonstrate less family independence and organization, and greater orientation towards family achievement and control.

The reader is referred to Appendix B for a review of the mean scores per construct on the Family Environment Scale.

## 7.0 Nurturing Quiz

- 7.1 Pre and post test data generated from the administration of the Nurturing Quiz indicate a significant increase ( $p < .05$ ) in acquired knowledge related to behavior management concepts and techniques.

7.2 Longitudinal follow-up data of parents' responses on the Nurturing Quiz one year after their participation in the program indicate no significant changes in test scores.

8.0 Follow-Up In-Home Observations

8.1 A total of 117 separate in-home observations comprising 234 hours were conducted on a sample of 52 families who completed the program.

8.2 Data generated from the in-home observations were sub-divided into two categories: empathy and behavior management. Observable empathic behaviors included: interest/warmth, dominance/submissiveness; expression of feelings/needs; recognition of feelings/needs; acceptance of feelings/needs; inappropriate expectations of children; disinterest/coldness; anger. The most frequently observed behaviors within this category are presented in rank order.

	%
Recognition of feelings/needs	28%
Acceptance of feelings/needs	26%
Interest/warmth	19%
Expression of feelings/needs	12%
Dominance/submissiveness	9%
Disinterest/coldness	4%
Inappropriate expectations of children	1%
Anger	1%
TOTAL	100%

Recognition and acceptance of feelings/needs accounted for 54% of the observed behaviors among family members. Dominance, disinterest, inappropriate expectations of children, and anger comprised 15% of the observed family interactions.

8.3 Behavior management concepts can be applied both appropriately (+) and inappropriately (-). Observable behavior management concepts included choices and consequences, praise, time-out, and ignoring. The data presented on the following page indicate the frequency of appropriate (+) and inappropriate (-) behavior management techniques observed: